

Health Disparities, Risk Behaviors and Healthcare Utilization among Transgender Women in Los Angeles County: A Comparison from 1998-1999 to 2015-2016

Cathy J. Reback, Ph.D.

Friends Research Institute, Inc.
Center for HIV Identification, Prevention and Treatment Services (UCLA CHIPTS),
UCLA David Geffen School of Medicine
Department of Family Medicine
University of California, Los Angeles

Presented to the Los Angeles County Commission on HIV
Los Angeles, California, July 12, 2018.

Collaborators

Study 1:

Paul A. Simon, M.D., M.P.H.

Cathleen C. Bemis, M.S.

Bobby Gatson

Los Angeles County Department of Public Health

Study 2:

Jesse B. Fletcher, Ph.D.

Friends Research Institute

Kirsty A. Clark, M.P.H.

Ian W. Holloway, Ph.D.

University of California Los Angeles

Acknowledgments

Research Assistants

Study 1:

Talia Bettcher, Ph.D.,
Jordan Blaza
Liz Gonzalez

Study 2:

Prudence Mendiola
Alvy Rangel

...And we acknowledge and thank the Los Angeles trans/
gender non-binary/non-conforming communities for their support of both studies.

Study 1 was supported by the California HIV/AIDS Programs (formerly University of California Universitywide AIDS Research Program), grant #PC97-LAC-012L. Study 2 was supported by the National Institute on Drug Abuse, grant #R21DA037816.

Background

- Trans women face numerous adverse health disparities in comparison to cisgender individuals:
 - ✓ Higher rates of substance use
 - ✓ Higher HIV and STI prevalence and incidence rates
 - ✓ Higher HIV sexual risk behaviors
 - ✓ Higher rates of mental health disorders including depression, anxiety and suicidality
- Due to structural barriers (i.e., law and policies) and interpersonal stigmatization (everyday episodes of prejudice, harassment, abuse, discrimination), trans women experience:
 - ✓ Higher rates of unemployment
 - ✓ Higher rates of housing insecurity
 - ✓ Lower income
 - ✓ Lower educational attainment
- All of the above, are predictors of poor health

Background (cont'd)

- The cyclical nature of health disparities:
 - ✓ Prejudice, harassment, abuse, discrimination → forced out of legitimate economies, education, housing → exchange sex, sex work, transactional sex to survive → increased risk for HIV, STIs, violence, incarceration → numerous adverse health disparities
- No study has investigated how these health disparities and determinants have improved or worsened over time
 - ✓ While there have been extensive efforts in the past decade to increase health research and implement tailored interventions for trans women, the impact of these efforts remains unclear without data from comparison studies across time

A Comparison from 1998-1999 to 2015-2016:

Objective:

This is the first study to compare trans women's health disparities, HIV prevalence rates, HIV risk behaviors, substance use, healthcare utilization, and experiences of discrimination over two distal time points

Aim:

To understand how trans women's health disparities in LAC have improved or worsened across multiple categories over time, so as to better inform health interventions focused on the unmet needs of trans women

Methods

- Data from two studies of trans women in Los Angeles County that used the same methodology, same survey assessment, same Investigator
 - ✓ Study 1: 1998-1999, N=244
 - ✓ Study 2: 2015-2016, N=271
- Recruitment
 - ✓ Street- and venue-based outreach and from collaborating CBOs
- Baseline assessment only, no follow-up assessment
 - ✓ Study 1: Paper assessment
 - ✓ Study 2: Audio Computer-Assisted Self-Interview (ACASI)
- Compensation:
 - ✓ Study 1: \$15
 - ✓ Study 2: \$50
- All research assistants identified as trans women
- *Los Angeles Transgender Health Survey* (Reback et al., 2001)
 - ✓ 7 modules including sociodemographics, healthcare access, medical history

Study Eligibility

- Recruitment goal was to enroll moderate- and high-risk trans women to assess risk and protective behaviors
- Study 1:
 - ✓ 18 years of age or older
 - ✓ Lived in LAC
 - ✓ Identified as a trans woman
 - ✓ Assigned biological sex of male sex at birth
- Study 2:
 - ✓ 18 years of age or older
 - ✓ Lived in LAC
 - ✓ Identified as a trans woman or any term along the trans feminine spectrum
 - ✓ Assigned biological sex of male sex at birth
 - ✓ Use of alcohol (any amount) or an illicit substance (including non-medically prescribed marijuana) or unprotected anal intercourse (either insertive or receptive) in the past 6 months

Results



Sociodemographics

		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
Age	18-29	132	(54.1%)	109	(40.2%)	39.8 (<.0001)
	30-39	85	(34.8%)	68	(25.1%)	
	40+	27	(11.1%)	94	(34.7%)	
Racial/ Ethnic Identity	Hispanic/Latina	120	(49.2%)	114	(42.1%)	47.2 (<.0001)
	African-American/Black	17	(7.0%)	82	(30.3%)	
	Non-Black/Non-Hispanic	107	(43.9%)	75	(27.7%)	
Sexual Identity	Heterosexual/Straight	187	(76.6%)	199	(73.7%)	0.72 (0.869)
	Homosexual/Gay/Lesbian	22	(15.3%)	28	(10.4%)	
	Bisexual	14	(5.7%)	17	(6.3%)	
	Other/Don't Know/Refused	21	(8.6%)	27	(9.9%)	

Sociodemographics (cont'd)

		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
Education Level	Less than High School/GED	114	(46.7%)	99	(36.5%)	15.9 (.0003)
	High School/GED	54	(22.1%)	104	(38.4%)	
	Greater than High School/GED	76	(31.1%)	68	(25.1%)	
Income (past 30 days)	< \$1,000	122	(50.0%)	211	(83.7%)	65.8 (<.0001)
	\$1,000-\$2,999	98	(40.2%)	28	(11.1%)	
	> \$3,000	24	(9.8%)	13	(5.2%)	

Structural Health Determinants

		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
Housing Status	Not Homeless	234	(95.9%)	231	(85.2%)	16.7 (<.0001)
	Homeless	10	(4.1%)	40	(14.8%)	
Healthcare Insurance	Has Health Insurance	85	(34.8%)	209	(77.1%)	102.9 (<.0001)
	Does not Have Health Insurance	156	(63.9%)	54	(19.9%)	
	Unknown Refused	3	(1.2%)	8	(3.0%)	
Type of Healthcare Insurance	Medical/Medicare/Medicaid	43	(17.6%)	153	(56.5%)	29.2 (<.0001)
	Private/Employer/HMO	42	(17.2%)	33	(12.2%)	

HIV and STI Prevalence

		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
HIV Status	HIV Negative	189	(77.5%)	159	(58.7%)	26.2 (<.0001)
	HIV Positive	54	(22.1%)	96	(35.4%)	
	Unknown/Refused	1	(0.04%)	16	(5.9%)	
STI History (Lifetime) ^a	Gonorrhea	32	(13.1%)	65	(24.0%)	14.3 (.0063)
	Syphilis	29	(11.9%)	71	(26.3%)	
	Chlamydia	5	(2.0%)	48	(17.7%)	
	Genital/Rectal Warts	17	(7.0%)	25	(9.2%)	
	Genital Herpes	10	(4.1%)	16	(5.9%)	

^aMultiple/responses possible

HIV Sexual Risk Behaviors

		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
Condomless Anal Sex^a	With Main Partner(s)	68	(27.9%)	87	(32.1%)	2.4 (.306)
	With Casual Partner(s)	48	(19.6%)	89	(32.8%)	
	With Exchange Partner(s)	34	(13.9%)	51	(18.8%)	
	Any	115	(47.1%)	151	(55.7%)	
Sex Work as Main Source of Income (past 6 months)	Sex Work as Main Source of Income	121	(49.6%)	98	(36.2%)	9.5 (.002)
	Sex Work NOT Main Source of Income	131	(50.4%)	173	(63.8%)	

^aMultiple/responses possible

Substance Use

		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
Substance Use (past 6 months)^a	Alcohol	188	(77.1%)	109	(40.2%)	54.1 (<.0001)
	Cannabis/Marijuana	95	(38.9%)	147	(54.2%)	
	Methamphetamine	68	(27.9%)	74	(27.3%)	
	Cocaine	61	(25.0%)	27	(10.0%)	
	Crack	37	(15.2%)	11	(4.1%)	
	Poppers	24	(9.8%)	14	(5.2%)	
	Ecstasy	17	(7.0%)	19	(7.0%)	

^aMultiple/responses possible

Gender Confirmation Procedures

		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
Hormone Use (past 6 months)	Non-prescribed	88	(36.1%)	27	(9.9%)	64.3 (<.0001)
	Prescribed/Medically Monitored	54	(22.1%)	132	(48.7%)	
Gender Confirmation Surgery^a	Breast Augmentation	49	(20.0%)	32	(11.8%)	9.1 (.029)
	Rhinoplasty	44	(18.0%)	17	(6.3%)	
	Other Facial Surgery	15	(6.1%)	8	(3.0%)	
	Genital Reconstruction (Vaginoplasty)	7	(2.9%)	13	(4.8%)	

^aMultiple/responses possible

Perceived Discrimination and Abuse

		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
Perceived Discrimination (Lifetime)^a	Job (hiring)	115	(47.1%)	174	(64.2%)	1.5 (0.819)
	Job (fired)	71	(29.1%)	109	(40.2%)	
	Housing	73	(29.9%)	115	(42.4%)	
	Health services	32	(13.1%)	58	(21.4%)	
	HIV prevention services	10	(4.1%)	23	(8.5%)	
Abuse/ Harassment (Lifetime)^a	Verbal	195	(79.9%)	210	(77.5%)	1.9 (0.169)
	Physical	115	(47.1%)	154	(56.8%)	

^aMultiple/responses possible

Conclusions

- Improved Determinants of Health from Study 1 to Study 2
 - ✓ Healthcare Insurance
 - ✓ Healthcare access / utilization
 - ✓ Nearly half (49%) in Study 2 reported access to prescribed or medically monitored hormones compared to one-fifth (22%) of Study 1
 - ✓ Non-prescribed / non-medically monitored hormone use, including injectable hormones and “fillers,” decreased from over one-third (36%) in Study 1 to approximately one-in-ten (10%) in Study 2
 - ✓ Fewer participants reported sex work as a main source of income

Conclusions (cont'd)

- Worsened Determinants of Health from Study 1 to Study 2
 - ✓ Homelessness / housing insecurity; three-fold increase from 4% in Study 1 to 15% in Study 2
 - ✓ Income; 50% reported a monthly income of less than \$1,000 in Study 1 and 84% in Study 2
 - ✓ Elevated rates of receptive condomless anal intercourse with every partner type including main partner(s), casual partner(s), and exchange partner(s)
 - ✓ Methamphetamine use remained high and stable
 - ✓ Similar or higher rates of discrimination, harassment and abuse in every category surveyed
 - ✓ Increased lifetime STI prevalence rate for every STI surveyed
 - ✓ HIV prevalence rate from 22% in Study 1 to 35% in Study 2

Conclusions (cont'd)

- Findings shed light on the numerous issues still faced by trans women 17 years after the initial study
- These findings highlight that trans women continue to face substantial barriers to achieving optimum or even satisfactory health outcomes
- To improve trans women's healthcare outcomes, public health professionals must be trained and culturally responsive, and implement health-related interventions that are specifically tailored to address the immense structural and interpersonal barriers faced by trans women
- Despite identifying trans women as a funding priority and increased funding efforts, HIV, STIs, and sexual risk behaviors are all highly prevalent and difficult to prevent
- HIV and STI prevention efforts targeting trans women must take into account the numerous structural barriers faced by the population, and ensure that HIV and STI prevention efforts consider and target these barriers

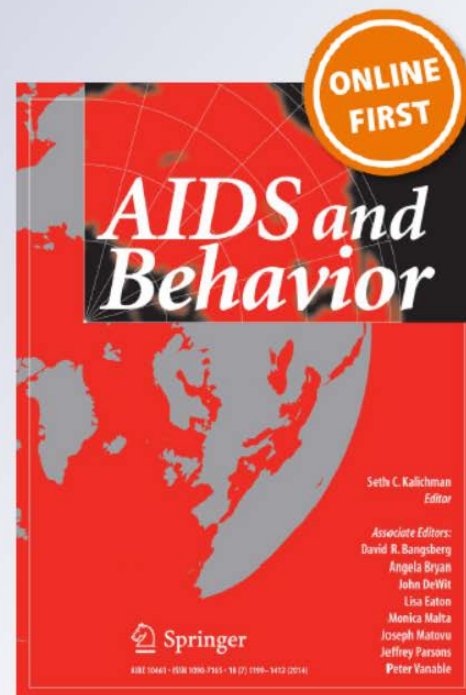
*Health Disparities, Risk Behaviors and
Healthcare Utilization Among Transgender
Women in Los Angeles County: A
Comparison from 1998–1999 to 2015–2016*

**Cathy J. Reback, Kirsty Clark, Ian
W. Holloway & Jesse B. Fletcher**

AIDS and Behavior

ISSN 1090-7165

AIDS Behav
DOI 10.1007/s10461-018-2165-7



Thank you!

Cathy Reback

reback@friendsresearch.org