



Transforming Telehealth:

Prioritizing Safety, Access, and Innovation to Reimagine Trans Health Care

A report from
the Transgender
Law Center



Acknowledgments

This document is produced by Transgender Law Center (TLC). TLC is the largest national trans-led organization advocating for a world in which all people are free to define themselves and their futures. Grounded in legal expertise and committed to racial justice, TLC employs a variety of community-driven strategies to keep transgender and gender nonconforming people alive, thriving, and fighting for liberation.

TLC commissioned consultant, Mahri Bahati, MPH to write this report with inputs from TLC Staff Cecilia Chung and Tiommi Lockett. Ms. Bahati conducted key informant interviews independently and later conducted community listening sessions with co-facilitation support from Teo Drake, Tiommi Lockett, and Jenna Rapues, MPH. TLC would like to thank the many respondents who generously provided their perspectives for this report.

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Executive Summary

The global COVID-19 pandemic has ushered in drastic changes to the ways we interact both with each other and with the institutions that serve us. Many people have liked being able to work from home and use technology to meet virtually, but not everyone has had a good time with these changes. Even when services are available in person, getting to them can be hard for a lot of people, especially those with disabilities or long-term health problems. Lack of money and other structural factors can make the effects of these barriers even worse.

The trans and gender diverse community has long faced stigma and exclusion in social, legal, and medical settings. In the digital age, it's important to have a louder voice and set the rules for the discussion about how to get health care. The wide use of telehealth during this recent pandemic has raised many questions about the promises and challenges that this technology offers, and particular concern must be given to the intersectional issues facing sexual and gender minority people and those living with HIV. For this reason.

PURPOSE OF THIS REPORT

Transgender Law Center, as the largest national trans-led organization advocating for self-determination for all people, wanted to gather the voices of trans and gender expansive people living with HIV as well as those providing health care services to this community, to amplify their voices and perspectives related to receiving health care services via telehealth during the COVID-19 pandemic. We spoke with a total of seventeen individuals (including 6 health care providers) through a series of interviews and community listening sessions during the months of December 2021 and November 2022.

KEY HIGHLIGHTS

Clients shared generally positive experiences using telehealth and found it especially useful for receiving mental health services, keeping up with their lab work, and communicating with their providers via online portals. Some individuals expressed concerns about privacy and security of their information, and shared their fears that electronic devices such as phones might gain access to, and misuse personal information discussed with their providers, given their beliefs that these devices are constantly listening for information that can be used for advertising and marketing purposes.

Overall, the providers we spoke with had mostly positive views about telehealth, but many saw it as a useful tool for providing healthcare, especially during the pandemic, and were willing to use it as a regular part of their work. They did express concerns that not every patient or client has a suitable environment in which they can attend medical appointments and maintain privacy.

Recommendations

- 1.** Engage with the trans and gender expansive community as early as possible prior to implementing changes to the delivery of healthcare services to ensure that the access needs of this community can be taken into account. Continue to engage with the community to assess whether these needs are being met.
- 2.** Make deliberate and meaningful efforts to engage with clients who have been assigned female at birth (AFAB), including but not limited to transgender men and nonbinary people, and foster stronger feelings of inclusion and create more affirming spaces and outreach materials.
- 3.** Provide more training on cultural competence and humility to health care providers, specifically in regards trans and gender expansive identities, health care needs, and health inequities.
- 4.** Ensure that trans and gender diverse people have the adequate technical resources including phones, wifi access, and access to private spaces where they can take health appointments. This is especially important for the unstably housed and those living in situations where one's gender identity and expression may be unsupported or unknown.
- 5.** Expand the types of telehealth services that are eligible for reimbursement, such as wrap-around case management services to coordinate care, including surgical navigation for gender affirming care and insurance coverage education, and online support groups.
- 6.** Enact policy changes that allow patients to access mental health services, via telehealth across state lines, ensuring greater access to culturally competent, trans-affirming providers.



Introduction and Background

In January 2020, the world became aware of a mysterious and previously unknown respiratory disease that would later be identified as the SARS-CoV-2 virus, now also known by the acronym, COVID-19. In the following weeks, cities and counties across the United States began instituting “shelter-in-place” orders and curfews, stemming the tide of new cases and hospitalizations of this novel disease that at the time had no known treatments or available vaccines. These shutdowns affected all aspects of daily life, impacting access to food, transportation, connections with family and friends, and access to life-sustaining health care services.

In response to several logistical constraints, including social distancing rules and staffing shortages, many health systems began judiciously modifying services to be delivered via telehealth. Although doctors had long been experimenting with telemedicine for decades, use of the technology didn't really take off until the COVID-19 pandemic impeded the delivery of in-person medical services. What began as short-term adjustments made to help prioritize life-saving care and maintain access to routine care services has for many, become the new status quo.

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WHAT IS TELEHEALTH?

Telehealth is the practice of using technology, like computers or cellphones, to provide health care and/or health information to people without requiring their physical presence inside a healthcare facility. This can include activities such as remote monitoring of patients' health (via wearables and at-home medical equipment) in addition to virtual consultations with health care providers via phone or video and using online health portals for accessing labs, managing prescriptions, and messaging between providers and patients. For the purposes of this report, we also counted online support groups for specific health conditions and identities as part of telehealth, since many people in our community found them to be important ways to help each other, share health information, and connect with each other during the pandemic. By reducing the need for in-person visits, telehealth has tried to make healthcare easier and more accessible for patients, cut costs, and, ideally, improve health outcomes.

During the COVID-19 pandemic, telehealth was quickly and widely used to stop the spread of the disease. This showed how it could be used to improve access to health care, especially for people who are vulnerable, live in underserved areas, or have trouble getting around. Even though it has allowed patients to keep getting care from a distance through virtual consultations with doctors and other healthcare providers, in order to truly cover all patients, the views and opinions of some communities that have already had difficulty accessing in-person care must be taken into account.

For many LGBTQIA+ people, who have a greater incidence of several mental health problems and a higher risk of suicidality owing to stresses like prejudice and trauma, the situation is even more difficult.¹ Because of the COVID-19 pandemic, many businesses and safe spaces for the queer community had to close. This left people in the community socially isolated and facing negative financial circumstances, especially if they worked in these businesses. Additionally, many young LGBTQIA+ people also had no choice but to move back home to live with family members who might not have known about their gender identity, gender expression, or sexual preference, or who might not have been supportive of them.

HOW CAN TELEHEALTH BENEFIT TRANS AND GENDER EXPANSIVE CLIENTS?

Even before the COVID-19 pandemic, trans people had difficulty accessing health care because they were afraid of being mistreated, there were not enough affirming health care providers, and insurance companies did not always cover gender affirming care services. For many, these fears carried over into the pandemic, as some people in the community had to figure out how to use new technology to get care while still facing many of the same barriers. Many trans people still delayed care during the pandemic, as reported in a recent study by Duke University, which showed that although telemedicine did mitigate some delays in accessing care related to the pandemic, trans patients within the Duke Health Care System reported health care access delays in all gender-affirming care domains, with nearly one third of trans and gender diverse patients within the system reporting fear of discrimination as a barrier to accessing care.²

Despite the availability and acceptability of some primary and specialty healthcare services via telehealth, many trans people had to cancel or indefinitely postpone gender-affirming surgery and other treatments at the onset of the COVID-19 pandemic.³ For many of these individuals, losing access to these services had life or death consequences that negatively impacted their mental and physical health. On a positive note, there is some indication that for those who are able to access gender affirming care via telehealth, the experience can be

positive and satisfying. Over 85% of respondents in a 2020 health survey of trans and gender diverse youth and their caregivers reported being satisfied with their medical and mental health gender affirming care services delivered via telehealth.⁴

HOW CAN TELEHEALTH ADDRESS THE NEEDS OF TRANS AND GENDER EXPANSIVE PEOPLE LIVING WITH HIV/AIDS (PLWHA)?

Trans and gender expansive people are disproportionately affected by the HIV pandemic, and present with unique HIV prevention and care needs that were well documented prior to the COVID-19 pandemic.⁵ Expanding the availability of HIV prevention and care services via telehealth could potentially be very useful in meeting the unmet healthcare needs of this community and help reducing financial and logistical barriers, as well as making it easier to find trans-affirming providers.

Several recommendations for employing telehealth within HIV care have been proposed, including providing smartphones and wifi hotspots to address the digital divide, training community members and providers on technology use, employing hybrid approaches to HIV/AIDS care, and continually seeking input from PLWHA to improve and identify the best approaches to using telehealth services.⁶ We explore some of these recommendations and trans community perspectives later in this report.

BALANCING THE NEEDS OF TRANS AND GENDER EXPANSIVE CLIENTS AND THEIR HEALTH CARE PROVIDERS

Prior reviews of the literature have shown that digital health services are well accepted by SGM clients with results that are comparable to in-person health services, however a 2021 survey (not SGM-specific) by McKinsey & Company showed that patients (clients) and physician providers had differing opinions about telehealth services.^{1,7} The survey results showed that while a majority of both clients (patients) and physicians concurred that telehealth was more convenient compared to in-person care for patients, only 36% of physicians reported that telehealth services were more convenient for themselves. In addition to their concerns about convenience, providers also reported being worried about reimbursement rates for telehealth, which were reported as being 15% lower than

comparable in-person rates, despite the additional investment and costs associated with providing this care.

LISTENING TO THE NEEDS OF TRANS AND GENDER EXPANSIVE PEOPLE LIVING WITH HIV

Transgender Law Center commissioned this report to listen to trans and gender diverse people living with HIV and their health care providers, and ensure that these voices and perspectives could be heard. We particularly wanted to document the experiences of transgender people of color living with HIV, transgender people over 50 living with HIV, and transgender people living in rural areas as these communities have often experienced the significant obstacles accessing healthcare services prior to the pandemic.





Part 1: Purpose—What did we do and why?

In November 2021, Transgender Law Center commissioned a series of key informant interviews and community listening sessions with transgender people living with HIV, providers of gender affirming care, and providers of primary care and/or HIV care to trans patients. The goal of these conversations was to understand what stakeholders in specific roles in the health care system think about:

1. Their experiences receiving and/or delivering health care services via telehealth during the COVID-19 pandemic.
2. Recommendations for how policy makers can implement telehealth services in a way that will help reduce access to care issues and enhance health outcomes for trans and gender expansive people living with HIV.

Part 2: Methods—How did we do it?

Between the months of December 2021 and April 2022, we conducted interviews with four clients living with HIV, and two healthcare providers providing either HIV/AIDS care and/or gender-affirming health care for trans and gender expansive people (see Appendix A, Table 1 for demographic information.) Interviewees were asked to take part in an interactive discussion and talk about their own experiences with getting and/or giving telehealth services during the COVID-19 pandemic. They were also asked to talk about the major health issues facing the transgender community, talk about the pros and cons of using telehealth services, and give their thoughts on how to best integrate telehealth into gender-affirming care (see Appendix B for a list of interview and listening session discussion questions). Interviews were conducted via Zoom and the recordings were sent off for transcription. Interviewees received a \$150 stipend for their participation. The TLC staff looked at the key themes that came out of the analysis of these interviews to come up with discussion questions for future community listening sessions.

Planning for three community listening sessions began in August 2022, in collaboration with TLC staff and two community co-facilitators. Planning meetings were held to modify the interview questions for group discussion, community listening session questions and topics, to create a screening survey and post-session survey, and to develop recruitment materials. Recruitment for the listening sessions occurred during late September and early October 2022 for the following listening sessions:

- October 24, 2022, 7:00 - 8:30p EDT (TGNC People Living with HIV/AIDS, 6 attendees)
- October 29, 2022, 3:00 - 4:30p EDT (TGNC People Living with HIV/AIDS - Rural Residents and/or Aged 50+, 1 attendee)
- November 14, 2022 7:00 - 8:30p EDT (Health Care Provider, 3 attendees)
- November 17, 2022 7:00 - 8:30p EDT (TGNC People Living with HIV/AIDS - Rural Residents and/or Aged 50+, 1 attendee)

Listening session attendees received a \$75 stipend for their participation. Listening sessions were conducted via Zoom and the recordings were sent off for transcription. Analysis of listening session discussions generated key themes and recommendations that have been included in this report. (See [Appendix A: Table 2](#) for demographic information.)

Quotes from interviewees and CLS attendees have been minimally edited for readability. We have chosen to use the word “client” over the word patient for the purposes of this report, although the word patient is quoted directly if used by the interviewees or attendees during our discussion. Feedback in Part 3 is grouped into **“Client Perspectives”** (C) and **“Provider Perspectives”** (P) for the purposes of summary and comparison.



Part 3: Discovery—What did we find?

COMMUNITY HEALTH CONCERNS AND SOLUTIONS

Client Perspectives:

During our interviews and listening sessions, we asked questions to identify the biggest health issues and other concerns facing the trans community. Clients shared concerns that the current legal and political climate can have a negative impact on access to medical care, especially in states that are beginning to criminalize certain health care options for trans youth. They also felt that in general, not enough efforts have been made to accommodate and welcome all trans and gender expansive people in digital and physical spaces, particularly trans masculine people and other people assigned female at birth, as well trans women who have a diverse gender expression.

● **The sociopolitical environment in many areas, especially those attacking gender affirming health care still affect trans people indirectly:**

“Here in [interviewee’s state], like, they aren’t attacking me personally... if you look at the laws that they were just trying to pass, they’re trying to stop trans youth from playing sports that identify with - that align with their gender identity. So, that means that they can’t use the public facilities that align with their gender identity. ...they are [also] trying to imprison doctors who prescribe, umm, hormones or testosterone blockers or whatever the case may be for trans youth, right? So, trying to criminalize those that know that these procedures are medically necessary.”

—Interviewee, client self-identified trans woman

● **Participants perceive that some health care providers lack interest in receiving in-depth education on the lived experiences of trans people:**

“You know, a doctor with all these degrees and everything, he ain’t going to take no training class from a transgender individual. He gonna wanna read [training materials] real, real quick and he ain’t gonna have the feel of a one-on-one.”

—CLS attendee, client, self-identified trans woman

● **Not enough is being done to create welcoming digital and physical spaces for trans men:**

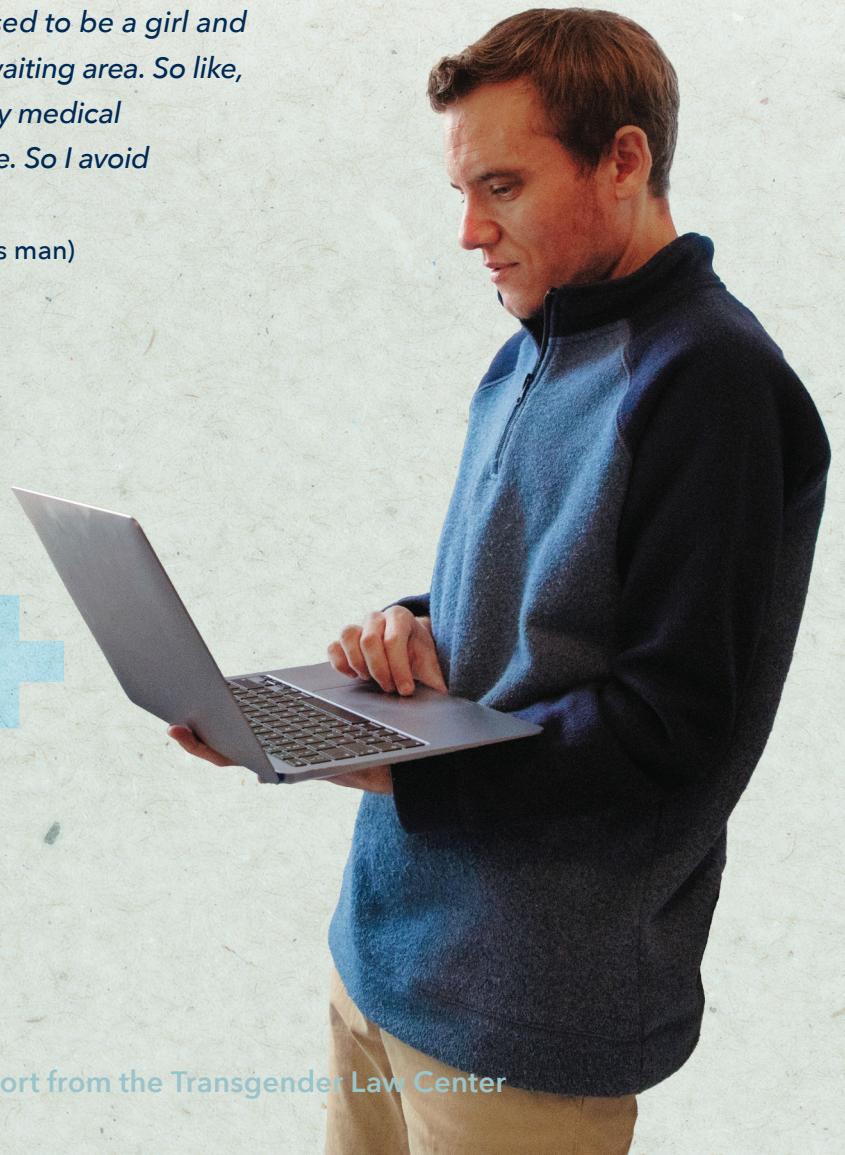
“language and advertising and promo... So like there are clinics and services that are offered online that say they are trans-inclusive. A lot of them are strictly marketed towards trans femmes and trans women. So if I'm a trans man or a trans-masculine person, I'm not going to like, want to go into that space because one, I feel like that's a space that I don't belong in... those services are not gonna be catered to me because they're usually not because we're forgotten. Um, so I have all this anxiety about accessing these, this service that's for me, but is it really for me?”

—CLS attendee, client, self-identified trans man

● **A lack of trans-masculine affirming spaces for reproductive health services contribute to gender dysphoria and avoiding healthcare:**

“So going to the gynecologist as a man is a very awkward thing. You're sitting in this, this room or this office labeled the women's center named after some great philanthropist that is female and all of these things. And you're a guy with a beard sitting in this room and then you get called. If your name is not changed, this could be very, very awkward. Mm-hmm... I've experienced people whispering about, well, why is this guy is here? Like, oh, that used to be a girl and like loud enough so I can hear it in the waiting area. So like, so now other people are now privy to my medical information, which now makes me unsafe. So I avoid that building at all costs.”

—CLS attendee, client, self-identified trans man)



● **Inclusion of ALL people assigned female at birth (AFAB) is important:**

"...think broader than just one demographic of folks, um, AFAB bodies are often forgotten, even with cisgender women. So like, if we're talking about AFAB inclusion, it needs to include trans men, but also not forget that there are queer folks who identify as gender expansive and also non-binary and all of that...That's the biggest thing. Like not forgetting the people who are assigned female at birth when something comes up."

–CLS attendee, client, self-identified trans man

● **There is a lack of understanding and inclusion of the diversity of gender expression for trans people in many health care settings:**

"...you need to be able to deal with all genders and all people if this is what you signed up for. You know, especially, um, these providers that are in quote un-quote LGBTQ inclusive spaces...You know, it's all about gay men and trans and lesbian and da da da da. But are you really, are you making each individual feel as though the service that you're providing is customized to them? ... A trans woman that identifies as a trans woman, but in your eyes has a beard and such and such. That's still a trans woman. That's what their identity is. Are you handling them with the same care that you're handling someone that in your eyes is presenting as what they say they are?"

–CLS attendee, client, self-identified trans woman

● **Community support can help build self-efficacy and confidence, leading to better interactions with healthcare providers.**

"...when I start going to like, support groups and knowing how to speak up for myself, and then it's like healthcare providers were eager to learn and eager to help me to get the help that I needed because they saw I was interested in my healthcare and what I needed for myself."

–CLS attendee, client, self-identified trans woman

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Several clients expressed frustration that there was a lack of coordination between the many providers on their health care team and thought that using telehealth could foster collaboration amongst the many providers they are seeing, as illustrated in the quote below.

● **An annual telehealth visit with all of one’s providers could improve coordination of care and potentially better outcomes for clients:**

“...having all providers together on a telehealth visit once a year - would be a dream...we should have like a meeting of all my providers in some type of way, like, so we can get all of us on the same page. It would be nice to do a telehealth like that because an in-person visit, I think that’s impossible for all of the people to meet in one place, one building or whatever. But if I could have a dream of having my providers, it would be like having maybe a once a year with my psychiatrist involved, my, um, my case manager with my, um, primary care, with my specialties...to, you know, check in on where I am as a whole and as, as, as the lady said, the continuum of care can.”

–CLS attendee, client, self-identified trans woman

P Provider Perspectives

Providers noted the many losses and challenges faced by clients some of which were made worse by the pandemic, with wide ranging effects including medication adherence and retention in health care overall. Providers also shared that health care and research organizations could do more to increase trans representation in the health care and research workforce.

● **Medication adherence became a challenge for many in the community who were also affected by the COVID-19 pandemic:**

“With adherence, if you’re not in a safe, safe space or good mental wellbeing, then therefore you don’t care about your health. So medication adherence and being in the right state of a lot of things [including] housing, attitude and whatever to be able to adhere to medications, were probably affected very much so by the pandemic, and made worse.”

–Interviewee, provider, self-identified trans woman

● **Many community members were lost to care during the pandemic:**

“...a lot of people fell between the cracks. I’m not gonna lie. Cause like I said, there was a lot of people that were barely making it [before the pandemic] but they were okay with that because they were on their own. Mm-hmm. . And when the bottom fell out of everything with everybody during COVID, like they’ve really lost everything.”

–Interviewee, provider, self-identified trans woman

Providers noted that there was a lack of research that aligned with community priorities, and that in general it seems as though much of the data that has been collected has not been meaningfully implemented, as illustrated in the quotes below.

● **Hiring individuals from the trans community to provide health care services is important:**

“I think we need to hire more from the community we serve, right? I think like individuals who, sort of like have the same shared experience from the people that they serve. You know there are providers [who do] not necessarily reflect the same values and the same background as their, you know, patients.”

–Interviewee, provider, self-identified trans woman

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● **More affirming research, conducted by trans people for the trans community, is needed:**

“It’s just my observation that there are still a lot of um, non-trans-identified individuals conducting or doing research on us and I think that’s really concerning because a lot of this uh, research [is] not necessarily um, helpful for our community. So, I think we need to um, mentor and advocate more for, uh, representations in research, in medical and mental health field.”

–Interviewee, provider, self-identified trans woman

● **Data that is being generated and collected by programs that serve the community is not being utilized for meaningful change:**

“I always say, use the data. I’m tired of collecting data and then we don’t do anything with it...Once I give you the information, it’s time to enact change. So use the data that’s been collected over time and actually apply the changes to the healthcare system...”

–Interviewee, provider, self-identified cis woman

EXPERIENCES AND ATTITUDES ABOUT TELEHEALTH DURING THE COVID-19 PANDEMIC

Client Perspectives:

Client feedback about their experiences of receiving healthcare via telehealth was mixed. Some clients shared that during the epidemic, having access to care through telemedicine was really helpful, and eliminated the need for travel to and from the clinic. This was an important benefit for clients living in rural and remote areas. Clients who reported dissatisfaction with telehealth cited a lack of cultural humility and gender affirmation on the part of healthcare providers as negative factors as well as an overall dissatisfaction with the lack of human interaction. Key themes and quotes are summarized below:

● Telehealth is a great option especially for reducing transportation barriers, but can't replace the human interaction:

“I used telehealth and, and I have mixed feelings about it. I mean it, it is a convenience, especially in the South, in the rural South where we have large gaps of space and, you know, transportation issues. We don't have public transportation or very many options in the South for public transportation. Telemed is a convenience and a great tool in healthcare, but I don't think, I don't think you can replace human interaction. I don't think convenience is an adequate trade for that human interaction.”

—Interviewee, client, self-identified trans woman

● The ability to use telehealth technology for routine visits helped reduce transportation barriers for some rural residents:

“I live in a small town, sort of rural area, so I actually travel about an hour at minimum to see most of my docs. I've just been

“to be honest with you... using telehealth, for me, was unsuccessful. Because of conflicts with [my provider] about [their] office hours and everything like that, umm, we had to switch back to office visits. ...My doctor [had] just retired. So, he had passed me off to someone in the practice. And the new person... I think one of the office staff had told him that he wasn't allowed to call me by pronouns—or to call me sir, because he was calling me sir. A lot of time[s], I don't invest in the pronoun battle when it's not a teachable moment.”



traveling without it being an option and then all of a sudden, it was an option...I have mixed feelings about it...in some ways it was great because it, it just made things easier. I didn't have to take four hours outta my day to, to see somebody, right... I wouldn't want it all the time. I missed the sort of, the sort of connection and, and the sort of being in person, which I think most of us did. But I did [appreciate] for, particularly for routine appointments to just not have to drive that far for a 15 minute conversation. "

–Interviewee, client, self-identified trans man

● **Telehealth doesn't always work well for clients whose health care providers lack cultural sensitivity and humility, and this can be hard:**

“to be honest with you...using telehealth, for me, was unsuccessful. Because of conflicts with [my provider] about [their] office hours and everything like that, umm, we had to switch back to office visits. So for me, the telehealth just didn't work... My doctor [had] just retired. He'd been my doctor for about 15 years. So, he had passed me off to someone in the practice. And the new person... I think one of the office staff had told him that he wasn't allowed to call me by pronouns -- or to call me sir, because he was calling me sir. A lot of time[s], I don't invest in the pronoun battle when it's not a teachable moment.”

Interviewee, client, self-identified non-binary person

Clients also reported missing appointments due to not understanding the technology and/or not being able to find a private and secure space to take their appointment.

● **Some people missed appointments due to not understanding the technology and felt unsupported by their health care providers:**

“... like at the beginning of the pandemic, they kind of sprung this telehealth on us. I mean, I'm used to like Zoom and Skype and [Microsoft] Teams and stuff like that, but this was like its own like app. And like when they sent the emails out, like I didn't, you know, pay really any attention to it. Like, I just know my appointment is for such and such day and this time, so then, you know, it's time for my appointment and I'm at the place and they're closed...how do y'all set something up and not like, really like contact people?

"Like everybody's not always gonna pay attention to their emails. Like, this is something that, like, you should have called me and like walked me through beforehand. Like, y'all want us to put in certain codes so y'all can verify that it's us and not somebody else, and all this and that. Like when was this gonna be explained to us?"

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–CLS attendee, client, self-identified trans woman

● **The inability to find private space to take medical appointments did cause some to miss appointments:**

“I did get back in therapy and, you know, being with a new therapist and psychiatrist, you know, getting to know them, it was on Zoom at first...I'd rather get to know you in person, like I say, not through a third party, which is, you know, electronics. Which makes it kinda hard, especially when you are in a home with other people [to] find a space to have your therapy appointment so you can be, you know, open and honest, you know...Cuz you know, during COVID, everybody's at home. So it's not like you could go in the

bathroom cuz you only have one bathroom, . It was just hard just to get privacy when it comes to mental health.... I might have missed like one or two [appointments] but was it related to not being able to find a space.” –CLS attendee, client, self-identified trans woman

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● **Accessing mental health services via telehealth was a positive experience and eliminated other disruptions related to travel or needing to take time off of work:**

“I use telehealth in regards to my mental health. I found that it's a lot easier to, like, sit at my computer and have a 55-minute therapy session than to wait for Ubers and need to be back at work in a certain time and waiting...So, uh, in that regard, like, it's really easy for me to have a therapy appointment. I can actually, you know, get in contact with my therapist and have an immediate session if she's not busy.”

–Interviewee client, self-identified trans woman

● **It's hard for some clients to establish rapport via telehealth and caused them to drop out of care:**

“you know, when COVID first started, I was in therapy sessions regularly. We had some issues that kind of frustrated me, with the technology and, and just, uh, just, I don't know, just not feeling close...And so I quit my therapy sessions-- and haven't yet started back.”

–Interviewee client, self-identified trans woman

Feedback on using health portals to access labs and prescriptions and to communicate with healthcare providers was mixed, with some participants reporting ease of use and quick communication, while others had difficulties navigating multiple portals:

● **Navigating multiple online portals was quite a challenge, especially for those with limited skills accessing the internet:**

“In my area and community, People had more issues with accessing their labs electronically and getting a prescriptions like through the phone and making sure they had their deliveries consistent through the internet or whatever portal that their healthcare, healthcare provider, um, was using. 've realized that a lot of people don't access their online health portal, which most things go to... you log on and download this app or you log onto this system and create a username. Right. And the funny part about that is we go back to square one. [Some] people don't know how to even access the internet at times or even get on a telehealth appointment. So how do you think that they're gonna access the telehealth portal to get their labs, to get their blood work? Okay.”

–CLS attendee, client, self-identified trans woman

● **It's helpful when multiple providers are on the same portal and clients can see all of their information in one place and communicate with their providers:**

“Well, my portal is really good, both of them. My cardiologist also is at [the same health system] which is very respectful of my, um, gender identity... uh, so I can go and pull up my lab work and we send notes backwards and forward towards, um, each other. So it's very, very helpful and the doctors will respond more to you, cause it's right there...So usually it's a quick response also by using the portals.”

–CLS attendee, client, self-identified trans woman

Conversations with older adult clients (50+ years of age) revealed that in-person visits to health care appointments provided valuable opportunities to get out of the house and have contact with other people.

● **Going to medical appointments can provide a reason to get out of the house and deal with isolation:**

“Yes. It impacts the whole, the whole step. And when I say the whole step, the checking in, meeting and greeting the people that you regularly see, the triage nurse, the regular relationship that you had with her, and um, you know, the pharmacy, that relationship and, you know, it’s all a different pattern now... that takes away a lot of activities for the community too because that outing means a lot to people. Mm-hmm. , you know, the outing just of being around people means a lot. No, I dunno. I know for me, I like, um, depending on what’s going on in my life at that particular moment...but then I get just lonely and need extra sun and wanna dress up and look pretty and throw a new piece of hair on, or new outfit, you know?” –CLS attendee, client, self-identified trans woman)

Another participant shared:

“You know, just wanna be able to, to get out sometimes. And especially, uh, here in Georgia with a lot of the crime. Crime has been up. Mm-hmm. , I mean, sometimes, even though even when it was COVID, you just maybe wanna get out the house, take a walk, go on public transportation, and then with COVID, that was a hard thing to do.”

–CLS attendee, client, self-identified trans woman

Other participants voiced concerns about the new apps and websites they have been instructed to use, particularly related to privacy online and being tracked or listened to by their devices, as illustrated by the quote below.

● **Awareness of the ways that apps currently track and sell data contributes to concerns that private medical conversations could be breached:**

“...so one thing about anything dealing with online is like that always hesitancy about, you know, especially if you have like smartphones nowadays, the first thing that, when you download an app or something like that, the first thing that pops up is a question of do you want to allow the app to track your data or not?...so if this app is tracking my data, what about this [telehealth] website?...what’s the chance that it might not be as secure as you think? And that’s like real big and real heavy. Because I mean, when we talk to like our doctors, um, or our therapists or our, you know, psychiatrists on these telehealth visits, sometimes we go deep. You can be talking about something and not be on Facebook, and then you will open up Facebook and you will see an ad for the exact thing that you [talked about] ... like, it creeps me out. Like, you know...so are you all listening?...are you all selling the data that you are getting from these interactions and using it. That’s very real. That’s a real thing. Uh, data mining is what it’s called.”

–CLS attendee, client, self-identified trans woman

P Provider Perspectives:

Healthcare providers shared that they felt that during the pandemic, telehealth has been an extremely useful method of providing medical care to clients. Overall, they felt that the utilization of telehealth had more positive effects than it had negative effects, but did acknowledge its limitations for certain health conditions or services. They noted that although there are some medical conditions that are not suitable for treatment via telehealth, it did offer clients more flexibility and expanded access to care. Key themes and quotes are summarized below:

● **Telehealth can expand the geographical service areas and help trans patients access care that isn't available in their areas:**

“So, in the clinic where I currently work right now, we do provide telehealth visits. So one day a week providers are assigned to just do telehealth. I had some patients from not only in California but also in [other parts of] the United States. So people are able to like stay at home or stay in areas where they feel safe from COVID, and at the same [time] where um, they can afford [to live]...because it's so expensive here...”

–Interviewee, provider, self-identified trans woman)

● **Setting up and implementing telehealth services has been a positive learning opportunity:**

“I can see more positive in doing telehealth...and I think we're heading that direction. I think one thing that this pandemic, you know, the silver lining of the pandemic is that...we found out that we can provide medical support to patients remotely. We don't really need to see the patients on a regular basis or-or we don't need necessarily to see the patient in person in order for them to receive care. So, I think, telehealth will be a mainstay...it's been around, you know, for quite some time now.”

–Interviewee, provider, self-identified trans woman

● **Patients can access their information and receive care while “on the go”, but that presents its own challenges:**

“I have some patients who are always on the go. I will give an example, actually. I have a patient who was like on the bus and, you know, we're talking about [an STI infection] right? And then so I had to ask her like some serious questions about, um, you know, like symptoms and um, sexual partners and notifying sexual partners and treatment options. And so like they cannot say anything because they were like in a public place. So, that was a very challenging visit. So, in terms of like, confidentiality, I make sure that I ask the patient every visit, whether or not that's a good time to talk...if they are driving, for example, I will ask them

to, you know, find the parking or park somewhere where we-we, where we can talk. And if they had someone in the car, you know, maybe to reschedule appointments. Some patients will just, you know, will just say, "Yeah, it's okay." You know they will, um, provide permission to discuss even openly. It's not up to me, right? I think, you know, um, in terms of their privacy, um, so it's, I always defer to patient's preference. Um, if, you know, if they want to reschedule, I'm happy to reschedule their appointment."

–Interviewee, provider, self-identified trans woman

● **Telehealth services have been a good fit for clients who want to reduce their risk of exposure to COVID:**

“I feel like it's been working pretty well. I mean, I'm a social worker. I do assessments and kind of maintain case management activities over telehealth and it's been working pretty well. I do think there are some patients that also have vulnerable health conditions and they prefer not to have the COVID risk of getting all the way over to the clinic and then being in a medical clinic...I think in those situations, telehealth and doing this over the phone has been preferred, you know..”

–CLS attendee, provider, self-identified non-binary person

One provider noted that the pause on surgeries deemed to be “elective” had a really negative impact on the mental health of trans people who had been preparing and waiting for surgery for quite some time prior to and early into the pandemic:

“I've also had to work with telehealth working with patients...particularly during the pandemic, and it was difficult...because it's like you are going over, you know, things that patients need to be getting prepared for, for surgery... So like they had stopped doing a lot of trans related surgeries across the country because they deemed them as elective and not, you know, as like [a] medical necessity. So a lot of people, um, that were right on the brink of having their surgery and got their surgeries canceled, like a lot of them went into depression. Because it was something that they had been waiting for a long time and like you got all the way up to that point and then it was like, oh, COVID is shutting everything down.”

–Interviewee, provider, self-identified trans woman

● **Managing some health conditions will still require in-person care:**

“If someone has hypertension...They need blood pressure checked on a regular basis and see whether or not the medication they're getting is appropriate or if they need to be changed. I think that's one thing that, um, the in-person can provide - that is lacking in telehealth... the ability to you know, collect vitals [and] other things... like objective data. We can manage this subjective data - like the symptoms that patients are experiencing - and we can just, you know, like, guess from what they're saying, on, you know, what's the proper treatment.”

–Interviewee, provider, self-identified trans woman

● Telehealth could be used to provide wrap-around care:

“...wraparound services are important. So, I think it is applicable to telehealth as well. Um, you know, like having a uh, social worker, a case manager, a peer navigator, uh, a medical provider and a mental health provider, I think those are the services that can be, um, you know, can be provided by a telehealth as well. Having visits not just with the medical provider, but as well as with uh, you know, with a social worker or peer - even with peer um, navigators, I think it's important.”

—Interviewee, provider, self-identified trans woman

Additionally, using telehealth made it imperative to be more conscious of confidentiality during appointments, especially for clients living in challenging housing situations.

● Check for intimate partner violence and offer flexible ways to attend appointments when needed:

“I will say there's been some challenges with like confidentiality. You know, a medical provider has told me to check in a little bit about intimate partner violence... [on some appointments] the person's there and I don't know... they don't tell me there's other people in the room or people come in and out of sessions. Um, so I feel like in some ways I try to be a little bit more careful...or I'm like getting a little bit better at being like, 'oh, are you, you know, are you in a space that's private?' Or try to let them know it'd be best if we could find a confidential time to speak openly. Um, and then also obviously [offer] the availability to meet me in person.”

—Interviewee, provider, self-identified non-binary person

Providers noted some challenges that clients experienced when trying to access and use online health portals:

● Some clients weren't prepared for all to the steps that were required to access telehealth apps and websites:

“It was a whole thing where like, okay, the healthcare provider is gonna send you an email, then you have to respond to the email to get this link to go in to download the app. And then once you download the app, then they give you a code to present so that when you, you know, get ready to go to your visit your stuff would pop up. That was very difficult, and I'm not gonna lie, I just called the patients, um, because like for a lot of patients, they were already frustrated.”

—Interviewee, provider, self-identified trans woman)

● Using the portals can be confusing for both providers and clients:

“I find it totally confusing...so I can imagine that it's confusing to patients and um,..they get sent to a bunch of different places and their labs change or where they wanna get their labs changed. So there I have observed some, like, confusion when you have to go to like five different places for things.”

—Interviewee, provider, self-identified non-binary person

● **Providers also noted that clients had issues navigating multiple online health portals:**

“The patients have problems accessing the portals because they’re from different providers. They’re not all into one portal. The labs are something different, a different clinic, and their provider is a different clinic. And then their, uh, HIV medicine is a different clinic, so they have these different portals and they be like, why can’t we just log into one and see everything?”

–CLS attendee, provider, self-identified trans woman

One provider noted that having chosen family helped provide some clients with technical support that helped them navigate some of the difficulties navigating new technology.

“... I would say particularly, that those that had more chosen family... I did notice is that those that were like connected to the ballroom scene that were like, kind of like well known, I felt like they were able to better adapt to like the whole telemedicine because they had someone there....Those that did not have any chosen families, um, that were also not like tech savvy, I found it kinda hard, you know, working with them and trying to keep them engaged in their care. Um, like I said, those that had more of a chosen family in their network, I felt like they were able to do a lot better with the whole telehealth effort.”

–Interviewee, provider, self-identified trans woman

Lastly, the provider noted that a commitment to health equity was crucially important:

“Those that need the most, should get the most. And if you are trying to make this be the standard of care moving forward, then those clinics have to make sure that the TGNB individual has access to a smartphone or either a tablet.”

–Interviewee, provider, self-identified trans woman



TELEHEALTH AND GENDER AFFIRMING HEALTH CARE

Clients shared that living in more rural settings outside of major cities made it difficult to access qualified trans affirming care health providers. Several clients expressed that they might benefit greatly from being assisted by insurance navigators to help understand their coverage options for gender affirming care. Key themes and quotes are shared below.

● Gender affirming services can be hard to find outside of major cities, especially in the South:

“I think here in the South, we have a lot of issues with finding trans care...finding a doctor who will prescribe hormones. Um, and there's, there's a lot of, a lot of stigma you know, not very many doctors will do trans care and, and, and prescribe hormones. A lot of times you have to go to one of the major cities... Atlanta, Nashville, Birmingham....Right now we, the clinic I go to, they do my trans care and they were doing, they were trying to expand, and you know, treat more of the community...but I don't know what's going on with that. I think they... they're not taking any more, uh, uh, any more patients.”

–Interviewee, client, self-identified trans woman

● Insurance coverage for gender affirming services can differ between states, which can be a problem for clients who will need to travel for surgery:

“I will still have to say, umm, trans-affirming surgery. I'm still having issues when it comes to insurance...and paying for surgeries that I know that my insurance says that I can get. [My insurance provider] has been known to not cover trans-affirming surgeries [in my home state], umm, they're not actually, like, putting in the work that is required for me to make sure that I can have my surgery....now more and more healthcare services are opening up, uh, in progressive areas versus people like me who are in the Southern states and in little urban areas.”

–Interviewee, client, self-identified trans woman

● Gender affirming care should be more fully integrated with one's overall health care experience and coverage:

“If there was a way to, um, make, to gender affirming care, just be considered part of health-care, right, without creating obstacles and barriers. I think that would increase people's access. I had to go find my own information for surgeons, right? I had to go interview my own surgeons. I had to go tell my doc what the letter had to say. You know? So I had to do all that work. Like my healthcare system was just being like, tell me what to write, what do you need? I had to deal with the insurance company, you know, the surgeon. If it had been more integrated, you know, and if I had had support somewhere from [inside] my medical system, that would've been huge.”

–Interviewee, client, self-identified trans man

P Provider Perspectives:

Providers shared that the use of telehealth makes it possible to extend gender affirming care to more clients, enabling service delivery beyond the walls of traditional clinics.

● **Telehealth can help make gender affirming care more accessible and easily integrated with other care:**

“I think it’ll make it more accessible. I think that’s the beauty of telehealth, you know? It gave us the ability [to] expand our, um, providing care outside of the clinics.... coordinating all those things like the HIV care, the mental health care, and their transgender care, I think it’s definitely improved, you know, the HIV care of individuals who are accessing trans care as well.”

–Interviewee, provider, self-identified trans woman

● **Telehealth is a great option for follow up visits while recovering from gender affirming surgeries:**

“...some of the things can be done in a follow up. I think after you come back from your initial surgery, your next two visits should be in person. Cause sometimes they have to pick out staples or they have to remove stitches. So they have to be done in person. Mm-hmm. But like your third and fourth visit, like that can be done, um, via telehealth because you are still healing. And like people don’t realize when you have just gotten these surgeries you are in excruciating pain and like a lot of times you don’t wanna be like moving...”

–Interviewee, provider, self-identified trans woman



TELEHEALTH AND HIV CARE



Client Perspectives:

Clients shared that using online health portals helped them stay up to date on their labs and prescriptions for HIV and other comorbidities, and shared that accessing gender affirming care was an essential part of staying healthy and compliant with HIV treatment. Key themes and quotes are shared below.

● Online health portals have been very useful and helped increase self-efficacy in helping manage HIV and other comorbidities:

“Being able to get on the app -- and, uh, access your labs and communicate with your doctor...I have a cardiologist, I have a endocrinologist, and I also have, umm, a primary care that does my infectious. So, being - having access to my labs on the app, it helps me out a whole lot. My doctor uses an app called the Healow app and it has all my medical records. It has my, umm, medications, appointment dates...it has been a big help for me... having electronic medical records have been such a big help for me... when I have other office visits, umm, they're going to ask me about my cholesterol and my viral loads and my CD4s and all that stuff. When they ask me questions, I always whip that app out. And I'm like, "I care. And here's my labs and everything else." And, umm, a lot of people get shocked because, you know, umm, when you're trans and you are, umm, living with HIV and everything like that, they think that, you don't understand your comorbidities and all of that stuff that's related, umm, that could be a detriment to your health.”

—Interviewee, client, self-identified non-binary person

● Access to gender affirming care can help enhance overall wellbeing and help with staying healthy while living with HIV:

“We know that giving people access to gender affirming care increases their likelihood of being compliant and finding benefit in HIV care and in general health maintenance. You know, so figuring out

“We know that giving people access to gender affirming care increases their likelihood of being compliant and finding benefit in HIV care and in general health maintenance. You know, so figuring out a way to sort of, Get folks everything that they need and making sure that we can help understand wellbeing as a whole. I don't think we lose in that, but it can't be used as like, you know, a carrot or a barrier.”

a way to sort of, Get folks everything that they need and making sure that we can help understand wellbeing as a whole. I don't think we lose in that, but it can't be used as like, you know, a carrot or a barrier."

–Interviewee, client, self-identified trans man

One client shared that telehealth could reduce the negative impacts of stigma that some rural and/or small town residents face while trying to access HIV care.

● **Accessing HIV care via telehealth could help increase HIV access by helping clients avoid stigma when accessing services:**

"I think telemed, uh, telehealth could help a lot of those people because maybe a lot of 'em don't want to come in because, uh, they don't want to be seen. They don't want to be seen coming, coming into, into the HIV clinic. Especially in, in, you know? Just about any town in [my state] is a small town...and you know, there's a lot of the stigma still with HIV here, and, and a lot of people don't want to be, don't want to be seen going into the clinic. So, I think telemed could help those people."

–Interviewee, client, self-identified trans woman

P Provider perspectives:

Providers shared that using telehealth to help manage HIV and other services was very useful. They also expressed that telehealth could help better coordinate comprehensive HIV care while incorporating online navigation and case management into the treatment model.

● **Online health portals are great tools to help clients manage HIV care and stay in contact with health care providers:**

"For individuals who, you know, who are living with HIV, I think it's a great tool because they'll be able to get access to their medication on time....they can access their providers as often as they can because they don't need to commute."

–Interviewee, provider, self-identified trans woman

● **Telehealth could help teams coordinate care, including navigation and case management:**

"...some coordination of care. It sounds a little like case management...somebody with HIV may have access to case management, but just for their HIV. people [to] help them navigate, you know, even trans-affirming care. In my experience as a provider, I work with a couple of case managers in the area, where we support patients on like, uh, scheduling appointments, um, and other means. Um, or even just, you know, pick up medication from, um, from the pharmacy or um, so the patient doesn't really need to be, uh, you know, doesn't, you know, for people who don't have the capacity just to organize their life, I think case management is really important."

–Interviewee, provider, self-identified trans woman

TELEHEALTH STRATEGIES TO PROMOTE RETENTION IN HEALTH CARE

Distributing wifi hotspots and cell phones to clients

● Providing equipment and internet access is a strategy that has worked in other settings:

“That’s fabulous. And now I know too, by being a community activist, I had an organization that gave away 50 laptops. So we gave [them] to people. This is when, where they weren’t doing office visits, period. Even the provider wasn’t even coming in the office. The buildings were shut down. So we had passed some laptops to members, but then they, some of ‘em didn’t have internet access, so the problem was still, still there...and then, uh, the DC government came up with this thing from FCC that allows everybody to have an internet service.”

—CLS attendee, client, self-identified trans woman

● Investment in technology support up front can prevent bigger problems down the road:

“Like so many things in the long run, it would probably be cheaper for healthcare companies and insurance companies to provide those things than, you know, wait for somebody to end up in the ER because they didn’t go see someone. Right? Like it’s, we’re so, we’re often so unwilling to spend upfront to prevent. So yeah, I think it would be huge and it would certainly, it would certainly help create a level playing field.”

—Interviewee, client, self-identified trans man

● Lack of access to these technologies is an important issue of equity:

“There shouldn’t be a soul walking around in the United States, much less the world right now without a smartphone and access to the internet because it is the ‘be all end all’ to a lot of things, whether you want it to be or not. Mm-hmm.”

—CLS attendee, client, self-identified trans woman

Who this strategy might not work for:

● Some rural clients will still have issues gaining internet access in very remote areas with no internet infrastructure:

“...not always, but if somebody was, you know, if somebody was rural, but could get to somewhere where there was a signal...a hotspot might help. But it’s not gonna, it’s only gonna address the need to a certain extent, not [for] folks who just live out somewhere that there’s just no option.”

—Interviewee, client, self-identified trans man

● **People who are unstably housed or facing other higher priority issues will need those problems addressed first:**

“...a person who is homeless, even in the trans community, they gonna be thinking about sex work, survival, or, you know, having a shelter. So even those needs will have to be addressed first before you can even talk about health and telehealth.”

–Interviewee, client, self-identified trans woman

Training on technology:

● **Older individuals will need assistance learning to use the technology, which may also help encourage them to explore more ways to use the it:**

“I hope the older individuals have a youth close at hand. Cause the youth will give you one on one training totally..I know the Department of Aging does the class of helping people to be more tech friendly. . So that’s good to um, have a little resource to give you these training classes that teach you how to do the basics. And once you learn the basics, then you experiment more.”

–CLS attendee, client, self-identified trans woman

● **Some clients will need training to use the technology to avoid being left out:**

“Anyone who doesn’t have a computer or, or uh, access to one or, or the knowledge to how, how to work it and navigate it... [there] would be, you know, a need for some, some education or, services, a grant, something that, you know, to help people who don’t have computers or something. I don’t know but those would be, those would be the people left out.”

–Interviewee, client, self-identified trans woman

Hybrid Strategies:

● **Meeting providers in person up front is crucial for building comfort and rapport before switching to telehealth visits when appropriate:**

“Like for me, I’d do better if I can meet somebody in person, at least at first or somewhere along the line, right? So I wouldn’t want this, I wouldn’t want this feeling that I had no actual, tangible relationship with any provider. But at the same time, you know, here and there, it’s been incredibly helpful. Some level of hybrid would be huge, right? So then I don’t have to go to every single appointment in person.”

–Interviewee, client, self-identified trans man



Part 4: Next Steps—Where do we go from here?

THE FUTURE OF TELEHEALTH

Our conversations with community members has hopefully provided much needed context and suggestions for addressing telehealth access barriers in an equitable and culturally competent manner. With ongoing community input, innovative and community-engaged approaches to providing telehealth services could prove to be very impactful for trans and gender diverse people to get care in multiple domains including primary care, mental health services, HIV/AIDS care, and gender-affirming care.

RECOMMENDATIONS:

This report and needs assessment process with trans and gender expansive community members (clients and providers) is just the beginning. For healthcare institutions and policymakers to better ensure that our community is meaningfully engaged and adequately served going forward, we recommend the following:

- 1.** Engage with the trans and gender expansive community as early as possible prior to implementing changes to the delivery of healthcare services to ensure that the access needs of this community can be taken into account. Continue to engage with the community to assess whether these needs are being met.
- 2.** Make deliberate and meaningful efforts to engage with clients who have been assigned female at birth (AFAB), including but not limited to transgender men and nonbinary people, and foster stronger feelings of inclusion and create more affirming spaces and outreach materials.
- 3.** Provide more training on cultural competence and humility to health care providers, specifically in regards trans and gender expansive identities, health care needs, and health inequities.
- 4.** Ensure that trans and gender diverse people have the adequate technical resources including phones, wifi access, and access to private spaces where they can take health appointments. This is especially important for the unstably housed and those living in situations where one's gender identity and expression may be unsupported or unknown.
- 5.** Expand the types of telehealth services that are eligible for reimbursement, such as wrap-around case management services to coordinate care, including surgical navigation for gender affirming care and insurance coverage education, and online support groups.
- 6.** Enact policy changes that allow patients to access mental health services, via telehealth across state lines, ensuring greater access to culturally competent, trans-affirming providers.

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Appendix A: Demographics

Table 1: Interview Demographics (n=6)

Gender Identity	Count (%)
Non-Binary	1 (17%)
Transgender Man	1 (17%)
Transgender Woman	4 (66%)

Ethnicity	
Asian American or Pacific Islander	1 (17%)
Black or African American	3 (50%)
White or Caucasian	2 (33%)

Region	
Northeast	2 (33%)
South	3 (50%)
West	1 (17%)

Urban/Suburban/Rural	
Urban	4 (67%)
Rural	2 (33%)

Table 2: Community Listening Session Demographics

	Clients (n=8)	Providers (n=3)
Age	Count (%)	Count (%)
25 - 34	2 (25%)	0 (0%)
35 - 44	2 (25%)	1 (33%)
45 - 49	2 (25%)	2 (67%)
50 - 54	1 (12.5%)	0 (0%)
55 - 64	1 (12.5%)	0 (0%)
Race/Ethnicity (select all that apply)*	Count (%)	Count (%)
Asian American or Pacific Islander	0 (0%)	1 (33%)
Black or African American	6 (75%)	2 (67%)
Hispanic or Latina/o/x	2 (25%)	0 (0%)
Multi-Racial	2 (25%)	0 (0%)
Native American/American Indian, or Alaska Native	1 (13%)	1 (33%)
Gender Identity (select all that apply)*	Count (%)	Count (%)
Non-Binary	0 (0%)	1 (33%)
Transgender Man	1 (13%)	0 (0%)
Transgender Woman	7 (88%)	1 (33%)
Woman	2 (25%)	2 (67%)
Region**	Count (%)	Count (%)
Northeast	2 (25%)	0 (0%)
South	6 (75%)	2 (67%)
West	0 (0%)	1 (33%)
Urban/Suburban/Rural	Count (%)	Count (%)
Urban	6 (75%)	3 (100%)
Suburban	2 (25%)	0 (0%)

* Note: Multiple-selection questions resulted in answer totals that are higher than 100%.

** Region categories are based on Census Regions and Divisions of United States, and the self-report state of residence of respondents.

Appendix B - Interview and Discussion Questions

INTERVIEW QUESTIONS: CLIENTS AND PROVIDERS

- 1.** Tell me about your personal experience with telehealth, either receiving and/or delivering these services.
- 2.** What do you think are the most significant health concerns for trans and gender expansive individuals in the current moment?
- 3.** What do you think medical providers and researchers could do to address these health concerns?
- 4.** How do you think telehealth services could be useful to address current health access barriers experienced by trans and gender expansive people?
- 5.** Which health services do you think will excel or be improved if delivered via telehealth?
- 6.** Which health services do you think will be diminished or made worse if delivered via telehealth?
- 7.** Often trans and gender expansive people will prioritize gender affirming care over HIV care or primary health care. Do you think the integration of telehealth into trans affirming service delivery will make it more or less accessible to the community?
- 8.** I'm going to list a few strategies that have been suggested to help overcome challenges posed by integrating telehealth into HIV care and I'd like to know your thoughts
 - a.** Distributing smart phones and wifi hotspots to individuals with limited access to wifi and broadband
 - b.** Training for patients and providers to improve technical skill and build their ability to use telehealth
 - c.** Hybrid approaches to health service delivery, where patients and providers have initial appointments to complete paperwork and meet each other before using telehealth services
 - d.** Focus groups with patients and advocates to identify strategies and messaging to help re-engage those lost to care

COMMUNITY LISTENING SESSION DISCUSSION QUESTIONS—CLIENTS

General health needs

1. What do you think are the most significant health concerns for trans and gender expansive individuals in the current moment?
2. By a show of hands, either your real hand or by raising your virtual hand in Zoom, who has attended a health visit via phone or video in the past two years?
 - a. What was that experience like?
3. What concerns do you have about members of your community accessing health services online?
 - a. How do you think health providers could address those concerns?
4. Do you have concerns about maintaining privacy and security when accessing health services online?

HIV Care and Gender-Affirming Health Care Experiences

5. Have you ever avoided seeking health care services due to negative experiences related to gender dysphoria?
6. Have you ever missed or skipped a telehealth visit because you didn't have access to the technology or didn't know how to use it?
7. How has your experience been accessing your labs and prescriptions online?
8. What are your thoughts about health care providers distributing smartphones and wifi hotspots to individuals with limited access to wifi and broadband?
 - a. Do you think this could help TGNC people have better access to HIV care and gender-affirming care?
 - b. Who would this not work for?

Best approaches for providing telehealth services

9. What does an ideal balance of telehealth and in-person health care look like for you?
10. Do you think some services will work better if telehealth is used?
11. How would you advise policy makers on ensuring that members of the TGNC community are adequately served?
12. What training do providers need to provide TGNC-competent health services online?

13. What training do patients need to provide TGNC-competent health services online?
14. Any suggestions for ways to keep people who might be lost to care, get re-engaged in their HIV care using telehealth services?

COMMUNITY LISTENING SESSION DISCUSSION QUESTIONS—PROVIDERS

General health needs

1. What do you think are the most significant health concerns for trans and gender expansive individuals in the current moment?

Previous experience with telehealth, concerns

2. By a show of hands, either your real hand or by raising your virtual hand in Zoom, who has provided a health visit via phone or video in the past two years?
 - a. What was that experience like?
3. What challenges have you observed that make it difficult for members of the trans community to access health services online?
 - a. Do you think health providers could do more to address those concerns?
4. Do you have concerns about maintaining privacy and security when providing health services online?

HIV Care and Gender-Affirming Health Care Experiences

Thank you all for your perspectives. I'd like to now ask some questions about specific aspects of HIV and Gender-Affirming Care.

5. What are your thoughts on using telehealth and online health services to re-engage people who might be lost to HIV care?
6. Some community members have expressed that it can be hard to maintain access to technology such as wireless phones, tablets, and computers in addition to having a plan that includes enough data for visits. Other community members expressed problems having to navigate multiple apps or websites. Can you talk about your experiences helping patients deal with these challenges?
7. Does your organization use online health portals for labs, prescriptions, and or messaging providers? How has your experience been using this technology with patients?
8. What are your thoughts about health care organizations distributing smartphones and wifi hotspots to individuals with limited access to wifi and broadband?

- a. Do you think this could help TGNC people have better access to HIV care and gender-affirming care?
- b. Who would this not work for?

Best approaches for providing HIV Care

- 9. As you might expect, telehealth is here to stay. The next few questions will help us generate recommendations for policy makers and health care providers
 - a. What does an ideal balance of telehealth and in-person health care look like for you?
 - b. Do you think some services will work better if telehealth is used?
 - c. Mental health, support groups, gender-affirming surgery navigation
 - d. How would you advise policy makers on ensuring that members of the TGNC community are adequately served?
 - e. What training do providers need to provide TGNC-competent health services online?
 - f. What training do patients need to receive TGNC-competent health services online?