

Request for Public Comment on Proposed Data Collection Methods, Transgender status-neutral community-to-clinic models to end the HIV epidemic

Docket No. CDC 2022-0128 | Centers for Disease Control and Prevention

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Information Collection Review Office; Office of Scientific Integrity, Office of Science

Centers for Disease Control and Prevention

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RE: Transgender status-neutral community-to-clinic models to end the HIV epidemic (TRANSCEND), Docket No. CDC 2022-0128.

San Francisco Community Health Center, a BIPOC and LGBTQ+ led health service organization, welcomes the opportunity to provide public comment on the proposed data collection methodology of the CDC's Transgender status-neutral community to clinic models to end the HIV epidemic (TRANSCEND).

Through our programming at the San Francisco Community Health Center, Trans Thrive, which stands for Transgender Resource and Neighborhood Space (TRANS), and Transgender Health & Resource Initiative for Vital Empowerment (THRIVE) is designed to create safe spaces, events and services for the entire Transgender and Gender Non-Conforming communities living in the City and County of San Francisco, California. Trans Thrive offers services from case management and medical services, mental health and substance use support, social groups and special events, and a drop-in center for the transgender community by the transgender community. These services are tailored to meet the needs of transgender people to help bridge

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the gap in health disparities the community faces. Because we see the importance of our program in the community/client pool we serve, we do believe that the data being requested from this program is needed and moves the CDC and CBOs to find a best practice model for TG clinics and TG-serving CBOs.

The proposed project plans to look at the following components in the effort to develop an integrated status-neutral HIV prevention and care approach for TG persons: gender-affirming care (ex: hormone therapy); primary care; mental health; substance use; and social support services. The robustness of the data points being analyzed is appropriate and will illustrate what is needed in future models for TG-serving CBOs to attend to the healthcare needs of the TG community. Data will be collected via Electronic Health Records (EHR), client information forms, and client surveys. The collection methodology being tiered across these modes of collection is reasonable and will further the goal of the researchers in having clear and quality information. However, it is important to note that the burden of collection underestimates the barriers to care faced by clients and may impact the frequency and nature of their interaction with TG clinics and TG-serving CBOs. Additional time should be added to the allotted burden.

Please contact us if we can be of further information.

Sincerely,

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