

# Retaining Transgender Young Women of Color in HIV Care

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- **HEAT**, founded in 1992, is a program of SUNY Downstate Medical Center and is the only program of its kind in Brooklyn to offer age/developmentally appropriate, and culturally competent comprehensive care for HIV+ and at-risk youth, aged 13-24.
- **HEAT** utilizes a “one-stop shopping” model, where HIV care is provided by an interdisciplinary team.
- **HEAT** has focused HIV related clinical programming for perinatally infected youth, young women of color, young MSMs and transgender youth.
- **HEAT** also serves high risk youth from the above populations categories who are HIV negative, providing HIV C/T, STD screening and treatment, PrEP/PEP services, hormonal therapy (transgender), mental health counseling and an array of prevention services.

## Background of HEAT Transgender Program

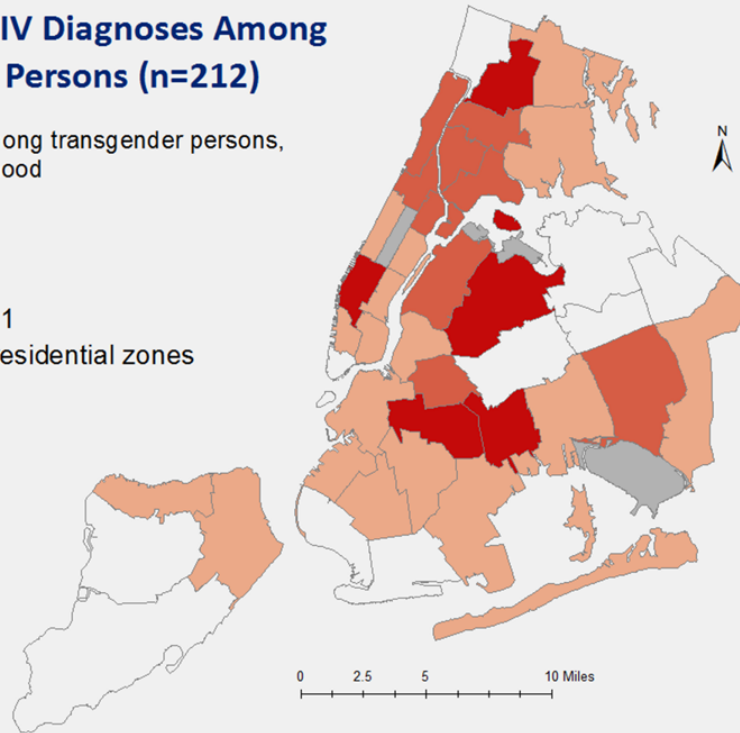
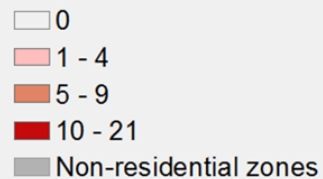
- Program roots in HIV care going back to 1992 serving HIV+ and high risk youth, ages 13-24 years
- Began serving HIV+ transgender youth in early 2000's, quickly followed by HIV- youth
- Expanded transgender program in 2008 through LGBT service grant from New York State Department of Health
- General approach of a multidisciplinary team including medical providers, social workers/case managers, psychologist and psychiatrist; weekly interdisciplinary care coordination meetings
- Cultural competency training!!!!

## Background of HEAT Transgender Program

- Protocol adapted from the WPATH guidelines and influenced by other program models we examined
- Linkages developed with other community based organizations serving transgender youth
- Program approach to care is heavily influenced by the prevalence of high risk issues of the youth referred by the CBOs: homelessness, sex work, untreated mental illness, incarceration history, street hormone and silicone use, HIV
- HEAT utilizes a “syndemic theory” approach to its care model

## 2009-2013 HIV Diagnoses Among Transgender Persons (n=212)

HIV diagnoses among transgender persons, by UHF neighborhood

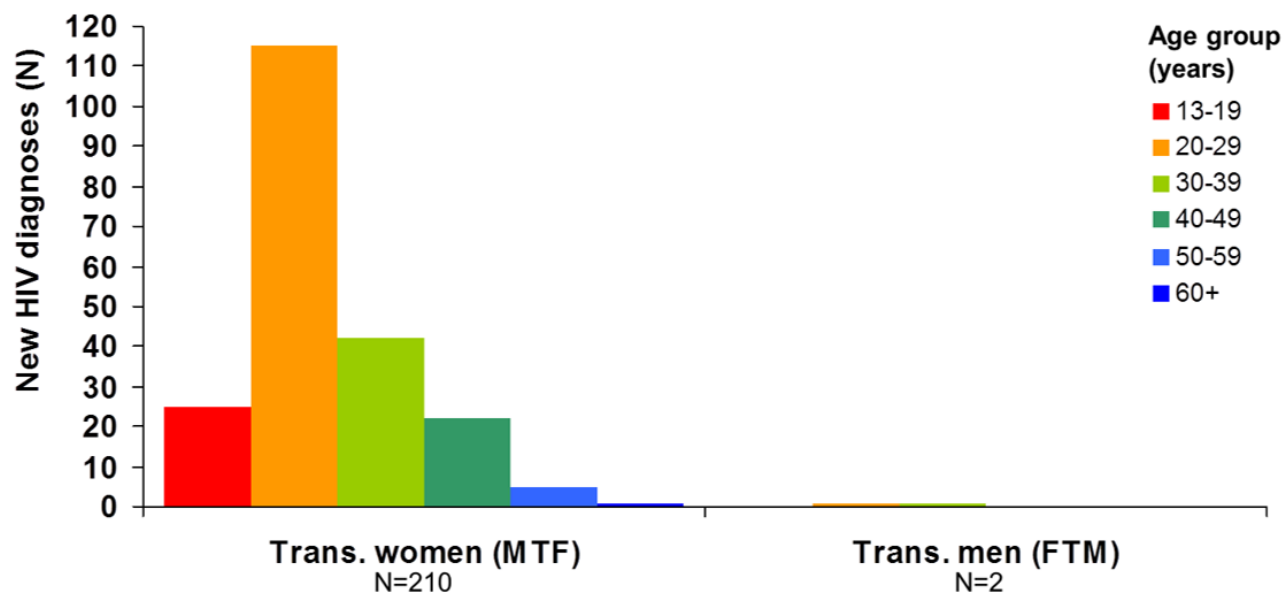


**The highest numbers of newly diagnosed transgender persons lived in West Queens\*, Chelsea-Clinton, Bedford Stuyvesant-Crown Heights, Fordham-Bronx Park, and Chelsea-Clinton.**



\*Rikers Island is classified with the UHF neighborhood of West Queens.  
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2014.

## New HIV Diagnoses among Transgender Persons by Gender Identity and Age at Diagnosis in NYC, 2009-2013

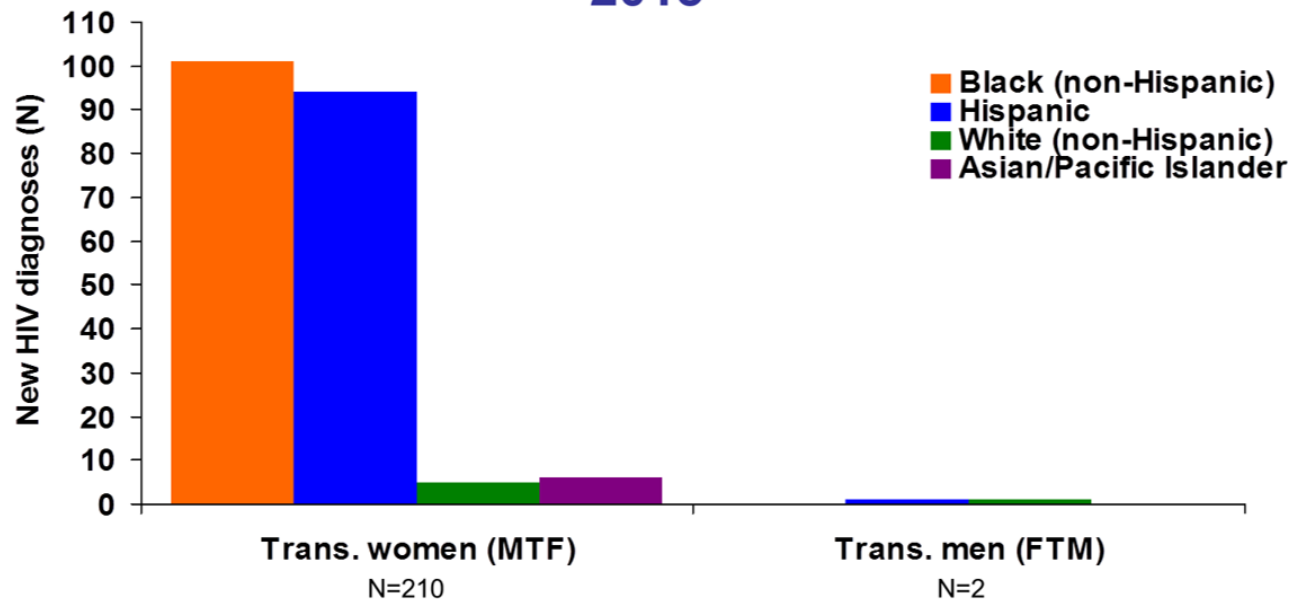


Newly diagnosed transgender women (MTF) were predominantly in their 20s. Newly diagnosed transgender men (FTM) were in their 20s and 30s.



As reported to the New York City Department of Health and Mental Hygiene by June 30, 2014.

## New HIV Diagnoses among Transgender Persons by Gender Identity and Race/Ethnicity in NYC, 2009-2013



**About 93% of transgender women (MTF) newly diagnosed with HIV between 2009 and 2013 were black or Hispanic. Newly diagnosed transgender men (FTM) were Hispanic and white.**



Native American and multi-racial groups are not shown because of small numbers and numbered less than 5 persons each.  
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2014.



INFINI-T:



## PSYCHOSOCIAL INTERVENTIONS TO RETAIN YOUNG TRANSGENDER WOMEN OF COLOR IN HIV CARE



# INFINI-T: PSYCHOSOCIAL INTERVENTIONS TO RETAIN YOUNG TRANSGENDER WOMEN OF COLOR IN HIV CARE

- **Infini-T** is a 5 year demonstration project funded by the Health Resources and Services Administration (HRSA) Special Projects of National Significance (SPNS) under the Ryan White Care Act to address health disparities affecting HIV+ TG women.
- **Infini-T** is one of 8 projects funded nationally to identify, engage, and retain HIV+ TG young women in HIV care; **Infini-T** is also recruiting an HIV-comparison group of TG young women



## INFINI-T: PSYCHOSOCIAL INTERVENTIONS TO RETAIN YOUNG TRANSGENDER WOMEN OF COLOR IN HIV CARE

- On **INFINI-T**, by building up its capacity for TG youth programming, **HMI** ensures a steady referral base and point of entry for TYWOC.
- **Infini-T** will also evaluate HEAT's multidisciplinary care model for transgender youth (HIV+/HIV-) as an intervention for engagement and retention in care



- Early identification of newly-diagnosed cases of HIV in TG young women and timely entry into TG/HIV care at HEAT;
- Engagement in mental health, psychosocial, and supportive services for TG young women at HEAT;
- Increase the retention rates of TG young women already receiving TG and/or HIV medical care;

# Enrollment and Surveys

- Surveys developed by the 8 sites and UCSF
- We are reporting on several areas of interest
- Sociodemographics – age, ethnicity, insurance, etc.
- Transgender identity/body image
- Transgender violence/transgender phobia/discrimination
- Discrimination
- Mental health
- Provider cultural competence
- HIV care
- Transgender care

# Sociodemographics

Age (Range 19=34, Md=24)	Yes	%
Education, HS or higher	14	60.9
Race/ethnicity		
African American/Caribbean	12	52.2
Afro-Latina	4	17.4
Latina	6	26.1
Other	1	4.3
Insurance		
Medicaid	18	78.3
Medicaid & Medicare	4	17.4
None	1	4.3

# Sociodemographics: Income

	Yes	%
In last 6 mo borrowed money to get by financially?	16	69.6
Total income in the past year (\$)		
< 600	6	26.0
600-2,999	6	26.0
3,000-5,999	3	13.0
6,000-11,490*	1	4.3
11,491-15,282	0	
15,283-35,999	1	4.2
36,000-59,999	2	8.7
NA	4	17.3

\* Federal Poverty Level for single person in 2016 is \$11,880

# Transgender Identity:

How important is it that....

	Very/ Extremely	%
• You have a drivers license that says you are female	16	69.5
• Strangers call you she when talking about you	16	69.5
• Family members call you she when talking about you	15	65.2
• Friends call you she when talking about you	16	69.5
• Health care providers refer to you as she	15	65.2
• How comfortable going out in the day	14	60.9
• How comfortable with people knowing you're trans	11	47.8
• How satisfied with your body now	6	26.1
• How satisfied with the way you look	5	21.7
• How satisfied with current level of femininity	9	39.1

\*Recoded from 5 point scale of not at all-extremely important

# Body Image

	Disagree	Agree*
I feel good about my body	6	15
On the whole, I am satisfied with my body	9	12
Despite flaws, I accept my body for what it is	4	17
I have a positive attitude toward my body	5	16
I don't focus a lot of energy on my body/appearance	11	10
My feelings towards my body are positive	6	15
Despite, imperfections I still like my body	5	16

\*Recoded from strongly disagree/disagree/neutral vs. agree and strongly agree

## Transgender Violence:

How many times have you been...because you were thought to be transgender (answer, once or more)

	N	%
• Verbally insulted (yelled at or criticized)	15	65.2
• Threatened with physical violence	11	47.8
• Had an object thrown at you	9	39.1
• Have been punched, kicked or beaten	8	34.8
• Threatened with a knife, gun, or other weapon	6	26.0
• Been attacked sexually (forced sex act, raped)	7	30.4
• Someone threatened to tell another you're transgender	6	26.0
• Chased or followed you	12	54.5
• Your property been damaged	6	26.0
• Been spat on or spit at	4	17.4
• <b>Total (any of the above answered yes)</b>	<b>18</b>	<b>81.8</b>

# Transphobia:

Have you been....because you are transgender?

	Yes	%
Been made fun of or called names	18	81.8
Been hit, shoved, or beaten up	5	21.7
Heard that transgender people are not normal	17	73.9
Accused of doing wrong (cheat, steal, etc.)	3	12.9
Forced to take drastic steps b/c of harm to you	1	4.3

# Have you experienced discrimination by...?

	Yes	%
Doctor	5	21.7
Insurance	5	21.7
Job	9	39.1
Housing	5	21.7
Shelter	3	13.0

# Mental Health

	Yes	%
• Experienced intimate partner violence?	9	39.1
• Were sexually abused as a child	12	52.2
• In the past 6 months.....		
• Has anyone asked you questions to see if you need MH services?	9	39.1
• Has anyone encouraged you to seek MH services?	9	39.1
• Have you received MH services?	9	39.1

# Provider Cultural Competence:

## During your last HIV care visit....

	Very/Extremely	%
Waiting room welcoming for transgender women	13	56.5
Respectful were front desk staff	13	56.5
See transgender people working there	3	13.0
Visible images of transgender women	7	30.4
Medical provider made you feel comfortable	14	60.8
Desk staff use correct pronoun	14	60.8
Medical provider use correct pronoun	13	56.5
How respected did you feel	13	56.5
Medical provider judging you	13	56.5
How confident of provider trans health issues	12	52.1
Felt provider would keep your medical information private	14	60.8
If legal ID doesn't match gender ID, staff processing claims	11	47.8
Overall competence YES	16	69.6

\*recoded from Not at all confident/slightly confident vs. Moderately/very/extremely respected

# Transgender Care: Hormone use

• Ever taken hormones for trans care	18	78.3
• Currently taking hormones	15	65.2
• Taken hormones in past 6 months	16	69.6
• Began hormones		
<3 years	3	13.0
3-5 years	5	21.7
5 + years	6	26.1
NA	9	39.1

# Transgender Care: Hormone Use

	Yes	%
Taken more than prescribed	1	4.3
Taken less than prescribed	3	13.0
Longest time w/o hormones, 6 months		
<1 week	1	4.3
1-4 weeks	2	8.7
1-3 months	4	17.4
3-5+ months	1	4.3
Entire 6 months	2	8.7
Who ordered blood test for monitoring/on tx		
My doctor	14	60.9
Another doctor	1	4.3
No blood tests ordered	1	4.3
Ever injected silicone (pumping) into any part of your body	3	13.0

# HIV and Health Care Related

	Yes	%
• What was the first year you were treated for HIV?		
• (Range 2005-2015, median =2012 or 3 years ago)		
• In the past 6 mo, has anyone encouraged you to get HIV care?	11	47.8
• Have you ever received primary care for HIV?	17	73.9
• How often in the last 6 mo have you received care in the ER?	6	26.1
• Is your viral load detectable?	4	17.4
• Have you ever been diagnosed with AIDS?	3	13.0
• Does your PCP recommend taking ART?	9	39.1
• Have you ever been prescribed ART?	4	17.4*

# Summary of Findings

- Approximately 70% living at or below the Federal poverty level
- Overwhelming exposure to violence and transphobia with significant exposure to discrimination in areas of basic human need
- Significant intimate partner violence, earlier childhood sexual abuse, mental health utilization
- Majority feel care is culturally competent
- Although findings of those who answered HIV related questions are present, several sections/domains of HIV related questions were not answered at all; suggests stigma or not wanting to think about HIV
- Relatively high engagement in transgender care

# “Most” Important Lessons Learned

Programs serving HIV+ transgender young women of color need to build mental health services into their program models in a manner to best address the needs of patients who may have experienced intimate partner and other forms of violence related to their transgender identity, childhood sexual abuse and transphobia

Programs **must** be mindful of the impact that stigma has on a transgender young woman’s HIV care. In our surveys, the participants did not feel answering HIV related questions even at the program where they were receiving their HIV care.

THANK YOU!!!!!!!