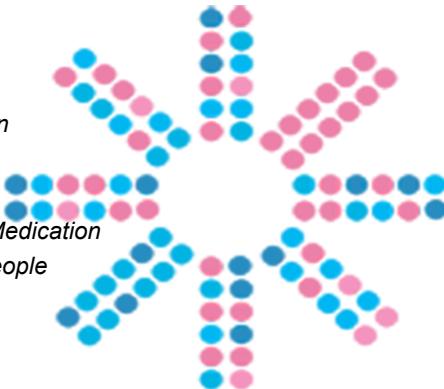


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FLUX

*Built
to Inspire*

Foreword

The health and well-being of transgender, nonbinary, and gender-diverse individuals remain at the forefront of FLUX's mission to advocate, uplift, and empower. As an affinity group under the Advocacy division of the AIDS Healthcare Foundation, FLUX is dedicated to creating safe spaces and fostering meaningful dialogue that addresses the unique challenges faced by these communities. Through advocacy, strategic initiatives, and community-driven engagement, FLUX continues to champion the voices and experiences of transgender and gender-nonconforming individuals worldwide.

This report represents a landmark effort in understanding the evolving landscape of health and wellness within the transgender and nonbinary community. Recognizing the existing gaps in data and the necessity for an inclusive, community-centered approach, FLUX embarked on an ambitious initiative—the FLUX AHF Health & Wellness Survey. Designed and executed in collaboration with published researchers and community members, this survey captures vital insights that reflect the lived realities of nearly 5,000 unique respondents across diverse identities, geographies, and experiences.

The survey findings highlight both strengths and challenges within the community, offering critical perspectives on areas such as HIV awareness, stress management, financial planning, and community belonging. These insights serve as a foundation for actionable change—guiding targeted advocacy, informing policy recommendations, and shaping future wellness initiatives. More importantly, this work underscores the





resilience, determination, and agency of trans and nonbinary individuals in striving for holistic well-being.

Integral to this research is FLUX's unique approach of "Partying with a Purpose," which seamlessly integrates social engagement with advocacy. By embedding the survey within FLUX-hosted events, this initiative not only gathered invaluable data but also fostered trust, visibility, and direct community impact. This innovative outreach strategy reaffirms the importance of meeting people where they are—creating affirming spaces that celebrate identity while prioritizing health and wellness.

As we present this report, we extend our deepest gratitude to the participants who shared their experiences, the community leaders who championed this effort, and the dedicated team members who made this research possible. The findings herein are more than just statistics; they are a call to action for all stakeholders—healthcare providers, policymakers, advocates, and allies—to invest in the well-being of trans and nonbinary individuals and to advance equity in meaningful and sustainable ways.

Together, we move forward with purpose, commitment, and the collective vision of a healthier, more inclusive future.

Sincerely

A handwritten signature in black ink that reads "Queen Victoria Ortega".

Queen Victoria Ortega



Int. President FLUX, CVO The Connie Norman Transgender Empowerment Center





Executive Summary

FLUX is an affinity group under the Advocacy division of the AIDS Healthcare Foundation, dedicated to elevating the visibility and well-being of the transgender and gender-nonconforming and intersex community. Through focused advocacy, innovative marketing strategies, and engaging social events, FLUX creates safe spaces that celebrate the diversity and vibrancy of these communities while addressing the pressing issues that impact their overall health and wellness.

Recognizing a significant gap in data related to health and wellness within the transgender and gender-nonconforming population, FLUX launched the Health & Wellness Survey during its social events. This initiative aimed to capture the lived experiences of attendees—primarily individuals who identify as transgender or nonbinary—ultimately collecting 6,312 total responses, of which 4,925 were unique. The survey was meticulously designed to explore the evolving landscape of health and wellness in response to ongoing societal changes. To ensure cultural relevance and sensitivity, it was developed collaboratively by published researchers and members of the trans and nonbinary community.

Participants were recruited through FLUX's social events and community outreach efforts across various FLUX chapters worldwide. Careful attention was given to ensure representation across a wide range of demographic categories, including gender identity, sexual identity and geographic location of respondent. The survey instrument consisted of Likert scale questions that assessed respondents' perceptions and experiences across multiple wellness domains: stress management, financial planning, skill development, physical health, community engagement, and sense of purpose. Respondents rated each item on a scale of 1 to 10, reflecting their levels of agreement or satisfaction.

The survey was administered electronically, facilitating convenient and confidential participation. Participants were provided with clear instructions and sufficient time to complete the survey, which ensured high data quality and reliability. The quantitative data collected from survey responses were analyzed using descriptive statistics, including measures of central tendency (mean) and variability (standard deviation). Comparative analyses were also conducted to identify patterns and trends across different demographic groups. To maintain data integrity, the dataset was cleaned to include only unique responses, with duplicate entries removed by retaining only the first recorded response.

While significant efforts were made to recruit a diverse sample, it is important to acknowledge that some demographic groups may have been underrepresented. Additionally, self-report measures are inherently subject to response biases, which may not fully encapsulate the complexity of individuals' wellness experiences. Future research could benefit from employing qualitative methods that complement and enrich the findings of this survey.

This summary underscores FLUX's commitment to fostering inclusive and empowering environments, highlighting the critical need to understand and address the unique wellness needs of diverse communities. The insights gained from this survey will guide the development of targeted interventions and policies, ensuring that wellness initiatives are not only effective but also relevant and supportive of the populations they aim to serve.



Key Findings from the FLUX AHF Health & Wellness Survey

The FLUX AHF Health & Wellness Survey received 4,925 unique responses, offering critical insights into the health priorities, awareness, and overall well-being of the trans* and nonbinary community. The following key findings highlight strengths, gaps, and opportunities for targeted interventions and support initiatives.

1. Gender Identity Representation

The survey captured a diverse spectrum of gender identities among respondents. The most commonly reported identities included:

- Cisgender Men: 21.99%
- Transfeminine/Trans Women: 19.55%
- Cisgender Women: 19.03%
- Nonbinary Individuals: 17.04%



This distribution underscores the necessity of inclusive health initiatives that address the unique needs of trans and nonbinary individuals while ensuring broader community engagement. The significant representation of cisgender respondents also suggests potential opportunities for allyship and cross-community collaboration in health advocacy.

2. Knowledge of HIV Status

A substantial **86.13%** of participants reported knowing their HIV status, demonstrating high levels of health engagement and awareness. This finding reflects the impact of ongoing outreach and education efforts within the community. However, it also emphasizes the importance of sustaining and expanding these initiatives to ensure continued engagement, particularly for those who may not have regular access to testing services.

3. Awareness of PrEP and PEP

Knowledge of **Pre-Exposure Prophylaxis (PrEP)** and **Post-Exposure Prophylaxis (PEP)** was high, with **81.46%** of respondents indicating familiarity with these preventive medications.

However, **18.54%** of participants reported not knowing where to access PrEP or PEP, highlighting a critical gap in resource dissemination. Targeted education and outreach strategies are needed to bridge this knowledge gap and ensure equitable access to HIV prevention tools.

4. Access to HIV Medication

A total of **76.73%** of respondents reported knowing where to obtain HIV medication, reflecting strong awareness of available health resources. However, **23.27%** of respondents lacked this knowledge, indicating potential barriers to care, such as stigma, limited healthcare access, or financial constraints. Addressing these disparities through expanded outreach, culturally competent healthcare navigation, and improved service accessibility is essential to ensuring equitable health outcomes.

5. Stress Management Strategies

Respondents reported an average engagement score of **7.03 (SD = 2.41)** in active stress management practices. While this suggests moderate engagement in stress reduction techniques, the variability in responses indicates that some individuals may struggle with effective coping mechanisms. This finding highlights the need for tailored mental health resources, including therapy, peer support groups, and mindfulness programs designed to meet the specific needs of trans and nonbinary individuals.

6. Financial Planning Engagement

The mean score for having an active financial plan was **5.99 (SD = 2.75)**, indicating lower engagement with financial planning. This may be influenced by socioeconomic barriers, financial instability, or limited access to financial education. Developing financial literacy programs, employment support services, and economic empowerment initiatives could help individuals in the community improve financial well-being and stability.

7. Desire for Skill Development

A strong interest in learning new skills was evident, with a mean score of **8.68 (SD = 1.87)**. This suggests a high demand for educational and vocational development opportunities. Investing in training programs, mentorship initiatives, and skill-building workshops could significantly enhance career readiness, economic empowerment, and personal fulfillment within the community.

8. Importance of Physical Health

Participants placed a high value on physical health, reporting a mean score of **8.6 (SD = 1.84)**. The low standard deviation indicates widespread agreement on the importance of maintaining physical well-being. This finding underscores the need for accessible fitness programs, community-based health initiatives, and nutrition education to support holistic wellness among trans and nonbinary individuals.

9. Sense of Community Belonging

Respondents expressed a strong sense of belonging in community settings, with a mean score of **8.43 (SD = 2.09)**. While the majority felt a deep connection to their communities, variability in responses suggests that some individuals experience isolation or exclusion. Strengthening community networks, fostering inclusive spaces, and expanding peer support initiatives could enhance social cohesion and well-being.

10. Sense of Self-Purpose

The mean score for a sense of self-purpose was **8.25 (SD = 2.15)**, indicating that many respondents find meaning and direction in their lives. A strong sense of purpose is closely linked to positive mental health outcomes. Expanding mentorship programs, goal-setting workshops, and initiatives that encourage personal exploration could further support individuals in achieving a sense of fulfillment and direction.

These findings provide a comprehensive overview of the health and wellness landscape within the trans* and nonbinary community. While there are notable strengths—such as high levels of HIV awareness, strong interest in skill development, and a commitment to physical health—there are also critical areas for improvement. Addressing gaps in financial planning support, stress management resources, and equitable healthcare access can help create a more supportive and empowered community.

Moving forward, these insights can inform the development of targeted interventions, advocacy efforts, and policy initiatives aimed at improving health outcomes and overall well-being for trans and nonbinary individuals.



** Methodology**

This study utilized Community-Based Participatory Research (CBPR) as its guiding methodology. CBPR is a collaborative approach that emphasizes equitable involvement of community members, organizational stakeholders, and published researchers in all aspects of the research process. This method was selected to ensure that the study remained relevant, culturally responsive, and reflective of the lived experiences of transgender and gender-nonconforming (TGNC) individuals.

The development of the survey instrument was informed by iterative feedback from TGNC community members, the FLUX team which is made up of members of the community including published researchers and key stakeholders. This participatory approach ensured that the survey content addressed the specific health and wellness priorities of the community while maintaining cultural sensitivity and inclusivity. The survey design included Likert scale items covering multiple domains, such as stress management, financial planning, physical health, and community engagement, to comprehensively assess participants' wellness experiences.

Data collection was conducted electronically using the HIPAA-compliant Qualtrics platform. Recruitment leveraged FLUX's extensive network of community events and outreach initiatives to ensure diverse representation across demographic variables, including gender identity and sexual orientation. Event attendees completed the survey as part of the event entry process. Clear instructions emphasized confidentiality and voluntary participation, fostering an environment that encouraged honest and accurate responses while respecting participants' privacy.

Quantitative data from the surveys were analyzed using descriptive and inferential statistical methods. Measures of central tendency (mean) and variability (standard deviation) were calculated for key wellness indicators. Comparative analyses were conducted to identify patterns and variations across demographic subgroups. This analytical approach provided insights into both overarching trends and unique challenges faced by specific populations within the TGNC community.

By employing CBPR, the research process actively involved TGNC individuals not only as participants but as collaborators in knowledge production. This methodology aligns with principles of social justice, prioritizing the empowerment of historically marginalized communities and ensuring that the results are both actionable and directly beneficial to those most affected.

Community Involvement:

The success of the FLUX AHF Health & Wellness Survey was driven by deep engagement within transgender, nonbinary, and gender-diverse communities. Community involvement was prioritized at every stage—from survey design and outreach to data collection and interpretation—ensuring that the findings accurately reflect the lived experiences of those surveyed.

Collaborative Development



To ensure cultural competence and relevance, the survey was developed through a collaborative process involving:

- Community members, whose insights helped shape survey content to reflect real-world wellness experiences.
- The FLUX team, comprising TGNC individuals, researchers, and advocates who guided the design process.
- Key stakeholders and organizational partners, who provided expertise on outreach strategies and data utilization.

This participatory approach strengthened community trust and increased engagement, reinforcing FLUX's commitment to centering trans and nonbinary voices in health research.

Partying with a Purpose: Engaging Community Through Celebration

A cornerstone of FLUX's outreach strategy is its “Partying with a Purpose” event model, which integrates social engagement with meaningful advocacy and health promotion. These events:

- Create safe and affirming spaces where transgender, nonbinary, and gender-diverse individuals can celebrate their identities.
- Serve as platforms for health education, providing attendees with access to resources, HIV/STI testing, and wellness initiatives.
- Encourage organic participation in research, making the survey process more accessible and engaging.



By embedding the Health & Wellness Survey within these gatherings, FLUX was able to reach a broad and diverse audience, ensuring that data collection was community-driven and reflective of real-world experiences. This model fosters trust, engagement, and visibility, positioning health research as an integrated part of community-building rather than a separate, clinical process.

Community-Driven Outreach & Data Collection

Recruitment efforts were rooted in community networks, ensuring a broad and diverse sample. Key outreach strategies included:

- **Event-Based Engagement:** Surveys were administered during FLUX-hosted events, partnership events, and collaborations with other organizations. These gatherings created familiar and affirming environments that encouraged participation.
- **Peer-Led Recruitment:** Community members and FLUX chapter representatives played an active role in encouraging participation.
- **Digital Outreach:** Social media, email campaigns, and online advocacy groups helped reach individuals beyond in-person events.

Participants were provided with clear instructions and reassurances of confidentiality, fostering an inclusive and safe space for honest responses. This approach maximized data integrity while prioritizing participant well-being.

Community Ownership & Impact

FLUX is committed to ensuring that the findings from this survey translate into meaningful change. As part of this effort:

- Results will be shared with the community through public reports, community forums, and organizational partnerships.
- Findings will inform advocacy efforts and policy recommendations aimed at improving health and wellness outcomes.
- Data will be used to develop targeted programs addressing financial literacy, stress management, healthcare access, and other critical wellness factors.

By maintaining open dialogue and collaboration, FLUX ensures that the survey is not just a research initiative but a catalyst for action in advancing equity and well-being for trans and nonbinary communities.

Results/Findings:

Language Preferences

The survey collected data on the language in which participants completed the survey, highlighting linguistic preferences within the transgender and nonbinary community. A majority of respondents 70.29% (3462) took the survey in English, while 29.71% (1463) completed it in Spanish. This distribution underscores the importance of language accessibility in research and services for the trans community, ensuring that Spanish-speaking individuals have equitable access to resources and opportunities to share their experiences.

Table 1: Language Preferences

| User Language | Frequency | Percentage % |
|---------------|-----------|--------------|
| English | 3462 | 70.29% |
| Spanish | 1463 | 29.71% |

Gender Identity

Participants were asked to indicate their gender identity, with multiple options allowed. The breakdown of gender identity categories is as follows:

Table 2: Gender Identity Distribution

| What is your gender identity? (Mark all that apply) - Selected Choice | Frequency | % |
|--|-----------|--------|
| Cisgender Male | 1083 | 21.99% |
| Transfeminine/ Transwoman | 963 | 19.55% |
| Cisgender Female | 937 | 19.03% |
| Non binary | 839 | 17.04% |
| Transmasculine/ Transman | 538 | 10.92% |
| Other | 285 | 5.79% |
| Transmasculine/ Transman,Non binary | 90 | 1.83% |

| What is your gender identity? (Mark all that apply) - Selected Choice | Frequency | % |
|--|-----------|--------|
| Transfeminine/ Transwoman,Non binary | 35 | 0.71% |
| Non binary,Other | 24 | 0.49% |
| Cisgender Male,Non binary | 24 | 0.49% |
| Cisgender Female,Non binary | 17 | 0.35% |
| Cisgender Male,Other | 15 | 0.3% |
| Cisgender Female,Other | 13 | 0.26% |
| Transfeminine/ Transwoman,Other | 11 | 0.22% |
| Cisgender Female,Transfeminine/ Transwoman | 9 | 0.18% |
| Cisgender Male,Transfeminine/ Transwoman | 8 | 0.16% |
| Transmasculine/ Transman,Non binary,Other | 7 | 0.14% |
| Transmasculine/ Transman,Other | 6 | 0.12% |
| Cisgender Male,Transmasculine/ Transman | 5 | 0.1% |
| Cisgender Male,Cisgender Female | 4 | 0.08% |
| Cisgender Male,Transfeminine/ Transwoman,Non binary | 3 | 0.06% |
| Cisgender Female,Transmasculine/ Transman,Non binary | 1 | 0.02% |
| Cisgender Male,Cisgender Female,Transfeminine/ Transwoman,Transmasculine/ Transman | 1 | 0.02% |
| Cisgender Male,Non binary,Other | 1 | 0.02% |
| Cisgender Female,Transfeminine/ Transwoman,Non binary,Other | 1 | 0.02% |
| Cisgender Female,Non binary,Other | 1 | 0.02% |
| Transfeminine/ Transwoman,Transmasculine/ Transman | 1 | 0.02% |
| Transfeminine/ Transwoman,Non binary,Other | 1 | 0.02% |
| Cisgender Female,Transmasculine/ Transman | 1 | 0.02% |
| Total | 4924 | 99.98% |

Other-Gender Identity Breakdown

Key Findings:

- **Most Common Responses:** The most frequently reported identities were gay (0.49%), female (0.16%), bisexual (0.12%), queer (0.12%), and agender (0.1%). This distribution suggests a strong representation of both sexual orientation and gender-expansive identities in the dataset.
- **Nonbinary and Gender-Expansive Identities:** Many participants identified as genderqueer, genderfluid, agender, pangender, and bigender, demonstrating the diversity of experiences beyond the gender binary.
- **Transgender Identities:** Participants included identities such as transmasculine nonbinary, transfeminine nonbinary, transgender woman, trans fluid, trans nonbinary, and post-op transgender woman, underscoring the broad spectrum of transgender experiences.
- **Cultural and Regional Identities:** Responses included Two-Spirit, Muxe, travesti, and persona trans/travesti, highlighting the importance of recognizing Indigenous and Latin American gender identities.
- **Intersex Representation:** Several respondents identified as intersex male, intersex trans female, intersex transgender woman, or simply intersex, indicating the presence of intersex individuals within the sample.
- **Language Variation:** Some responses were in Spanish, such as género fluido, mujer trans, agénero, lesbiana, and transmasculinidad no binaria, emphasizing the need for linguistic inclusivity in gender identity discussions.

These findings underscore the necessity of using inclusive and affirming language in research, healthcare, and community services. The representation of culturally specific identities further

emphasizes the importance of regional and intersectional approaches to gender-affirming care and advocacy.

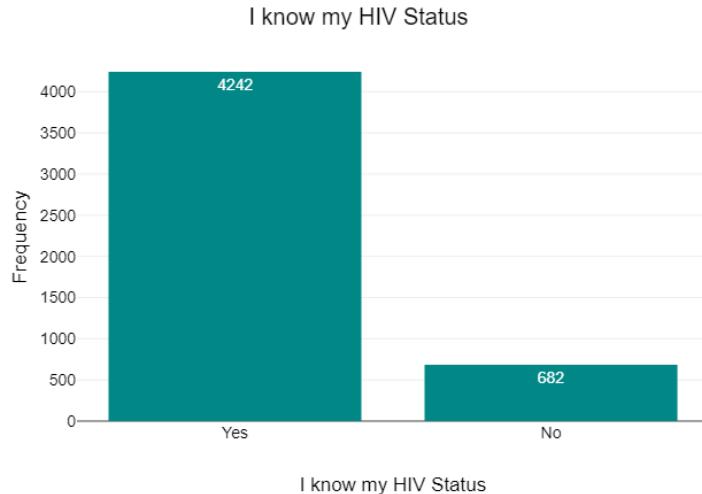
HIV



Status Awareness

When asked about awareness of their HIV status, 86.13% (4242) of respondents reported knowing their HIV status, while 13.85% (682) did not.

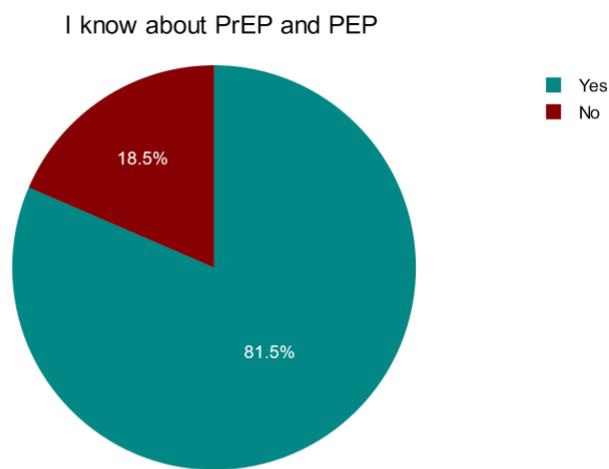
Table 3: HIV Status Awareness



PrEP and PEP Awareness

A large majority of participants 81.46% (4012) indicated that they were familiar with PrEP and PEP, while 18.52% (912) were not aware.

Table 4: PrEP and PEP Awareness

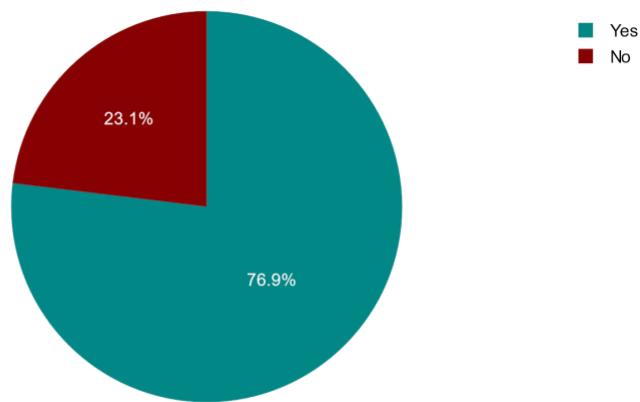


Access to PrEP, PEP, and HIV Medication

Regarding access to PrEP, PEP, and HIV medication, 76.73% (3779) of participants knew where to access these services, while 23.03% (1134) did not.

Table 5: Access to PrEP, PEP, and HIV Medication

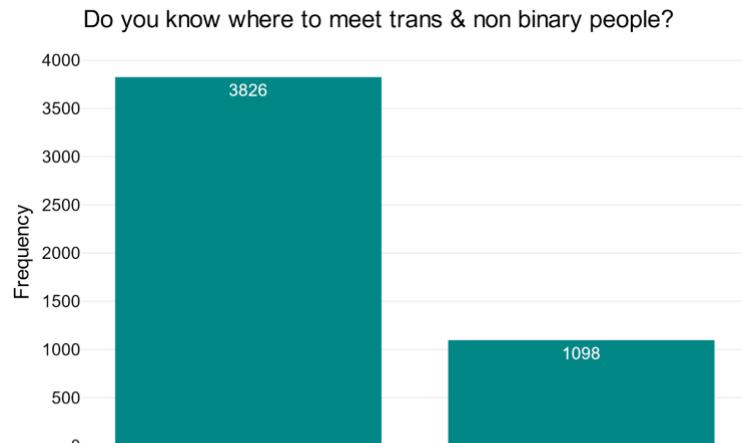
Do you know where to access PrEP, PEP or HIV Medication?



Meeting Trans and Nonbinary People

A majority of respondents 77.69% (3826) indicated that they knew where to meet trans and nonbinary people, while 22.29% (1098) did not.

Table 6: Meeting Trans & Nonbinary People



Do you know where to meet trans & non binary people?

Health & Wellness Likert Scale

Participants were asked to rate various aspects of health and wellness on a scale of 1 to 10. The results of the five key statements are summarized below:

1. **Relaxation:** The mean response was 7.03 (SD = 2.41), indicating a moderate level of relaxation practices among respondents. Statistical tests (Kolmogorov-Smirnov, Shapiro-Wilk, Anderson-Darling) indicated that the data significantly deviated from a normal distribution.

Table 7: Relaxation - Descriptive Statistics

| | |
|----------------------------------|---|
| | I have an active plan that helps me release stress (Relaxation) |
| Mean | 7.03 |
| Std. Deviation | 2.41 |
| Variance | 5.81 |
| Minimum | 1 |
| Maximum | 10 |
| 95% Confidence interval for mean | 6.96 - 7.09 |



2. Financial Planning: The mean response was 5.99 (SD = 2.75), suggesting that financial planning is a moderate priority for participants. Similar to relaxation, the data showed significant deviations from normality.

Table 8: Financial Planning - Descriptive Statistics

| | |
|----------------------------------|---|
| | I have an active financial plan for the future. (Financial) |
| Mean | 5.99 |
| Std. Deviation | 2.75 |
| Variance | 7.57 |
| Minimum | 1 |
| Maximum | 10 |
| 95% Confidence interval for mean | 5.91 - 6.06 |

3. Learning New Skills: Respondents indicated a strong interest in learning new skills, with a mean score of 8.68 (SD = 1.87), reflecting a high priority for personal growth and development.

Table 9: Learning New Skills - Descriptive Statistics

| | |
|----------------------------------|--|
| | I like to learn new skills (languages, cooking, music, etc.) |
| Mean | 8.68 |
| Std. Deviation | 1.87 |
| Variance | 3.48 |
| Minimum | 1 |
| Maximum | 10 |
| 95% Confidence interval for mean | 8.62 - 8.73 |

4. Self-Care: Taking care of one's body was highly valued, with a mean score of 8.60 (SD = 1.84), indicating that self-care is a top priority for many participants.

Table 10: Self-Care - Descriptive Statistics

| | |
|----------------------------------|--|
| | Taking care of my body is important to me. |
| Mean | 8.6 |
| Std. Deviation | 1.84 |
| Variance | 3.37 |
| Minimum | 1 |
| Maximum | 10 |
| 95% Confidence interval for mean | 8.55 - 8.65 |

5. Community: A sense of belonging in community was highly prioritized, with a mean score of 8.43 (SD = 2.09).

Table 11: Community - Descriptive Statistics

| | |
|----------------------------------|--|
| | When I'm with community I feel a sense of belonging. |
| Mean | 8.43 |
| Std. Deviation | 2.09 |
| Variance | 4.36 |
| Minimum | 1 |
| Maximum | 10 |
| 95% Confidence interval for mean | 8.37 - 8.48 |

6. Self-Purpose: The mean score of 8.25 (SD = 2.15) indicates that most participants feel a strong sense of self-purpose, though the data still deviated from normality.

Table 12: Self-Purpose - Descriptive Statistics

| | |
|----------------------------------|---------------------------------|
| | I have a sense of self purpose. |
| Mean | 8.25 |
| Std. Deviation | 2.15 |
| Variance | 4.61 |
| Minimum | 1 |
| Maximum | 10 |
| 95% Confidence interval for mean | 8.19 - 8.31 |

These findings provide valuable insights into the language preferences, gender identities, and health and wellness priorities of the participants. There is strong awareness and access to HIV-related healthcare, as well as a sense of belonging in the trans and nonbinary community. The data highlights areas for further exploration, particularly in the realm of financial planning and relaxation practices. The distribution of responses also indicates that participants tend to prioritize personal well-being, community involvement, and learning new skills.



Recommendations:

1. Expand Inclusive Health Initiatives

Develop targeted healthcare programs that address the unique needs of trans and nonbinary individuals while fostering allyship with cisgender community members to promote comprehensive health advocacy.

2. Enhance HIV Testing Accessibility

Increase outreach efforts to ensure that individuals without regular healthcare access can obtain HIV testing services through mobile clinics, community partnerships, and at-home testing options.

3. Improve Awareness and Access to PrEP and PEP

Implement community-driven education campaigns and expand distribution points for PrEP and PEP to address the gap in knowledge and access, particularly in underserved areas.



Recommendations: (continued)

4. Strengthen HIV Medication Access

Reduce barriers to obtaining HIV medication by advocating for policy changes, expanding low-cost medication programs, and training healthcare providers in culturally competent care.

5. Expand Mental Health and Stress Management Resources

Establish peer support networks, provide accessible therapy services, and develop wellness programs tailored to the stressors faced by trans and nonbinary individuals.

6. Develop Financial Literacy and Economic Empowerment Programs

Create workshops and mentorship programs focused on budgeting, saving, credit management, and entrepreneurship to support financial stability within the community.

7. Increase Educational and Vocational Training Opportunities

Launch skill-building initiatives, including technical training, leadership development, and career mentorship programs, to enhance employment prospects and economic mobility.

8. Promote Holistic Physical Health Programs

Provide accessible fitness and nutrition programs tailored to trans and nonbinary individuals, ensuring safe and affirming environments for physical wellness.

9. Strengthen Community Networks and Social Support

Expand community-building initiatives, such as local meetups, mentorship programs, and social events, to reduce isolation and enhance a sense of belonging.

10. Foster Personal Development and Goal-Setting Initiatives



Develop mentorship programs, self-discovery workshops, and leadership training to help individuals build a strong sense of self-purpose and direction in their personal and professional lives.



Acknowledgements

FLUX is honored and grateful for the support of Michael Weinstein and the entire Advocacy division of the AIDS Healthcare Foundation, whose unwavering financial support, experience and guidance nurtures the entire team at FLUX.

We are also grateful for our community partners in the fight for equality. We can not forget our sibling organizations around the world who have supported us in our work. But more than anyone, we are grateful for the trust and support of our global community experience that has given us data that we can use to make lasting change.

Special thanks to Our fantastic volunteers in the FLUX Chapters around the world: New York, Chicago, DMV (Delaware, Maryland Virginia DC) South Florida, Chicago, Houston, San Francisco, Los Angeles San Diego, Puerto Rico, Mexico City, United Kingdom, Brazil. And our AHF Affinity Siblings: SOMOSLOUD, Impulse, Spark, and BLACC for always standing by our side.

