

HIV Prevalence Rates, Risk Factors and Health Disparities among Transgender Persons

Cathy J. Reback, Ph.D.

Friends Research Institute, Inc.
Integrated Substance Abuse Programs (UCLA ISAP),
Semel Institute for Neuroscience and Human Behavior
Center for HIV Identification, Prevention and Treatment Services (UCLA CHIPTS)
University of California, Los Angeles

Presented to the Los Angeles County Commission on HIV
Los Angeles, California, July 9, 2015.

Acknowledgments

I would like to acknowledge several individuals who have worked with me over the years and have helped to shape my thinking, my research and my program development:

Angelina Alamilla
Jaime Alvarez
Nina Barkers
Talia M. Bettcher, Ph.D.
Shirley Bushnell
Kerri Cecil
Dahlia Ferlito, MPH
Jesse Fletcher, Ph.D.
Erica Gonzalez
Luis Gutierrez-Mock, MPH, MA
Cheryl Hoffman
Drian Juarez
JoAnne Keatley, MSW
Marie Keller, Ph.D.
AJ King, MPH
Kimberly Kisler, Ph.D., MPH
Alexandra Kussin-Shoptaw
Raphael J. Landovitz, M.D.
Emilia Lombardi, Ph.D.

Sam Phillips
Mariana Marroquin
Kiesha McCurtis, MPH
Prudence Mendiola
Erika Morris, JD
Rebecca Perez
Madison Rae
Miranda Ramirez
Alvy Rangel
Alexis Rivera
Storm Salazar
Holly Salmon
Sabel Samone-Loreca
April Saravia
Jae Sevelius, Ph.D.
Steven Shoptaw, Ph.D.
Cadence Valentine
Jessica Xavier, MPH
And so many more...

Definition

Transgender is an umbrella term for individuals whose gender identity differs from the biological sex they were assigned at birth.

For the purpose of this presentation, transgender includes all such individuals, regardless of their stage of gender transition.

Note: Gender (i.e., man/woman/non-conforming) and sexuality (i.e., lesbian/gay/bisexual/heterosexual) are two separate domains.

Estimated Size of Trans Population in Los Angeles County

It is estimated that 14,428 trans individuals live in Los Angeles County (LAC) with a range of 7,214 to 21,642, depending on definition.

Estimated 1:1 ration of trans women and trans men in LAC (7,214 trans women and 7,214 trans men).

The size of the trans population has been consistently estimated at between .1% to .5% of the overall population.

HIV Prevalence in the US

- In the US, the odds of being HIV positive are estimated to be 34.2 times higher for trans women compared to other adults (Baral et al., 2013)
- The estimated HIV prevalence rate among trans women in the US is 27.7%, which is even higher than MSM estimates at 19% (Herbst et al., 2008)

*Unable to find comparable data for trans men.

HIV Prevalence in LAC

- In LAC, the estimated HIV prevalence rate (includes persons unaware of their HIV status) of trans women is 21%, compared to MSM at 15% and MSM/W at 12% (LAC, Dept. of Public Health, HIV Epi, 2009)
- In LAC, the estimated HIV prevalence rate (includes persons unaware of their HIV status) of trans women is 15.1% and trans men is .6% (LAC, Dept. of Public Health, DHSP, 2012)

Data in LAC is inconsistent,
but inconsistent does not mean inaccurate!

Racial/ethnic Differences in HIV Prevalence among Trans Women* in LAC

African American/black trans women	48.3%
Hispanic/Latina trans women	17.1%
Caucasian/white trans women	4.6%

*Unable to find comparable data for trans men.

One LAC clinic found similar HIV incidence rates among trans women and trans men:

8.7 infections per 100 person years for trans women

7.1 infections per 100 person years for trans men

HIV Risk Behaviors among Trans Men

- Few studies on HIV risk behaviors among trans men
- Trans men at risk for HIV are those that report sex with non-trans MSM (Sevelius, 2013)
 - High levels of risk behaviors
 - Low levels of HIV prevalence (0-3%) (Sevelius, 2009)
 - csHT (testosterone) increases sex drive, increases sexual activity and increases sexual risk behaviors

Trans women currently represent the most highly impacted risk group in LAC as measured by HIV prevalence, HIV incidence and the rate of newly discovered infections.

As a result, the vast majority of HIV-related research has focused on trans women.

Here's what we know...

HIV Testing and Care

- The rate of undiagnosed HIV infection among trans women is at least twice the national average (57% vs. 17%-27%) (Herbst et al., 2008; Sevelius et al., 2011)
- Trans women are less likely to receive HIV testing (Schulden et al., 2008) and are less likely to perceive HIV as a serious health threat (Herbst et al., 2008)
- HIV-positive trans women are less likely than any other adult population to be linked and retained in HIV care; and, among those in HIV care, medication adherence is sub-optimal (Melendez et al., 2006)
- HIV-positive trans women report less confidence in their abilities to maintain treatment adherence and experience fewer positive interactions with providers (Sevelius & Carrico, 2010).
- In LAC, trans women are estimated to have the lowest proportion of viral suppression of any other behavioral risk group (69%; DHSP 2014)

Substance Use

- Trans women report substance use as a means of coping with stigma, discrimination, and hardships associated with their gender presentation (Reback et al., 2001; Reback et al., 2005; Nemoto et al., 2006; Sausa et al., 2007)
- Trans women report elevated rates of alcohol (43.7%), marijuana (20.2%), and illicit drug use (26.7%) (Herbst et al., 2008)
- In a Los Angeles study, 58% self-reported alcohol use, 26% marijuana use, 22% methamphetamine use, and 66% reported a lifetime of injecting street drugs or non-medically prescribed hormones (Reback & Fletcher, 2014)
- Meta-analysis from studies conducted in the US found rates of substance abuse or dependence varied between 11.2% and 16.3% (Herbst et al., 2008)

Sexual Risk Behaviors

- Although some trans women report sex work for pleasure (Almeida 2011) or as a means of gender affirmation (Sausa et al., 2007), most engage in sex work for basic economic survival (Reback et al., 2005; Hwahng & Nuttbrock, 2007)
- In the meta-analysis study, 44.1% of trans women reported unprotected anal intercourse (Herbst et al., 2008)
 - 41.5% reported engaging in sex work
 - 38.5% report unprotected anal intercourse w/sex work clients
 - 39.3% reported having sex while high
- Sex work among trans women has been associated with hormone misuse (Fletcher et al., 2014; Sevelius 2009) as many enhance their gender presentation to both affirm their gender identity and as a means of procuring higher paying customers

Substance Use and Sexual Risk Trends among Trans Women (N=2,181)

- Data collected from January 1, 2005 through December 31, 2011
- Encounter Form recorded data on:
 - Sociodemographic data (age, race/ethnicity, age, HIV status)
 - Substance use, previous 30 days (injection and non-injection)
 - Sexual behaviors, previous 30 days (partner type, positioning, condom use)
- Data was sequestered into 6-month periods
- Duplicates ID#s were deleted from database
- 2,181 unique baseline encounters

AIDS Behav (2014) 18:1359–1367
DOI 10.1007/s10461-013-0657-z

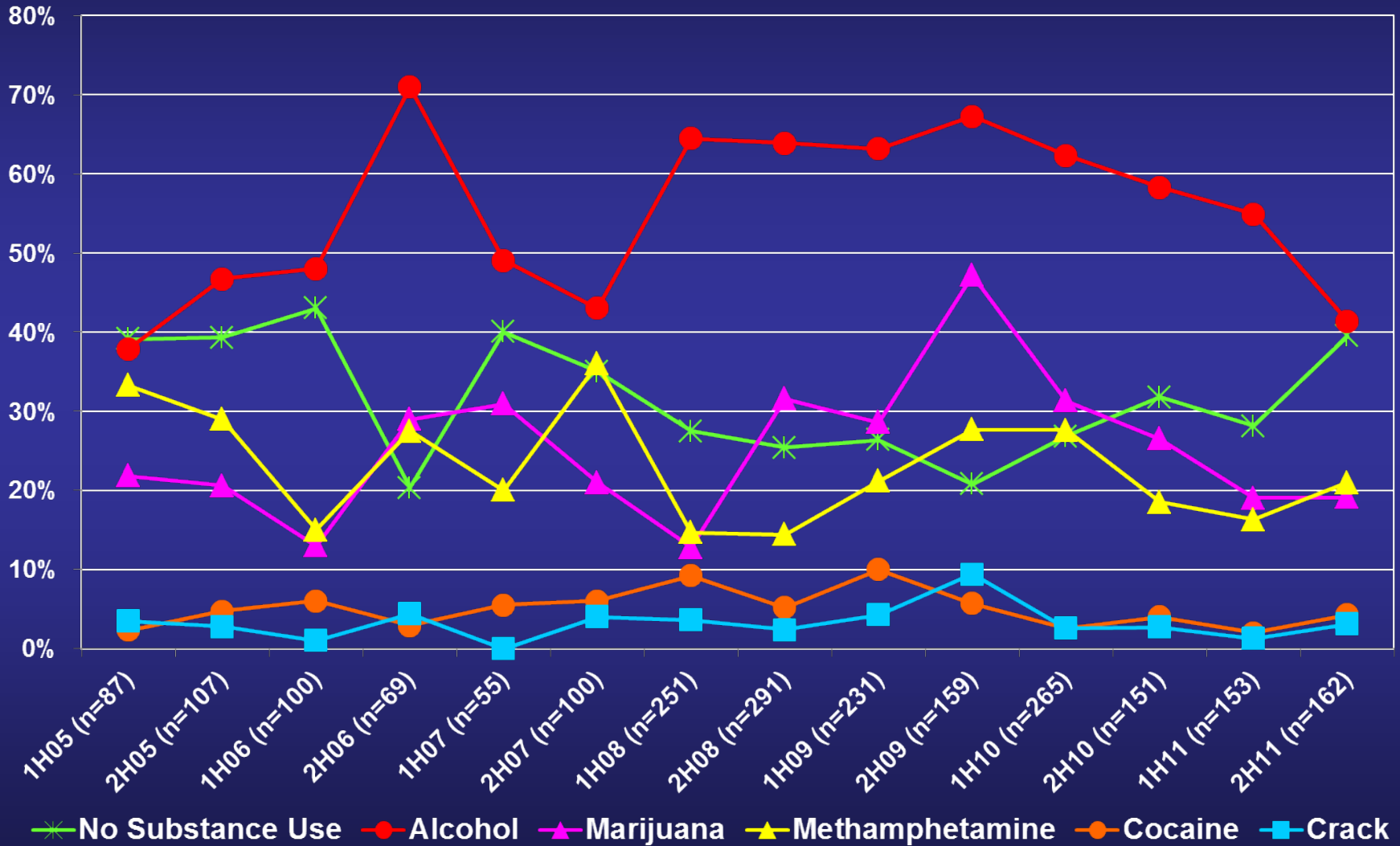
ORIGINAL PAPER

HIV Prevalence, Substance Use, and Sexual Risk Behaviors Among Transgender Women Recruited Through Outreach

Cathy J. Reback · Jesse B. Fletcher

Substance Use Trends

January 2005 through December 2011



Sexual Risk Behaviors by Partner Type

	Male Partner	Exchange Partner	
	N (%)	N (%)	Sig. ^a
Partner Type	1,290 (59.2%)	1,615 (74.1%)	***
RAI	1,083 (49.7%)	1,365 (62.9%)	***
<i>Inconsistent Condom Usage</i>	377 (34.8%)	77 (5.6%)	***
IAI	440 (20.2%)	1,034 (47.4%)	***
<i>Inconsistent Condom Usage</i>	105 (23.9%)	50 (4.8%)	***
Oral Sex (receive or give)	1,252 (57.4%)	1,601 (73.4%)	***
<i>Inconsistent Condom Usage</i>	671 (53.6%)	327 (20.4%)	***

^aOne-sample test on the equality of proportions for large sample statistics

*** $p < .001$

Hormone Misuse

- 69% of high-risk trans women in LAC reported ever injecting hormones, 33% injected substances other than hormones to enhance their gender presentation such as silicone, oils, and other “fillers” (Reback et al., 2001)
- 51% reported obtaining hormones from a non-medical SOURCE (Reback et al., 2001)
- “Pumping parties,” where improperly sterilized needles are shared to inject dangerous gender enhancing substances, is a common practice among some trans women (Sanchez et al., 2009)

Housing Status

- Structural inequalities place trans women at increased risk for poverty and unstable housing (National Coalition for the Homeless, 2010)
- Trans women face additional hardships as they are exposed to increased levels of transphobia while living in public such as increased levels of physical, sexual, emotional, and psychological injury (Sakamoto et al., 2009)
- Unstable housing among trans women is associated with inconsistent condom use and substance use during sex (Sevelius et al., 2009; Fletcher et al., 2014)
- 55% of trans women accessing homeless shelter report harassment by shelter staff and/or residents, 29% report being refused services due to their gender identity; 22% report being sexually assaulted by shelter staff or residents (Grant et al., 2011)

Housing Status and HIV Risk Behaviors among Trans Women (N=517)

- Data collected from March 1, 2005 through March 31, 2012
- Behavioral Risk Assessment recorded data on:
 - Sociodemographic data (age, race/ethnicity, age, HIV status)
 - Housing status
 - Substance use, previous 30 days (injection and non-injection)
 - Sexual behaviors, previous 30 days (partner type, detailed last 3 encounters)
- Duplicates ID#s were deleted from database
- 517 unique baseline assessments

Arch Sex Behav (2014) 43:1651–1661
DOI 10.1007/s10508-014-0368-1

ORIGINAL PAPER

Housing Status and HIV Risk Behaviors Among Transgender Women in Los Angeles

Jesse B. Fletcher · Kimberly A. Kisler · Cathy J. Reback

HIV Risk Behaviors by Housing Status

HIV risk behaviors	Housed	Marginally housed	Homeless
Street drug use	Low/moderate	High	High
Hormone injections	High	High	Low
Sex work	High	High	Moderate
Sexual risk: HIV acquisition	Low	High	High
Sexual risk: HIV transmission	High	High	High

Findings on HIV Risks and Housing Status

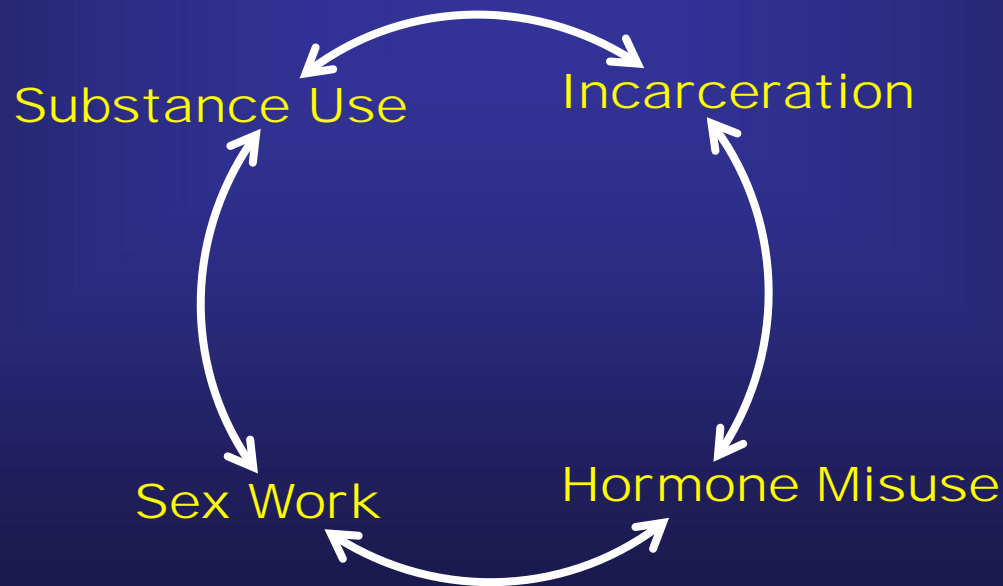
- Marginally housed trans women displayed greatest risk profile for HIV acquisition and transmission
 - Sex work is the primary option for many trans women to escape homelessness
 - Money gained through sex work can provide marginal housing, access to illegal and non-medically prescribed hormones (and fillers), and the purchase of substances
 - Illegal and non-medically prescribed hormones (and fillers) can enhance gender presentation that can lead to more exchange partners
 - While housing and an enhanced gender presentation can provide physical and psychological comfort, marginal housing is also associated with increased HIV risks
- Housing status impacts HIV risk factors

Incarceration

- In some urban areas, a common misperception by law enforcement is that all trans women engage in sex work; thus, many homeless / street-based trans women experience additional scrutiny by law enforcement (Reback et al., in print)
- Even trans woman not participating in illegal activity are targeted, checked for criminal backgrounds and outstanding warrants
- Due to actual or perceived participation in the underground street economy (e.g., sex work, selling or possession of illicit drugs) for survival, or minor homeless infractions, high-risk trans women frequently experience repeated short- and/or long-term cycles of incarceration (Reback et al., in print)

Syndemic Relationship

- There is a cyclical, syndemic relationship between hormone misuse, sex work, substance use, and incarceration
- Trans women use hormones and other substances to enhance their gender presentation, which enables them to procure higher paying customers, and use substances to cope with these hardships, and are then experience periods of incarceration



Mental Health

- Discrimination, transphobia, and structural victimization negatively impacts mental health (Sevelius 2013)
- Trans individuals report increased anxiety, depression, and suicidality (Clements-Nolle et al., 2006; Budge et al., 2013; Bocking et al., 2013; Kussin-Shoptaw et al., 2014)
- Trans individuals have extremely high rates of suicidal ideation and suicide attempts compared to other adult populations (31% versus 2%; Clements-Nolle et al., 2006)

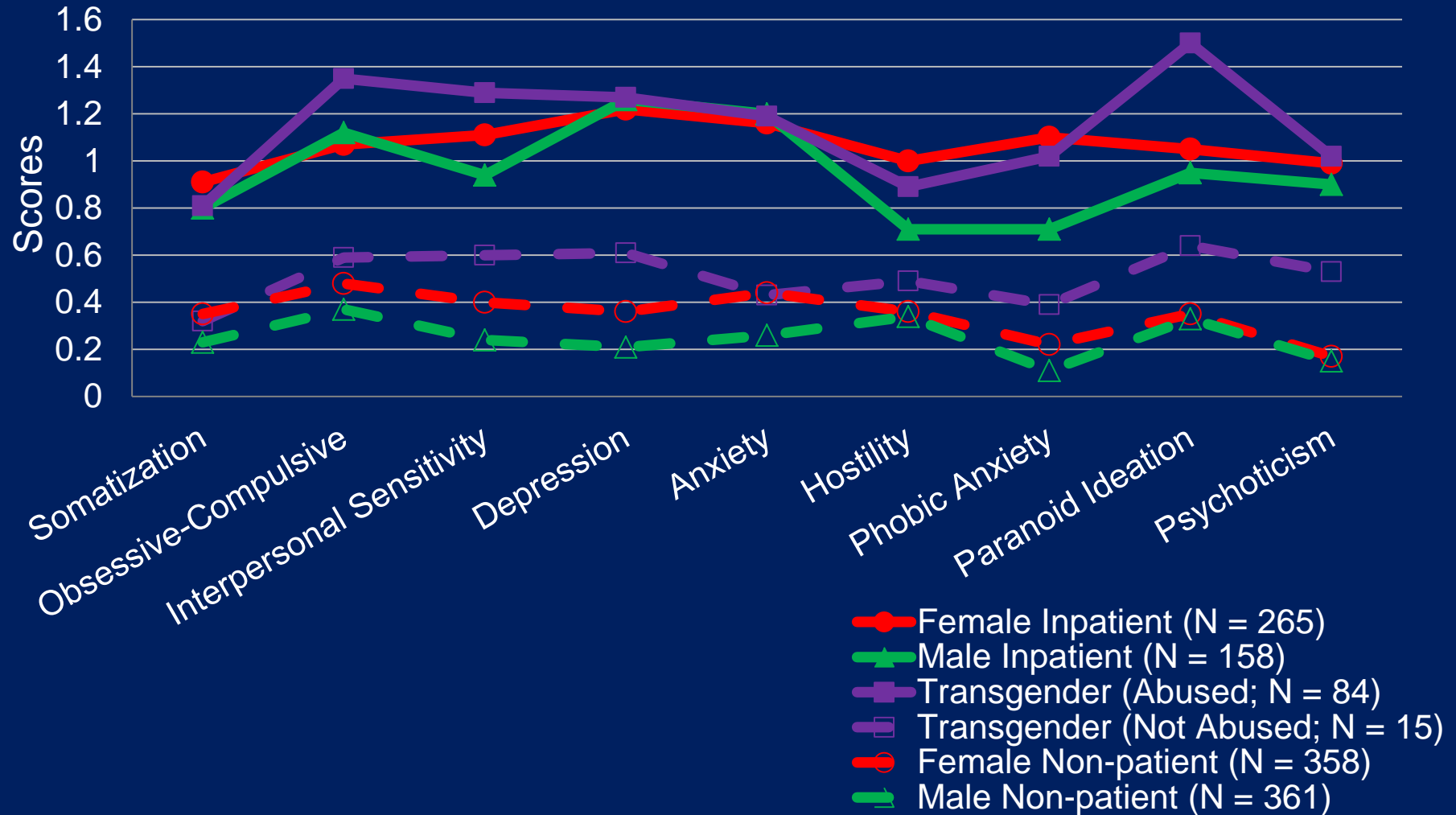
Psychological and Emotional Distress among Trans Women (N=99)

- Data collected from June 1, 2005 through July 31, 2015
- Comprehensive Risk Counseling Service baseline assessment form recorded data on:
 - Sociodemographic data (age, race/ethnicity, age, HIV status)
 - HIV drug and sexual risk behaviors
 - Symptoms of psychological and emotional distress
- Duplicates ID#s were deleted from database
- 99 unique baseline assessments

Kussin-Shoptaw, Fletcher, & Reback, American Psychological Association,
Washington, DC, August 2014

Kussin-Shoptaw, Fletcher, & Reback, National Transgender Health Summit,
Oakland, CA, April 2015

Symptoms of Psychological and Emotional Distress among Trans Women Compared to Adult Male and Female Samples



Health Care Utilization

- Only 30% to 40% of trans persons utilize any regular health care (Feldman & Bockting, 2003)
- Approximately half of all trans persons are without health insurance (Herbst et al., 2008), and in LAC 64% are without health insurance (Reback et al., 2001)
- Trans women routinely report discrimination and/or blatant verbal abuse while seeking standard and/or HIV health care (Grant et al., 2011)
- Diminished trust in one's provider decreases trans women decision to seek and/or adhere to standard and/or HIV health care (Sevelius, 2013)

Numerous Health Disparities

- Trans women face multiple co-factors that affect their risk of HIV acquisition and transmission
- Trans women had a disproportionate HIV disease burden
- Experience limited willingness or ability to access social/support services

- Elevated rates of discrimination and stigma (60.4% public settings), violence (42.9% physical, 20.6% forced sex/rape, 57.9% violence at home) (Grant 2011; Lombardi 2001; Sugano 2006; Reback et al., 2001)
- Discrimination or bias when seeking social services (40.6%)
- Limited access to health care (49.9% without health insurance, 30.5% refused medical care), employment (Grant 2011) and educational opportunities (Kosciw 2009)
 - ❖ A trans woman is twice as likely to be unemployed than a non-trans person (Grant 2011)
- Increased substance use (Sevelius et al., 2009; Operario et al., 2008; Nemoto et al., 2006; Reback et al., 2005)
- Survival sex work and sex exchange (Operario et al., 2008; Reback, 2005)
- Cycles of criminal justice system involvement (32.8% incarceration history)
- Poverty and homelessness (12.9%) (Sevelius et al., 2009)
- Unsafe needle protocols, specifically during illegal and unmonitored hormone use (Reback et al., 2005; Wallace & Rasmussen 2010)

Next Steps: What We Need To Do

- There are no evidence-based interventions designed specifically for trans women or trans men
 - Interventions that were designed for MSM or cisgender women or cisgender men are not equally effective when working with trans individuals
- Need effective behavioral interventions (yes, there is still a need for behavioral interventions) to provide prevention and support services (housing, mental health, employment, education) AND interventions for post-incarcerated trans women
- Need to develop effective behavioral interventions to break the cycle of hormone misuse, sex work, substance use, and incarceration for high-risk trans women
 - There needs to be specific interventions based on the varying needs of different sub-groups
- Need effective interventions to successfully link and retain HIV-positive trans persons, particularly trans women, into HIV medical care AND HIV-positive and HIV-negative trans persons into hepatitis and STI testing and treatment

More Next Steps

- Trans individuals need low or no cost medically monitored hormone therapy
 - If no cost hormone therapy was linked to HIV medical care, there would be very few HIV-positive trans persons out of care
- Need efficacy trials on PEP and PrEP for trans women and trans men
 - A subpopulation of 30 trans women were in a larger study on PrEP designed for MSM but that is insufficient
- Need longitudinal studies on disease prevalence and incidence among trans persons
 - Longitudinal studies can address associations between epidemiological data and health disparities
- Need increased visibility of trans individuals in professional and medical settings, and in social service agencies
 - Health care services must be informed and sensitive to medical, psychological and social/cultural issues related to gender transition and gender non-conformity

Poster Designed to Demonstrate Cultural Sensitivity and Gender Affirmation at HIV Medical Clinical

- Trans persons must feel included rather than excluded at clinics and services agencies
- Gender visibility and affirmation increases linkage and retention in care



A Brief Sociocultural Moment

- The sociocultural experience of being a trans person today is similar to that of being an overt gay/lesbian person in the 1960s – 1970s
- Society and culture is swiftly changing
- As a society we can and must (and I believe we will) evolve in our treatment, acceptance and understanding of trans persons
- Marriage equality today, gender equality tomorrow