



ABSTRACT BOOKLET
APRIL 6, 2019

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Schedule at a Glance

Registration	8:00 AM – 9:00 AM
Welcome and Opening Remarks	9:00 AM – 9:30 AM
Opening Keynote	9:30 AM – 10:20 AM
Concurrent Sessions 1	10:30 AM – 11:20 AM
Concurrent Sessions 2	11:30 AM – 12:20 PM
Lunch	12:30 PM – 2:00 PM
<i>Poster Session</i>	1:00 PM – 2:00 PM
<i>Professional Caucuses</i>	12:30 PM – 1:30 PM
Concurrent Sessions 3	2:00 PM – 2:50 PM
Concurrent Sessions 4	3:00 PM – 3:50 PM
Closing Keynote	4:00 PM – 5:00 PM

Opening Keynote

Promoting Health Equity Locally and Globally through HIV Biomedical Advances

Perry Halkitis

Since 1996 advances in the treatment of HIV have radically improved those lives of those infected with the virus. These same advances also have heralded in an area of HIV prevention that may, in the absence of a vaccine or cure, provide a means to eradicating HIV/AIDS. This seminar will describe these advances in biomedical technologies to help curtail HIV infection and consider how in combination a behavioral, psychosocial, and social, and structural approaches, such advances may help curtail new HIV infections.



About Perry Halkitis

Perry N Halkitis, Ph.D., M.S., MPH is a public health psychologist, researcher, educator, and advocate who is Dean and Professor of Biostatistics and Urban-Global Public Health at the School of Public Health at Rutgers University. He is also Professor in the Robert Wood Johnson School of Medicine, Graduate School of Applied and Professional Psychology, School of Health Professions, and School of Public Affairs and Administration; and he is a member of the Rutgers Cancer Institute of New Jersey and the Global Health Institute. Dr. Halkitis is also Professor Emeritus at the College of Global Public Health at New York University Prior to these roles, Dr. Halkitis was professor of global public health, applied psychology, and medicine, and the inaugural senior associate dean of academic and faculty affairs at the College of Global Public Health at New York University. From 2005-2013, he was the founding associate dean for research and doctoral studies at the Steinhardt School and he also served as co-director of the TL1 pre-doctoral training program at the NYU Medical School-Health and Hospitals Corporation Clinical and Translation Science Institute.

For three decades, Dr. Halkitis' program of research has examined the intersection between HIV, HPV and other STIs, drug abuse, and mental health burden, with regard to the biological, behavioral, psychosocial, and structural factors that predispose these and other health disparities in the LGBTQ population. His work focuses in the translation of this knowledge through

implementation science research that examines the effectiveness tailored and adaptive interventions in order to prevent these disparities. Dr. Halkitis is the founder and director of the Center for Health, Identity, Behavior Prevention Studies (CHIBPS), which is a training site for the next generation of scholars and partners with community agencies to conduct studies for and with the LGBTQ population. Dr. Halkitis' research program has been awarded over \$30 million in grant funding, and he is currently an investigator on four NIH-funded studies.

His last book, *The AIDS Generation: Stories of Survival and Resilience*, is a 2014 Lambda Literary award nominee, and recipient of the American Psychological Association Distinguished Book Award in LGBT Psychology. Dr. Halkitis also is author of *Methamphetamine Addiction: Biological Foundations, Psychological Factors, and Social Consequences*, which was published in 2009. His new book, *Out in Time*, which examines the coming out life stories of gay men across three generations, will be published in 2019. Author of some 250 peer-reviewed academic manuscripts, Dr. Halkitis is also often cited in the media.

Throughout his career, Dr. Halkitis has been on the forefront of fighting for the rights of those infected with and affected by HIV, as well as being an outspoken advocate for the rights and health of the LGBTQ population. Dr. Halkitis is actively involved in all aspects of community building and empowerment through the dissemination and translation of the innovative, timely, and valuable public health research that he and his teams at Rutgers and CHIBPS undertake.

He is the recipient of numerous awards from both professional and community-based organizations. He is an elected a fellow of The New York Academy of Medicine, The Society of Behavioral Medicine, and in four divisions of the American Psychological Association. Dr. Halkitis serves on the Board of Directors of Hyacinth Foundation, the HIV League, and the New Jersey Public Health Association, as well as the Society for the Psychological Study of Men and Masculinities. He also serves on the advisory boards of the Tyler Clementi Center and Safehouse. He previously served on the boards of Body Positive, GMHC, the Generations Project, and the New York State Public Health Association.

Dr. Halkitis holds degrees in psychology, education, and public health.

Session 1 Abstracts: 10:30 AM – 11:20 AM

Room 316 – Research Track

SHORT ORAL PRESENTATIONS

A Medical Education Program to Increase Training in LGBTQ Healthcare

Presenter(s): Theodore Gobillot, Alec Gibson, Elizabeth Conley, Leo Morales, Kevin Wang, Corinne Heinen

Background: LGBTQ individuals face considerable health disparities, often due to a lack of LGBTQ-competent care. However, training in LGBTQ healthcare during medical education is often scarce. As the state medical school for Washington, Wyoming, Alaska, Montana, and Idaho, the University of Washington School of Medicine (UWSOM) is in a unique position to train future physicians to provide healthcare that meets the needs of LGBTQ patients across this region and nationwide. The LGBTQ Health Pathway at the UWSOM aims to increase the number of LGBTQ-competent physicians while fostering an inclusive and accepting environment for medical students.

Methods: The LGBTQ Health Pathway was implemented in Spring 2016. Pre-clinical milestones include introductory online modules, two didactic courses on LGBTQ health, 24 hours of LGBTQ service learning/advocacy work, and completion of a scholarly project. Clinical milestones include completion of a novel LGBTQ health clerkship and continued involvement in LGBTQ community service. During this clerkship, medical students rotate through several clinics to obtain hands-on exposure to the care and management of large panels of LGBTQ patients, under the mentorship of experienced clinicians.

Results: Thirty medical students from across the five-state region currently participate in the pathway: 18 Seattle students, 4 Spokane students, 2 Wyoming students, 3 Alaska students, and 3 Montana students. 100% of E-2016 believe that the pathway was having a positive impact on their medical education and career goals and felt that the training they had received from the pathway had improved their abilities to care for LGBTQ patients.

Conclusion: We sought create a program for medical students that offers a substantial depth and breadth of training in multiple aspects of LGBTQ healthcare. Future evaluations of training efficacy will include clinical assessment of LGBTQ care competencies. It will be beneficial to continuously incorporate pathway material into the required general curriculum to enhance training for all medical students.

Rainbows in the Rockies: Transgender healthcare and a survey of new healthcare professionals in Montana

Presenter(s): Samantha Forrest

A significant barrier to transgender patients receiving adequate healthcare comes from how healthcare providers are trained. Confidence and comfort can stem from personal beliefs and held knowledge. It is unclear if providers in the state of Montana have adequate levels of confidence, comfort and interest in treating transgender patients. I developed a Web-based anonymous survey that was sent out to program coordinators for primary care programs in Montana. With 67 respondents, the study found that new healthcare providers in Montana had positive attitudes towards the topic of transgender health and were interested and wanted to learn more (87%). However, there was limited knowledge from curricular material-47.6% disagreed that they had formal education about LGBT health issues and the great majority (85%) had 10 hours of clinical experience or less (with 44% having no clinical experience at all) with transgender patients. Confidence in skills declined with specificity of treatment-75% felt confident in taking a social/sexual history, 47% felt confident treating sexual/reproductive health issues and only 13% felt comfortable prescribing hormones (the most common reason that transgender patients seek healthcare). Though the vast majority were interested in the subject of transgender health, 45% believed that it is more challenging to collect a social/sexual history from a transgender patient. 100% of those who stated they were very uncomfortable with transgender patients had not met a transgender person and had no clinical experience with a transgender patient. My study reveals that students are underprepared to care for the transgender community due to their healthcare school experience and is not due to lack of interest, personal belief or relevance. By adding LGBT and trans-specific clinical exposure experiences to curricula, we can cut down on the large health disparities in the trans population and provide better care to all patients.

Tranesthesia: Comparing the Prevalence of Synesthesia in Transgender and Cisgender Individuals

Presenter(s): Jay Pierce

Background: To evaluate the prevalence of synesthesia in transgender versus cisgender individuals.

Methods: A ten-question, self-administered written survey, developed to assess the prevalence of synesthesia, was distributed to transgender individuals (n=96) attending support groups as well as to cisgender participants (n=103) identified among individuals accompanying transgender attendees. Demographic data and prevalence of synesthesia were analyzed using descriptive statistics. Differences between groups were analyzed using a chi-square test.

Results: Forty-two percent of transgender participants endorsed synesthesia compared with 16% of cisgender participants. These findings persisted when analyzed by specific gender identity (i.e., male, female, and nonbinary).

Conclusions: This study suggests a correlation between synesthesia and transgender identity that may indicate a common biological cause. Limitations of this study include use of a survey that has not yet been validated. Initial findings may justify further research. Jay's full paper was published in Transgender Health at DOI: 10.1089/trgh.2018.0010

Room 308 – Social Justice & Advocacy Track

WORKSHOP

Gender and Identity 102

Presenter(s): Gil Rich

In this workshop we'll explore current language and concepts around gender to provide you with a more expansive understanding of today's trans and gender non-conforming youth. We'll identify challenges trans youth and young adults face when navigating school and health care systems, and provide you with strategies to help you feel better-equipped in supporting these students to be successful.

Room 346 – Clinical Track

ORAL PRESENTATION

Improving Health of Sexual Minority Women

Presenter(s): Corinne Heinen

Review of what is known regarding the health disparities & epidemiology of health conditions affecting sexual minority women. Discussion of ways to provide sensitive and medically competent care to members of this group.

Room 348 – Clinical Track

WORKSHOP

QUEER Considerations with LGBTQ+ Specific Sex Ed

Presenter(s): Forever Moon, Eliza Davison

Our workshop will introduce the IN-clued program, an LGBTQ+ specific sex education program developed and evaluated through a federal research grant from the Office of Adolescent Health. During this workshop we will discuss the importance of LGBTQ+ specific sex education and what special considerations are made to effectively deliver a relevant and medically accurate curriculum for LGBTQ+ young people. Activities will include:

- An interactive knowledge assessment in which participants share their expectations for the workshop and build a common foundation and understanding of the work of IN-clued.
- A share-out of our preliminary evaluation findings and the best practices developed over the course of the project.
- A short demonstration of an activity from the IN-clued program facilitated by youth facilitator(s) who've been part of the IN-clued program implementations and its research.

We'll close the workshop with an opportunity for participants to debrief and reflect on the information shared as well as how these tools and practices can help inform the work they do in the future.

Room 301 – Clinical Track

WORKSHOP

Ensuring Compassionate Healthcare for the Intersex Community

Presenter(s): Amanda Saenz

Intersex individuals have historically been rendered as socially and medically disordered, resulting in a body that has been suspended in taboo and myth. Currently, the state of intersex medical care in the United States is shifting: more and more discussions around informed and compassionate healthcare for intersex people are taking place. However, what that care ought to look like is hotly debated within the medical community. While some countries have issued legal protections for intersex people, the hospital systems within United States continue to allow human rights violations against intersex infants and children to take place. Intersex people have long been subjected to unethical practices, many of which remained unexamined and have been grandfathered into the twenty-first century. This community-led workshop will explore the history, current state, and future of intersex care through a bioethical and social justice lens. Participants will explore how excessive medicalization affects the lived experiences of intersex people, as well as learn tangible ways to effect change within their communities and the institutions they might operate within. Establishing patient-centered and trauma-informed care that seeks to repair decades of harm is paramount to ensuring the best possible care for intersex patients.

Session 2 Abstracts: 11:30 AM – 12:20 PM

Room 316 – Social Justice & Advocacy Track

PANEL

Fa'afafine, Two Spirit, Tibo, Bayog: Reclaiming Traditional Roles in Queer Spaces

Moderator: Victoria Gardner

Panelists: Agaiotupu Isyys Honen, Linda Bautista, Jeremiah Allen, Aleksa Manila

Health disparities research shows us that queer and trans people of color suffer disparate health outcomes and lack access to trans inclusive health care in the US. While many interventions (such as diversifying the health workforce, providing more training to health providers) are important in addressing the health needs of queer and trans folks, little discussion has focused on the role that cultural and traditional roles have in addressing the needs of queer and trans people of color? This panel was created to explore the connection between culture and being LGBTQ2S and how this acknowledgment can be the first step in fighting homophobia and transphobia. How do we want to be called, what terms were used to describe us? What did our elders tell us about our traditional roles? How do we reclaim our space to try to achieve balance and stay healthy in today's colonized spaces?

Room 308 – Research Track

SHORT ORAL PRESENTATIONS

Ideal Content and Best Practices for Sex Education that Serves Transgender and Non-Binary Youth

Presenter(s): Samantha Gridley Haley, Diana Tordoff, Alena Kantor, Julia Crouch, Kym Ahrens

Background: Transgender and non-binary (TNB) youth face barriers in accessing health information, including gender-affirming information on sexual health and anatomy. Comprehensive sex education programs have the potential to result in delayed sexual debut, increased condom and contraceptive use, and reduced sexual risk-taking. However, at present, most sex education curricula are not designed to fit the needs of TNB youth, who are likely to face unique challenges and sexual risks as they navigate social transition and puberty compared with their cisgender peers.

Methods: We conducted 21 in-depth interviews with non-minor TNB youth (N=11) and with parents (N=5) and healthcare affiliates (N=5) of TNB youth to identify the sexual health education needs of TNB youth, and to elicit recommendations for content and delivery of a comprehensive and trans-inclusive sex education curriculum. Participants were recruited from Seattle Children's Gender Clinic and local TNB community listerv readerships. We used theoretical thematic analysis technique to analyze transcribed interviews, and consensus coding was conducted by three independent team members.

Results: Participants identified content areas for inclusion in a curriculum: puberty-related gender dysphoria, medical and non-medical gender-affirming interventions, consent and relationships, sex and desire, STI prevention, fertility and contraception, and healthcare access. Participants emphasized that ungendered language, as well as representation and normalization of TNB experiences, are critical components of a transgender inclusive curriculum.

Conclusion: This study demonstrates that TNB youth have sexual education needs that are not covered in most sexual health curriculums, which may lead them to seek information from potentially inaccurate sources and leaves them vulnerable to negative sexual health outcomes. In addition to increasing access to accurate health information, sex education provides a contextually appropriate space to disrupt cisnormative and binary assumptions about gender, anatomy, and sexuality. Curriculum recommendations from this study are broadly applicable to clinical, school and community-based settings.

A Mixed Methods Study on Disordered Eating in Transgender Youth

Presenter(s): *An Pham, Julia Crouch, Katie Albertson, David Inwards-Breland, Kym Ahrens*

Background: Body dysmorphia and eating behaviors are closely connected and limited studies have shown that TGNC youth are at higher risk of disordered eating. The purpose of this study is to identify how often TGNC youth experience disordered eating and determine whether there are unique factors specific to this population.

Methods: We recruited a sample of TGNC patients from Seattle Children's Gender Clinic. To create a gender diverse sample, we included transmasculine, transfeminine, and non-binary patients at different stages of their medical transition. Twenty-three participants completed a survey with questions modified from the Eating Disorder Examination Questionnaire. Semi-structured interviews were conducted and included an in-depth section on eating and body shape.

Results: For at least 5 out of the past 28 days, 73.9% of participants felt fat, 60.9% had a strong desire to lose weight, and 30.4% reported trying to exclude food from their diet in order to influence shape or weight. Key themes that emerged during data analysis included: 1) using exercise, food restriction, and/or overeating to be more masculine or feminine; 2) modifying eating and/or exercise to feel in control of their body; 3) engaging in food restriction and/or overeating when feeling sad or stressed; 4) changes in disordered eating after starting medical transition.

Conclusions: These results suggest that TGNC youth experience disordered eating thoughts and behaviors. This may be associated with gender dysphoria and the pressure to fulfill societal beauty standards of their gender identity. Restriction and exercise may also act as a means of controlling one's body and/or as maladaptive coping skills associated with mental health disease. There appears to be unique factors that contribute to increased risk of disordered eating among TGNC youth prior to and after starting hormone replacement therapy. More research is needed on this topic; however these factors should be taken into consideration when providing care for this population.

Partnering with Gay Men, Trans Women, and Sex Workers to Deliver Training for Caribbean Health Workers

Presenter(s): *Lauren Dunnington, Clive Anderson, Shelia St. Thomas, Kenyatta Barnaby, Conrad Mitchell*

Background: Throughout the Caribbean, specific key populations bear a disproportionate HIV burden. Jamaica's general HIV prevalence is estimated at 1.8%, compared with 32.8% among MSM, 25.5% among transgender women, and 2% among cisgender female sex workers. Trinidad estimates HIV prevalence at 1.1% nationally and 31.6% among MSM. Compound stigma related to sexual orientation, gender identity/expression, sexual behaviors, and HIV status influence quality of care for KPs and can negatively impact adherence to antiretroviral medication. I-TECH, based in UW's Department of Global Health, received PEPFAR funding in 2015 to improve HIV care for KPs in the Caribbean. I-TECH worked with LGBTQ and sex worker communities in Jamaica and Trinidad to develop the KP Preceptorship - an immersive one-on-one training that builds provider skills in sexual history taking and patient-centered care using simulation and experiential learning. Skilled patient trainers (PTs) recruited from gay, transgender, and sex worker communities enact scenarios and offer feedback, coaching, and discussion to healthcare workers, supported by a clinical facilitator.

Methods: Findings were identified through review of program monitoring data. Qualitative information was compiled from trainee feedback, follow-up interviews, meeting notes, and observations from core team members throughout program implementation.

Results: I-TECH engaged community members to shape training content and scenarios through focus groups, writing workshops, and a training-of-trainers workshop. I-TECH employed over 25 community members as PTs in two countries. PTs report that program participation has allowed them to be change agents, build empathy, and influence provider behavior. Challenges identified include burnout, psychological impact of scenarios, and attrition. I-TECH has trained 62 clinicians and 48 nurses from 4 countries. Providers report that direct interaction with community members, case scenarios, and PTs' willingness to share personal experiences were unique and powerful components of this program.

Conclusion: The KP Preceptorship offers a successful model for community engagement in healthcare worker training that centers the patient experience.

Room 346 – Clinical Track

WORKSHOP

The Community Pharmacist's Transgender Toolkit

Presenter(s): Sam Miller

In Healthy People 2020, the Department of Health and Human Services identified one of its 10-year goals is to improve the health of LGBT individuals, who research suggests face greater health disparities compared to the general population. The outlined efforts to reduce these disparities include increasing the number of health care providers who are knowledgeable and culturally competent in LGBT health as well as encouraging providers to be "supportive of a patient's sexual orientation and gender identity to enhance the patient-provider interaction and regular use of care." The transgender community is a particularly vulnerable subset of the LGBT community. In a study conducted by the National Center for Transgender Equality, 19% of respondents reported they had been refused care by a medical provider due to their transgender status, and 28% reported delaying care due to discrimination or fear of discrimination. As one of the most accessible health providers, pharmacists have a unique opportunity to improve the health outcomes of this community. Here we outline a variety of practical strategies a pharmacy may implement to improve care of transgender patients including creating a more welcoming pharmacy environment, providing outreach in targeted areas of preventative health, and improving access to care. With the strategies outlined in this toolkit, community pharmacists can foster stronger patient-provider relationships and provide more comprehensive care to their transgender patients.

Room 348 – Clinical Track

WORKSHOP

Creating Safe and Welcoming Spaces for LGBTQ Patients

Presenter(s): Genya Shimkin

This session is designed to give health professionals the context, language, and skills to work effectively with LGBTQ patients. As this is a growing, dynamic, intersectional, and uniquely resilient group of patients who experience myriad health disparities, it is essential that all professionals are able to provide LGBTQ-sensitive and responsive care. This session begins with a brief didactic covering basic terms and definitions, including a variety of identities, as well as concepts such as "sexual orientation" and "gender identity." This portion will also include an introduction to LGBTQ health disparities. Next, attendees will work in small groups to complete a "queerstory" activity. This activity leads into a conversation about LGBTQ resilience, and the importance of making sure LGBTQ patients have professional allies to ensure they stay healthy and strong. In this section of the session, we will talk about what providers can do to provide safe and welcoming spaces, and some common pitfalls to avoid. Finally, the group will review 2-3 case studies involving LGBTQ patients, and will share their ideas about how to provide sensitive care in each situation. This activity allows attendees to apply their session learning to real-life scenarios, and encourages them to have interdisciplinary conversations and share ideas across professions.

Room 301 – Research Track

SHORT ORAL PRESENTATIONS

Inclusion of Transgender Participants in HVTN's Preventive HIV Vaccine Research

Presenter(s): Gail Broder, Michele Andrasik, Shelly Karuna

Background: The HIV Vaccine Trials Network (HVTN) has developed practices to increase inclusion of transgender participants in its clinical trials since 2007. Recognizing that this population has elevated HIV incidence, the HVTN has undertaken ongoing efforts to engage and include this population in preventive HIV vaccine trials so that they contribute to finding a vaccine for use by those who are most in need.

Methods: A multidisciplinary Transgender Working Group was formed in 2007. The group has reviewed and revised data collection forms and protocol template language; developed training to improve cultural responsiveness; provided a forum for development of research proposals to better understand and serve trans participants; and contributed to similar efforts at the National Institute of Allergy and Infectious Diseases.

Results: This focus on transgender inclusion has led to several HVTN policy, process, and practice changes: demographics forms collect data on sex assigned at birth and gender identity as 2 independent variables; protocols require pregnancy testing and use of birth control only by those who are capable of bearing children; several trials have specified eligibility of transgender people; focus groups were conducted with transwomen to collect information about barriers and facilitators to enrollment in HIV vaccine trials; and photoshoots with transgender models have been conducted to support study advertising. Ongoing analysis continues to increase our understanding.

Conclusions: While sexual orientation has become a standard part of demographics vocabulary in HIV clinical trials, gender identity remains poorly understood. Laboratory reference ranges and immunogenicity analyses are often based on sex assigned at birth, complicating the interpretation of laboratory data. Culturally responsive trial conduct is enhanced by community consultation and by attention to the needs and experiences of transgender people in clinical and outreach settings. Collecting and sharing data regarding transgender people in HIV prevention trials is critical.

Unmet health needs of LBTQ women, trans-men and gender non-binary people in King County, WA

Presenter(s): Keshet Ronen, Tobi Hill-Meyer, Josh Freese, Elise Healy, Sarah Romano

Background: Limited data exist on the health needs of LBGQT individuals who identify as women, or are served by women's healthcare. We performed a needs assessment to characterize unmet health needs of LBTQ women, trans-men and gender non-binary people in King County, WA.

Methods: In June-October 2018, an electronic REDCap health needs assessment survey was conducted among King County residents age ³14 who identified as (1)LBTQ women, or (2)trans-men or gender non-binary people who identified their experience with "women's health". Participants were recruited through community-based outreach and provided verbal consent. Participants were asked to rank their top 10 health needs and report their level of satisfaction with how each need was met. Unmet need was defined as being "completely" or "somewhat" unsatisfied. In November-December 2018, 4 focus group discussions were conducted with a subset of survey participants.

Results: A total of 238 participants completed the survey. Median age was 28 (interquartile range 23-35); 55% identified as cis-women, 36% as gender non-binary, 8% as trans-women, and 9% as trans-men; 86% identified as White, 9% Asian, 3% Black, 3% Indigenous and 4% Latinx; 80% had annual household income below the King County median (\$86,000). The most commonly reported unmet health needs were massage therapy (named as a need by 144 participants and an unmet need by 79 [55%] of them), psychotherapy (a need for 173, unmet for 63 [36%]), and dental care (a need for 191, unmet for 66 [35%]). The 27 focus group participants reported barriers to accessing care, including being under-insured, and challenges identifying healthcare providers sensitive to gender- and sexuality-related needs.

Conclusion: LBTQ women, trans-men and gender non-binary people in King County experience barriers to healthcare related to socioeconomic disadvantage and lack of access to providers sensitive to their needs. Interventions are needed to train providers and subsidize physical and mental healthcare for this community.

LGBTQ Communities & Local Public Health Surveillance

Presenter(s): *Sara Jaye Sanford, Anne Buher, Kim Tipples*

Background: Public Health - Seattle & King County (PHSKC) conducts surveillance on many health issues, and disaggregates data to examine possible disparities by income and other markers of socioeconomic status, race/ethnicity, geography, and more recently, by sexual orientation. Gender identity data is becoming more available as well. However, much work remains before LGBTQ communities are fully integrated into routine surveillance.

Methods: PHSKC provides data by sexual orientation in our Community Health Indicators (www.kingcounty.gov/chi) for all indicators that come from the Behavioral Risk Factor Surveillance System and Healthy Youth Survey. In 2018, PHSKC published an LGBTQ Community Spotlight Report as an addendum to our Community Health Needs Assessment. We used mixed methods, combining survey data with listening sessions with youth who identify as LGBTQ. Youth described a set of interpersonal barriers, structural barriers, and societal stressors that make it difficult for them to get the supportive healthcare they need. Survey data suggest safety concerns for LGBTQ youth; the compounding effects of multiple oppressions for LGBTQ people of color; and behavioral and mental health disparities for LGBTQ youth and adults.

Results: Community member and stakeholder partnership is key to collecting, understanding, and acting on data related to LGBTQ health inequities at the local level, and can make the best use of the data that is available.

Conclusion: As more routine surveillance tools collect inclusive data about sexual orientation and gender identity, there are new opportunities to assess health inequities experienced by LGBTQ communities at the local level. Yet major challenges remain: Gender identity data lags well behind sexual orientation, and even when it is collected, small numbers can make analysis and interpretation difficult. And when data reveals inequities in a political environment where some data users interpret findings through a lens of homophobia and transphobia, how can we share data openly framed in a way that promotes health equity?

Poster Abstracts: 12:30 PM – 2:00 PM

Social WERQing: Developing a Professional Queer Social Work Identity

Presenter(s): Nicholas Dominique

Background: The queer community has a history of caring for one another due to lack of access/availability of social services to address disparities. Queer individuals continue to be active in helping professions, but it remains unclear as to why specifically this could be. Additionally, the development of professional social worker identity is core to the education of social workers, though little attention is given to integrating a marginalized identity along with a professional identity.

Methods: This study (N=48) examined the research question, do queer individuals' connectedness to queer community/history 1) play a significant role in their decision to go into social work and 2) what populations they intend to serve? Students from the UW graduate School of Social Work program participated in a cross-sectional quantitative survey. LGBTQ individuals were asked an additional eleven questions. Measures examining their connectedness to the LGBTQ community and familiarity with queer history were included. LGBTQ participants were also asked the role their identity played in determining their motivation to enter social work and populations they intend to serve. Analysis includes descriptive and bivariate statistics.

Results: Results indicate that being LGBTQ did play a role in respondents' decision to enter the social work field 68.75% (n=33), with 70.83% (n=34) of the LGBTQ sub-sample indicating their identity played a role in the population they intend to work with.

Conclusions: These results imply LGBTQ social worker identity does contribute to their motivation to enter this field, yet social work training is lacking in exploring the strengths/limitations of this. Schools of social work must support queer folks in the learning environment, help students integrate their queer identities with becoming a professional social worker, expand opportunities to work with the queer community in the field and through research.

Improving Outreach & Resources for American Indian/Alaska Native Transgender Youth in WA State

Presenter(s): Alessandra Angelino

Background: American Indian/Alaska Native (AI/AN) youth disproportionately face barriers accessing health care, in particular gender affirming care (primary and transition-related care). AI/AN youth also face higher rates of mental health issues and suicidality, with increased prevalence among transgender individuals. Primary data from Seattle Children's Hospital Gender Clinic (SCHGC) indicate that 50% of SCHGC's patients reside in King County and only 1.5% of patients identify as AI/AN, suggesting large gaps and barriers impeding access to care. From the health systems perspective, gaps in geographic scope of reach limit the Clinic's ability to care for AI/AN populations which make up a significant proportion of youth in Washington state. From the perspective of Native youth and communities, these numbers suggest substantial barriers to seeking and receiving appropriate gender related services.

Methods: This project aims to create strategies and frameworks for outreach that tribal and general clinics serving AI/AN youth can utilize to improve care of transgender and two-spirit youth. Outreach development and implementation will occur within tribal clinics across Washington state in rural and urban settings, including the Seattle Indian Health Board and clinics in the Puyallup, Tulalip, Snoqualmie, and Bremerton regions. A monitoring and evaluation plan to evaluate the toolkit will also be created.

Results & Implications: The goal of the project is to improve resources and access to care for Native youth across Washington who face barriers receiving care at Seattle Children's Hospital Gender Clinic. This project will also help increase awareness of transgender/two-spirit issues in Native communities among health care providers, in order to reduce disparities that exist in this population and work towards prevention of suicide. Additionally, the project will increase tribal clinic capacity by creating pathways and guidelines for providers to care for patients within the tribal health setting in the long-run.

How Are Gender Non-Conforming Youth Affected By The News? A Qualitative Study

Presenter(s): An Pham, Julia Crouch, Hannah Kerman, Katie Albertson, David Inwards-Breland, Kym Ahrens

Background: Social media and the ubiquity of the internet has made national and international news increasingly accessible for adolescents. With increased exposure to news stories that relate to their identity, transgender and gender non-conforming (TGNC) youth may be personally and disparately affected by this information. Our research study aims to understand how TGNC youth react to positive and negative news media stories on LGBTQ+.

Methods: Through Seattle Children's Gender Clinic, we recruited 23 transfeminine, transmasculine, and non-binary youth to participate in semi-structured interviews. Interviews lasted 20-90 minutes and covered multiple topics, with one section focusing on the influence of news stories about LGBTQ+ persons. We utilized the web application Dedoose to apply six steps of thematic analysis, as described by Braun and Clarke, 2006.

Results: A key theme that emerged during qualitative data analysis was participants changing transition and life plans because of the current political climate. Subthemes included participants transitioning sooner and/or more quickly because of concerns that anti-transgender legislation would pass under the current administration; deciding against enlisting into the military; and halting a social transition because of comments and acts seen on the news. Other key themes included fearing for safety after seeing news of violence against TGNC individuals; frustration that the news provides inaccurate portrayals of the TGNC community; feeling hope when seeing positive TGNC news stories; and resilience.

Conclusions: Analysis suggest that news affecting the LGBTQ+ community has the ability to impact TGNC youth both positively and negatively. Negative news has the potential to have immediate impacts on the transition process and on youths' goals and aspirations. Fortunately, although TGNC youth may feel more isolated because of negative news, positive news contributes to a sense of belonging to a shared community. Transgender youth may benefit from increased support when interpreting and coping with national and local news stories with special focus on balancing positive and negative stories to promote resilience. Further studies are needed to understand the specific impact of news on mental health.

The sexual networks of transgender women and implications for HIV prevention in Lima, Peru

Presenter(s): Jessica Long, Hugo Sanchez, Dania Calderon Garcia, Leyla Huerta Castillo, Javier R. Lama, Ann Duerr

Background: Transgender women (TW) are often conflated with men who have sex with men (MSM) in research, and as a result little is known about their sexual networks. Understanding TW sexual networks, including identity and behavior of sexual partners of TW (PTW), is important to better explain the extremely high HIV incidence in TW.

Methods: We used modified respondent-driven sampling to collect cross-sectional data from TW and their sex partners in Lima, Peru (February - July 2018). TW seed participants completed a survey assessing gender, sexuality, and sexual behavior, then invited up to three sex partners to enroll in the study. In each wave of forward partner referral, invited partners could complete the survey and were provided referral coupons.

Results: In total, 470 eligible respondents completed the survey, including 203 PTW, defined as reporting a TW partner within three months. In the survey, 41% of PTW reported exclusively TW partners in the previous three months and 52% reported both cis-women and TW partners; only 7% reported cis-male partners. TW primarily reported cis-male partners, with only 2% reporting other gendered partners. Most PTW reported ever purchasing (78%) or selling (56%) anal sex. Condomless anal intercourse in the past three months was reported by 60% of PTW and 65% of TW. Over half of PTW did not know their HIV status (54%), compared to 42% of TW and 20% of other network members (primarily MSM).

Conclusions: We found almost no overlap between MSM and TW sexual networks. Nearly all PTW were bi-/heterosexual cis-men who partner with trans- or cis-women. Most reported HIV-risk behaviors and did not know their HIV status. Our results do not fully explain the high HIV rates in TW, but highlight the need for HIV prevention interventions specifically designed for TW and PTW, particularly in settings where interventions focus mostly on MSM.

Building the Northwest Abortion Access Fund's Capacity to Serve Transgender, Non-Binary, and Gender Nonconforming Folks

Presenter(s): Courtney Roark, Kelly Gilmore, Patricia Atwater

Background: Trans, non-binary (NB), and gender non-conforming (GNC) people experience lower rates of healthcare coverage, increased rates of stigma and discrimination, and are more likely to report poor health status compared to cisgender people. NWAAF provides financial and travel support for people seeking abortion care within the Northwest. I conducted a program evaluation and needs assessment to identify barriers and facilitators that trans, NB, and GNC folx experience in utilizing NWAAF services, and provide recommendations to NWAAF to provide gender-affirming services.

Methods: I conducted formative research to inform my methods including an in-depth literature review and informal interviews with three key informants with backgrounds in reproductive health care, trans health care, and advocacy in Washington. Using a semi-structured interview guide, I interviewed 6 key informants directly involved in trans health care in Washington State to identify community and policy level barriers and facilitators for trans folx seeking abortion services. I also adapted a trans-inclusiveness assessment created for Canadian abortion clinics to assess NWAAF's current ability to provide gender affirming support via interviews and surveys with NWAAF volunteers and board members. Finally, I recruited 2 trans, NB, and/or GNC people for focus group to assess potential barriers and facilitators to accessing and using NWAAF services. I will analyze qualitative data using thematic content analysis, and quantitative data using univariate analysis.

Results: I will develop recommendations to improve gender-affirming service provision for NWAAF program areas: Governance, Policy & Advocacy, Fundraising & Communication, and Programs & Outreach.

Conclusion: Considering the health disparities among this population, compounded by cisnormative abortion care and increasing restrictions on abortion access, it is important to consider the unique needs of trans, NB, and GNC folx when providing financial and travel support.

No Data About Us Without Us: Collaborative Interpretation of the Best Starts for Kids Health Survey

Presenter(s): Sara Jaye Sanford, Anne McNair, Eva Wong

Background: Best Starts for Kids (BSK) is a voter-approved initiative to improve the health and wellbeing of King County, WA by investing in prevention and early intervention for children, youth, families, and communities. The Best Starts for Kids Health Survey (BSKHS) helps to assess needs and evaluate impacts for families and children 5th grade and younger in King County was developed. We turned to community partners to drive interpretation of BSKHS results through participatory "data dives" with eight communities, including LGBTQ parents.

Methods: Our goals for the data dives included gaining insight into different perspectives on how to interpret BSKHS findings and building trust, ownership, and awareness in findings. We partnered with and financially supported local community leaders to host culturally and linguistically-specific data dives to review data placemats on key issues with analyses tailored to their communities. Parents asked questions about the data, discussed whether and how it was consistent with their lived experiences, and shared their perspectives on survey findings.

Results: Parent participants were highly engaged on the selected topics related to family wellbeing and resiliency, and curious about our methodology. Key themes for LGBTQ parents emerged around access to culturally competent public education and early education; the need for family-friendly LGBTQ spaces, and the need for LGBTQ people to shape the narrative about what their data shows. Parents saw addressing these issues as fundamental to supporting their own parenting and their children's wellbeing. Collectively, their feedback will shape how BSKHS results are used in implementing this initiative.

Conclusion: Participatory interpretation can generate insights for public health agencies into how diverse communities understand survey questions and data and for communities to inform local public health agency activities. It can also be a meaningful part of developing relationships between public health agencies and communities they serve.

Dental Fear among Transgender Individuals: A Cross-Sectional Survey

Presenter(s): Lisa Heaton, Henry H. Ng, Elisabeth C. Roccoforte, Masahiro Heima

Background: Fear of receiving dental treatment is consistently reported more often and at higher levels by females compared to males, but it is not clear whether this is due to social roles that make it more acceptable for females to report anxiety, or to gender-based biological differences in the experience of anxiety. According to the 2015 National Transgender Survey, 33% of transgender individuals surveyed who had seen a healthcare provider in the previous year had at least one negative experience related to being transgender, while 23% avoided necessary healthcare due to fear of being mistreated as a transgender person. The prevalence of dental fear has not been studied in this population. Purpose: To evaluate the level of dental fear among transgender individuals and to investigate specific predictors of dental fear in individuals who identify as transgender.

Methods: An anonymous survey among transgender adults was conducted using both web-based and paper methods. The survey included questions regarding sex assigned at birth and current gender identity, the Dental Fear Survey (DFS), and questions regarding fear of maltreatment in a dental clinic and experiences of maltreatment in general.

Results: Seventy (n=36 assigned male at birth (AMAB), n=34 assigned female at birth (AFAB)) individuals who self-identified as transgender completed the survey; 38.5% reported high dental fear (DFS>53). There were no significant difference in DFS scores between sex assigned at birth ($p=0.628$) or between gender identities ($p=0.109$). Fear of and experience with discrimination and maltreatment were significant predictors of dental fear ($p's<0.05$).

Conclusions: Similar to other healthcare settings, fear of and experiences with discrimination and/or maltreatment in the dental setting were significantly and positively associated with transgender individuals' levels of dental fear. Improving dentists' and dental staff members' competence in treating patients who identify as transgender could help reduce discrimination in the dental setting and, as a consequence, dental fear in the transgender population.

Let's Talk About Sex: Reconsidering "Biological Sex" as a Construct

Presenter(s): Vern Harner

Background: This poster will provide a re-framing of "biological sex" by examining the use of the term, current available data regarding the efficacy of the term in capturing relevant information to patient care, and the impact of the term on trans and intersex individuals' experiences in receiving care. The terms "biological sex" and "sex" are often used interchangeable and in juxtaposition to one's gender. That is, "sex" refers to what anatomy and secondary sex characteristics an individual one has, whereas "gender" is their own self-affirmed identity.

Discussion: While "biological sex" is understood to include not only whether one has a penis or vagina, but also one's chromosomal makeup, hormone levels, the presence of ovaries/testes, as well as such traits such as fat distribution, facial hair, chest size, and more, it is often oversimplified in research, practice, and education to the appearance of the external genitalia. Implications: This oversimplification renders the term not only inaccurate, but harmful-framing sex and gender as two separate concepts (one assigned by nature, one assigned by the individual themselves), trans and intersex individuals are vulnerable to having their identities overlooked and unaffirmed. Further, intake forms, surveys, and other data collection procedures that oversimplify "sex" to one's current legal markers, the legal markers at birth, or the presence of a penis/vagina leave practitioners unprepared to provide competent and relevant services. By updating language used not only in data collection, but in conversation with clients, more accurate information regarding service needs can be assessed.

Tranesthesia: Comparing the Prevalence of Synesthesia in Transgender and Cisgender Individuals

Presenter(s): Jay Pierce

Background: To evaluate the prevalence of synesthesia in transgender versus cisgender individuals.

Methods: A ten-question, self-administered written survey, developed to assess the prevalence of synesthesia, was distributed to transgender individuals (n=96) attending support groups as well as to cisgender participants (n=103) identified among individuals accompanying transgender attendees. Demographic data and prevalence of synesthesia were analyzed using descriptive statistics. Differences between groups were analyzed using a chi-square test.

Results: Forty-two percent of transgender participants endorsed synesthesia compared with 16% of cisgender participants. These findings persisted when analyzed by specific gender identity (i.e., male, female, and nonbinary).

Conclusions: This study suggests a correlation between synesthesia and transgender identity that may indicate a common biological cause. Limitations of this study include use of a survey that has not yet been validated. Initial findings may justify further research. Jay's full paper was published in Transgender Health at DOI: 10.1089/trgh.2018.0010

Session 3 Abstracts: 2:00 PM – 2:50 PM

Room 316 – Social Justice & Advocacy Track

SHORT ORAL PRESENTATIONS

Housing instability among transgender veterans utilizing Veterans Health Administration health care

Presenter(s): Sarah Carter, Ann Montgomery, Emmett Henderson, Bryan Ketterer, Melissa Dichter

Background: Veterans Affairs (VA) has devoted considerable resources to end homelessness among veterans, but it is unclear how transgender identity may be associated with housing instability among veterans. The current study characterizes the extent of housing instability among transgender veterans utilizing VA health care.

Methods: From pre-existing VA administrative data on veterans screened for housing instability from fiscal years 2013-2016, participants included 5,717 transgender veterans and a matched control group of 17,133 non-transgender veterans. Housing instability was defined by at least 1 positive screen or recorded use of a VA homelessness program. A multiple logistic regression assessed the association of transgender identity with housing instability.

Results: Transgender veterans had nearly three times the prevalence of housing instability compared to non-transgender veterans (19.9% vs. 6.7%, $p < .001$), and this difference persisted when adjusting for sociodemographics (AOR=2.32, 95% CI=2.09-2.57). Transgender veterans experiencing housing instability were more likely to be female, younger, unmarried, and white than non-transgender veterans.

Conclusion: Transgender veterans experience housing instability more frequently than non-transgender veterans. An increased focus on gender identity is critical for identifying and reducing homelessness among veterans.

Building LGBTQIA+ Elder Equity: Provider Training and Community Resources

Presenter(s): Beatrix Miguelez

Abstract: N/A

AsylumConnect: Supporting LGBTQ Asylum Seekers in the U.S.

Presenter(s): Emma Biegacki

It is still illegal to be LGBTQ in 72 countries. As a result, every year, millions flee their homes countries due to persecution based on their sexual orientation or gender identity. AsylumConnect, a tech nonprofit founded in 2014, is the first ever resource website and app designed specifically for LGBTQ asylum. The AsylumConnect catalog currently helps LGBTQ asylum seekers find verified resources for legal assistance, health care, housing, food, education, social support, and more, during the U.S. asylum process. Nonprofits and lawyers also use the catalog to find safe resource referrals for LGBTQ clients. AsylumConnect is founded on the belief that there should never be a time when someone does not know where it is safe to go for help due to their LGBTQ identity or immigration status. Presently operating in 14 U.S. states and in the process of expanding to Mexico, the AsylumConnect catalog has helped more than 10,000 unique users find safe resources in the U.S. since 2016. Supporters include but are not limited to: Roddenberry Foundation, Clinton Foundation, U.S. Committee for Refugees & Immigrants (USCRI), Human Rights Campaign (HRC), Urban Justice Center (UJC) and One Degree. Learn more at: www.asylumconnect.org.

Room 308 – Social Justice & Advocacy Track

ORAL PRESENTATION

Supporting Trans and Gender Diverse Children

Presenter(s): Aidan Key

Providers, educators, and caregivers of transgender and gender-diverse children are understandably challenged when considering how to best support these children as they face significant life decisions. These decisions come at a time when available guidance and resources are difficult to find (or are just being created). The challenges are deepened when coupled with conflicting schools of thought as to what might be considered “best practices” within a culturally, religiously, and politically diverse society. Trans children have not been visible in our society until the last decade and the explosive growth of youth identifying as gender-diverse is unprecedented. In this session, we'll discuss this increased visibility of trans and gender diverse children, outline the common obstacles faced by their families and caregivers, and share the considerations that we, as a society, need to address to best support these children.

Room 346 – Research Track

WORKSHOP

Interpreting Gender: Building Trans Competency as a Vehicle to Discuss Data Interpretation

Presenter(s): Vern Harner

In this workshop, I aim to expand participants' capacity to conduct research with trans/nonbinary respondents, whether the research is specific to trans issues or not. We will critically examine the ways in which cisheteronormative ideals and pathology are upheld in the ways that we ask about gender and collapse responses to demographic questions regarding gender, sexuality, and expression. Participants will then think through ways to collect data that are inclusive and affirming of a range of genders, gender expressions, sexualities, and sexual behaviors. We will unpack how these questions are (or are not) connected to the research questions at hand. Participants are encouraged to bring a research question of interest to the workshop.

Room 348 – Research Track

ORAL PRESENTATION

Interpreting Laboratory Results in Transgender Adults

Presenter(s): Dina Greene

The laboratory has practical reasons for sex-segregation of certain test results. Gender-affirming hormones are standard of care for transgender people who seek to medically transition and the administration of these sex hormones influences chemistry, hematology, and microbiology results. Interpretation of laboratory results requires reference intervals, but until very recently, the medical literature was completely void of these values for transgender individuals. This session will highlight laboratory results that are influenced by sex hormones and will explain which reference intervals should be applied for individuals on masculinizing or feminizing hormones. Additionally, laboratory IT barriers and strategies for overcoming them will be discussed.

Room 350 – Social Justice & Advocacy

WORKSHOP

Flowers, No Cake: WA's Public Accommodation Laws after Masterpiece Cakeshop and Arlene's Flowers

Presenter(s): Terry Price

After the Washington State Supreme Court unanimously rebuked a florist for refusing to provide flowers for a gay couple's wedding, the United States Supreme Court went the other direction. It affirmed a Colorado baker's refusal to provide a wedding cake for a gay wedding. What do these two cases tell us about the future of Washington's Public Accommodation laws? Will health care providers be able to refuse to treat LGBTQ patients?

Session 4 Abstracts: 3:00 PM – 3:50 PM

Room 316 – Social Justice & Advocacy Track

WORKSHOP

Next Steps: Student Organizing for Expanded and Incorporated LGBTQ Health Education at the University of Washington

Presenter(s): Kristen Trivelli

The purpose of this workshop is to gather this group of students and student clubs, and channel their energy into organizing efforts to push for implementing curriculum changes to include LGBTQ health care considerations across all the Health Sciences Schools at UW. The contents will include: a meet-and-greet/identification of the student bodies and student organizations present, a student led conversation about gaps in curriculum related to LGBTQ health, a conversation about student power, community organizing fundamentals, and creating a strategy for implementing change. This will also include creating a listserv of interested students and student organizations to create one large campaign focused on implementing institutional LGBTQ-inclusive curriculums.

Room 308 – Social Justice & Advocacy Track

WORKSHOP

Relationships First: Deepening Trans Allyship through a Strategic and Intersectional Lens

Presenter(s): Dylan Quinn

As LGBTQ educators, we've found a few ongoing patterns in our field: allies wanting to learn the "right" definitions, how to not harm trans people, and how to address harm once it has been caused. In general, there is a desire to learn the "right way" to do things and a fear of messing up. There are people who join in allyship work but then get burnt out, aren't able to prioritize it, can't find their own place in it, or feel isolated in this work with no one to turn to. And always there is a struggle to center LGBTQ voices who are the most marginalized - those of us who are POC, trans, disabled, poor, undocumented, among other identities. All of these issues center around a deeper issue - trans allyship and advocacy need to involve a deeper layer of relationship building that is counter to our dominant culture. In this workshop, we will offer skills for relationship building and trust building as we also have a discussion about it. We will focus on tangible ways to slow down and focus on relationship building, resilience building and strategy sharing for allies, and centering the most impacted members of the trans community, even when they're not in the room. Without having an open conversation about how the dominant culture is affecting trans lives, we cannot affect change. This workshop can be a start to a longer relationship - come connect with us.

Room 346 – Clinical Track

WORKSHOP

Transgender Health Care in Rural Areas, My Experience in the PNW

Presenter(s): Tavis Taylor

An overview of what we have done, what we are doing, and what we need to do to provide quality health care to Transgender (TG) people in our communities. As a Transgender physician, I will share my experience with you, fellow health professionals, some aspects of TG life that are not as evident when reading through articles or checking off boxes on forms. What are some of the insider details you can benefit from learning about to provide more compassionate and quality care to your TG patients? Bring your questions, they don't have to be PC, I want you to be better prepared to work with this amazing and complex group of people.

Room 348 – Clinical Track

ORAL PRESENTATION

Best Practices for Culturally Competent Gender Care in a Homeless Population

Presenter(s): Janna Cuneo

Transgender and gender non-conforming patients experiencing homelessness exist at the intersection of all of the major social determinants of health (race, poverty, gender, sexual orientation), so it's unsurprising that this population experiences some of the worst healthcare outcomes in the United States. 43% of trans people in the nation are currently or have experienced homelessness, while 13% of Washington State trans-identified people reported being homeless now or in the past year. Rates of attempted suicide are 9 times higher amongst trans folks vs cisgender cohorts, and suicide attempts are highest among those who have the lowest annual income. The goal of this talk is to give a conceptual framework for safe and affirming primary care of a highly marginalized and at-risk population targeted to a group of providers who have had little experience with these groups.

Room 350 – Clinical Track

ORAL PRESENTATION

QueerDoc: A Novel Approach to Improving Access to Queer and Gender Affirming Care

Presenter(s): Crystal Beal

An interactive presentation exploring how telemedicine decreases barriers to care for queer and gender diverse people. Using research from the National Transgender Survey, reviews of social media trends, and personal experience barriers experienced by LGBTQ people seeking affirming care will be explored. Then we will learn how a telemedicine-based model of care addresses many of these issues. Limits of the telemedicine model will be examined as well. Questions and answers to wrap up.

Closing Keynote

Why Trans Health Matters

Mattie Mooney

One of the biggest barriers that trans and gender nonconforming folks face is access to healthcare. In this lecture I will discuss why access to healthcare for trans and gender nonconforming folks improves healthcare access for everyone, as well as what we can do as educators, social service providers, and healthcare professionals, to improve the equitability of our work, care provision, advocacy for the benefit of the trans and gender nonconforming community.



About Mattie Mooney

Mattie is Ingersoll Gender Center's first ever Healthcare Access Manager. They can typically be found laughing at inside jokes with their little human, Zaiya Rylee & planning their next getaway/world takeover with their partner Nanta. At Ingersoll they can also be found helping community members find gender affirming care, navigate insurance enrollment and denials, and working with Ingersoll's provider consult group on ways to improve and expand access to gender affirming healthcare for the TGNC community. They are extremely passionate about TGNC healthcare because they believe that marginalization by the healthcare community leads to poor health outcomes and increased health disparities for the TGNC community.

Facilities Map

Two all gender bathrooms are located on the 3rd floor. Two gendered bathrooms are located on the 2nd floor. Room 322 will be available as a quiet and scent free room for participants throughout the day.

