

HIV Prevention for Transgender Communities

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Acknowledgements

APLA-Shared Action^{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



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SHARED ACTION^{HD}

Who we are...

- CBA for Health Departments
- Components
 - ✓ HIV Testing
 - ✓ Prevention with Positives
 - ✓ Condom Distribution

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Introduction

- Increase capacity to provide culturally relevant HIV prevention services to transgender people
- Increase awareness of National Transgender HIV Testing Day (NTHTD)

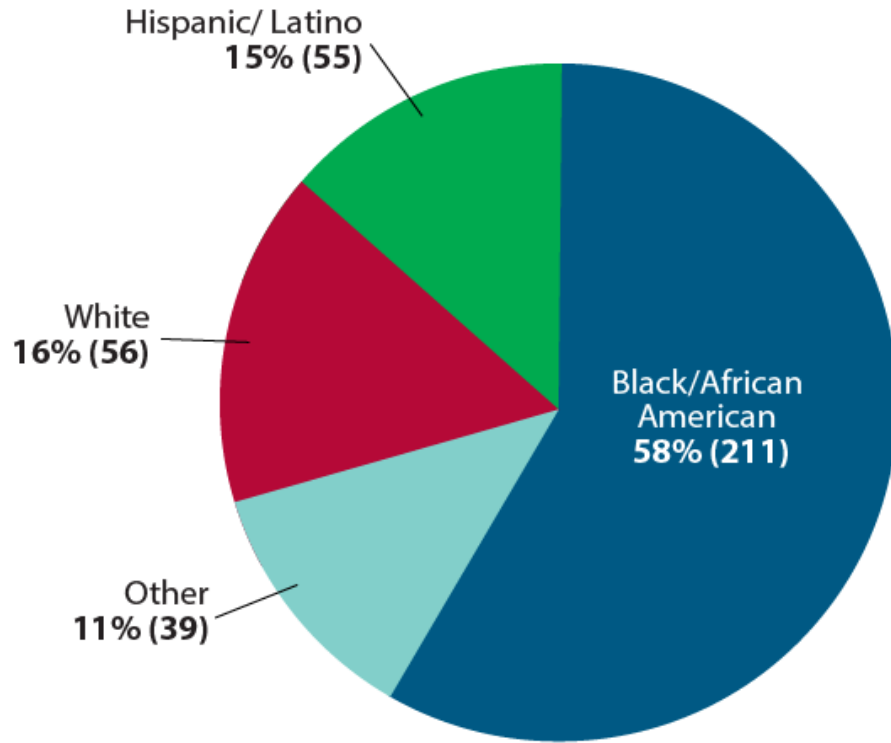


Objectives

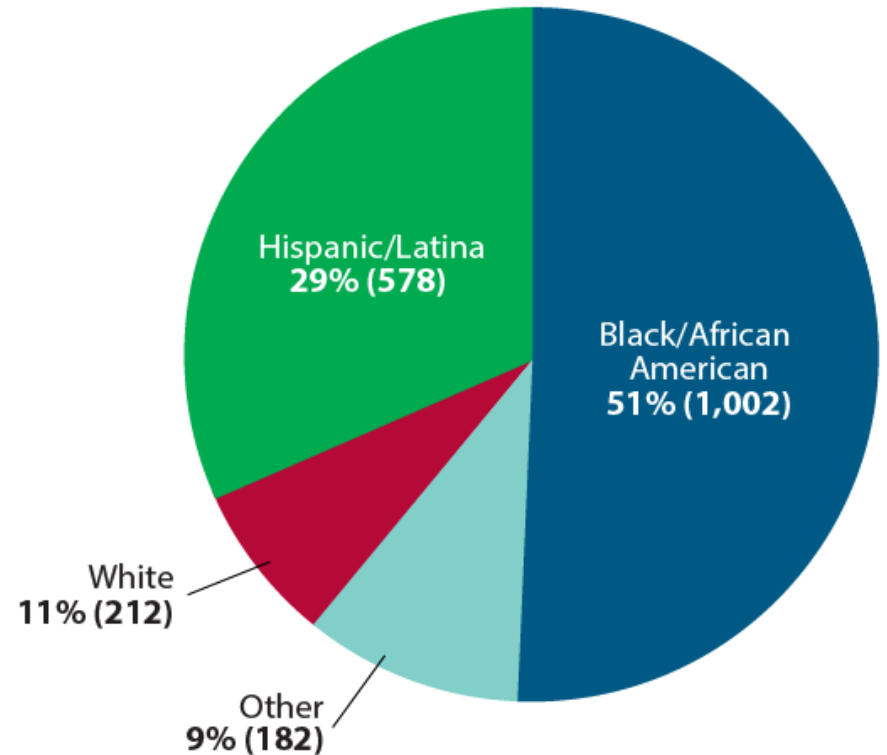
By the end of this webinar participants will:

- 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)



Transgender Women
(N-1,974)

Source: Clark H, Babu AS, Wiewel EW, Opoku J, Crepaz N. Diagnosed HIV Infection in Transgender Adults and Adolescents: Results from the National HIV Surveillance System, 2009-2014 (<https://www.ncbi.nlm.nih.gov/pubmed/28035497>). December 2016.

Statistics: 2015 U.S. Transgender Survey

- 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%)

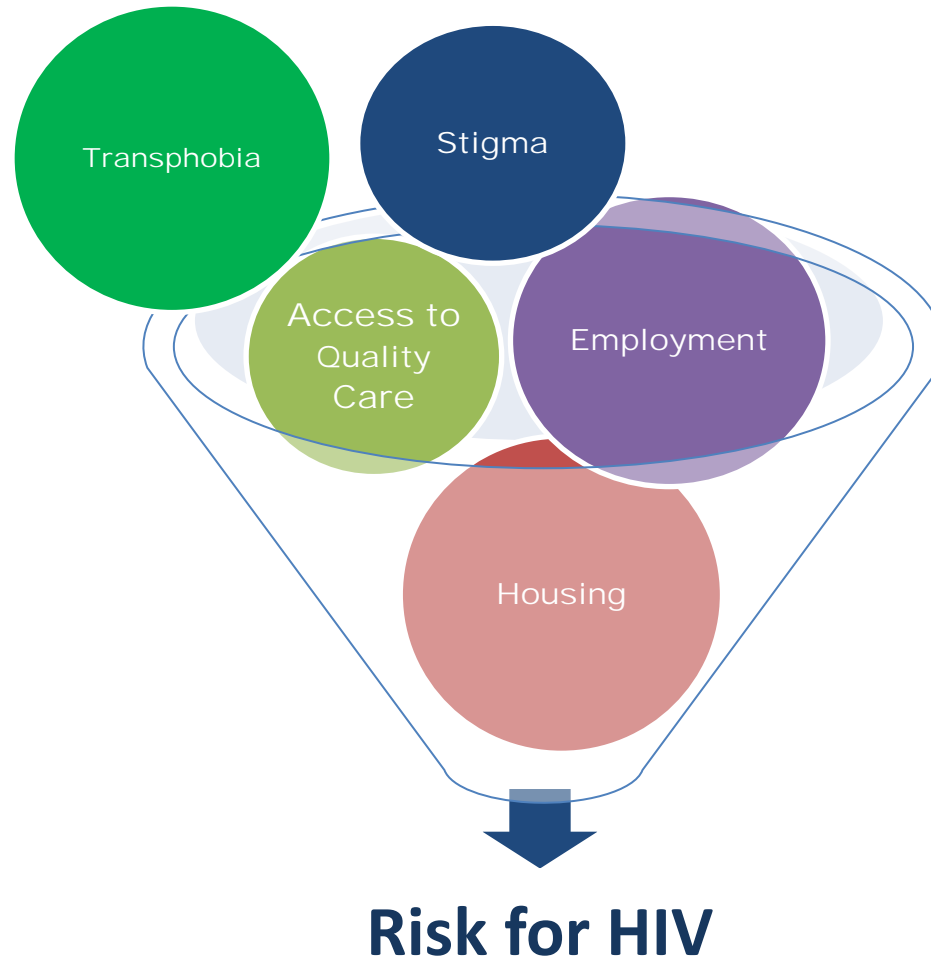
James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.

Statistics: 2015 U.S. Transgender Survey

- 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.

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The 2015 U.S. Transgender Survey. Washington DC: National Center for Transgender Equality.

Social Determinants of Health for Trans People



HIV Care and Prevention Continuum

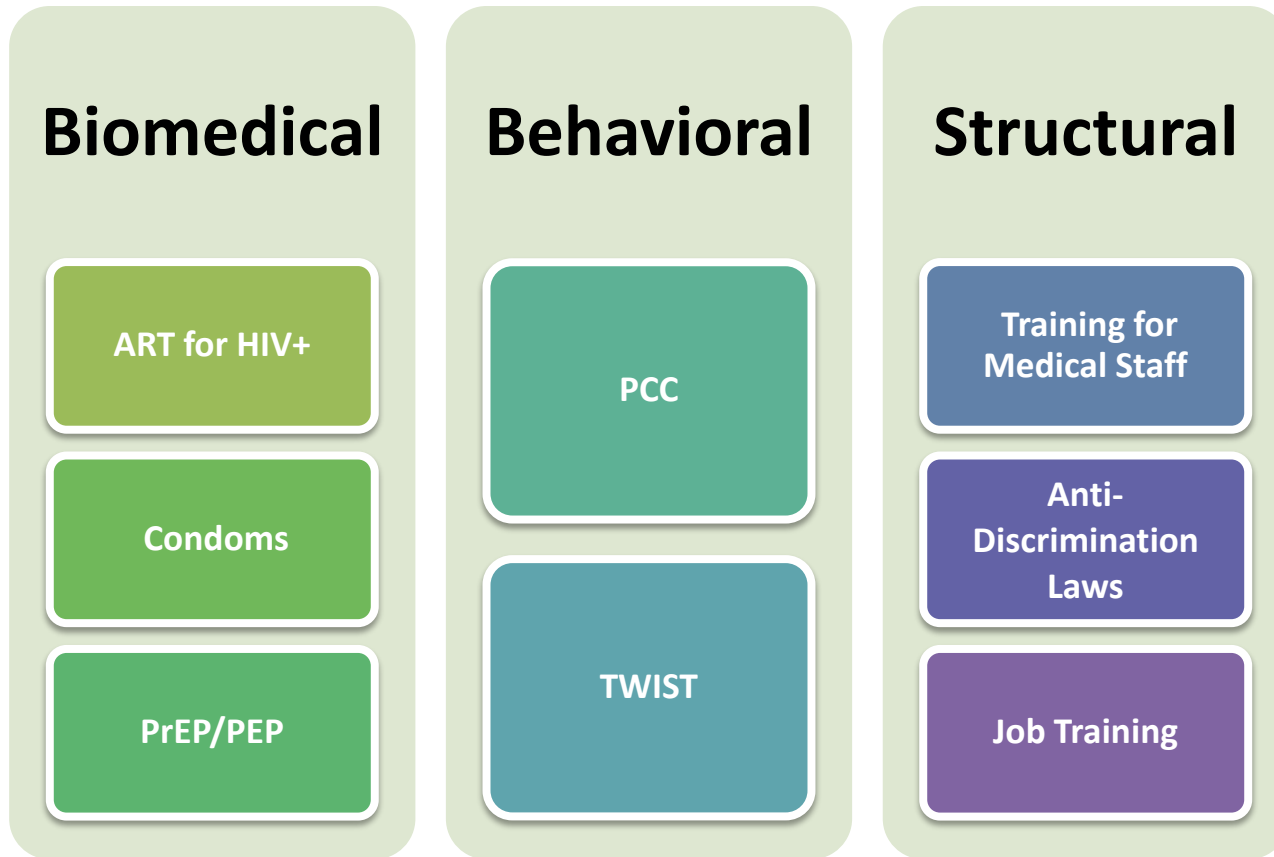


(Trans HIV Testing Toolkit, Center of Excellence for Transgender Health, 2016)

Polling Question #1

- What prevents trans people from accessing HIV prevention services?

Prevention Strategies



Treatment as Prevention

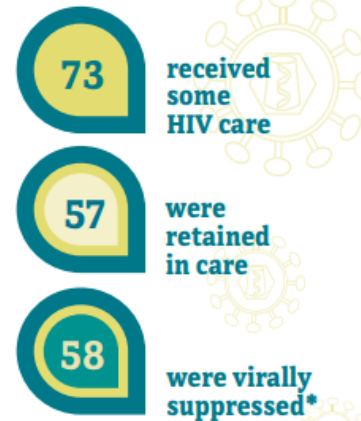
December 2017

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; Samji, 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/ps18-1802/cdc-hiv-ps18-1802-factsheet.pdf>).

These interventions across the care continuum (<https://www.cdc.gov/hiv/pdf/library/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/actagainstids/index.html>; <https://www.cdc.gov/hiv/risk/>; <https://effectiveinterventions.cdc.gov/>).

FOR EVERY 100 PEOPLE LIVING WITH DIAGNOSED HIV IN 2014:



* 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
<https://www.cdc.gov/hiv/pdf/risk/art/cdc-hiv-art-viral-suppression.pdf>

Need for Evidence-Based Interventions (EBIs)

PCC

Personalized
Cognitive
Counseling:
An adaptation for
working with trans women



TWIST

Personalized Cognitive Counseling: an adaptation for working with trans women, Center of Excellence for Transgender Health 2013 http://www.transhealth.ucsf.edu/pdf/CoE_PCCAdaptation_3R.pdf

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?

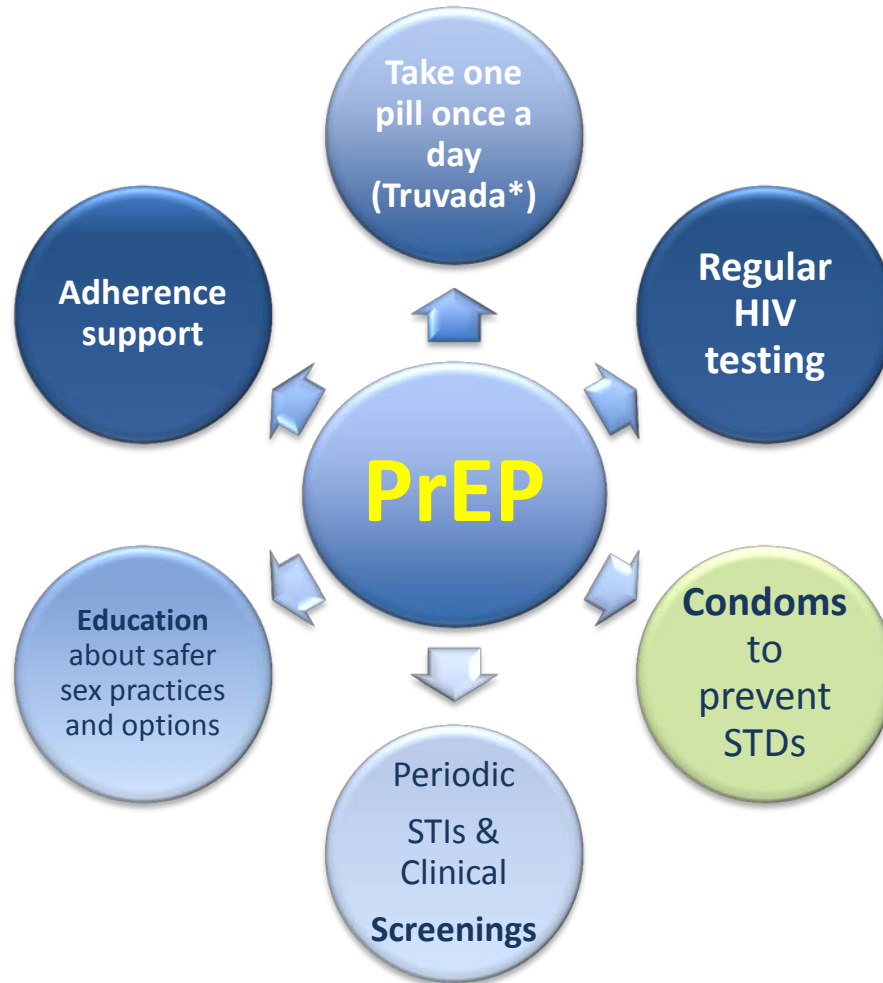
- Male
- Female
- Decline to State

(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?



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

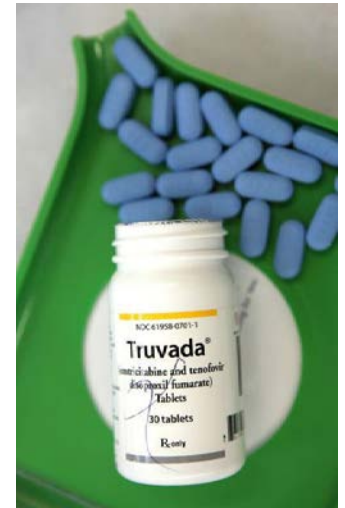
- Of the 2499 participants:
 - 29 (1%) identified as women
 - 296 (12%) identified as “trans”
 - 14 (1%) reported use of feminizing hormones
 - 339 (14%) reported one or more of these characteristics.
- Among trans women:
 - 11 HIV infections in the active arm
 - 10 in the placebo arm
 - Hazard ratio 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

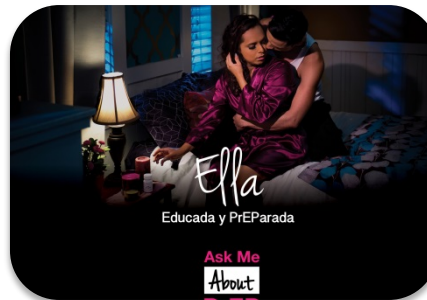
- Disseminate messages via trans networks
- Discuss PrEP within the context of sexual health and wellness, transition-related goals
- Address misinformation and assumptions
- Ensure that PrEP is offered by gender affirming providers who can also prescribe hormones

(Sevelius, 2015, *Global Public Health*)

Trans Specific PrEP Marketing Tools



#TransFierce



@AltaPride



#TransElla



AskMeAboutPrEP.org

#TransElla



- <https://www.youtube.com/watch?v=JItb5Px8ViE>

RESOURCES



UCSF Capacity Building Assistance Partnership
Making high-impact HIV prevention possible!
cba.ucsf.edu
Center for AIDS Prevention Studies ■ Center of Excellence for Transgender Health ■ Alliance Health Project



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



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 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 racial and ethnic issues that contribute to HIV risk and issues of stigma and discrimination that are specific to trans people.
3. **Utilize Multi-level 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 transgender 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 an 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 was convenient, and bring education and services to trans people in their neighborhoods and communities.
6. **Increase Access to Health Care for Trans People.** Have 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.** Prioritizing staff recruitment and 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 legalized discrimination.

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



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Center for AIDS
Education and
Training Center

www.transhealth.ucsf.edu

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transhealth.ucsf.edu

Transgender HIV Testing Toolkit

TRANS HIV TESTING TOOLKIT



transhealth.uscf.edu



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?



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