

Envisioning

Healthcare

That Prioritizes

Trans Women

And Gender

Diverse People

Perspectives from the community



# STUDY OVERVIEW

The CHIWOS team developed the Women-Centred HIV Care (WCHC) Model to respond to the healthcare service gaps that currently exist using data provided by 1,422 women living with HIV. Although CHIWOS included trans women, as well as nonbinary and Two-Spirit participants, we wondered if the WCHC Model addressed the full experiences and needs of this community. We asked: “how can the WCHC Model be adapted or re-imagined based on the perspectives of trans women and gender diverse people?”

## Study Design

Trans women, folks with transfeminine experience, and/or folks who believed they might benefit from a healthcare model designed for trans women living with and affected by HIV were invited to complete a demographic form and participate in an interview.

AVERAGE AGE

**42**  
**Years**

## Who participated?

17 PARTICIPANTS

**11** trans women;  
**1** intersex trans woman;  
**2** women;  
**2** nonbinary people;  
**2** gender fluid people

Participants ranged in age from 26 to 79

## RACE/ETHNICITY

- 4 participants identified as **white**
- 4 participants identified as **African, Caribbean, and/or Black**
- 3 participants identified as **South Asian**
- 2 participants identified as **Middle-Eastern/Arab**
- 2 participants identified as **East Asian**
- 1 participant identified as **mixed-race (South Asian & African)**

## HOW DID PARTICIPANTS VIEW THE WCHC MODEL?



[www.cep.health/clinical-products/hiv/](http://www.cep.health/clinical-products/hiv/)



# TRAUMA- AND VIOLENCE-AWARE CARE

Trauma- and violence-aware care requires providers to be aware of the far-reaching impact of various traumas on women's lives and health and act empathetically with that knowledge.



## Care might look like:

*“I see this is uncomfortable.  
Let’s pause and talk about  
what the steps are and  
how I can support you  
through them.”*

OR

*“Some people find this  
procedure uncomfortable.  
Did you want to bring in a  
support person?”*

## Participant perspectives

“ I think that’s the really, really key thing with trauma and just working with people who have trauma is making sure that they feel like they have agency, no matter what happens. [...] it’s super triggering if I feel like things are being done to me or that I don’t have control over my body or over what happens to it. So, I think that’s really important. So, asking for consent before each process or each step, everything being clearly explained. I think it’s also really good to have different options available, so that the patient can choose what works the best for them as well.



## PERSON-CENTRED CARE

Person-centred care involves a whole-person approach, inclusive of psychological, and gendered social contexts such as culture, family, and socio-structural barriers to care.



### Care might look like:

*“The last few years have been hard on many folks. Are you still working at [...]? Have you heard of this new service [e.g., local shelter; food bank; support group] in town?”*

or

*“I hear you saying you have been experiencing a lot of headaches. Have there been any changes to your routine or living situation lately?”*

“ A lot of the girls when they transition, they lose their family, they lose their friends, they lose their whole village. And also, growing up and you’re too feminine, you get verbally and physically abused from your loved ones and the outside world. So, a trans woman is going to come in there with 10 times more problems that is worse than a female.

### Participant perspectives



## COMPETENT HIV CARE

Competent HIV care includes HIV testing and/or HIV diagnosis, linkage to care (medical, social, etc.), successful care relationship contributing to ongoing care engagement, voluntary early initiation of antiretroviral therapy (ART; an HIV medication) and HIV viral suppression (an indicator of good HIV health) if living with HIV.



### Care might look like:

*“There is a lot to know about HIV and HIV care including HIV medications, adherence to managing medications and visits, and more. Is today a good day to go over that information?”*

### Participant perspectives

“...[Good HIV Care is] not really about having that power dynamic, like, it seems to be more of a collaborative experience. Which I think is really great, because I know a lot of trans people do have medical trauma.

“ Sometimes when I have sex with straight men, they don’t want to wear a condom. And I’m on PrEP, so I don’t mind, but what if they’re having sex with a woman who is not on PrEP? I think straight people need to be more educated on sexual health because of course we have to be educated because we are more disproportionately affected, so we have to. But a lot of straight people, especially straight men sometimes may not be educated about sexual health.



## COMPETENT WOMEN'S HEALTHCARE

Competent women's healthcare includes comprehensive sexual and reproductive health and rights (SRHR) acknowledgement and/or support, including gender-affirming healthcare.

“ I guess for younger [trans folks], if they wanted to save their sperm or their eggs for future possible having children, that should probably be an option that should be maybe covered by the government, so that they could have them stored for long periods of time... just because they don't have the funds when they're younger, to do this, doesn't mean that they should be excluded...”

### *Participant perspectives*

“ I'm beginning my transition, so of course it takes a lot of time to readjust to my new look, grow hair, hormone therapy, fillers if I need, all of that, blah, blah.”



### Care might look like:

*“Gender expression looks different for everyone. What are your current goals? How can I help?”*



# COMPETENT MENTAL HEALTH AND ADDICTION CARE

Competent mental health and addiction care involves screening for conditions common to women, and providing and/or referring to counselling after assessing the patient's personal needs, desires, and experiences.



## Care might look like:

*“Depression, anxiety, stress, PTSD, and substance use are common for all people. Are any of these present in your life currently? Would you like to discuss how you are feeling and if there’s anything I can do to help?”*

## Participant perspectives

“ [A] lot of people with mental health issues are almost entirely based on the fact that they’re living in poverty, and they struggle, and they don’t know what to do, and how they can make ends meet”

“ I didn’t have any access to mental health services. Counselling is important for trans women throughout our lives, like it’s not just something that happens before transitioning or during whatever period somebody might call transitioning. It’s something that is ongoing especially given the increase in transphobia particularly for people who are visibly trans. There is political and social hate that is increasing towards trans people.





# PEER SUPPORT, LEADERSHIP, AND CAPACITY BUILDING

Peer support, leadership, and capacity building prioritizes care options that include people with similar lived experiences – such as trans women and/or gender diverse people. Peer support is care offered by other trans women and gender diverse people and can be provided by referrals to appropriate services, peer counselling, and community building. Peer leadership and capacity building requires care models that prioritize and create opportunities for women with lived experience to assume leadership roles in the design and delivery of care, and to be hired into decision-making positions that affect their lives.

“Yesterday I went to a trans group at Clinic-X, and it was mostly Canadian trans people. They were amazing people. But I couldn’t relate. But I go to a trans women of colour group, then I feel much more comfortable. I feel like I’m myself.”



## Care might look like:

*“Would you like the address and contact information of the local community organization that can provide support, including peer support?”*

“It’s a little easier when you see somebody that looks like you or understands what you’re going through, and not looking at you in a judge-y way, being calm, being friendly, knowing the lingo and that sort of stuff. Yeah, it’s a little more easier talking to someone, especially when they know that you’re trans as well, so they open up a little bit more.”

## Participant perspectives

## KEY TAKEAWAYS FROM THE DATA

- **The WCHC Model is a useful tool that can be tailored for women in all of their diversities.** The WCHC Model components generally covered trans women and gender diverse people's needs. Specific recommendations about how to deliver care in relation to the model components and participants' specific needs were offered (see examples inside).
- **It is critical to understand health as multifaceted and gendered.** Participants described how their health and health experiences are shaped by biological, social, psychological, and political contexts that come together to shape their experiences in and outside of healthcare systems.
- **Trans women and gender diverse people are unique from one another.** While there may be commonalities in healthcare needs for all, the individual needs of every trans woman or gender diverse person will be different.
- **The healthcare system is lacking at a systemic level.** Our healthcare systems were typically developed with cis, white, straight, able-bodied, and male people in mind. This means that, while gaps in care affect everyone, those outside of the previously mentioned categories experience gaps in care more acutely.

## RECOMMENDATIONS FOR CARE PROVIDERS

- **Apply the WCHC Model.** Use the components of the model as a guide to initiate conversations, while recognizing this will be different for each person.
- **Consider gender diversity in every interaction.** Gender may shape health experiences and needs. Ask how to address each person (e.g., name, pronouns) and if there are any other considerations related to gender that are important for you to know.
- **Become familiar with trans inclusive-language and common healthcare needs to be able to ask relevant questions and offer support.** Take the initiative to learn as much as you can on your own (e.g., workshops, online modules, current research), including about local services that offer social supports.
- **Learn about the broader social circumstances that might affect the health of trans women and gender diverse people.** While you do not need to become experts in these circumstances, learning more can inform your care, questions, and referrals.
- **Remember each trans woman and gender diverse person is unique.** Everyone's experiences and needs vary widely, indicating a need for person-centred care.
- **Build supportive practices.** Build a network that you can refer to that understands and supports trans community needs. Ensure your colleagues and staff are trained on anti-oppressive practices.

## Learn More About Gender-Affirming Care

The following organizations offer comprehensive guides to caring for trans women and gender diverse people:

Rainbow Health Ontario's Trans Health Guide:

[www.rainbowhealthontario.ca/TransHealthGuide](http://www.rainbowhealthontario.ca/TransHealthGuide)

Trans Care BC: [www.phsa.ca/transcarebc](http://www.phsa.ca/transcarebc)

Looking for gender-affirming surgical care? Check out Women's College Hospital: [www.womenscollegehospital.ca/care-programs/surgery/transition-related-surgery](http://www.womenscollegehospital.ca/care-programs/surgery/transition-related-surgery)

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