HIV Prevention for Transgender Communities

Shawn Demmons
Capacity Building Specialist

Jenny Liu
CBA Advisor
Acknowledgements

APLA-Shared Action$^\text{HD}$

UCSF Center of Excellence for Transgender Health
CoE Capacity Building Assistance Program

- High Impact HIV Prevention with CBOs
- Transgender health content expert
- Partnerships
  - UCSF Center for AIDS Prevention Study (CAPS)
  - Alliance Health Project

Shawn Demmons, MPH
Greg Rebchook, Ph.D.
Who we are...

• CBA for Health Departments

• Components
  ✓ HIV Testing
  ✓ Prevention with Positives
  ✓ Condom Distribution
Introduction

• Increase capacity to provide culturally relevant HIV prevention services to transgender people

• Increase awareness of National Transgender HIV Testing Day (NTHTD)
Objectives

By the end of this webinar participants will:

• Increase their capacity to address the HIV prevention needs for transgender communities

• Increase their capacity to identify effective HIV prevention strategies for transgender communities

• Increase their awareness of National Transgender HIV Testing Day
HIV Among Transgender People in the U.S.

Transgender Men
(N-361)

- Hispanic/Latino: 15% (55)
- White: 16% (56)
- Other: 11% (39)
- Black/African American: 58% (211)

Transgender Women
(N-1,974)

- Hispanic/Latina: 29% (578)
- White: 11% (212)
- Other: 9% (182)
- Black/African American: 51% (1,002)


- Respondents were living with HIV (1.4%) at nearly five times the rate in the U.S. population (0.3%)

- 33% of those who saw a health care provider in the past year reported having at least one negative experience related to being transgender

- 40% have attempted suicide in their lifetime, nearly nine times the rate in the U.S. population (4.6%)


• 4 times more likely to live in poverty

• 3 times higher unemployment rate

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

Social Determinants of Health for Trans People

- Transphobia
- Stigma
- Access to Quality Care
- Employment
- Housing

Risk for HIV
HIV Care and Prevention Continuum

HIV Positive Care Continuum:
- Linkage
- HIV Care
- Treatment
- Engagement/Retention
- Virologic Suppression
- Reduce HIV Prevalence

HIV Test

HIV Negative Prevention Continuum:
- Counseling and Risk Stratification
- Prevention Toolbox (risk reduction, PrEP, PeP)
- Ongoing Counseling Support and Outreach
- Support Adherence
- Repeat HIV Testing
- Reduced HIV Acquisition

(Trans HIV Testing Toolkit, Center of Excellence for Transgender Health, 2016)
Polling Question #1

• What prevents trans people from accessing HIV prevention services?
## Prevention Strategies

### Biomedical
- ART for HIV+
- Condoms
- PrEP/PEP

### Behavioral
- PCC
- TWIST

### Structural
- Training for Medical Staff
- Anti-Discrimination Laws
- Job Training
Treatment as Prevention

Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV

HIV treatment has dramatically improved the health, quality of life, and life expectancy of people living with HIV (Cohen, 2011; Farnham, 2013; Farnham, 2013; Sanji, 2013). Moreover, since breakthrough research in 2011 also showed the profound impact of HIV treatment in preventing the sexual transmission of HIV among heterosexual HIV-discordant couples, HIV treatment has transformed the HIV prevention landscape (Cohen, 2011). The Centers for Disease Control and Prevention (CDC) has worked with prevention partners across the nation to prioritize efforts to maximize the impact of HIV treatment in prevention and has responded with new initiatives that help diagnose HIV-infected individuals earlier, link or re-engage them to effective HIV care and treatment, and support adherence to HIV treatment, with the ultimate goal of achieving viral suppression (https://www.cdc.gov/hiv/pdf/funding/announcements/psf18-1802/cdc-hiv-ps18-1802-factsheet.pdf).

These interventions across the care continuum (https://www.cdc.gov/hiv/pdflibrary/factsheets/cdc-hiv-care-continuum.pdf) are essential to help those living with HIV stay healthy, live longer, and reduce the risk of further transmission to partners. Additionally, to increase awareness of the full range of prevention strategies now available, CDC has worked to implement multiple education campaigns and provide online risk reduction tools and resources with information on different prevention strategies and their effectiveness (https://www.cdc.gov/ctagainstHIV/index.html; https://www.cdc.gov/hivrisk; https://effectiveinterventions.cdc.gov).

FOR EVERY 100 PEOPLE LIVING WITH DIAGNOSED HIV IN 2014:

- 73 received some HIV care
- 57 were retained in care
- 58 were virally suppressed

* People living with HIV who take HIV medicine as prescribed and get and stay virally suppressed have effectively no risk of sexually transmitting HIV to HIV-negative partners.

CDC Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV, 2017
Need for Evidence-Based Interventions (EBIs)

Two-Step Model for Data Collection

1. What is your current gender? (Check all that apply)
   - Male
   - Female
   - TransMale/Transman
   - TransFemale/Transwoman
   - Gender Non-binary
   - Additional Category (Please Specify): _______________________
   - Decline to State

2. What sex were you assigned at birth?
   - Male
   - Female
   - Decline to State

(Trans HIV Testing Toolkit, Center of Excellence for Transgender Health, 2016)
Polling Question #2

• What are some barriers to PrEP uptake among transgender people?
What is PrEP?

- Take one pill once a day (Truvada*)
- Regular HIV testing
- Condoms to prevent STDs
- Periodic STIs & Clinical Screenings
- Education about safer sex practices and options
- Adherence support
Barriers to Condom Use

- Intimate partner violence
- Power dynamics
  - Condom negotiation skills
  - Self-efficacy
- Commercial sex work
- Perceived risk
PrEP and Transgender People
Trans Women in iPrEx

• Of the 2499 participants:
  – 29 (1%) identified as women
  – 296 (12%) identified as “trans”
  – 14 (1%) reported use of feminizing hormones
  – 339 (14%) reported one or more of these characteristics.

• Among trans women:
  – 11 HIV infections in the active arm
  – 10 in the placebo arm
  – Hazard ratio of 1.1 (95% CI: 0.5 to 2.7)

(Deutsch, Glidden, Sevelius, Grant, et al. 2014, Lancet HIV)
Trans Women in iPrEx: Interpretation

- PrEP seems effective in preventing HIV acquisition in trans women when taken
  - No infections among trans women who took 4 or more tablets per week
  - None of the trans women in the active arm who seroconverted had detectable levels of the drug in the blood
  - Those on hormones were less likely to have protective drug levels than those not on hormones

(Deutsch, Glidden, Sevelius, Grant, et al. 2014, Lancet HIV)
Trans-Specific Barriers and Facilitators to PrEP

• Facilitators
  ▪ Obtain PrEP from a trans informed provider
  ▪ Receive education about PrEP from trusted sources
  ▪ Increased risk perception

• Barriers
  ▪ Information not disseminated via trans networks
  ▪ Concerns about interactions with hormones
  ▪ Medical mistrust

(Sevelius, 2015, Global Public Health)
TRIUMPH Collaborative

Trans Research Informed Communities United in Mobilization for the Prevention of HIV

• Funded by California HIV/AIDS Research Program (CHRP) (PI: Sevelius)

• Model of Gender Affirmation as conceptual framework, utilizes community mobilization strategies

• Clinical sites:
  ▪ La Clinica de la Raza, Oakland
  ▪ Gender Health Center, Sacramento

Center of Excellence for Transgender Health, 2017
http://www.transhealth.ucsf.edu/trans?page=programs-triumph
Best Practices for Promoting PrEP Uptake Among Trans Women

• Disseminate messages via trans networks

• Discuss PrEP within the context of sexual health and wellness, transition-related goals

• Address misinformation and assumptions

• Ensure that PrEP is offered by gender affirming providers who can also prescribe hormones

(Sevelius, 2015, *Global Public Health*)
Trans Specific PrEP Marketing Tools

#TransFierce

@AltaPride

#TransElla

AskMeAboutPrEP.org
#TransElla

- https://www.youtube.com/watch?v=JJtb5PxA8ViE
RESOURCES
Best Practices for HIV Prevention Among Trans People

1. Ground your work in the community
2. One size does not fit all

3. Use multi-level approaches
4. Get the facts

5. Look in all the right places
6. Increase access to health care

7. Staff development
8. Advocate

transhealth.uscf.edu
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 ensures that intervention models are meaningful, relevant, and result in behaviors that are consistent with your own goals.

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

3. Utilize Multi-level Approaches to HIV Prevention: Develop and provide services and care through a broader context of health and well-being. Consider approaches that not only focus on the individual, but also families, social networks, schools, communities, and other institutions 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, and disseminate what you learned.

5. Looking In All the Right Places: Recruitment and retention strategies should consider the unique needs and circumstances of trans people. Make it clear in your recruitment materials and be sensitive to any gender stereotypes.

6. Increase Access to Health Care for Trans People: Have a network of trusted providers with experience in trans care, and offer services in multiple languages, and focus on the providers who understand your needs and health care issues of these people. Provide behavioral therapy as part of primary care.

7. Invest In Developing And Supporting Your Staff: Prioritizing staff development, including training and education, and creating opportunities for advancement are key to building capacity and healthy work environments for staff and their clients.

8. Advocate for Structural and Systemic Change on Behalf of Trans People: Collaborate with community partners to advocate for policy development and structural change to identify and address how HIV among trans people is impacted by housing, employment, criminal justice, family violence, lack of health access, gender identity, and targeted discrimination.

Please visit our website for the complete report:
"Increasing access to comprehensive, effective, and affirming health care services for trans and gender
variate community."

www.transhealth.ucsf.edu

transhealth.ucsf.edu
Transgender HIV Testing Toolkit

TRANS HIV TESTING TOOLKIT
Things Your Agency Can Do

• Learn how HIV affects transgender people

• Encourage testing
  – Share videos from Act Against AIDS’s Doing It campaign

• Utilize social media
  – #NTHTD

https://www.cdc.gov/hiv/library/awareness/nthtd_tycd.html
Questions?
Contact Information

APLA-Shared Action

• Jenny Liu
  CBA Advisor
• jliu@apla.org

UCSF Center of Excellence

• Shawn Demmons
  Capacity Building Specialist
• shawn.demmons@ucsf.edu