

Providing HIV Medical Care to Homeless Transgender Persons

A Multidisciplinary Harm Reduction Approach

Disclosures

Carole Hohl, PA-C has no financial interests or relationships to disclose

Five Major Transgender Health Issues

- Violence
- HIV/AIDS and other STI's
- Substance Use
- Depression and suicide
- Access to health care

Violence

- 20 anti LGBT murders in 2007
- Law enforcement accounted for 8% of the 2550 offenders in 2007
- Distrust of law enforcement leads to underreporting

Source: National Coalition of Antiviolence Programs, 2008 Hate Violence Report

Risks for HIV among Transwomen

- Percent of Transwomen who are unaware of HIV status is more than twice the general population (57% vs. 27%)
- Incidence of new HIV infections in transwomen is highest of any population reported on (28%)
- Gender affirmation through sex
- Important to think of risk in terms of behavior, not person.

Substance use

- Use high in SF study of MTF transgender persons of color— Alcohol, 56%, marijuana, 38%, amphetamines, 24%, Crack, 13%, IDU, 23%
- Associated with sex work
- Gender segregation in treatment programs can be problematic
- Some programs equate hormone use with drug use and prohibit

Depression and Suicide

- DC study showed that 35% of transgender persons have suicidal ideations and 64% attribute them to transgender issues
- 47% actually made attempts
- Data is poor in this population. More studies are needed

Incarceration issues

- Incarceration rate for transwomen 37% to 65%
- Transphobia>>Barriers to Employment>>Sex work and Drug use>> Incarceration>>Homelessness

Homelessness

- All of the above contribute to homelessness in any population
- Mental illness, substance use are very common causes and side effects of homelessness

Homelessness among Transgender Persons

- Youth often kicked out of family of origin
- Barriers to housing due to discrimination by landlords
- Barriers to income by discrimination by employers
 - ID documents often do not match the person
- People must depend on survival sex



Homelessness causes even more discrimination

- Shelters usually house people by their gender
- Shared bathrooms
- Shelter violence
- Lack of any confidentiality
- People are forced to live in unsafe “housed” situations, often victims of domestic violence



Needs Assessment – TransCEND

(Transgender Care and Education Needs Diversity)

- Various studies have shown that the transgender community has particular health needs including HIV care, Primary care, hormone therapy
- Community assessment to see if there is a need in the homeless community
- Many people were precariously housed – 55% had been homeless at one time
- Few were getting health care
- Use of street hormones was very common

Harm Reduction Model

- Modeled after the Tom Waddel Clinic in San Francisco
- Bring people into care to avoid dangers of street hormones and silicone injections
- Engage in primary care
- HIV/hepatitis/STI testing
- HIV Treatment

BHCHP Transgender Clinic

- Clients told us to have a separate clinic time to avoid torment in the waiting room – Thursday evenings when no other activities are occurring
- Education of all staff including providers, administrators, housekeeping, security

Services

- Primary care
- HIV care
- Behavioral health
- HIV/STI/Hepatitis counseling and testing
- Support group
- Legal Clinic
- Job Counseling

Techniques for Keeping People in Care

- Willingness to prescribe hormones
- Administer hormones in clinic every 2 weeks by injection
- Provider knowledge, comfort
- Sensitivity around physical exam

Hormones

- Harm reduction/consent to treat approach
- Smoking cessation
- Follow guidelines but decrease need for long psychosocial evaluation and stringent requirements of time living in chosen gender
- Most patients have been on hormones for years with no supervision

Desired outcomes

- Patients take appropriate doses of hormones
- Smoking cessation
- Other health issues are addressed
- Most importantly, patient feels respected, has a safe place to come for health care and is able to be who he or she feels comfortable being

Ongoing

- Staff at clinics and agencies need not feel bad about discomfort dealing with unfamiliar community.
- Training and communication is essential
- Need to work with community partners around issues like single person bathrooms, use of appropriate name and pronoun
- Learn from our clients. They have lots to teach us