Four Corners: Reflections of Trans and Nonbinary (TNB) Communities Navigating The COVID-19 Pandemic

SEPTEMBER 2021

FOUR CORNERS

TNB HEALTH RESEARCH ADVISORY NETWORK

Center for Education, Research & Advocacy
A DIVISION OF HOWARD BROWN HEALTH

Howard Brown Health

LOS ANGELES LGBT CENTER

WHITMAN-WALKER Institute
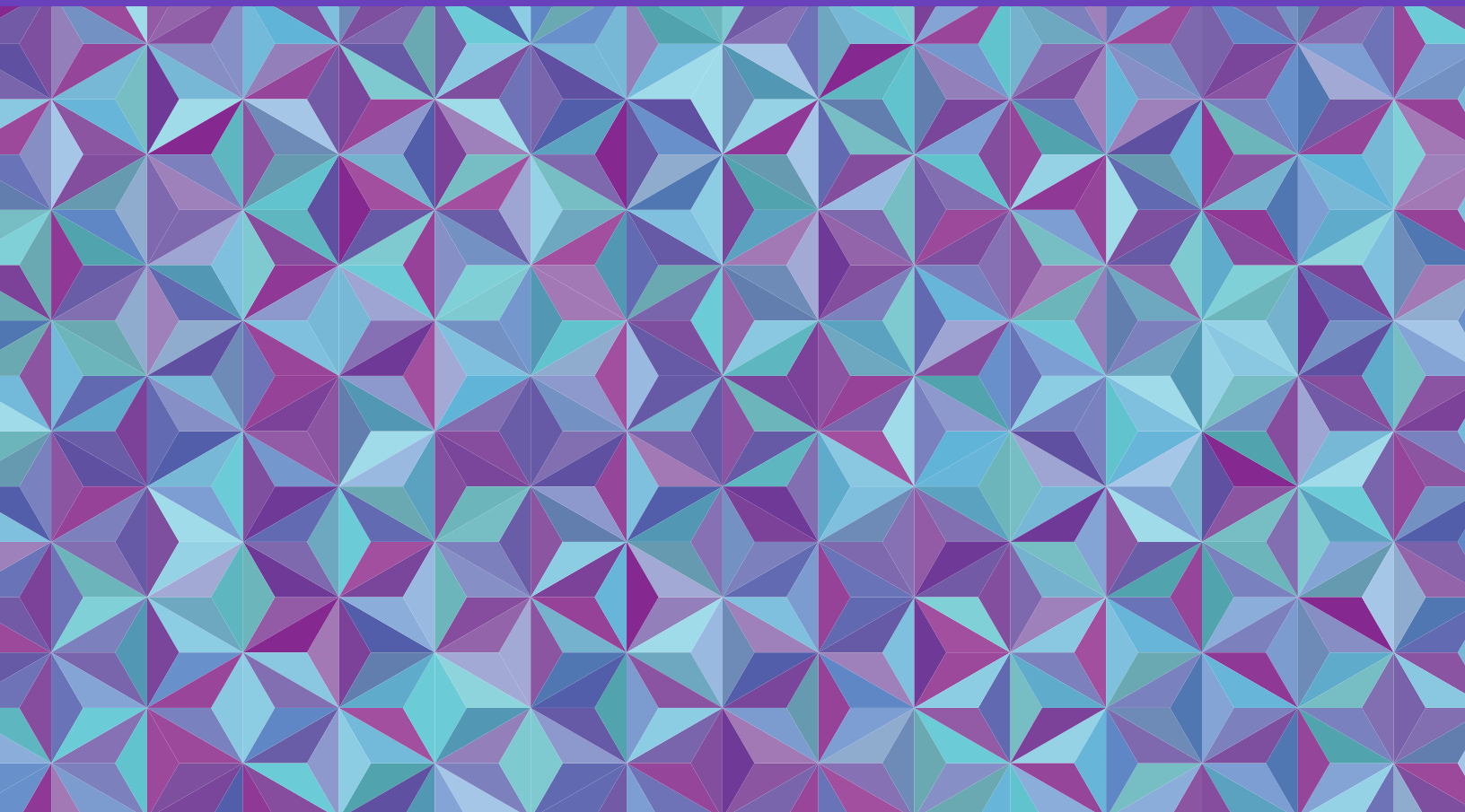
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PREFACE

This report is part of a rapid response research project designed to better understand some of the experiences of trans and nonbinary (TNB) people during the COVID-19 pandemic. This preliminary report is based on our initial stages of analysis. The process of reducing abundant and dynamic narratives into a research report is difficult and always partial. We start with who we are, how we did our research, what we found, and what curiosities we have moving forward with our TNB-led health research. We honor each and every person that took the time to share their stories with us and feel deeply interconnected to each participant. There are many ways to interpret and tell these stories, and this is one of them.

FOUR CORNERS: TNB HEALTH RESEARCH ADVISORY NETWORK

Four Corners is a network of healthcare providers, community members, and researchers committed to participant-driven health research that is accessible, beneficial, and relevant to TNB communities. Our current partners include three federally qualified health centers (FQHCs) specializing in LGBTQ health, representing geographically distinct regions, and serving diverse TNB patient panels: Howard Brown Health in Chicago, The LA LGBT Center in Los Angeles, and Whitman Walker Health in Washington D.C. We also have individual members representing Houston, Texas.

Four Corners envisions a world where all TNB people have access to safe, relevant, and equitable healthcare and aims to advance health research by involving TNB community members, researchers, and clinicians as equal partners in the research process.

OUR STUDY

In 2021, we developed and launched this study to learn about the impact of the COVID-19 pandemic on TNB people. Four Corners saw this research process as an opportunity to strengthen our team, and to practice and implement some of the values and ethical guidance that we had established for our network following our first study. As part of our research process, Four Corners network members developed and strengthened our qualitative research capacities, including design, interviewing, and transcript analysis. This included certifying 10 TNB community members in research ethics and human participant protections via CIRTification. During the participatory research design phase, we developed areas of inquiry and a semi-structured interview guide through an iterative process of brainstorming and feedback. The interview team practiced with each other, and further refined questions and overall interview flow. During the design phase, we generated a data collection plan reflective of one of Four Corners' core values: building community through research. We created a virtual interview protocol that offered TNB interviewers and research participants the opportunity to connect with one another before and after the one-on-one interviews. We scheduled multiple interviews at the same day/time and sent out one Zoom invite for that interview date. All participants and interviewers joined the main Zoom meeting room, which was a TNB-only space, to meet as a group before separating into breakout rooms for one-on-one interviews. At the end of the 60-minute, one-on-one interviews, participants and interviewers returned to the main space for closing remarks and reflections. Participants were compensated for their time, energy, and expertise with $50 via PayPal or an electronic visa gift card.
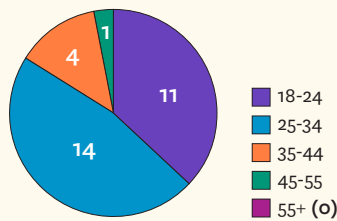
PARTICIPANTS

Study participants were recruited via social media postings by our various clinic and organizational partners, and by word of mouth with the support of our network members. Participants were eligible if they were at 18 years of age or older, identified as trans or nonbinary, and were comfortable participating in a virtual interview in English or Spanish. A total of thirty (30) TNB people were interviewed. All participants were guided through an informed consent process, ensuring they understood all aspects of the interview process, including confidentiality, the voluntary nature of participation, and participants' right to refuse to answer any question and/or stop the interview at any time.
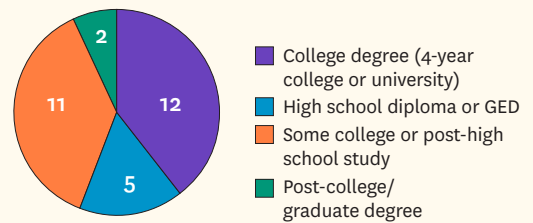
As shown, participants came from different regions across the United States. Participants were relatively diverse in terms of their educational backgrounds, age/generation, gender, and racial and ethnic identities. Several participants used more than one term to describe their gender, which we detail below, as we believe it is important to name and strive to understand the variances and nuance in TNB identities. Accounting for multiple entries, participants identified as: nonbinary (12), trans/transgender (3), trans woman (1), transfemme (1), transmasc (5), trans man (1), male (2), man with trans experience (1), masculino (1), female (2), female with trans experience (1), woman (1), feminino (1), agender (2), gender queer (1), gender non-conforming (2), gender fluid (2), and masculine and feminine energies (1). Participants were also asked, "Are there any other parts of your identity you think are important to share with us?" Some participants shared that they were disabled, living with HIV, autistic, queer, polyamorous, a lesbian, a parent, Muslim, living with a chronic illness, Jewish, butch, migrant, living with a mental illness, and pansexual.

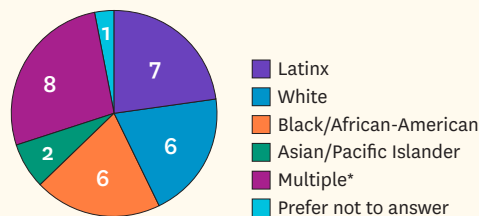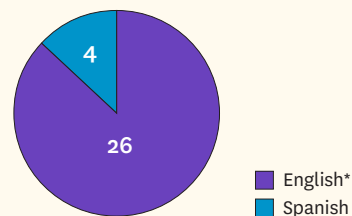**TOTAL PARTICIPANTS: 30** (Number of participant answers in white)

AGE RANGE

- 18-24 — 11
- 25-34 — 14
- 35-44 — 4
- 45-55 — 1
- 55+ **(0)**

EDUCATION

- College degree (4-year college or university) — 12
- High school diploma or GED — 5
- Some college or post-high school study — 11
- Post-college/ graduate degree — 2

RACE/ETHNICITY

- Latinx — 7
- White — 6
- Black/African-American — 6
- Asian/Pacific Islander — 2
- Multiple* — 8
- Prefer not to answer — 1

Participants identified as: Latinx and White, Asian and White and Latinx, Indian & Italian, Hispanic and Caucasian, White & Pacific Islander, White/Hispanic, Caucasian and Spanish, Garifuna and Afro-Latina

INTERVIEW LANGUAGE

- English* — 26
- Spanish — 4

Note: Four participants who completed the interview in English were bilingual (English/Spanish)

EMPLOYMENT

- Unemployed — 10
- Full-time — 10
- Part-time — 5
- Student — 3
- Other* — 2
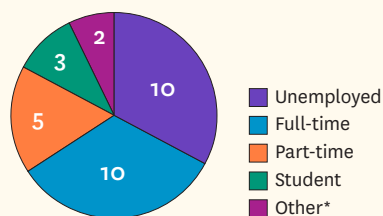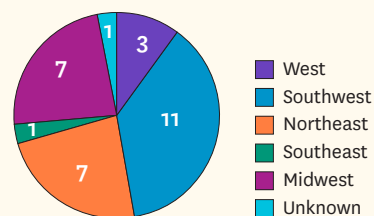
Contract Work, Part-time employed, Self-employed freelance

REGION

- West — 3
- Southwest — 11
- Northeast — 7
- Southeast — 1
- Midwest — 7
- Unknown — 1

DATA ANALYSIS

In alignment with the participatory and collaborative values of Four Corners, data analysis efforts were led by a Four Corners TNB community member. We formed a full-circle team to create a data analysis plan and to complete the analysis process with support from researchers, project staff, a clinician, and other Four Corners TNB community members. For three and a half months, the analysis team met at least weekly and reviewed the interview audio files and written transcripts, wrote and reviewed memos, organized data via Dedoose, a mixed methods research software, and used analytic matrices to identify and group frequent and salient themes.

After developing a preliminary analytic framework, we invited research participants to join a "member checking session" to review our provisional findings, offer feedback, and, most importantly, ensure we were honoring and carefully listening to the participants who took the time to share their stories and experiences with us. Of the 30 people interviewed, 18 returned to participate in a member-checking session. We hosted two sessions to accommodate different schedules and had English-Spanish interpretation available. We asked participants why they returned, and a resounding response was that it had felt good participating in the interview process and that participants were excited to hear back from the project team. Many people had participated in research in the past but had rarely heard back about the results or been asked to provide their feedback. Participants expressed feeling connected, engaged, and invested in the research topic, and viewed the member checking session and interview group space as another chance to connect with other TNB people. Participants had the opportunity to share their social media contact info with one another and create more local connections during member checking sessions. The data analysis team discussed the member checking session feedback, using it to revise and inform the next stage of our data analysis and report generation.

TNB people are not a monolith. Our choice to conduct a qualitative study was in part to be able to present unifying themes while also offering nuance about the deeply uneven impacts of COVID-19 on TNB people. Qualitative analysis is an interpretive process that is shaped by the assumptions and perspectives of the researchers. There are multiple ways to interpret qualitative data. We honor and hold space for what has inevitably been missed and made invisible in the process of grouping and reducing full lives and stories into a written summary.

OUR FINDINGS

Participants were asked about changes (e.g., economic, health, access to health care, relationships, etc.) experienced since the start of the pandemic. Our findings are organized by four major themes/concepts that were present throughout the interviews.

- **Amplification of Injustices:** Injustice, discrimination, lack of safety and inequitable distribution of resources worsened during the pandemic.
  - » TNB people living at the intersections of multiple oppressed identities describe deep challenges and/or share how their identity played a role in the varied ways they have been experiencing the pandemic.
  - » Many TNB people described delaying medical care for gender affirming and basic health care needs.
  - » Participants were skeptical about care they would receive as a TNB person in a critical care situation considering the poor quality of basic health care they received prior to the pandemic.
  - » High-exposure, high-risk jobs as essential workers, restaurant industry workers, or contract laborers increased risk and occupational stress for TNB workers.

- **Shifting Social Worlds:** Life in a pandemic shifted social life in ways that increased accessibility and deepened relationships for some, and facilitated interdependence.
  - » Virtual life increased accessibility and inclusion for some, but has also been stressful.
  - » Working to stay alive and well facilitated more interdependent lives.
  - » Paying attention to relationships in new ways helped deepen connections.

- **Coping with Isolation and Grief:** "Staying-at-home" amplified feelings of isolation that exacerbated stress and mental health symptoms, and diminished access to social support.
  - » "The cloud of the pandemic" was marked by heartache and grief.
  - » Lack of physical touch and affection was also a big area of loss brought up by many participants.
  - » TNB people have continued to take care of one another, self-soothe, and implement new coping strategies during the pandemic

- **"A Moment of Growth":** In addition to the challenges and barriers of COVID-19, participants described an unexpected opportunity for growth, evolution, identity development and self-awareness.
  - » Participants described a benefit to exploring their gender identity and gender presentation outside of the gaze of others.
  - » The pandemic offered the opportunity for some TNB people to deepen and evolve their racial identity.
  - » After an initial shock, the time and space offered by the pandemic were used for self-care, introspection, and intentional boundary setting.

Furthermore, as part of our Network's ongoing work to ensure our research is responsive and accountable to TNB communities, we asked participants for their opinions about what research topics should be prioritized when it comes to TNB health and how TNB research is best conducted during the COVID-19 pandemic. We highlight some of the key takeaways for our Network:
  - » Participants value and want follow-up from researchers, including the results of research studies and how the researchers plan to use the results.
  - » Researchers need to compensate research participants appropriately for their time, energy, and intellectual and emotional labor.
  - » Participants recommended future research on the individual and collective impact of COVID-19 on mental health and isolation among TNB communities.
  - » Participants emphasized the need for more research with TNB people living at the intersections of multiple marginalized identities.

AMPLIFICATION OF INJUSTICES

"And don't just assume that trans people — especially trans people of color — had everything that they needed even before the pandemic, and everything was fine even before the pandemic."

–PD

Injustice, discrimination, lack of safety and inequitable distribution of resources worsened during the pandemic. Many participants spoke about observing, feeling, and experiencing heightened forms of injustice for themselves, friends and family, and other TNB people. Throughout the interviews, participants commented on the added stress, unmet needs, and the overtaxing of already thin resources as a result of COVID-19.

TNB people living at the intersections of multiple oppressed identities described deepening challenges and how their identities shaped the ways they have been experiencing the pandemic. Undocumented people, monolingual Spanish-speakers, Black people, Indigenous people, and other People of Color (BIPOC), and people with chronic illness or disability, and those living at the intersections of these experiences, spoke of struggling to earn income and access food, housing, and other basic necessities. Some participants described having to hustle for resources and create temporary solutions until they could reestablish themselves and their financial stability. For example, VH talked about not having enough money to pay for rent and worrying that having to leave her housing abruptly would follow her into post-COVID-19 recovery, possibly making it even more difficult to find future housing. RL described systemic disenfranchisement for undocumented people intensified by a lack of Spanish resources and health information:

"I have felt that in the undocumented Latinx community, the problem of requesting permits to attend medical appointments is very strong, because obviously finding a job and keeping a job under the circumstances of not having documents is like an anchor. I can't lose my job, but my health is important too. But if I lose my job, how do I get another one if this has been very difficult to get?... I work very closely with the Latinx community, and obviously, there are various concerns, lack of information, lack of access to ways to read it due to language and barriers, a lot of misinformation."

Participants talked about how interfacing with public institutions had been a challenge prior to the pandemic, but that these problems were heightened in the context of increased needs. This included concerns about and experiences of discrimination, but also structural conditions that uniquely or disproportionately impacted TNB people. For example, SM spoke about how being in the process of changing their gender marker and name on their identification documents had interrupted their ability to access employment and social welfare programs. They said:

"I'm in this double-bind where I get no support [...] I don't qualify for any kind of benefits or government support. But at the same time, I can't get a job because I don't have the [documentation]– I'm running to – not just prejudicial attitudes, but I lack the kind of – all of these administrative bodies and the government are making it harder for me to be a person."

Some participants qualified that the pandemic didn't change much for them because the conditions brought on by COVID-19 mimicked some of the isolation and systemic barriers they already experienced on a day-to-day basis. For example, MD summed this up saying:

"As a Black nonbinary single parent [...] day-to-day existence for me, personally, is already very challenging. As it relates to COVID, it could be a coping thing, I don't know, [...]it's not as significant because I guess I feel like I've been living in a pandemic my whole life. So yeah, it's just like a couple new barriers, if that makes sense."

Similarly, some TNB participants living with chronic illness or disability remarked on how the pandemic had perhaps provided others with a glimpse into their everyday experience. As SW shares:

"A lot of the time what I've felt is, COVID is bringing a lot more people back into awareness about what [...] people who have chronic illnesses have been going through for a long time."

The pandemic made visible and brought more sharply into focus, some of the many pre-pandemic systemic causes of injustice (e.g., racism, ableism, transphobia, health care inequities, etc.), especially in the context of growing social movements for Black lives and protests against police violence, escalating anti-Asian racism, and white supremacy emblematized through the presidential election and Capital riot. Without always explicitly mentioning these concurrent factors, participants talked about their implicit impact. For example, UB noticed, and was directly impacted by, rising anti-Asian hate violence and targeting online:

"I've gotten, I wouldn't say a lot more hate online than I usually do, but more than I think was standard pre-COVID. It's just the whole disgusting Asians kung flu virus kind of thing."

OH reflected on a sense of structural abandonment of her neighborhood both in terms of not having nearby COVID testing sites and the neglect of infrastructural repairs. She shared:

"I feel that because of the whole institutional racism and what have you, people like us, because of how much money we make or the community that we live in, we're not the priority of the city or the government, and we have to suffer the most."

Some participants spoke about structural forms of injustice for TNB people in the public response to COVID-19. The lack of accurate and inclusive data and reporting, lack of information about COVID-19 testing and vaccinations that addressed specific TNB community concerns (including potential interactions with hormones), and public health strategies that were not developed with TNB people in mind caused participants to feel deprioritized. Difficulty accessing health insurance and problems navigating Medicaid or state marketplace plans may have added to participants' feelings of being left adrift in health care. For example, MK said:

> "There are definitely points where I was working my minimum-wage job and getting yelled at by customers and just feeling so very hopeless… and then also struggling with health insurance, which is a very opaque process to me as a first-generation college student. And, my parents are immigrants. They couldn't really help with any of it. They were willing to help financially, but with any of the processes, it was kind of something I had to do myself."

Although there was increased access to telehealth services, some participants expressed a disinterest in telehealth or were skeptical about its benefits. Obstacles participants faced included an absence of quality sessions with their providers via phone or Zoom, feeling like they couldn't be honest about their complex health care needs over the phone, or not having a private place to talk about intimate needs. For example, one participant who lived with his family during the pandemic shared that he withheld some questions about hormones during his telehealth visit because of worry that his parents would overhear his private conversation with his provider.

Many TNB people described delaying medical care for gender affirming and basic health care needs. Health care was frequently postponed and sometimes abruptly interrupted. Participants described barriers filling their prescriptions, difficulty navigating necessary specialist referrals, and problems accessing affirming mental health care due to overwhelming need and disorganization during the pandemic. One participant suggested that the "window of access has shrunk". Participants weighed their options and their ability to actually access care, often delaying care they needed. When one interviewer asked NP about navigating health care during the pandemic, NP said:

> "I've just been trying to push everything off. At first there was the notion I think that a lot of people had that, 'It'll be over in a few months. So just put things on hold and we'll get back to it.' Obviously, that did not quite turn out to be true. There's a few things that I've just not addressed yet and I'm very hesitant if anything – if I do feel like not great, I'm hesitant to do anything about it because I don't want the exposure of going to a hospital or I feel like it's not worth – if I'm not gonna go to a hospital or see a doctor or a clinician or something – that it's not really worth the expense of the co-pay to just do a Zoom meeting and be told that probably nothing is wrong."

Participants talked about moving, sometimes even multiple times, during the pandemic as a significant disruptor of care. Moving disrupted care networks and insurance with participants having to find new care providers and navigate health care systems in their new location. Some participants said it was necessary to find a new care system without much hope of finding TNB affirmative care. Given this, some participants avoided seeking health care and some took whatever they could find with the anticipation of low TNB competence.

Participants were skeptical about care they would receive as a TNB person in a critical care situation considering the poor quality of basic health care they received prior to the pandemic. The lack of confidence TNB people had in receiving care during this time of deepened injustice and inequitable treatment increased participants' fear about contracting COVID-19. Moreover, fears of getting COVID-19 and being hospitalized were intensified by no-visitor hospital rules. Participants described feeling vulnerable and frightened about needing to be in the hospital, and potentially incapacitated, without someone being there to help ensure respectful care. CG shared their fears about needing an emergency surgery following a hysterectomy and how it was scary being alone overnight in the hospital since visitors were not allowed:

"What if they find out [that I am trans]; how are they going to treat me?[…] I can't play it off, I'm coming here to get my vagina fixed […] I think those same fears are there and amplified because of COVID because the window of access has shrunk, less appointments and less providers available because of the deal with COVID."

High-exposure high-risk jobs as essential workers, restaurant industry workers, or contract laborers increased risks and occupational stress for TNB workers. Participants working in high exposure jobs had to navigate the need to work and earn money, with the risks associated with potential COVID-19 exposure for themselves and their loved ones. When asked about COVID-19 safety practices, EM shared that they live with their high-risk parents and were very scared to bring COVID-19 home from their job:
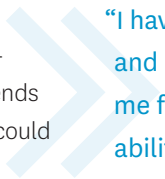
"I always have hand sanitizer and make sure to wear gloves[…] and KN-95 masks at my job since I know I'm with more people. I take my lunches in my own car, because I don't want to be in the lunch area. I take my mask off and someone can walk in and sit next to me and then what happens there? It goes out the window."

Occupational conditions amplified participants' risks of exposure and the risk of their families, friends, and communities. People who were undocumented and being exploited by their employers described especially sharp fear and concern and had little recourse to challenge safety practices or assert their own precautions. DH experienced fear as a contract worker when they were required to complete an art installation that unexpectedly placed them at risk:

"When I was installing, because he asked me to arrive on the same day of the show, I didn't realize that it was on the same day, and many people began to arrive, and some had masks, but others did not. Suddenly many people came, and I said to myself, 'I have to go.' I was scared."

Overall, participants felt TNB lives were not prioritized or care for during the pandemic. Participants expressed frustration and concern about being deprioritized in terms of access to health care, public benefits, and COVID-19 health initiatives. However, some people were less personally impacted by amplified injustice, often due to greater access to resources or savings, the ability to work from home, receiving unemployment, living with family members that shared or provided resources, or combining resources with others. Those less personally impacted felt this wasn't the case for many TNB people. Participants regularly noted that they knew other TNB people who did not have access to employment or other financial resources that they had.

Many participants talked about contributing back to TNB communities to mitigate the impact of COVID-19 and non-affirmative care through donation, mutual aid, helping friends and loved ones, advocacy, and working in a position that could better support TNB communities. Participants described working at health centers as COVID-19 contract tracers or at TNB organizations and using that position to provide better care and stronger advocacy for TNB communities during the pandemic. Participants also talked about the ways they directly supported or received support from other TNB people, and taking part in solidarity efforts to support people they felt were struggling more and to contribute to infrastructures of support. AB said:

"I have been able to support people like in organizations, and mutual funds, and that kind of stuff. Which makes me feel really good and I know it's needed. So, my ability to spread the wealth has been higher especially because I'm driving less, so I am spending less on gas and all the other expenses that go along with some of the things that I'm not doing. Like I said, I've taken advantage of the fact that, 'Hey, I didn't really need this stimulus package so I gave them away, and stuff like that."

SHIFTING SOCIAL WORLDS

> "I just spent the past year at home, and I probably would have spent the last year at home. So, in some ways the major difference was that suddenly more people were also, everybody was stuck at home."
>
> –CY

Life in a pandemic shifted social life in ways that increased accessibility and deepened relationships for some and facilitated interdependence. Adjusting to life in a pandemic produced significant changes in the social lives and worlds of every participant. Most participants spoke about feeling isolated at some point; however, many said that the restrictions on physical proximity and social gatherings had been precursors to new or strengthened forms of inclusion.

Virtual life increased accessibility and inclusion for some but has also been stressful. Participants talked about the increased use of digital platforms to make and maintain social connections, even for people who said their social lives were primarily online prior to the pandemic. Participants also described using video conferencing to attend events and parties, spark new romantic relationships, and reconnect with old friends. They also talked about using digital platforms to meet material needs, from online grocery shopping to short-term financial support through community mutual aid projects.

The shift to more virtual social environments had some unanticipated positive impacts for participants who already spent a lot of time at home, experienced fear and anxiety in public places, and/or faced other barriers to travel or physical gatherings. Some participants spoke about a sense of increased access and inclusion as more people and organizations turned to online formats for socializing, events, and programming. CY, for example, said:

> "All these things that wouldn't have been accessible to me suddenly were. Like people were doing church on Zoom, friends were getting together and having game nights on Zoom, you know. Yeah, in some ways my life got more social with the advent of COVID."

CY was one of several participants who described a sense of relief from decreased social expectations and less pressure to leave the house. Some participants with chronic health conditions talked about a general worsening of chronic flare-ups as a result of the added stress of the pandemic; however, the ability to remain virtually engaged with things happening in their community during that time measurably benefited their health and well-being. A growing institutional recognition and cultural discourse about accessibility in the context of the pandemic may have also helped to reduce the stigma of making accommodation requests. This was especially discussed by participants who were students during the pandemic. Poignantly, ZP shared:

"I actually talked with disability services at [my school] last term and I got accommodations, which was really good. It was really nerve-wracking though and I had a lot of internalized racism that I'm still trying to work through […]. One of [the accommodations], for Zoom sessions, is that I can't have my camera on all the time, which I'm grateful for because when we were in person I had to try to stay focused on that person the whole time. I like that I can just lay down in the dark, if I need to, during class. So, in some ways, Zoom has been helpful – but it's also just exhausting."

Furthermore, video conferencing and Zoom appeared to play a role in new freedoms for participants' gender presentation and expression. In virtual environments, participants had greater control to share just the parts of themselves they wanted to on camera and as well as an opportunity to explicitly post their pronouns on their Zoom ID as a way to gently direct people to how they wanted to be addressed.

Yet other participants spoke about the stressors and contradictions in the turn to digital life. One participant said that they used to socialize in person with people who shared more of their identities, specifically other queer South Asians and Muslims, but that they hadn't been able to find or replicate those important connections in online spaces. A few other participants noted an increased sense of exhaustion from interacting online and at least one participant remarked that virtual formats caused them excessive anxiety.

Working to stay alive and well facilitated more interdependent lives. Many participants said that they became more reliant on others and were relied upon more by others, especially parents, partners, and children, but also roommates, friends, and neighbors. When discussing changing relationships, many participants spoke about who they lived with or with whom they shared resources. Many participants moved during the pandemic because of lost income or jobs and housing instability, with some participants moving multiple times and/or living in a shelter. A few participants had pre-pandemic plans to relocate to new cities and spoke about the difficulties of building a sense of community connectedness in a new place during lockdown. Participants spoke about hard choices made out of necessity, for their own livelihood and to support family members. For example, when WU lost their job, they moved their mom out of assisted living so that their mom could be safer, they could be a full-time caregiver, and both could survive on their mom's fixed income. They also reported moving to a more affordable state where they had more support. WU shared:

"I was working from home at the time. I had the ability to have her home with me, so I brought her home, and that was a huge pandemic-related change for me….I mean I think I've had to learn – well, I've definitely had to learn more patience, because I'm spending a lot more time with my mom."

The impacts of becoming more interdependent with parents and families of origin were wide ranging. For some, becoming dependent on parents or family members after having been more independent, reopened wounds and "really complicated relationships" and sometimes required that participants live in a place where they had experienced trauma. Others spoke about how living through a major crisis had led them to deepen their relationships or work through conflict with their families. Still, navigating boundaries in relation to COVID-19 safety presented challenges, leaving some people feeling uncared for or unsafe. For example, YA shared:

New forms of interdependence with friends, dates, and roommates also emerged in relation to managing COVID-19 safety, resource sharing, and breaking isolation. Similar to relationships with parents or families of origin, some TNB participants articulated a deepening of connection, whereas others reported stress and strain on existing relationships. For example, PD said that at first there was an "unspoken" rule among her friends that they all wear masks, practice social distancing, and "take the pandemic seriously"; however, some of her friends loosened rules around safety practices in ways she felt put her at risk. PD continued:

Paying attention to relationships in new ways helped deepen connections. In addition to changes in the practical ways people were staying connected, there were also notable changes in the emotional contours of participants' relationships. Many said that living in a quarantine led them to reflect on previous patterns of social engagement, evaluate their current relationships, and build relationships that were more life affirming. This led some participants to make stronger commitments to relationships that mattered and to let go, limit or take a step back from those that weren't as fulfilling or sustaining. CY described it like this:

The loss of relationships and community also profoundly impacted participants. While some participants maintained and even strengthened their relationships in new ways, others experienced deterioration within their social connections and relationships. Sometimes these dynamics were simultaneous. For example, HS shared:

"My in-laws were living with us during the pandemic. [...] They would go out a lot, and it would make me really nervous, and we were trying to establish a weekly grocery schedule where one person went, and all these things, but I felt like that they didn't really care about the two of us in the house. It was kind of all about them."

"I've been noticing that some of my friends just don't take it seriously, and if they don't take it seriously that could harm me."

"I had the time and space to go through all of that in my head and to talk to friends [...] We were talking about how we were doing. We weren't just talking about, like, what we were doing, you know?" –CY

"I'm personally text messaging my old friends now from back in the day that I just reunited with, which was really, really awesome. I kind of went backwards, kind of stopped talking to people presently and kind of went backwards and started talking to people from my past again and re-igniting with them, which was really cool." –HS

Some participants talked about shifts in dating dynamics. For example, WU described how they met up with a partner and got to know them while trying to stay safe, and how that required them to get to know someone on a deeper level faster. CG explained how he's been more intentional about communicating and stating his expectations, which has increased his confidence having hard conversations with others and, as a result, strengthened and revitalized some of his existing relationships.

For several participants, their relationships with families of origin were strengthened in sometimes unexpected ways. EM, who lived with their parents and sister before and during the quarantine, said that they used to never be home or spend time with their family but after being furloughed from their job, they suddenly spent all their time at home. EM said the impact was mostly positive and that being in closer daily proximity has forced them to resolve a lot of conflict that the family avoided in the past:

"There's been way more serious issues that have come about in this pandemic that we would have never, ever talked about before, because someone would not be home. Someone would be too busy. Someone would be, "Oh, I don't have time to talk about this.""

Like EM, several participants spoke of feeling more supported by their families of origin and tied this to their overall health and well-being. For example, VH, who lived far away from her family of origin outside of the U.S., said that family reunions over Zoom united their family and helped her manage her depression. She said:

"Family love was greater. We had virtual games and jokes. We'd watch virtual movies on video, but we'd put it on Zoom, and we were all there. That was very good."

AC talked about feeling reduced anxiety after seeing their family for the first time during the pandemic and since making shifts in how they presented their gender. They shared:

"I expected my family to stare at me longer with almost an angry look, for some reason. Even though my family is trying and supportive, I still felt that way. But when I came out of my car and I just got everything set up, my mom looked at me and she just smiled and was like, 'You look so handsome and happy. Your posture is up. You're proud of your being. I've not seen that ever.""

COPING WITH ISOLATION & GRIEF

"I just couldn't handle the isolation and all of the terrible news all of the time."

–LK

"Staying-at-home" amplified feelings of isolation which exacerbated stress and mental health symptoms, and diminished access to social support. Many participants expressed amplified feelings of isolation and loneliness, whereas others shared how their day-to-day life did not feel much different than life pre-pandemic. Participants' descriptions affirm the importance of social connectedness and highlight isolation as both a source of stress, and a source of self-preservation and reprieve from transphobia.

The feeling of disconnection or loss of community connection were compounded by a lack of in-person contact, and increased participants' anxiety, loneliness, depression, grief, general fears, and sadness. For many, the stress of the pandemic and increased isolation led to an onset of new mental health symptoms or worsened existing symptoms, especially anxiety or depression. As two participants shared:

"The bad changes are with my depression. In addition to the fact that this arises due to hormones, I feel that it's also caused by being locked up and not being able to talk to anyone and not approaching anyone, [or give] hugs, kisses." –VH

"When I get depressed, it feels like I'm more depressed than I would have been before, which makes sense because the pandemic, the cloud of the pandemic plus interpersonal things that are sad." –ZP

"The cloud of the pandemic" was marked by heartache and grief. Participants spoke about the challenge of trying to stay connected, especially at the onset of the pandemic. They described fatigue and a lack of capacity to stay engaged with the latest news, with rapidly changing information and disinformation, incessant conversations with friends or over social media, and/or pervasive thoughts around COVID-19. For example, two participants shared this:

"For the first couple of months, I had to – I, like, muted everything on Twitter that had to do with COVID." –LK

"Every time I would go to sleep it's like, 'Is this the time that I'm not going to come back alive? I'm not going to wake up this time; is this going to be the time I don't wake up? When I wake up, is this going to be the day that I go? Is this going to be the day that I stop breathing?' […] It was torment, you know what I mean, to think that you're going to die? […] I felt so alone because you have to isolate yourself being quarantined […] it's like, "I'm going to die in this very dull place right here. This sucks right now, and this is scary. Yeah, it really jacked me up in my head." –TM

Participants who lived alone and worked from home during the pandemic were especially likely to experience isolation, which had varying impacts on health and well-being. PD talked about how it has been harder for her to be social and leave the house since spending so much time alone. She shared, *"Honestly, I almost feel antisocial because of the pandemic,"* which echoed several participants who said that their capacity for social activities and confidence in reconnecting with others had diminished over the course of the pandemic.

A number of participants described losing a loved one during the pandemic. The inability to travel and be present (in-person) for sick loved ones, attend funerals or memorials of lost loved ones, or console others experiencing grief with a hug, compounded feelings of loss with feelings of anxiety and disbelief. For example, DH talks about losing their grandmother, a very important and special person in their life and in their community:

"For me it was the most incredible thing I've seen, that my grandmother was buried [while I was] watching on WhatsApp, two hours after they told me that she had died. […] I never thought that something was going to stop me from being able to go [home] and be with her before she died. […] I lived or live alone. So, it's hard to be in a pandemic and not see anyone, and suddenly someone so dear to you dies. It's incredibly isolating, very lonely."

On the other hand, some participants shared how living through grief of lost loved ones and collective grief over a lost sense of normalcy had brought them closer to people in their lives. For example, YA shares that mourning the death of their partner's sibling actually brought them closer to their partner:

"…my circumstance is kind of different because of the death. So, we were mourning our old life that was suddenly taken away from us and we were mourning the loss of her sister. It brought us closer, but at first we were mourning separately and then we came together."

Lack of physical touch and affection was also a big area of loss brought up by many participants. Many participants talked about wanting a hug or being able to give someone a hug. Some participants highlighted their pets as sources of affection and physical touch, with one participant adopting a cat during quarantine to help them de-stress. ZP described it like this:

"Yeah. I think it's because I value touching my friends a lot and hugging them. Not being able to do that has meant that we talk through our phones mostly or all the time. So, while I feel good about how we communicate and I know that we love each other, I know it would feel more organic and less tiring if I could just see them in person. […] I'm like a super huggy, cuddly person, and not being able to do that has been really sad. So, I got a weighted blanket. That helps a little but it's not at all the same."

TNB people have continued to take care of themselves and each other, including adopting new wellness strategies during the pandemic. Participants shared a variety of ways in which they've been able to support themselves through isolation and deal with the pandemic. Some participants even suggested that others could learn from the ways in which TNB people and TNB communities have, for generations, coped with social isolation, fear, and grief.

Many participants reported finding new ways to affirm themselves and manage their mental health. For some participants, coping has meant making intentional time for self-care and focusing on what they could do and what feels good for them, starting or learning new hobbies and practices and/or re-engaging with old ones that had been lost (e.g., yoga, dance, art). RL described it like this:

"I had never been to yoga classes, but with the time I had at home, I started to watch tutorials on YouTube for yoga, and I learned a little bit […] I could do yoga and relax, put on music and candles. Talk on the phone with your loved ones, be aware of them. […] In some way or another, this puts you in an emotional balance in knowing that everything is fine. Those have been some of my keys to be able to support myself."

For others, creating a small pod of friends, which allowed for more consistent and safe social interactions, was hugely beneficial for participants' sense of belonging and ability to cope. Engaged in therapy and support groups online was another way that many participants said they had cared for themselves in general and in the pandemic.

"A MOMENT OF GROWTH"

"I've been more connected with my mind and body than I have before COVID. Because I've just spent so much time with myself, you know, it gives me time to reflect."

–TB

In addition to the challenges and barriers of COVID-19, participants described an unexpected opportunity for growth, evolution, identity development and self-awareness. Through forced quarantine and constriction of social and work activities, participants described increased introspection and deepened self-care. Many people we spoke with suggested that these changes would not have occurred in the same way, or as quickly, without the sweeping impact of pandemic conditions on their activities, schedules, priorities and relationships.

Participants described a benefit to exploring their gender identity and gender presentation outside of the gaze of others. Time alone allowed TNB participants the freedom of exploration and expression, and extended time to learn more about who they were and what gender presentation felt most authentic for them. For example, AC shares:

"My easiest step was allowing myself to express my gender that I always wanted to express, and I think, like I said, it happened in quarantine, so it was those two weeks. And then I went back to work and I was completely changed. My hair was new. I dyed my hair. I did what I wanted. I dressed more masculine presenting. And, so, I showed up as still [myself], but people were, 'Oh, new, okay.' And even in the trans community, it took a bit of almost understanding still that I'm expressing myself in new, variant ways, emerging my styles and stuff like that to be me, not to be a specific thing that I wanted society to accept but for myself to accept."

Many participants gained a deeper understanding of their identity, felt less gender dysphoria, and increased confidence in their gender presentation. Some participants shared a greater comfort to start hormones without the pressure of being watched, judged, and evaluated by others. For example, in reference to starting hormones, DH shares:

"I've chosen not to share that information with them [family], but my voice is changing and the hair on my face is growing. When the hair started to grow, I didn't want to take off the mask." –DH

Participants also talked about the positive aspects of wearing a mask when it reduced harassment, increased comfort in public, and offered greater privacy for new facial changes with hormones. RL offered this reflection on mask wearing:

"I once heard from a couple of trans girls that wearing a mask made them feel a bit more confident. Because wearing the mask, apart from protecting themselves, hides the identity of the person a bit in some other way, and that makes them feel less in light of a kind of criticism or some kind of danger for wearing the mask."

Other participants shared coming out realizations during COVID-19. RK describes their experience like this:

"The pandemic made me realize that I'm nonbinary. [Laughs] It was already something that was in the back of my mind […] I think I was in denial and I couldn't really articulate why I was feeling the way I was feeling, until I had nothing but time to myself. And so, for all of the bad that isolation brought about, it gave me time to reflect on how I wanna be perceived in the world, and the relationship that I wanna have to the world at large. And so, I think it would've taken me a lot longer to come to that realization if I hadn't been forced to have all of this time to myself."

The pandemic offered the opportunity for some TNB people to deepen and evolve their racial identity. A range of participants talked about ways in which their relationship to their racial or ethnic identity had changed or deepened during the pandemic. For some participants, this was a direct result of what was happening in the political climate including the movement for Black lives and protests against racialized police violence. PA and CY described their experience like this:

"Here I was, just realizing that oh, my life matters? Here were my children, way younger than me, having that realization and having that lightbulb moment, and that switch or change for them. That just did something for me. I can't even explain that. It was very beautiful and very powerful. It was a very powerful experience." –PA

"I think it's been really like in the past year I've had to like actively acknowledge and that part of my identity is as a white person, and a white person in the US […] I think as one of my identities that I hold and that I need to own and be responsible for." –CY

For many participants, the pandemic offered them time to reflect and focus on their own identities or aspects of their identities, as opposed to focusing on how their identities were perceived by others. Some participants described reclaiming some of the time, and emotional and mental energy, spent dealing with others' racialized reactions and judgments. Participants were able to use this reclaimed time and increased capacity, to explore, solidify and celebrate their own identities and ancestry. Two participants described it like this:

"I started to really think about what does it mean for me to be a brown person, a light-skinned brown person, for me to be a trans person that presents masculine. […]I might not have had so much opportunity to think about, or really go within, if I'd always had to be engaging with people externally. I feel like I had more chance to kind of explore more aspects of my identity that I hadn't really questioned or looked into before because when I'm out in the world, navigating the world I'm thinking more about what does my identity look like to other people?" –UM

"Ah, yes! Come through! Yes. I am identifying as an African, just straight up African. I'm born here; I'm raised here. But I do know my lineage. I know where I come from. I'm identifying with that side of me more and more and more […] I'm just identifying as the Nigerian woman that I am and I'm loving it. It's amazing and it's beautiful. I'm Black, I'm African, and I'm freaking proud of it. I love it. It's beautiful." –GB

After an initial shock, the time and space offered by the pandemic were used for self-care, introspection, and intentional boundary setting. There was an initial shock and "void" created by the amount of time and space available in quarantine. Participants described feeling initially disoriented by having so much time available that had previously been spent engaging with family and friends, activities, activism, and work. The imposition of this time and space challenged some participants to explore personal issues they felt they had avoided or had not explored in-depth, which created possibility for transformation or change that wouldn't have happened otherwise.

The lockdown allowed some participants to slow down, reexamine their relationship with self, and listen to their hearts, minds, and bodies in new ways. For example, SW described feeling really proud of himself for getting more rest and shifting his understanding about what was possible to accomplish while being intentional about his needs and capacity while living with a chronic illness. He said,

"Yeah the world tells us we can't afford to stop, but we actually have to stop because we can't afford to keep going."

Many TNB people described using this time to prioritize themselves and further explore their own needs and wants with less pressure or obligation to explain a choice to spend time away from others. As MD shares:

"Pretty much the majority of my life, I've spent so much time prioritizing everybody else and just neglecting myself to no end. Now, being in a space to actually learn how to not do that, and begin to sort that out and process that. That has been a really beautiful experience [...] I've been doing a lot of journaling and reflecting, just a lot of introspection. That's how I am as a person, just listening to me and what I need."

Many participants also talked about spending time discovering or rediscovering activities that centered them. YA described it like this:

"At first, I was really stressed. [...] I kind of settled into my routine, which was really getting back in touch with myself internally, gardening, watching birds, just camping with my lover, just having time to do stuff, which was really, really nice. And, just kind of reconnecting with myself again, on an intimate level, kind of reestablishing different objectives after we came out of this, or if we were going to come out of it." –YA

Some participants described intentionally changing and strengthening boundaries during the pandemic, and feelings of relief at some of the added distance the pandemic permitted. Participants described using this time to evaluate the value of different relationships, retaining relationships that supported them and ending or limiting relationships with family, intimate partners and friends that did not. As two participants share:

"It's actually kind of nice to not go over [to my parents house] as much. It's just really triggering and stressful over there, and my parents don't really feel like they're my parents anyways. So, I didn't really feel bad not going over there as much. I actually enjoyed it a little bit. 'Oh, well, we can't come over for Christmas because of the virus.'" –YA

"Having distance has honestly been a huge relief. And [...] as much as I want this pandemic to be over, I don't know how I feel about going back to feeling obligated to seeing my family and stuff like that." –UM

ENGAGEMENT STRATEGIES & RESEARCH PRIORITIES

"I think that in the trans community, in my community, we talk a little more about how to implement access to studies. […] So, how can we implement certain things for the educational, emotional, and therefore financial improvement of our trans community?"

–RL

Four Corners is committed to engaging in research that is directly informed by TNB communities. We value the concept of "we know us best" and believe community-generated research is critical for understanding what is most meaningful to communities. One of the goals of this study was to learn more about TNB communities' thoughts on research (i.e., what are the priorities and how do TNB people want to be engaged) and how those thoughts might have shifted during the pandemic.

Initially, when asked about their thoughts on TNB health research priorities, many participants were confused. This confusion could reflect a poorly worded question or the fact that TNB people are not often asked about their own research interests, especially since the majority of trans health research is not trans-led or trans-centered. As a result, our interviewers often needed to explain and reframe the question to gather participant feedback. This resulted in varied responses that demonstrated that priorities differed depending on personal and community experiences. After debriefing with the interview team and reviewing initial transcripts, we decided to revise the question and rearrange its placement in our interviewer guide with a goal of improving flow and reducing confusion.

In terms of engagement in research during a pandemic, some participants emphasized the use of low-energy research methods and the need to limit virtual events to combat Zoom burnout. Some participants suggested the use of online surveys with multiple choice response options and focus groups that are no longer than 30 minutes. It was recommended that researchers use social media as a way to engage local organizations and raise awareness about research studies. It was also suggested that research teams intentionally disseminate results back to members of TNB communities. Participants emphasized the importance of receiving follow-up from researchers, both with the results of research, as well as how the researchers planned to use the results. CG put it like this:

"Re-engaging folks to show them the results – I can't even imagine. I'm just trying to think of all the times I did surveys for this and that, if I can get 5 free t-shirts I don't have to pay laundry this week, but have no idea what happened – maybe that person went on to write this world famous research paper I have no clue so actually circling back around in a tangible way – hey your participation yielded these results and now we are going to take these results to this hospital and this hospital so they fix how they treat trans folks those are things that feel more engaging and more worth it to participate."

Researchers need to compensate research participants appropriately for their time, energy, and emotional labor. Participants spoke about the importance of compensation for their time and energy. Moreover, participants talked about the need for forms of compensation that give participants autonomy and input. One participant shared that he works with TNB people at a local community organization and that he is constantly contacted by researchers to share surveys with his TNB clients, many of which are unstably housed, "for a chance to win" a $5 Amazon gift card. Another participant shared that compensation was "key" for people to feel engaged in the research and invested enough to offer "honest opinions."

In terms of research priorities, participants raised questions and concerns specifically around TNB people and the COVID-19 pandemic. Participants were overwhelmingly interested in research that addresses TNB people's access to gender-affirming health care resources and the general health impacts of COVID-19 on TNB people. Specific suggestions included: chest binding and COVID-19 risk, identifying and tracking the impact of "long haul" COVID-19, access to surgery with existing travel limitations, access to hormones and transition supports during the pandemic, and potential interactions between hormones and COVID-19 vaccines. AB offered this:

"One of my best friends is trying to get bottom surgery and she has to go out of state which is pretty common. But then again, how does that affect people economically? How does that affect people in terms of needing or wanting to travel during the pandemic? […] Can anybody be there with her physically when she's recovering? What are the restrictions around that and what's the impact of that?"

Participants were interested in learning more about the individual and collective impact of COVID-19 on mental health and isolation in TNB communities. Specific suggestions included: pre pandemic vs during the pandemic isolation and mental health, impacts of stress and anxiety, experiences of separation and distance from TNB communities, how TNB people are processing COVID-19 changes, and comfort levels when re-engaging with community after lengthy physical separation. NT discussed how she was curious to see how people who experienced pre-pandemic isolation are impacted by the "loss of space;" she then continued to discuss mental health impacts in greater detail:

"I think trans people tend to have a lot of mental health issues and COVID has just been really bad for everyone's mental health. So, I think for a decent chunk of time after the pandemic has passed, we'll still be understanding and seeing the impact that it's had on the collective mental health of the trans community and the population at large."

Many participants emphasized a need for more research with TNB people at the intersections of multiple marginalized identities. Participants wanted to know how COVID-19 has impacted Black queer trans people's health and Black trans women's access to health care. One participant urged researchers to focus on the structural barriers that trans BIPOC communities faced before COVID-19, including barriers to employment, safety, and housing, and how that may be translating into more inequity due to the pandemic. Participants described a need for more research with TNB people living with disabilities. More specifically, participants wanted to know about experiences of people living with disabilities that got COVID-19 and COVID-19 recovery rates for TNB people living with disabilities or chronic illnesses, as well as more general research on "mental health on the spectrum of disability."

In regard to language inclusion, one participant specifically mentioned the need for research devoted to monolingual Spanish-speaking people, so that cultural differences of Spanish-speakers could be seen and represented in the literature. Another participant named the need for researchers to better understand the experiences of sex-workers during COVID-19. Other areas of interest included understanding how LGBT elders are coping during the pandemic and exploring the relationship between economic stability and risks of COVID exposure.

Participant responses about research priorities and engagement techniques in the current study closely aligned with our findings in our first research study, including TM's feedback that we already have enough research and we need to *"start seeing what is known applied to find solutions."*

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REFLECTIONS, CHALLENGES & LIMITATIONS

Our Four Corners team is constantly evolving and deepening our understanding of community-engaged, TNB-led research. We are proud of the strides we have taken and practices we have implemented since the release of our first research report in February 2021. We remain humble in our continued learning and growth. We value transparency and would like to share some of our thoughts and lessons learned throughout this process.

One of the limitations we sought to address from our first research study was the failure to include TNB monolingual Spanish speaking participants. In this study, we prioritized inclusion and successfully completed interviews with TNB monolingual Spanish speakers for this study. Through that process, we gained a much deeper appreciation of the time, energy, resources, and expertise that are required to create multilingual/multicultural spaces. We could not have taken our next steps in language equity without the invaluable consultation, guidance, and service provided by the community-based design and language justice collective, Tecolotl. Still, our efforts to integrate language equity into our research included challenges and significant timeline delays. For example, our Four Corners TNB bilingual team members did not feel comfortable conducting interviews in Spanish. This required us to identify and train additional TNB bilingual speakers to assist with Spanish interviews. Further, while we had assistance with translating all study materials, we overlooked the need for timely translation of simple participant email communications around scheduling and compensation. We also identified a second stage of translation that included a review for TNB affirmative phrasing and language. Moving forward, we commit to early, thorough, proactive consideration of language equity across every aspect of communication throughout the research process, as well as earlier and more meaningful engagement with TNB Spanish speaking communities.

We are committed to and encourage other researchers to use participatory models and ethical review processes that include TNB people to ensure proper safeguards and oversight of research, including assurances that compensation is fair, but not coercive, and research practices are appropriate and affirming. We are committed to building research skills and capacity among TNB communities, including the TNB members on the Four Corners team. As noted above, all of our community members completed training in research ethics via CIRTification, a research ethics course developed specifically for community partners in research. After our first study, we successfully advocated for our Institutional Review Board (IRB) to recognize and accept CIRTification, which includes all key elements of the widely accepted academic research ethics course, Collaborative Institutional Training Initiative (CITI), but presents information in a more relevant and digestible manner.

Four Corners was formed to bring together different stakeholders with varied backgrounds, skills, and expertise to propel TNB-led research. As we have matured as a network and our TNB community members have gained significant research experience, we reflect on how the distinction of these roles may or may not serve us moving forward. One challenge of our network structure is that our original researcher and clinician roles were filled by mostly white and cisgender people, while all of our community members were TNB and most were BIPOC. We intentionally designed this study to position our TNB community members as leaders in this research, to honor their knowledge and to continue building their research expertise. We were delighted that one of our community members, Yucca Westrup, stepped up to spearhead efforts as the main analyst for this project. Under leadership from Co-Investigator, Sid Jordan, we formed a small analysis team that included TNB community members, and researchers and clinicians, and utilized participatory analysis processes. This process deepened our network's overall understanding of and ability to conduct a truly TNB-led study from start to finish. Moving forward, we'd like to continue developing this model by building resources, structure, and active support to encourage TNB community members to step into leadership roles in ways that feel good, including in research design, data analysis, and reporting.

We remain committed to fostering engagement and connection among and within our TNB communities, using research as one tool. As detailed in "Our Study" above, we intentionally developed our research design to allow TNB participants the chance to connect with one another, as well as with our TNB Four Corners team, before and after one-on-one interviews. Another layer of community-engagement we explored in this project was hosting a member checking session, so that our analysis team could present back and discuss preliminary findings with participants of the research. Upon reflection, we believe an expanded member checking session might be a more opportune time to support community-building as this appeared to happen more organically

at this point. This could be due to the nature of the member checking session and the fact that participants had more time with one another, which may have resulted in greater comfort and interaction. Additionally, while well-intentioned, our approach to interview group block scheduling resulted in a number of significant data collection delays as it required coordinating multiple interviewers' and participants' varied and changing schedules across multiple time zones.

The duration of our data collection or interview phase, which spanned from February to July 2021, allowed us to generate data on TNB peoples' experiences at different points throughout the pandemic. In a quickly changing pandemic landscape, we had to revise our interview questions mid-way through the study to stay relevant and reflect the launch of the COVID-19 vaccine rollout. One limitation of this study is that we collected data over a 7-month timespan but did not analyze transcript data with regards to time. Other potential limitations include the type of outreach we conducted and, thereby, the type of people who participated in these interviews. A heavy reliance on engaging TNB people through social media and partner FQHCs may have resulted in the exclusion of TNB people who were not already linked through such networks or health sites, and/or do not have stable internet access.

RESEARCH RECOMMENDATIONS

TNB communities, like all communities, are extremely diverse and the needs of TNB people differ based on race, ethnicity, geographic location, resources, state policies, age, and other identities and life experiences. There is specific need for TNB research focused on the experiences, needs, and solutions of multiply marginalized TNB communities such as BIPOC communities, monolingual Spanish-speakers, people living with disabilities or chronic illness, and undocumented people, as these experiences have been historically invisible or excluded from research. The needs and systemic barriers faced by multiply marginalized TNB communities are often overlooked and underfunded, and, therefore also understudied.

Our findings highlight a great need for research that is TNB-led that actively and meaningfully involves TNB community members throughout all stages of the research process. Therefore, we stress the importance of researchers and research institutions building connections and forming alliances with local TNB leaders and organizations to collaboratively form research questions and methodologies that address the needs and interests of their respective communities. We encourage researchers to invest in building research skills of TNB people, host community report back events to form trust and share findings with participants, and create an advisory network that centers BIPOC, TNB community members and BIPOC, TNB researchers.

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