

HIV Prevention and Care among Transgender People of Color



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Pronouns: She/Her/Hers

Disclosures

- Research grants
 - ViiV Healthcare
 - Gilead Sciences

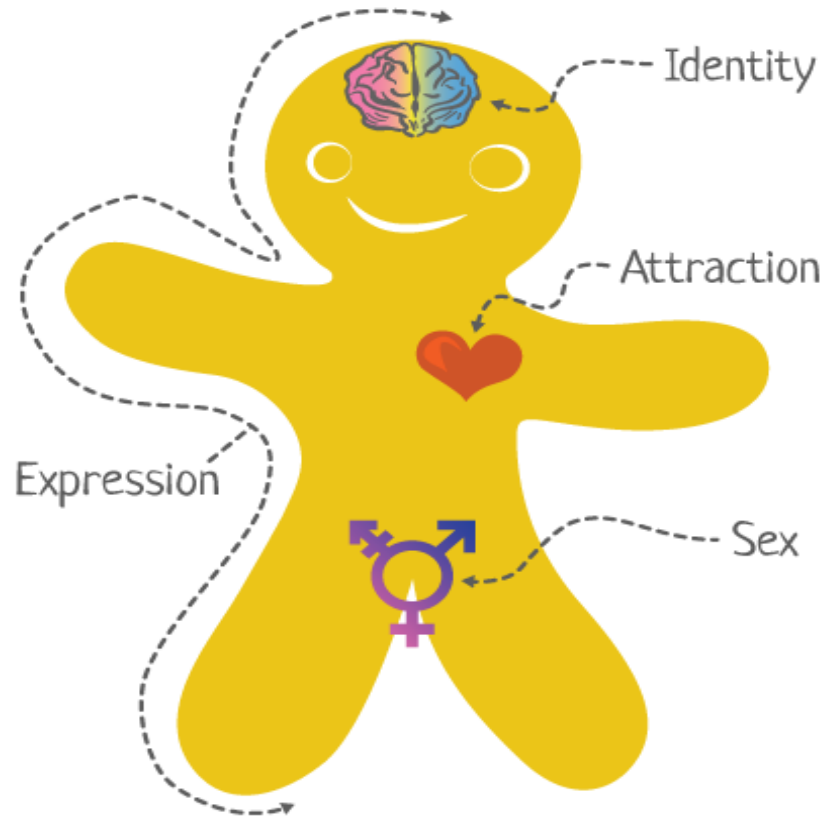
Polling Question

Jolene is a patient at your practice who requires a referral to another agency for services. She has asked that you to let them know about her gender identity before her visit. Of the following choices, which is the best way to communicate this information:

1. “Jolene used to be a man”
2. “Jolene is man who identifies as a woman”
3. “Jolene is a woman who is transgender”
4. “Jolene is a transgender”

Terminology and Population Size

The Genderbread Person v3.2 by its pronounced METROsexual.com



TRANSGENDER PEOPLE CAN HAVE ANY SEXUAL ORIENTATION

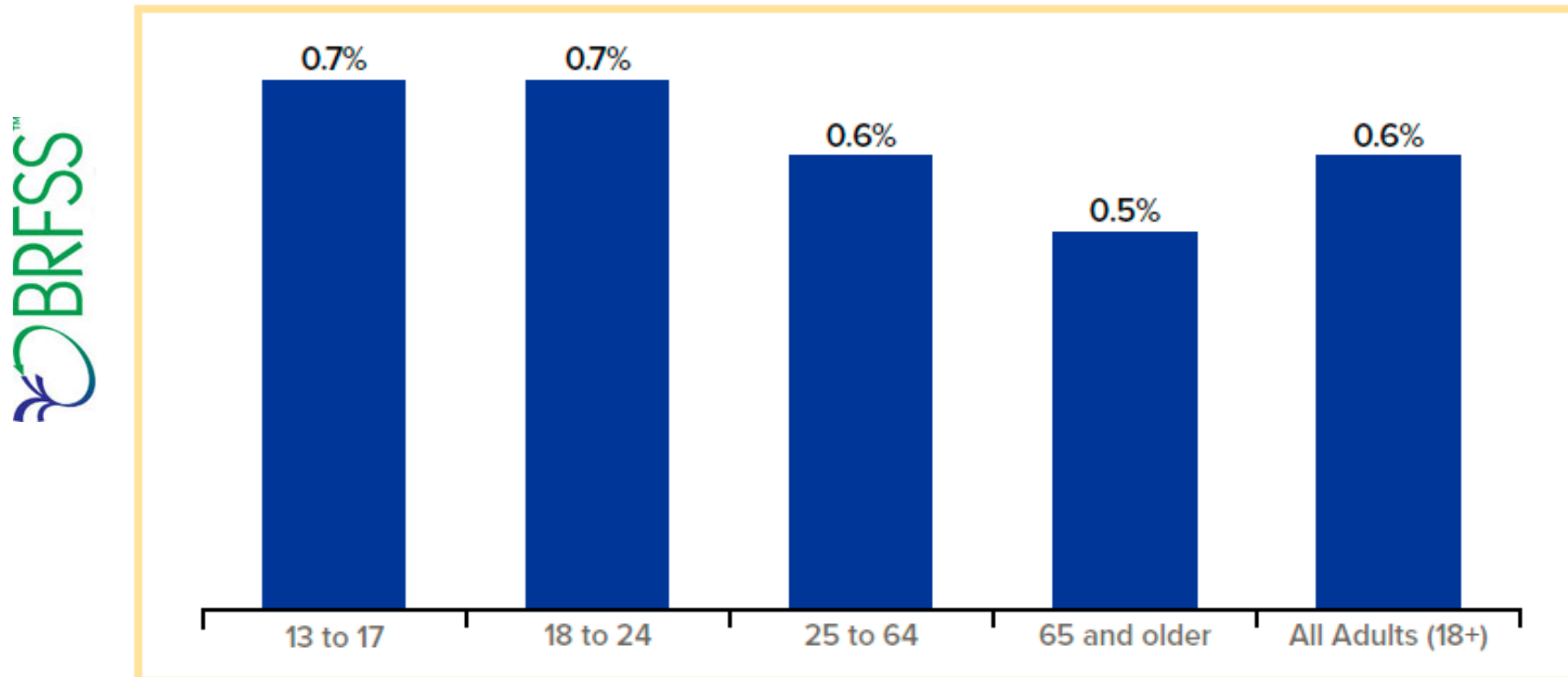


Broad gender identity categories

- **Transgender (trans):** adjective to describe people whose gender identity differs from assigned birth sex (**ASAB/AFAB/AMAB**)
 - ▣ Trans women – current female/feminine identity
 - ▣ Trans men – current male/masculine identity
- **Gender non-binary (expansive):** adjective to describe people who identify outside of male/female binaries.
- **Cisgender (cis):** adjective to describe people whose gender aligns with their birth-assigned sex (eg. birth certificate)

U.S. Transgender Population Size Estimates

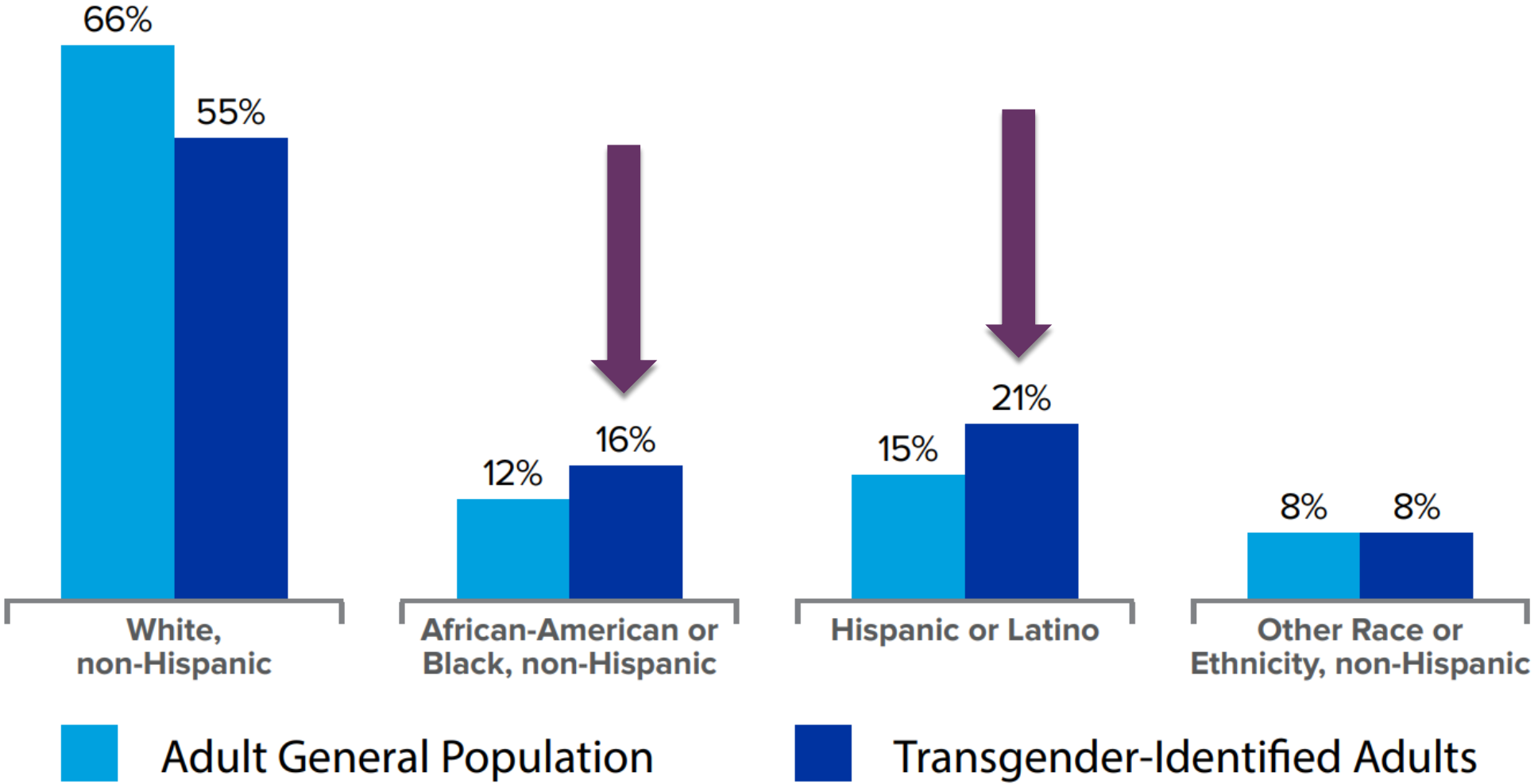
Figure 1. Percentage of Individuals Who Identify as Transgender by Age



1.4 million transgender people in United States

95%CI: 0.36 – 0.95% [854,066 – 2,293,511]

Figure 1. Estimated Percentage of the Population by Race and Ethnicity for the Adult General Population and Transgender-Identified Adults





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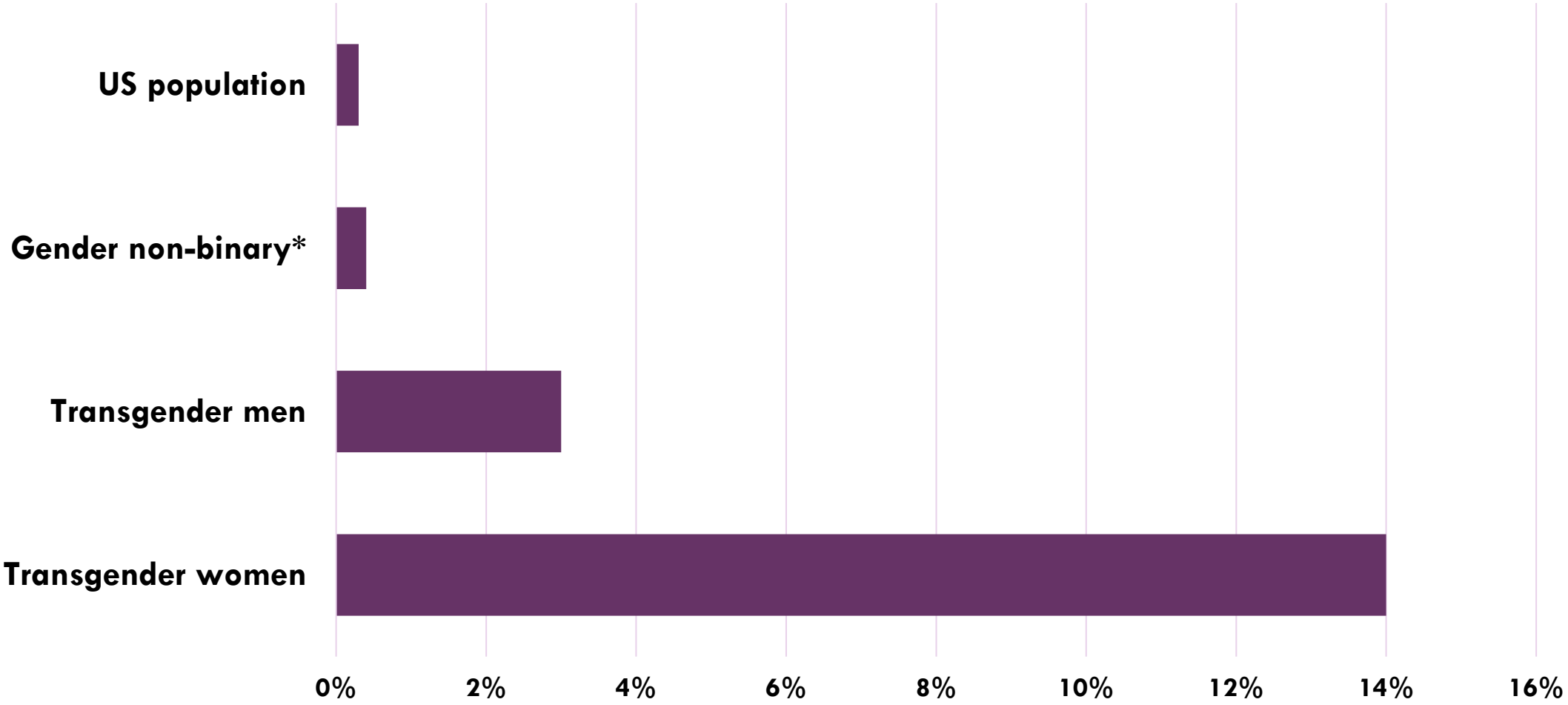
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HIV Burden



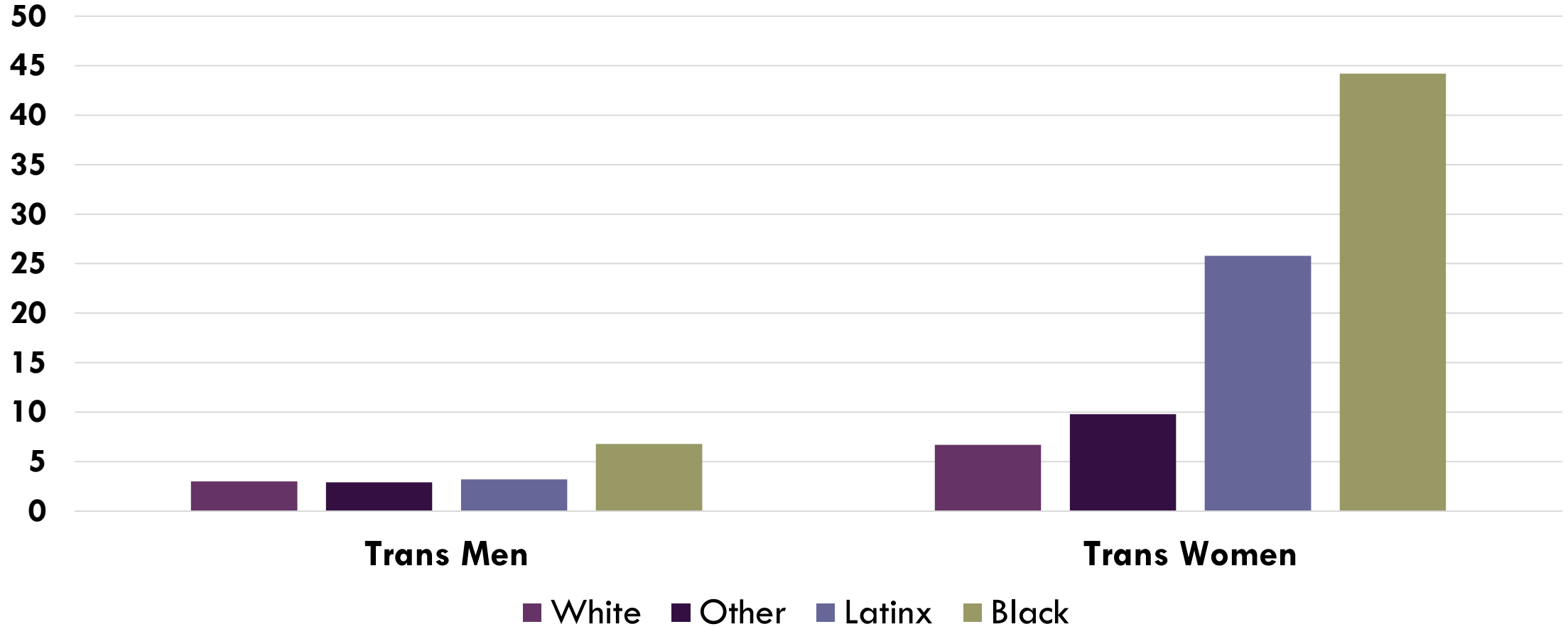
HIV Prevalence by Gender



*USTS 2015 (self report)
Becasen et al. 2019 (lab confirmed)



HIV Prevalence by Race & Gender



Radix, Abstract 0881, CROI 2020
Becasen et al. 2019 (lab confirmed)

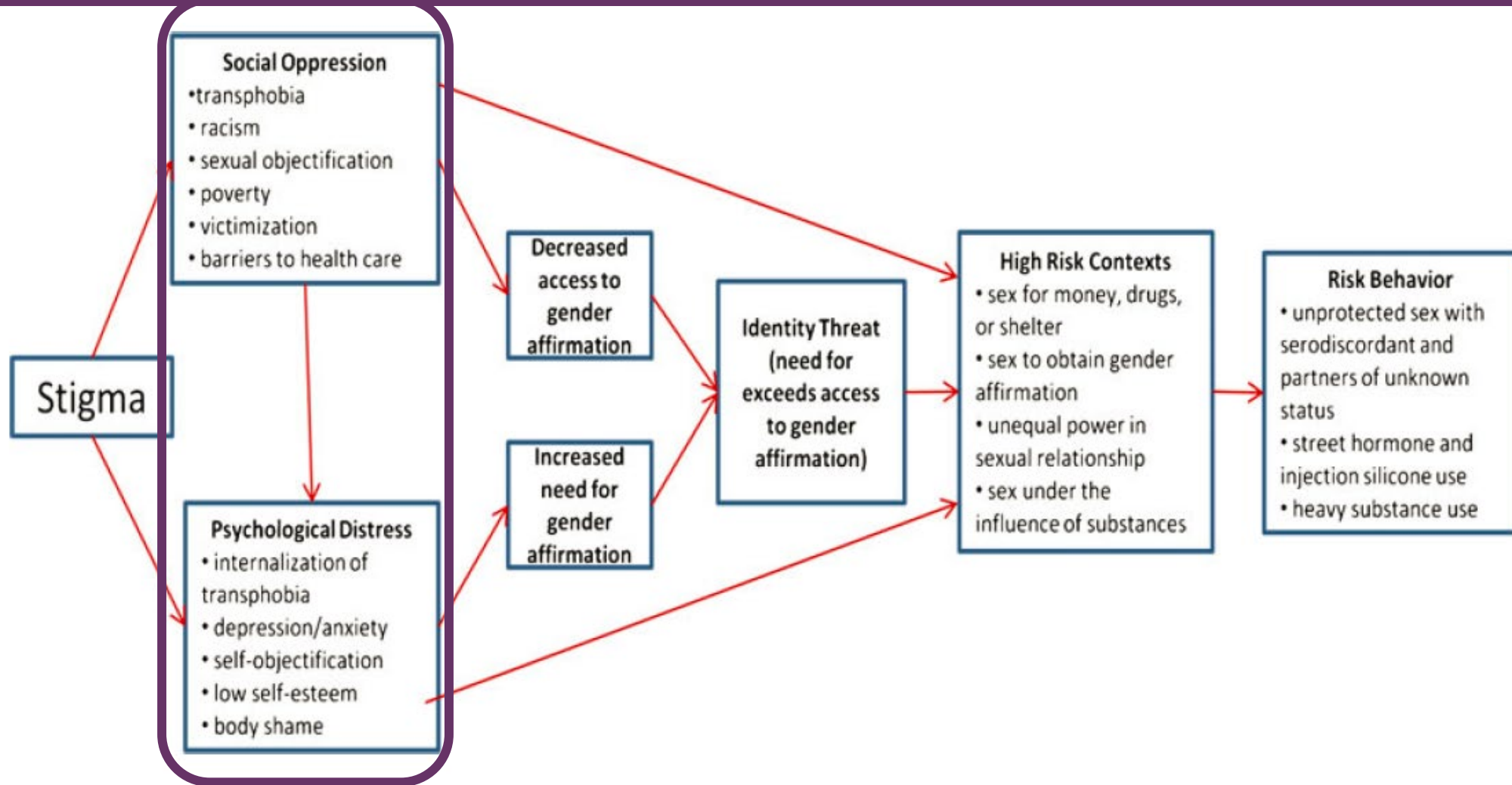
Polling Question

Which of the following statements are true?

1. Transgender people are more likely to live in poverty than cisgender people
2. Transgender people rarely have a negative experience with healthcare
3. Transgender people prioritize HIV care
4. Healthcare providers are routinely trained on gender-affirming care

Barriers & Facilitators

Gender Affirmation Framework





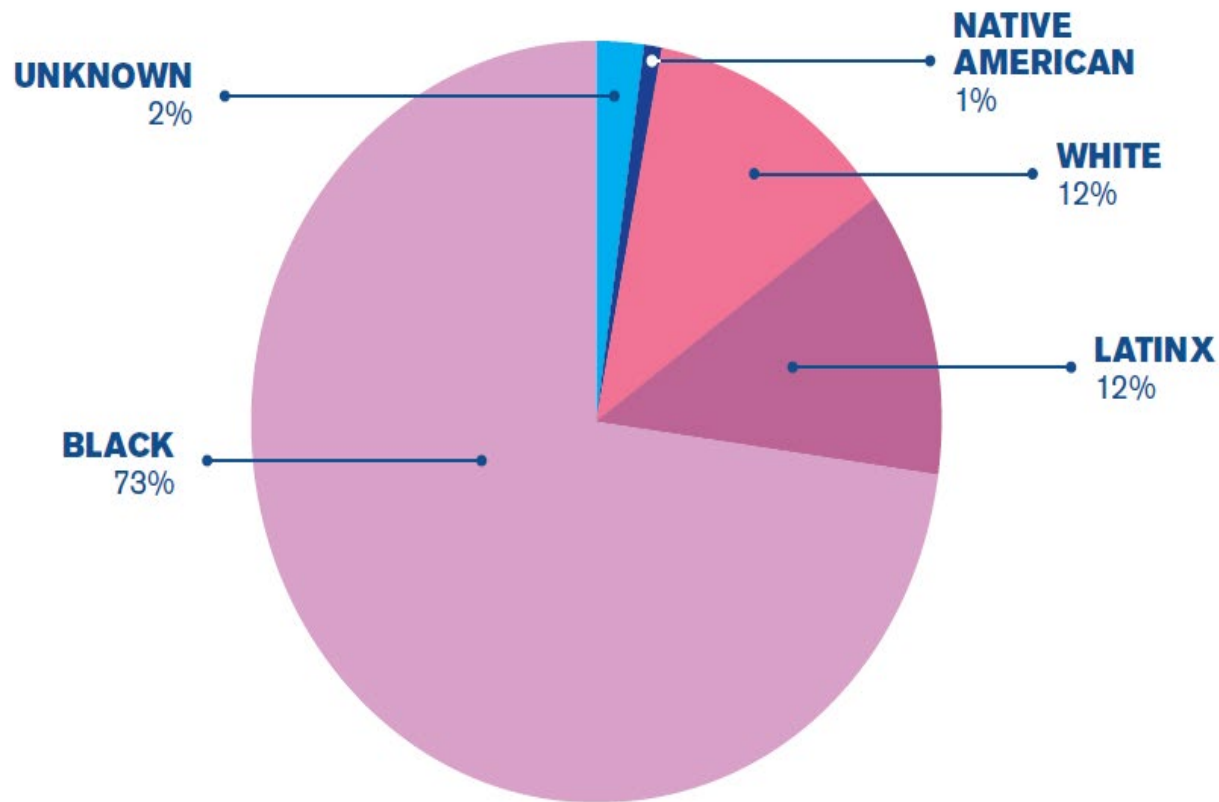
□ Discrimination/Mistreatment

- 75% of those perceived as transgender **K-12** were mistreated, eg. harassed (54%), attacked (19%), sexually assaulted (11%)
- 32% of those who held or applied for a **job** that year were fired, denied a promotion, or not hired because of their gender
- 22% **housing** discrimination in past year (eviction or denial)
- 8% denied **restrooms**, 32% limited food and drink to avoid restrooms

□ Social/Economic Circumstances

- 15% unemployment (v. 5% U.S. overall)
- 29% living in poverty (v. 12% U.S. overall)
- 46% serious psychological distress in the month before the survey

Anti-Transgender Violence




Of known victims since 2013:
78% trans women of color
66% Black trans women

Transforming the Carolinas (N=94)

BIPOC COMMUNITY PRIORITIES



1. Preventing violence harassment and bullying
2. Access to gender transition related care
3. Access to safe affordable housing
4. Making it easier to change gender on identity documents
5. Access to employment

2018 Southern Trans Health Focus Group



**THE REPORT OF THE
2018 SOUTHERN
TRANS HEALTH FOCUS
GROUP PROJECT**

Southern LGBTQ Health Initiative
A Partnership of the Campaign for Southern Equality
& Western NC Community Health Services
Asheville, North Carolina



- 4 focus groups, n=48, in NC, SC, AL, AR, MS, TN
- Themes: Healthcare Experiences
 - Access
 - Consistency
 - **Mistreatment**
 - **Lack of provider knowledge**
 - **Normative gender assumptions**
 - **Mistrust**
 - Intersections: SES, age, racism, mental health, religion, rurality
- Themes: Coping and Resilience
 - Peer support
 - Community organizations



Negative Experiences in Healthcare

Had to teach their provider about transgender people	24%
Asked unnecessary or invasive questions about transgender status	15%
Refused transition related care	8%
Verbally harassed in healthcare setting	6%
Refused non-transition related care	3%
Provider physically rough or abusive	2%
Physically attacked by someone during visit	1%
Sexually assaulted in a health care setting	1%
One or more experiences listed	33%

Most providers want to provide quality care



Primary Care Clinicians' Willingness to Care for Transgender Patients



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Kim D. Jaffee, PhD, MSW⁴ and Michael R. Woodford, PhD, MSW⁵

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Primary care providers' role in transgender healthcare

Diane Bruessow, MPAS, PA-C, DFAAPA; Tonia Poteat, PhD, MPH, PA-C



Many providers feel unprepared to do so



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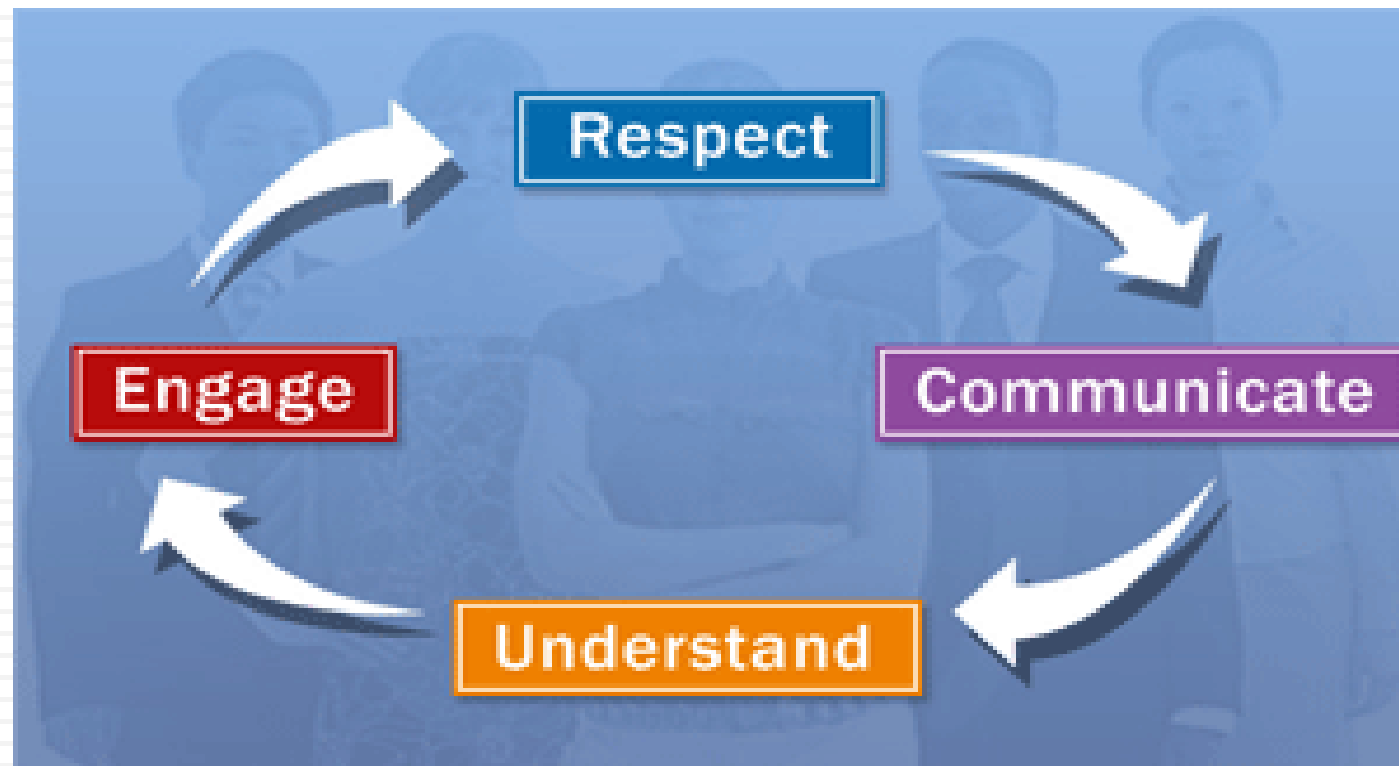


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Strategies



It takes a lot just to make an appointment

CC schedules an appointment



C.C. keeps her appointment

- She completes intake form with **sex as male, no place to put gender**
- She puts **her legal name, Charles**, there is not place for preferred name
- While waiting, she goes to the women's restroom
- Another patient reports to staff that a **man is using the women's room**
- C.C. exits the restroom and sits in the waiting area
- **A medical assistant appears with a chart and calls for Charles**
- C.C. does not respond and the MA calls again for Charles
- C.C. gets up and goes with the MA to the exam room
- The patient who had reported a man in the women's room **laughs**

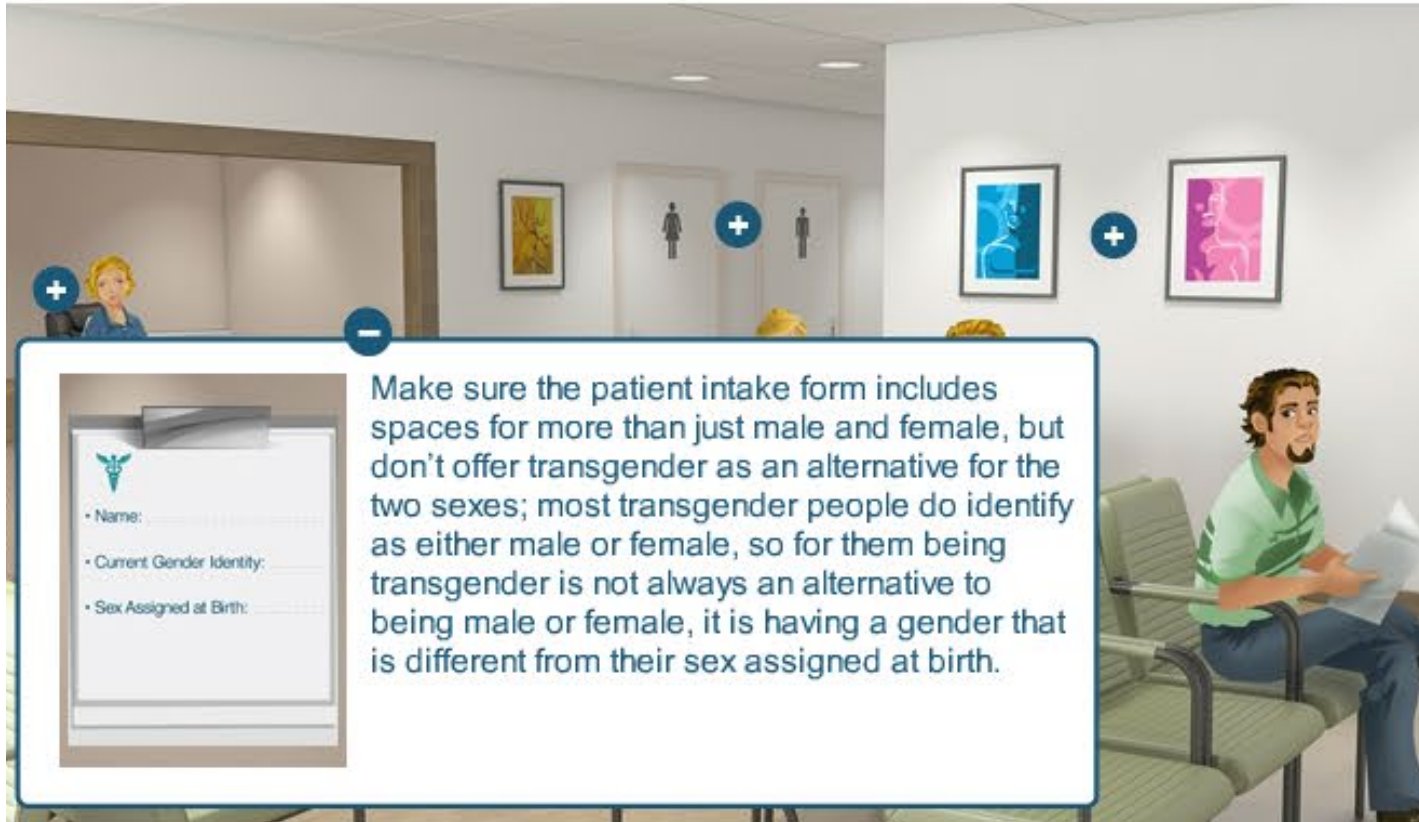
What could have gone better so far?



Forms that separate sex and gender



Forms that include chosen name and pronouns



1. What is your current gender identity?

- Male
- Female
- Transgender Male/Trans man
- Transgender Female/Trans woman
- Gender non-binary
- Additional Identity: _____
- Decline to answer

2. What sex were you assigned at birth?

- Male
- Female

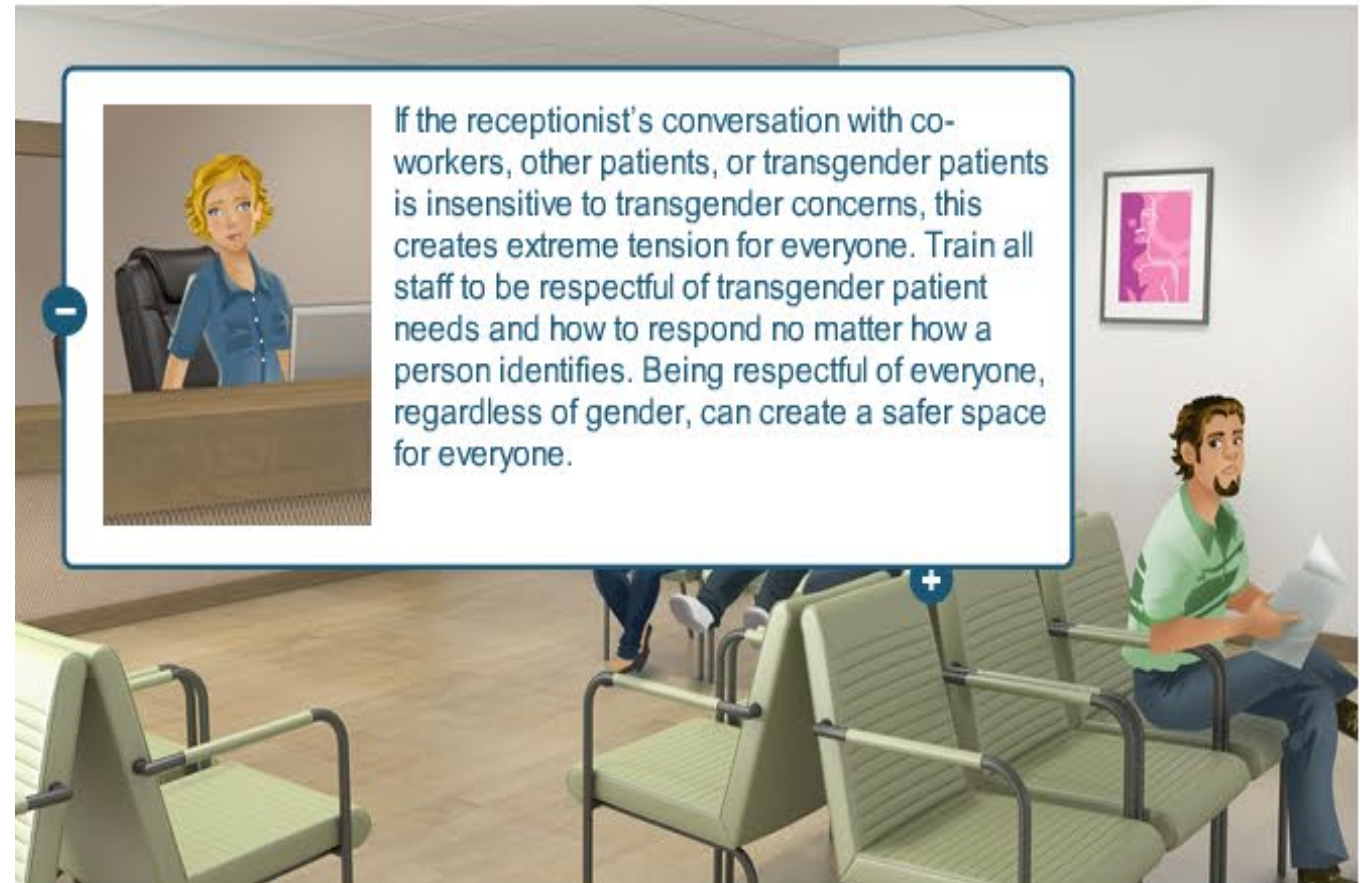
3. What pronouns do you use?

- He/Him/His
- She/Her/Hers
- They/Them/Theirs
- Another pronoun: _____

4. What is the name do you use?:

Train staff to use chosen name and pronouns

- Avoid Ma'am, Sir, Mr/Mrs/Ms unless sure
- Use gender neutral forms of address when unsure
- Review name/pronoun before speaking with the patient



Consequences

33

- ❑ Feels humiliating and disrespectful
- ❑ Damages your rapport
- ❑ Can “out” someone and make them emotionally/physically unsafe
- ❑ Can contribute to someone being so uncomfortable they do not get the care they need

“I was consistently misnamed and misgendered throughout my hospital stay. I passed a kidney stone during that visit. On the standard 1–10 pain scale, that’s somewhere around a 9. But not having my identity respected, that hurt far more.”

-USTS 2015

**Names and Pronouns are a
Really BIG DEAL**

Consequences

34

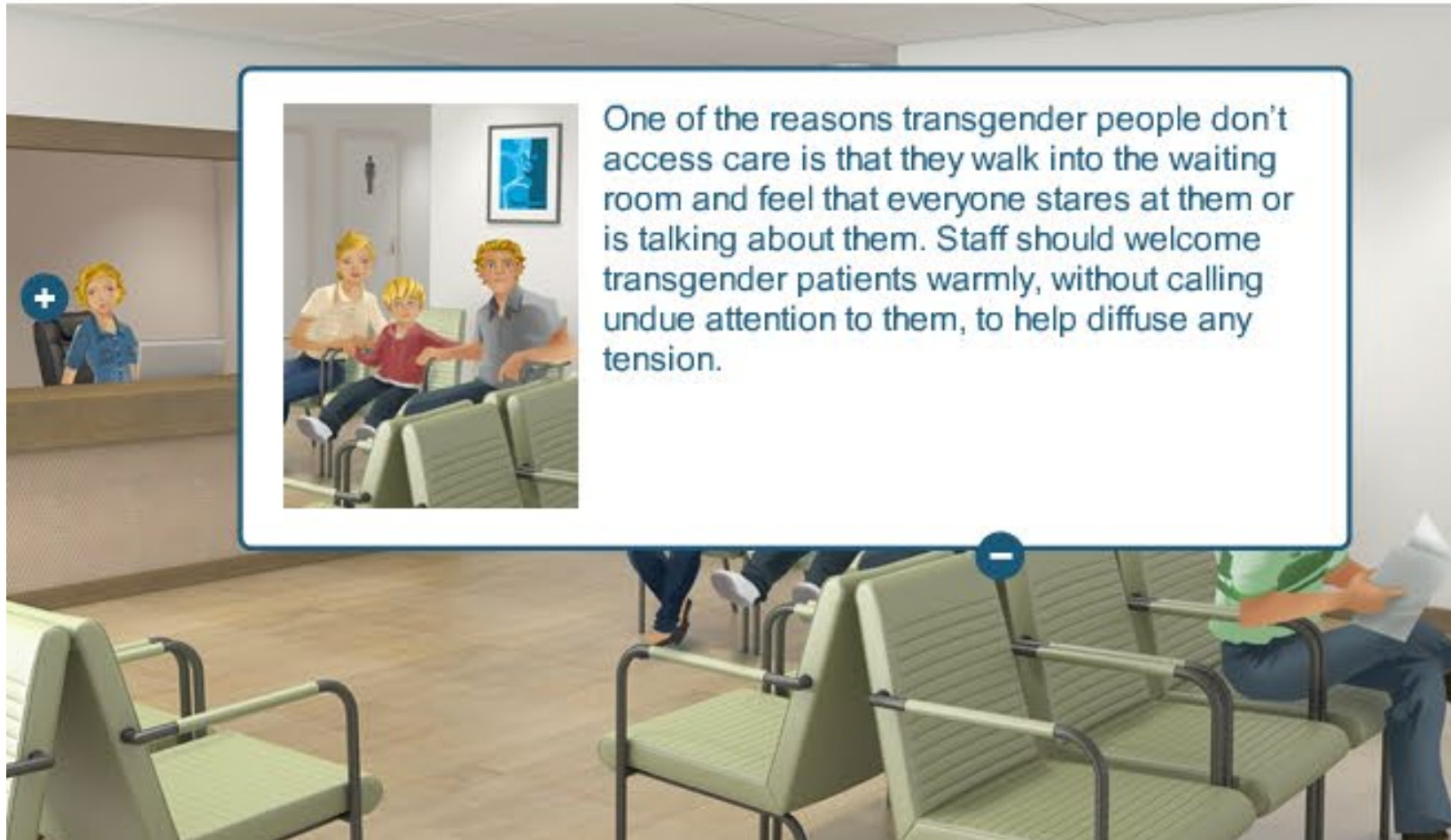
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**When you make a mistake –
apologize and move on.**

All gender restrooms/single stall restrooms
Inclusive visuals (posted statements)
Acknowledge limitations (and work to improve)



C.C. sees the provider



A Potential Introduction:

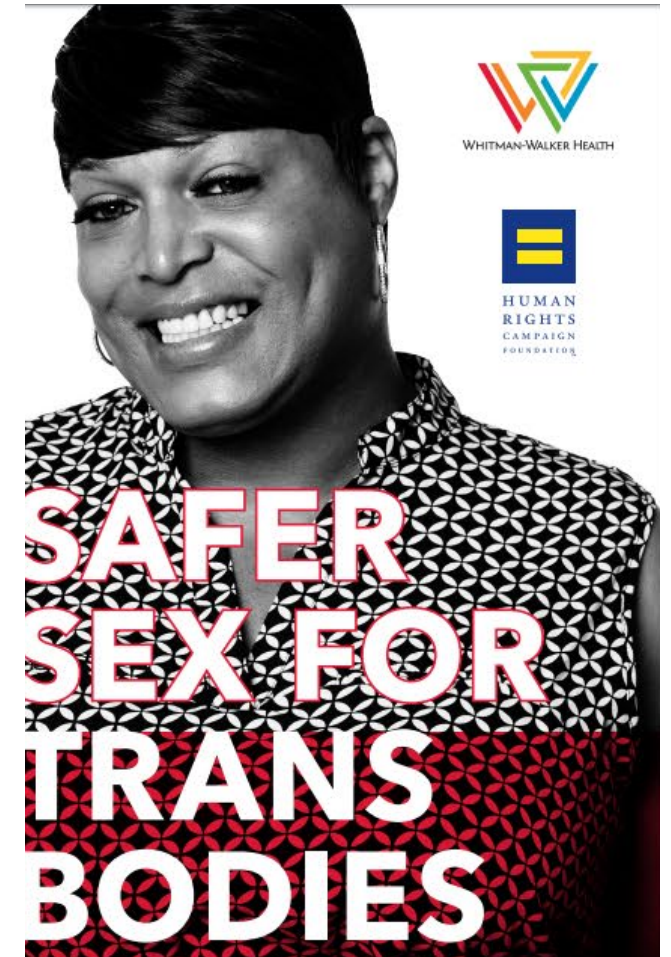
“Hello, My name is Dr. Poteat. I use she and her pronouns.”

“What name would you like me to call you?”

“What pronoun would you like me to use?”

Trans-Inclusive Sexual History

- **Tell me about your recent sexual relationships.**
 - ▣ How many partners have you had in last 3 months?
 - ▣ What are the genders of your partners?
- **What kinds of sex are you having?**
 - ▣ Which behaviors might expose you to others fluids?
 - ▣ Which behaviors might expose others to your fluids?
 - ▣ How do you protect yourself? (Your partners?)
 - ▣ How often do you use barriers? Tell me about the times that you don't use barriers. Tell about the times you do.
- **What words should I use for your body parts?**



Gender Inclusive Language

Gendered	Less Gendered
Vulva	External pelvic area
Penis, testicles	Outer parts
Labia or “lips”	Outer folds
Vagina	Genital opening, frontal opening, internal canal
Uterus, ovaries	Internal organs
Prostate	Internal parts
Breasts**	Chest
Pap smear, prostate exam	Cancer screening, HPV screening
Bra/panties/briefs	Underwear
Pads/Tampons	Absorbent product
Period/menstruation	Bleeding

EXAMPLE GENDER NEUTRAL STATEMENT:

“We ask this of everyone with a uterus”

Organ Inventory


Organ Inventory

Organs the patient currently has:


 breasts cervix ovaries uterus vagina penis prostate testes

Organs present at birth or expected at birth to develop:


same as current organs

 breasts cervix ovaries uterus vagina penis prostate testes

Organs hormonally enhanced or developed:

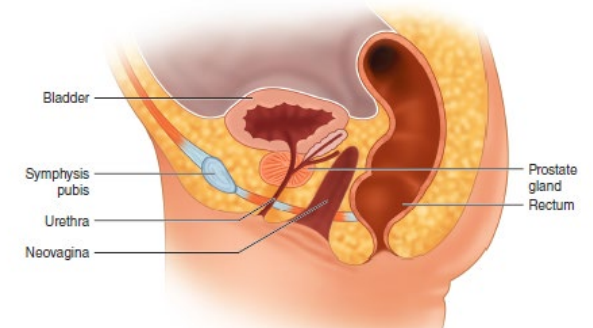
 breasts

Organs surgically enhanced or constructed:

 breasts vagina penis

Sensitive Physical Exam

- **Review organ inventory prior to exam**
 - Identify, screen and treat the body parts that are present
 - Eg. Prostate glands are not removed during vaginoplasty
 - Eg. Vaginas can be retained after metoidioplasty
- **Anticipate previous negative experiences**
 - History of sexual abuse and trauma is common
 - Developing **trust and rapport** may take longer than usual
 - Be consistent with correct pronouns, names, gender markers
 - Use principles of **trauma-informed** care
 - Power lies with the patient
 - Seek permission for all parts of the exam (no surprise touches)
 - Creative collaboration



Polling Question

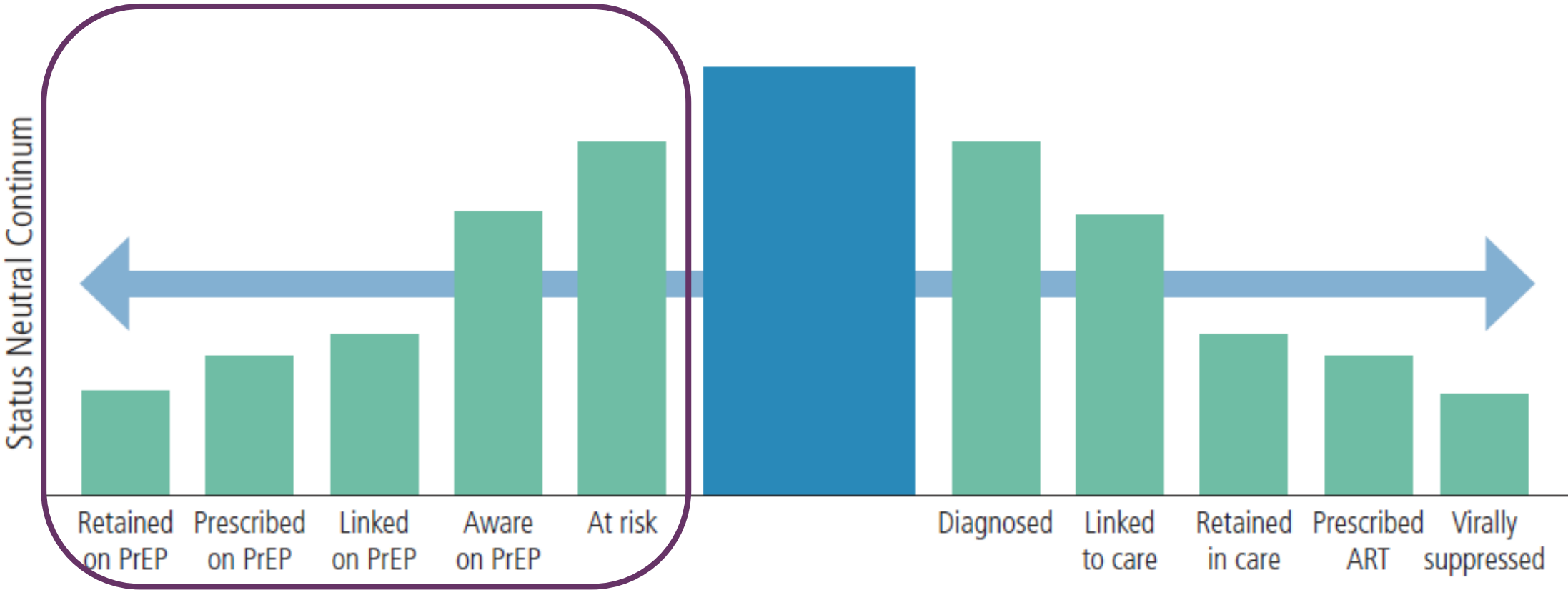
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PrEP and ART

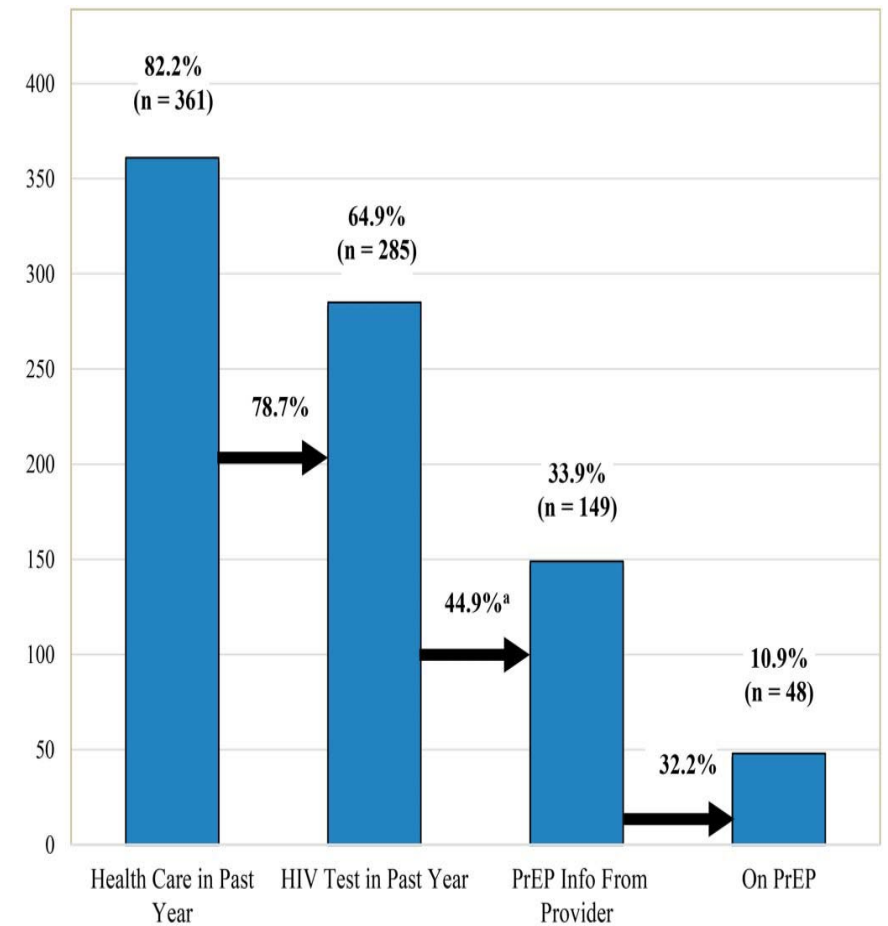


HIV Prevention and Care Continuum



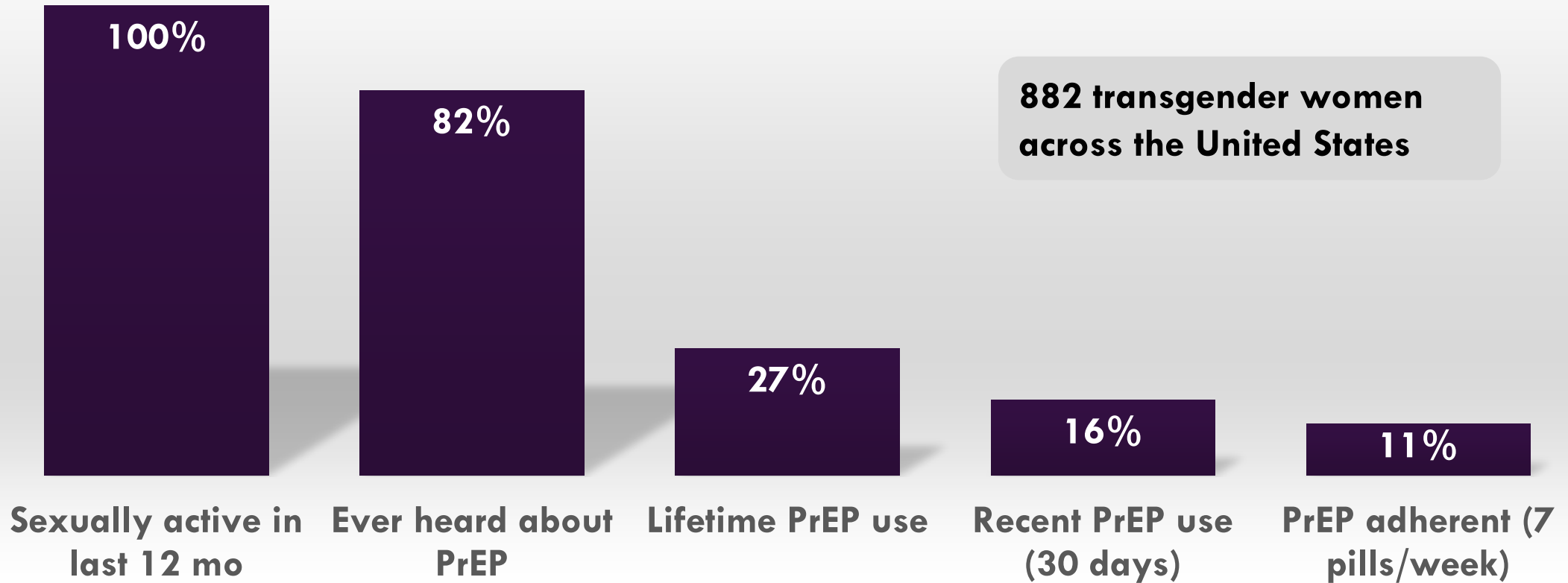
Few eligible trans men receive PrEP

- May – July 2017 **online** recruitment
- N=1 808 trans masculine people
- **24.2%** eligible by CDC criteria
 - Recent receptive anal or vaginal sex, sex work, STI
- PrEP eligibility associated with
 - Low income, **gay/bi/queer/pan identity**, poly relationship, stimulant/poppers
- Only **48** of eligible were on PrEP

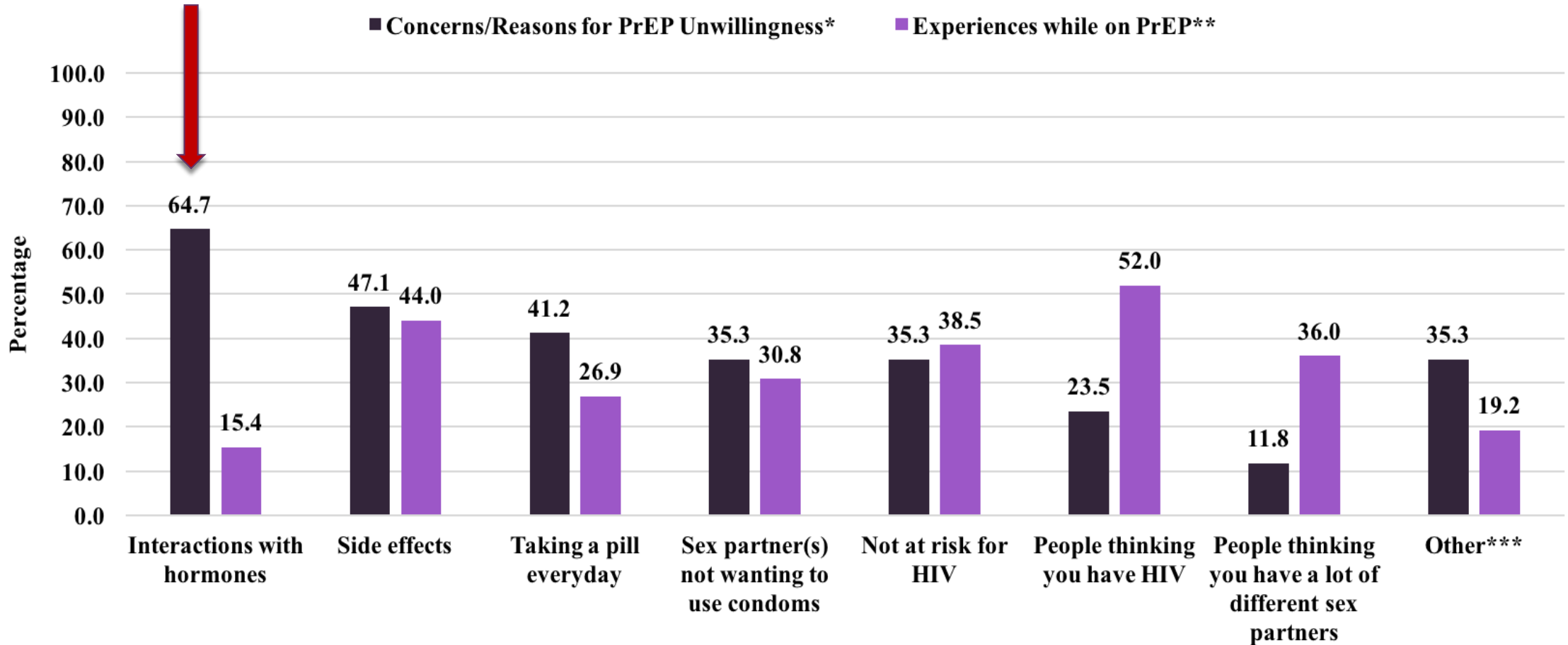


PrEP Continuum: LITE Baseline Data

HIV-Negative & Sexually Active Participants



Barriers to PrEP uptake



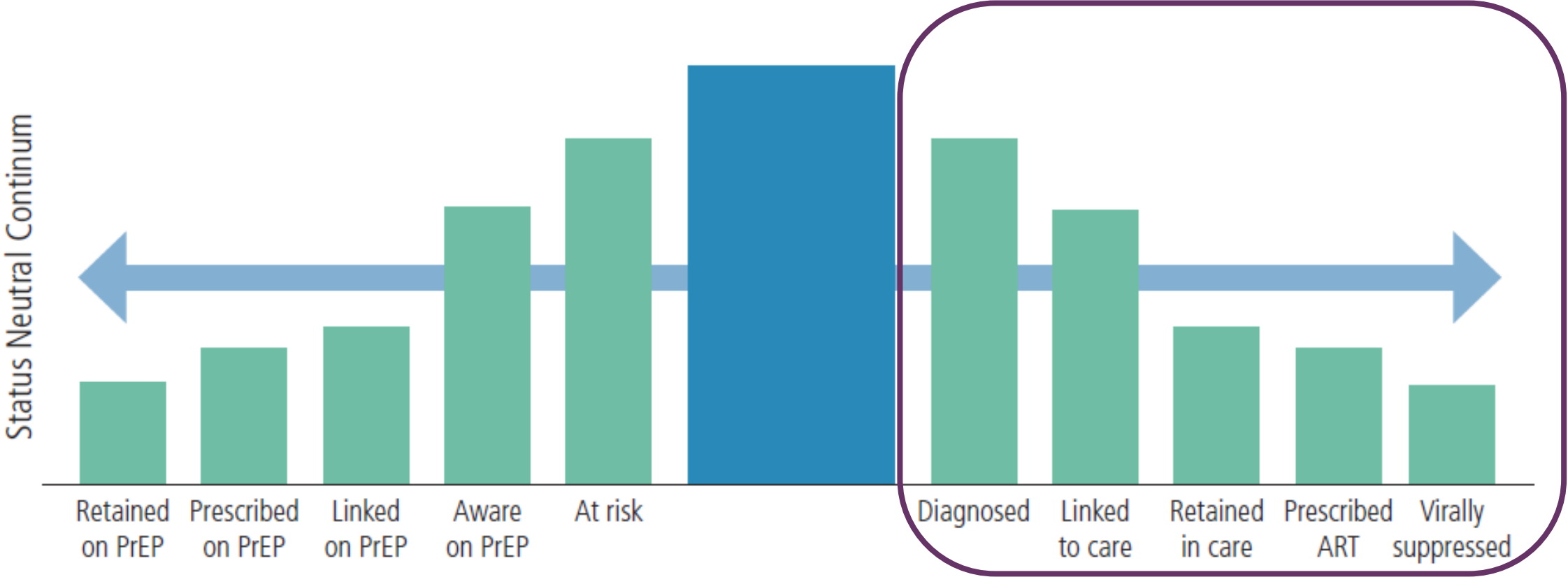
PrEP – Hormone Interactions?



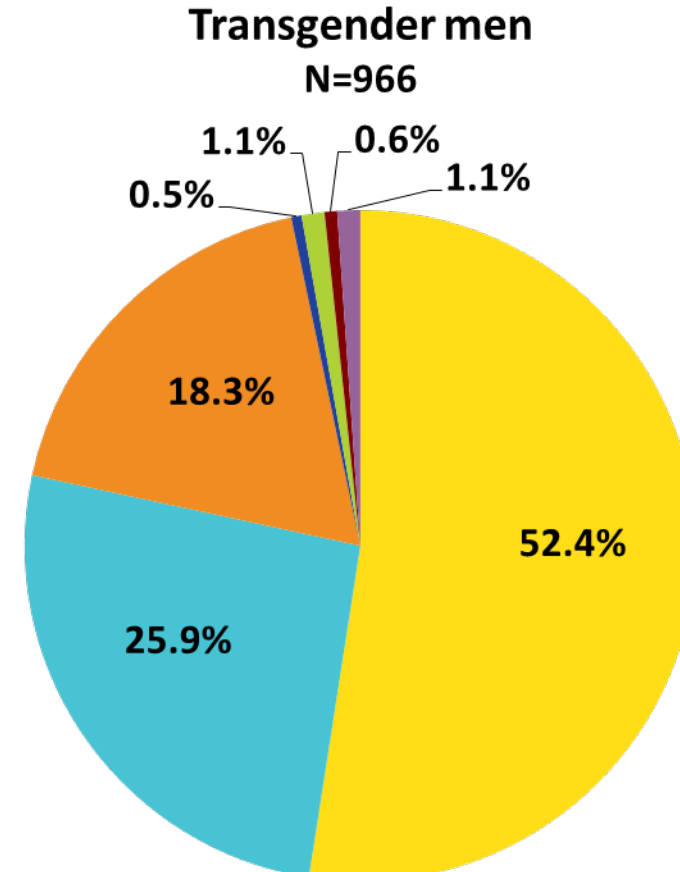
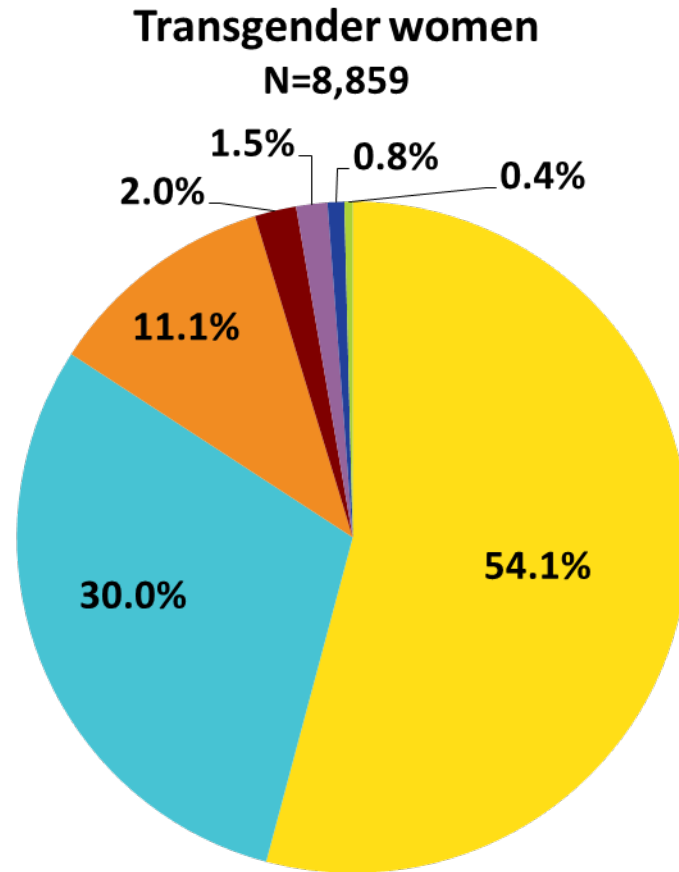
- **Does PrEP affect gender affirming hormones? NO**
 - No evidence that **F/TDF** for PrEP affects estrogen or testosterone levels when co-administered
 - More data available for estrogen than testosterone
- **Do gender affirming hormones affect PrEP? MAYBE**
 - Some evidence for reduction in **F/TDF** levels when co-administered with gender affirming estrogen.
 - Evidence based on intensive PK studies measuring AUC
 - Recent study using DBS q weekly, found no difference
 - Limited evidence suggest no impact of estrogen on **F/TAF**



HIV Prevention and Care Continuum



Transgender Clients Served by the Ryan White HIV/AIDS Program, by Gender Identity and Race/Ethnicity, 2018—United States and 3 Territories^a

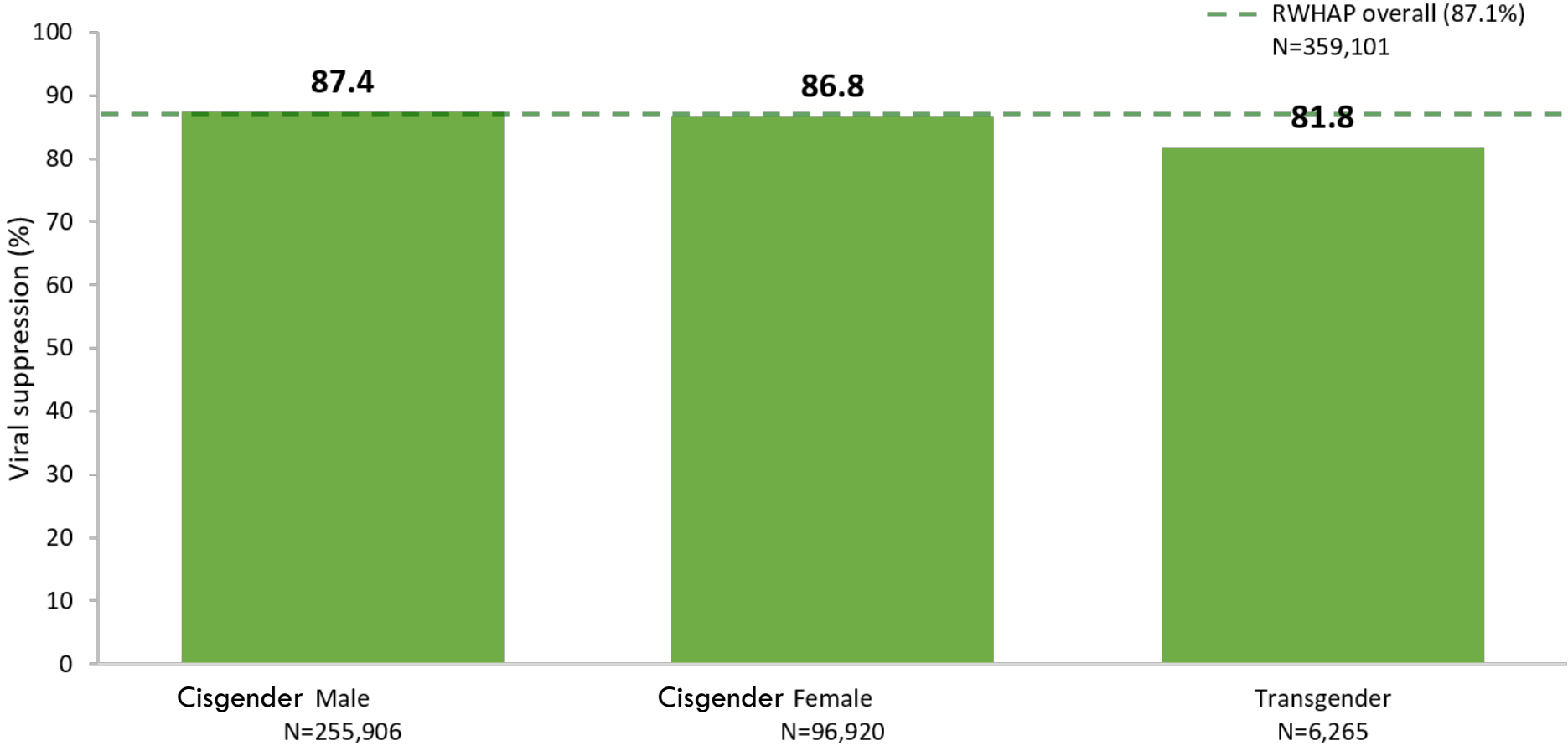


- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- White
- Multiple Races

Hispanics/Latinos can be of any race.

^a Guam, Puerto Rico, and the U.S. Virgin Islands.

Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program, by Gender, 2018—United States and 3 Territories^a



N represents the total number of clients in the specific population.
Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.
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Gender Affirmation and HIV Care

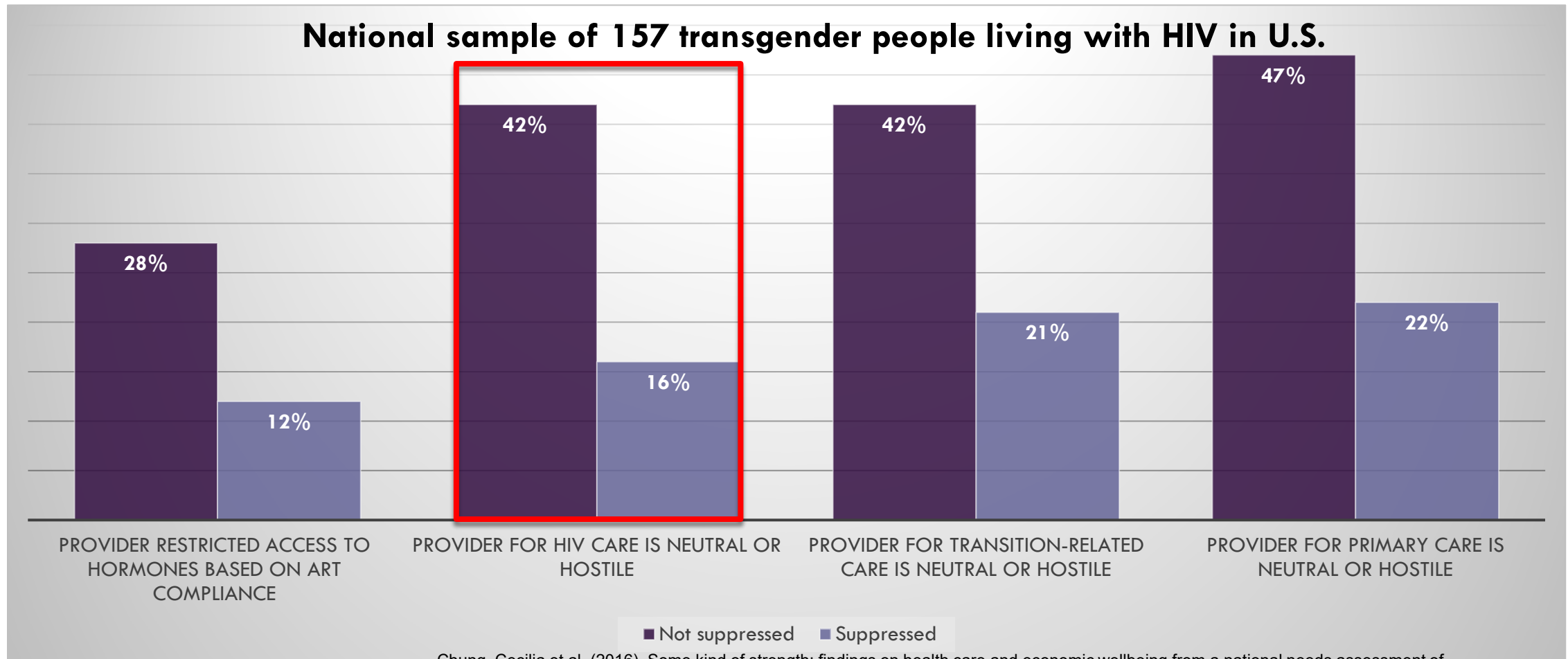


1. **Gender-affirming and non-discriminatory care**
2. **Hormone therapy and side effects**
3. Mental health care, including trauma
4. Personal care, eg. nutrition
5. Antiretroviral therapy and side effects

SPNS: Transgender Women of Color

- Participants whose HIV primary care provider was **also** their hormone prescriber, were more likely to:
 - Have had an HIV primary care visit in the previous 6 months
 - Have an undetectable viral load

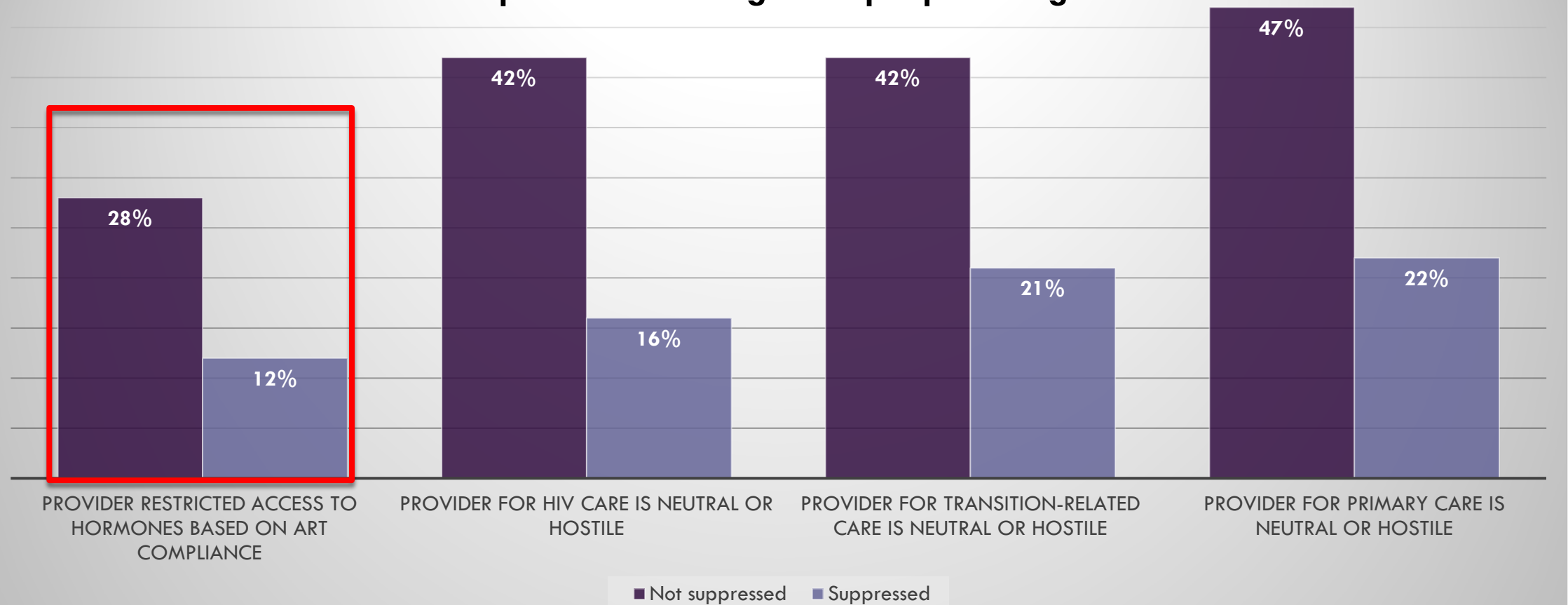
Provider Interactions and Viral Suppression



Chung, Cecilia et al. (2016). Some kind of strength: findings on health care and economic wellbeing from a national needs assessment of transgender and gender non-conforming people living with HIV. Oakland, CA: Transgender Law Center.

Provider Interactions and Viral Suppression

National sample of 157 transgender people living with HIV in U.S.



Chung, Cecilia et al. (2016). Some kind of strength: findings on health care and economic wellbeing from a national needs assessment of transgender and gender non-conforming people living with HIV. Oakland, CA: Transgender Law Center.



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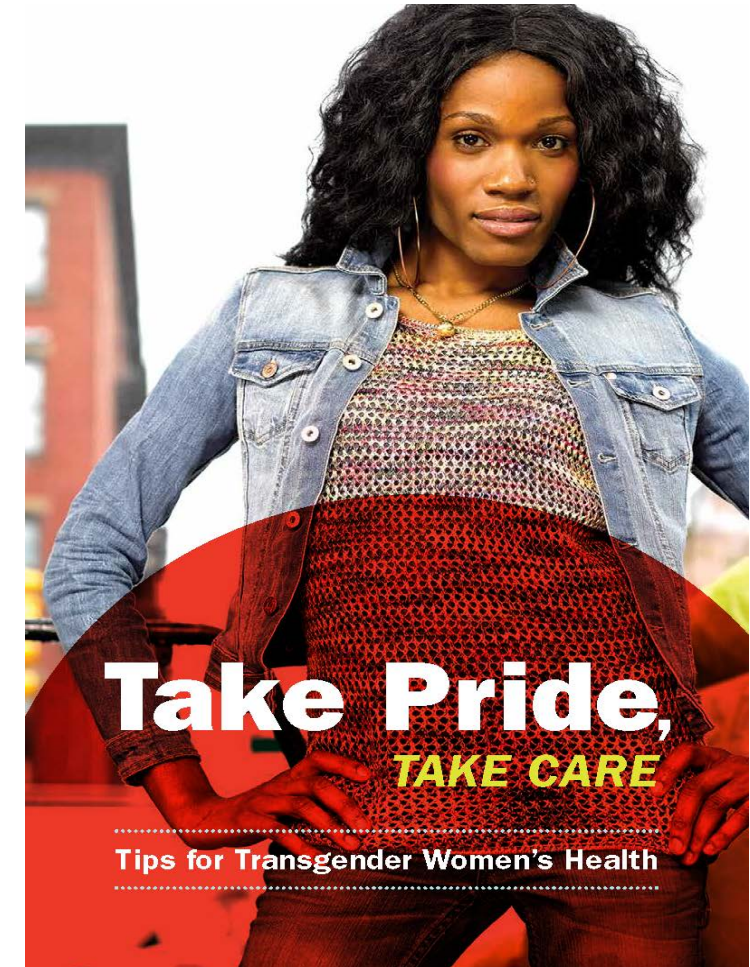
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Trans-Affirming Clinic Environments

- ❑ **Use chosen pronouns and name**
 - ❑ Don't assume gender identity or sexual orientation
 - ❑ Politely ask patient, in private, if unsure
 - ❑ Include name/pronoun on chart and train staff
- ❑ **Defer unnecessary questions and exams**
 - ❑ Build rapport before performing genital exams
 - ❑ Avoid satisfying your curiosity
- ❑ **Conduct sensitive genital exams, only when necessary**
 - ❑ Always explain the purpose of the exam
 - ❑ Use gender neutral terms
 - ❑ Ask patients about terms to use for anatomy
- ❑ **Anticipate existence of transgender patients**
 - ❑ Create a welcoming environment
 - ❑ Provide information appropriate for transgender people
 - ❑ Transgender affirming referrals and community resources



Intentions \neq Impact

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Ally Skills

- Deep listening
- Embracing being “wrong”
- Removing barriers
- Interrupting stigma
- Advocating for patients



WATCH BRE'S STORY



I want medical providers to understand that they are our access to living healthy and being our true authentic selves. – Bre

Resources



UCSF Center of Excellence for Transgender Health

<http://transhealth.ucsf.edu/trans?page=lib-00-00>

<http://transhealth.ucsf.edu/guidelines>

Thank you!
Any Questions or Comments?

