HIV+ & Transgender Health

Identification and linkage:
Diversity awareness, lessons learned, obstacles/barriers & emerging best practices
California’s Integrated Plan

Laying a Foundation for Getting to Zero:

1 - Reducing New HIV Infections in California;
2 - Increasing Access to Care and Improving Health Outcomes for PLWH in California;
3 - Reducing HIV-Related Disparities and Health Inequities in California; and
4 - Achieving a More Coordinated Statewide Response to the HIV Epidemic.

Strategy L: Increase General HIV Education and Awareness and Reduce Stigma Around HIV, Sexual Orientation, and Gender Identity
Bienestar

BIENESTAR is committed to enhancing the health and the well-being of the Latino community and other underserved communities. *BIENESTAR accomplishes this through community education, prevention, mobilization, advocacy and the provision of direct social support services since 1989.*

- Bienestar’s mission and experience is in implementing and managing HIV programs serving marginalized and hard to reach populations including transgender women of color.
- Bienestar has a long track record of working with the transgender community, specifically with the Latina transgender women since 1996.
- Bienestar is recognized as a pioneer in responding to HIV prevention needs of the Latino and LGBT community.
Bienestar Locations:

San Fernando Valley – SPA 2
El Monte/AHF Clinic – SPA 3
Pomona – SPA 3
Hollywood – SPA 4
South Los Angeles – SPA 6
East Los Angeles – SPA 7
Long Beach – SPA 8
Background

The following information is based on TransActivate which is a comprehensive, innovative and much needed program to improve the timely entry, engagement and retention in quality of HIV care for the Latina transgender women in Los Angeles county.
Background

• Some of the strategies used to help TransActivate program achieve its success where:
  – Diversity awareness
  – Careful identification of clients
  – Planned recruitment
  – Asserted Linkage to care
Diversity Awareness

• Practice /exercises empathy
• Identify, support and build on patient’s individual capacities, values and hopes
• Foster personal empowerment and resilience
• Train staff in correct pronoun usage for transgender inclusion.
• Create a welcoming environment
• Use services as a link between medical provider and clients
• Identify/address barriers to care
• Educating about health care system
HIV+ Trans Identification & Recruitment

• Social Network Engagement
  – (e.g., rely on HIV-positive and high-risk HIV-negative clients to identify others “at risk” within their social, sexual and drug-using networks.)

• Reach out to other programs within our organization for support
  – (e.g., Transgeneros Unidas (TU)- & support groups)

• Identify of new HIV testing sites
  – (e.g., sex work sites in Skid Row)

• Recruit at special events
  – (e.g., TU Celebración a trans community event, and health care conference)
HIV+ Trans Identification & Recruitment

- HIV Testing
  - Mobile Testing Unit
  - Storefront Testing (5 Bienestar centers in Los Angeles county)
  - Social Network Testing
    - (e.g. identify clients at risk within the social sexual and drug user networks via community recruiters)
    - Incentives for community recruiters provided
In commemoration of International Women’s Day and HIV/AIDS Awareness Day for Women and Girl
BIENESTAR Presents:

“Angels on Earth”
Trans Health Care Conference

Saturday March 7, 2015
10:00AM to 4:00 PM

East Los Angeles Center
5326 E. Beverly Blvd.
Los Angeles, CA 90022

Event will be conducted in spanish

Transform Your Life
“Be firm in your attitudes and persevering in your ideal”

- Health care and hormone treatment
- Skill building and employment opportunities
- Immigration and legal services
- Spiritual Healing
- Mental Health

Raffles, food, incentives and more

Registration information: (866) 590-6411

<table>
<thead>
<tr>
<th>Name</th>
<th>Ext.</th>
<th>Name</th>
<th>Ext.</th>
</tr>
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<tr>
<td>Brenda Gonzalez</td>
<td>206</td>
<td>Karla Thole</td>
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<tr>
<td>Sandra Escusa</td>
<td>203</td>
<td>Leslie Prez</td>
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<tr>
<td>Erika De La Cruz</td>
<td>402</td>
<td>Ave Juarez</td>
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<tr>
<td>Silvia Valero</td>
<td>107</td>
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### HIV+ Transgender Participants Recruitment Source Chart

<table>
<thead>
<tr>
<th>Recruitment Source</th>
<th># of Referrals</th>
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<tbody>
<tr>
<td>BIENESTAR CRCS/Housing/Case Management Programs</td>
<td>14</td>
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<tr>
<td>BIENESTAR Support Group</td>
<td>42</td>
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<tr>
<td>Community Outreach</td>
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<td>Promotional Material</td>
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<td>Partner Organization</td>
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<td>Self-Referral</td>
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<td>Social Network Engagement</td>
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<td>Social Network Testing</td>
<td>2</td>
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<tr>
<td>Storefront/Mobile Testing</td>
<td>8</td>
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</table>
Identification/Recruitment: lessons learned

- Having a connection with the community builds trust and confidence in our services.
- Identifying best places and times to conduct community outreach (e.g., high volume sex work street corners at 4:00 a.m.-6:00 a.m.)
- Going to shelters in Skid Row with HIV Mobile Testing Unit for conducting program survey
- Utilizing incentives with a population with many basic needs
## HIV+ Trans Participants Linkage Chart

<table>
<thead>
<tr>
<th>Clinics</th>
<th># of Referrals</th>
<th>Clinics</th>
<th># of Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAC/USC 5P21</td>
<td>21</td>
<td>Main Street Clinic</td>
<td>1</td>
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<tr>
<td>AHF</td>
<td>47</td>
<td>Northeast Valley Health Corporation</td>
<td>2</td>
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<tr>
<td>AtlaMed</td>
<td>19</td>
<td>OASIS Clinic at Charles Drew University</td>
<td>2</td>
</tr>
<tr>
<td>St. Mary’s Care, LB</td>
<td>5</td>
<td>Olive View Clinic</td>
<td>2</td>
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<tr>
<td>City Community Health Center, LB</td>
<td>1</td>
<td>El Proyecto del Barrio</td>
<td>1</td>
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<tr>
<td>East Valley Community Clinic</td>
<td>1</td>
<td>St. John’s Wellness Center</td>
<td>1</td>
</tr>
<tr>
<td>JWCH</td>
<td>7</td>
<td>Tarzan Treatment Center</td>
<td>1</td>
</tr>
<tr>
<td>Kaiser</td>
<td>3</td>
<td>T.H.E. CLINIC</td>
<td>4</td>
</tr>
<tr>
<td>LAC/USC- MCA Clinic</td>
<td>4</td>
<td>Harbor/UCLA Medical Ctr.</td>
<td>3</td>
</tr>
<tr>
<td>LA LGBT Center</td>
<td>22</td>
<td>Valley Community Clinic</td>
<td>1</td>
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<tr>
<td>Watts Health Care Clinic</td>
<td>1</td>
<td></td>
<td></td>
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</table>
Linkage: obstacles/barriers

- Access to transportation
- Immigration status
- Substance Abuse
- Homelessness
- Language barrier
- Insensitivity and wrong usage of pronouns, gender and name confusion.
Linkage: Lessons learned

- Clients move around due to housing instability
- Substance abuse leads to people switching clinics
- Not all clinics demonstrate sensitivity to transgender issues; *TransActívate* helped to increase awareness among clinic providers.
- Many participants had been buying hormones on the street; through *TransActívate*, they learned the importance of having medical oversight for this
Client retention in care

- Strength-based approaches, peer navigation and we serves as an advocate:
  - Client accompaniment to medical appointments
  - Treatment adherence education
  - Psychosocial referrals
  - Adress internalized stigma
  - Help individuals identify their economic concerns
Outcomes impacting Health

• Providing a transgender health conference was a good way to educate our participants on various aspects of their health
  - (e.g., HIV positive awareness and treatment options, hormone replacement treatment, substance abuse, mental health, hate crimes).

• Providing community forums helped increase awareness of treatment adherence and side effects.

• Continuing to raise the importance of safe sex and encouraging reduction of risk behaviors
Funding

• This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). **SPNS Initiative: Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color, 2012-2017**
Contact Information

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Getting to Zero

• Objective 2: reduce the number of new HIV diagnoses in California by at least 50 percent, to fewer than 2,500 per year

• Objective 3: Increase the number of Californians at high risk for HIV infection who are on PrEP to 60,000
HIV and Transgender Health: Getting To Know Your Transgender Community
HIV and Transgender Health: Getting To Know Your Transgender Community

Shawn Demmons, MPH
Capacity Building Specialist
UCSF Center of Excellence for Transgender Health
California’s Integrated Plan

Laying a Foundation for Getting to Zero:

Capacity Building Assistance (CBA)

1. Reducing New HIV Infections in California;
2. Increasing Access to Care and Improving Health Outcomes for PLWH in California;
3. Reducing HIV-Related Disparities and Health Inequities in California; and
UCSF Center of Excellence for Transgender Health: Capacity Building Assistance Partnership

Shawn Demmons, MPH
Our mission is to increase access to comprehensive, effective, and affirming healthcare services for transgender and gender non-binary communities.
Today’s Objectives

• Increase CBOs and service provider’s understanding of the unique HIV prevention needs of transgender and gender non-binary people living with or in risk for HIV acquisition

• Increase capacity of CBOs and service providers to deliver effective, culturally relevant HIV services for transgender and gender non-binary people
Transgender

An umbrella term used to describe people whose gender or gender expression is different than the sex they were assigned at birth.
Common Terms

- Genderqueer
- Grrl
- Crossdresser
- Transsexual
- Two-Spirit
- MTF
- Non-binary
- Gender Fluid
- Femme Queen
- Gender Non-conforming
- Transman
- Androgynous
- Woman/Female
- Boi
- FTM
- Transwoman
The Impact of HIV on Transgender People
Worldwide burden of HIV in transgender women: a systematic review and meta-analysis

- 15 countries including USA, six Asia-Pacific countries, five in Latin America, and three in Europe. \( N = 11,066 \) transgender women

- HIV prevalence was 19·1%

- The odds ratio for being infected with HIV compared with all adults of reproductive age across the countries was 48·8 (95% CI 21·2–76·3) and participants were

- Less likely to have access to and utilization of HIV services

Quantitative studies on the global burden of disease among transgender persons

What do we know and where?

Challenges in Data Collection

- No population-based studies yet conducted
- Lack of gender variance variables in health surveys
- Social stigma
- “Post-transsexual” identity and stealth existence
- Trans female centric
- Trans male invisibility
- Pathology based
Social determinants of health & the transgender community

Transgender people experience significant health disparities
• HIV/AIDS
• Discrimination in Health Care
• Suicide
• Unemployment
• Violence and Harassment (verbal and physical)

- Respondents were living with HIV (1.4%) at nearly five times the rate in the U.S. population (0.3%)
- One-third (33%) of those who saw a health care provider in the past year reported having at least one negative experience related to being transgender
- Forty percent (40%) have attempted suicide in their lifetime, nearly nine times the rate in the U.S. population (4.6%)


- Transgender people are **four times more likely** to live in poverty

- The unemployment rate among respondents (15%) was **three times higher** than the unemployment rate in the U.S. population (5%)

- **Nearly half** (46%) of respondents were verbally harassed in the past year because of being transgender

Engagement Across HIV Care Continuum
HIV Care Continuum

HIV CARE CONTINUUM:

THE SERIES OF STEPS A PERSON WITH HIV TAKES FROM INITIAL DIAGNOSIS THROUGH THEIR SUCCESSFUL TREATMENT WITH HIV MEDICATION

- DIAGNOSED WITH HIV
- LINKED TO CARE
- ENGAGED OR RETAINED IN CARE
- PRESCRIBED ANTIRETROVIRAL THERAPY
- ACHIEVED VIRAL SUPPRESSION

Engagement Across HIV Care Continuum

OVERALL: Of the 1.1 million Americans living with HIV, only 25 percent are virally suppressed.

HIV Care Continuum

1.1 million people living with HIV in the United States

- 85% diagnosed
- 49% virally suppressed

Progress Across the HIV Care Continuum

HIV Care Continuum, United States, 2014

An estimated 1.1 million people are living with HIV in the United States.

- 85% Diagnosed
- 62% Receiving Care
- 48% Retained in Care
- 49% Virally Suppressed

# By Race/Ethnicity

## HIV Care Continuum, by Race/Ethnicity, U.S., 2014

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Diagnosed</th>
<th>Receiving care</th>
<th>Retained in care</th>
<th>Virally Suppressed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>African Americans</strong></td>
<td>84%</td>
<td>59%</td>
<td>46%</td>
<td>57%</td>
</tr>
<tr>
<td><strong>Latinos</strong></td>
<td>83%</td>
<td>58%</td>
<td>48%</td>
<td>48%</td>
</tr>
<tr>
<td><strong>Whites</strong></td>
<td>88%</td>
<td>67%</td>
<td>51%</td>
<td>57%</td>
</tr>
</tbody>
</table>

By Sex (Gender)

HIV Care Continuum, by Sex, U.S., 2014

% of all people living with HIV by sex

Men
- Diagnosed: 84%
- Receiving care: 61%
- Retained in care: 48%
- Virally suppressed: 49%

Women
- Diagnosed: 88%
- Receiving care: 64%
- Retained in care: 50%
- Virally suppressed: 48%

Building the Care Continuum: Best Practices for HIV Prevention for Transgender and Gender Non-Binary People
What is a Best Practice?

- Research
- Proven Success
- Experience

Best Practice

Desired Result
How did the CoE come up with these eight best practices?

1. California Resource Inventory
2. California Service Gap Analysis
3. Data Analysis
Best Practices Research

Background

California Community Advisory Board
Data Analysis

- CoE Data Analysis
- CAB Feedback

Best Practices

- California resource inventory
- Service gap analysis
<table>
<thead>
<tr>
<th></th>
<th>Best Practices for Transgender HIV Prevention</th>
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<tbody>
<tr>
<td>1</td>
<td>Ground your work in the community</td>
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<tr>
<td>2</td>
<td>One size does not fit all</td>
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<tr>
<td>3</td>
<td>Use multi-level approaches</td>
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<tr>
<td>4</td>
<td>Get the facts</td>
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<tr>
<td>5</td>
<td>Look in all the right places</td>
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<tr>
<td>6</td>
<td>Increase access to health care</td>
</tr>
<tr>
<td>7</td>
<td>Staff development</td>
</tr>
<tr>
<td>8</td>
<td>Advocate</td>
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</tbody>
</table>
1. Ground Your Work in the Community

- Develop partnerships with transgender people and organizations
1. Ground Your Work in the Community (Cont’d)

- Involve in program planning & implementation
- Involve transgender people at all levels of the program
- Utilize peer educators & volunteers
- Community feedback mechanisms (i.e. CAB, community forums)
- Share information & resources with other providers
2. Race & Ethnicity: One Size Does Not Fit All

- Like other groups, HIV risk in transgender people is intensified by racial discrimination
3. Use Multi-level Approaches

- COMMUNITIES
- ORGANIZATIONS
- SCHOOLS
- SOCIAL NETWORKS
- FAMILIES
- INDIVIDUALS

- Evaluate
- Incorporate findings
- Plan program changes
- Implement
- Disseminate findings
5. Look in All the Right Places

- Transgender-specific recruitment and retention strategies
6. Increase Access to Health Care

• Collaborate with local health care providers who:
  • Multiple locations
  • Multiple languages
  • Knowledgeable providers
  • Hormone therapy included as part of primary care
7. Invest in Developing and Supporting Your Staff

- Prioritize staff development
  - Build staff capacity
  - Create opportunities for advancement
8. Advocate for Structural & Systemic Changes

• Advocate for policy changes alongside transgender people. Examples Include:
  
  Violence Prevention
  Health Insurance
  HIV Prevention
  Housing
Additional Ideas

• Incorporate transgender inclusive data collection

• Hire transgender people

• Provide transgender inclusive health insurance

• Think about having gender neutral bathrooms
Additional Resources

- CoE website: transhealth.ucsf.edu
  - Data Collection Recommendations
  - Primary Care Protocols
  - Latest transgender research
  - Transgender health information

8 Best Practices for HIV Prevention among Trans People

1. Ground Your Work in the Community. Develop partnerships with trans people and organizations to create and grow programs, services, and research with, by, and for trans people. Community involvement assesses acceptability, appropriateness, and relevance of your interventions, programs and services to the trans people.

2. Race & Ethnicity: One Size Does Not Fit All. Interventions and programs are most effective when they incorporate social and ethnic issues that contribute to HIV risk and issues of stigma and discrimination that are specific to trans people.

3. Use Multidisciplinary Approaches to HIV Prevention. Educate and provide services and care through a broader context of health and wellness. Consider approaches that not only focus on the individual, but also families, social networks, schools, communities, and organizations that trans people live, work, and play in.

4. Get the Facts! Assess, Evaluate & Enhance. Conduct thorough needs assessments and evaluations, use the data in program planning as improvement, and disseminate what you learned.

5. Looking in All the Right Places. Recruitment and retention strategies should consider the unique needs and circumstances of priority populations. Make an effort to go beyond what is convenient, and bring education and services to trans people in their neighborhoods and communities.

6. Increase Access to Health Care for Trans People. Use a central or multiple locations with easy access to public transportation, provide services in multiple languages, and have trained providers who understand current HIV and health care issues of trans people. Provide hormone therapy as part of primary care.

7. Invest in Developing and Supporting Your Staff. Promote staff development, on-going training and education, and creating opportunities for advancement are key to building capacity and healthy work environments for staff and their clients and patients.

8. Advocate for Structural and Systemic Change on Behalf of Trans People. Collaborate with community partners to advocate for policy development and social change to identify and address how HIV among trans people is impacted by housing, employment, transphobia, racism, violence, lack of health insurance, provider education, and legal and discrimination.
Funding

• Funded by the Centers for Disease Control and Prevention, Award number: 5NU65PS004474
Contact Information

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Getting to Zero

• Provide inclusive environments to increase access to critical HIV prevention and care services for transgender and gender non-binary people

• Ensure that staff are trained and knowledgeable about the unique HIV prevention and care needs of transgender and gender non-binary people
HIV and Transgender Health: Getting To Know Your Transgender Community

Questions??