

Transgender Women's Needs Assessment

Final Report to the
HIV Health Services Planning Council

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Overview

- ▶ Specific aim of the needs assessment
- ▶ Intro to the Center of Excellence for Transgender Health at UCSF
- ▶ Background information
- ▶ Research methods
- ▶ Results

Specific Aim

- ▶ To complete a needs assessment of transgender women living with HIV in San Francisco, San Mateo, and Marin counties to guide the HIV Health Services Planning Council (HHSPC) in its decision-making process regarding Ryan White Part A service category prioritization and resource allocation.

Our mission is to increase access to comprehensive, effective, and affirming healthcare services for trans and gender-variant communities.



Background

- ▶ Compared to other groups, transgender women:
 - Have higher HIV prevalence rates, in the range of 38 – 64%
 - Experience disproportionate mortality rates
 - Are less likely to be on antiretroviral therapy than other groups
 - Report lower rates of adherence
 - Report less positive interactions with providers
 - Face culturally unique challenges in accessing services

Research Methods

- ▶ Community Involvement and Council Input
- ▶ 5 focus groups, held January – March 2012
- ▶ 4 in English (n=33), 1 in Spanish (n=5)
- ▶ 38 participants total
- ▶ \$30 incentive

Research methods

- ▶ Eligibility criteria:
 - assigned 'male' gender at birth and currently identify as 'female' or 'transgender'
 - 18 years of age or older
 - currently living with HIV (by self-report)
 - residing, receiving, or eligible for Ryan White-funded services in SF, San Mateo, or Marin counties
 - able to speak English or Spanish

Research methods

▶ Recruitment:

- Direct street outreach
- Community-based service providers in SF, Marin, San Mateo
- Working Group members
- Snowball sampling

Demographics

Race/ethnicity	N (%)
African American	27 (71)
Latina	7 (18)
Pacific Islander	3 (8)
Native American	4 (11)
White/Caucasian	3 (8)
Multiracial	3 (8)

Demographics

Age	N (%)
20-29	1 (3)
30-39	7 (18)
40-49	10 (26)
50-59	18 (47)
60-69	1 (3)

Demographics

Financial situation	N (%)
I have enough money to live comfortably.	9 (26)
I can barely get by on the money I have.	19 (54)
I cannot get by on the money I have.	7 (20)
Ever homeless	30 (81)

Where receiving HIV services

San Francisco	35 (95)
San Mateo	1 (3)
Marin	1 (3)
Alameda	1 (3)
Other	2 (5)

Service utilization

- ▶ Most frequently mentioned categories:
 - Primary medical care
 - Housing
 - Mental health care
 - Case management

Medical concerns

- Distrust of providers
- Certain medications are not covered
- Doctors not prescribing preferred meds
- Too many pills/hard to manage
- Fear of long term effects of meds
- Few holistic care options

Barriers to medical care

- Different providers for HIV & hormones
- CD4 count < 200 for ART
- Closing of service provider agencies
- Waitlists > 6 months
- Must travel to several pharmacies for meds

Concerns about medical providers

- Low transgender competence and sensitivity
- Low levels of knowledge related to hormone therapy, including possible interactions between hormones and HIV medications

Mental Health Care – Concerns

- Too often referred to psychiatrist (for meds) without options for counseling/psychotherapy
- No African American trans specific services
- Lack of wrap-around setting
- Waitlists > 6 months
- Transportation

Mental health – Barriers to care

- ▶ *“I don’t take medicine for my mental health but, I do like to talk to someone. **The thing is that right now I don’t have that option. I have to write my name in a waiting list right now. I have to wait between one to two years before I get a therapist.** And if I want a therapist right now, in some places I must see him only twice or three times a year... Normally you can see him three to four times a year. What happens if I need to talk more than four times a year? You know? That scares me.”*

Oral Health Care – Barriers to access

- Too expensive, decreased funding
- Long wait lists
- Do not know where to access
- Provider insensitivity towards HIV status
- Unsatisfactory past experiences with dental work

Peer Support – Concerns

- No African American transgender specific groups
- Difficulty relating to others' experiences in non-transgender specific groups
- Discrimination
- Few transgender support group leaders

Case management – Concerns

- Low cultural competence and transgender sensitivity
- Low levels of knowledge regarding available transgender-specific resources
- Often services are discontinued leaving patients without resource referral
- Access requires travel and travel costs

Substance abuse – Barriers to access

- Need for transgender-specific substance abuse treatment programs or components
- Existing programs do not address unique challenges and issues transgender women face
- Discrimination and stereotyping
- Substance abuse groups often disappear

Substance abuse – Barriers to access

*“I personally feel that **it’s hard to concentrate on my recovery when I have to protect myself from things that people are saying to me.** If there was another substance abuse program that would only focus on trans people, it would be great.”*

Food Concerns

- Food bank portions are decreasing
- Engage in food hoarding when possible
- Without food transgender women struggle to adhere to HIV medication regimen
- The expense of medications can override food and vice versa
- Transportation barriers

Food – Barriers to access

- ▶ *“[I am not currently using any of the services] because **they cut back on a lot**. So it was, like, well, you standing in line to get some services, you know, and it’s not even compared to what you can really make yourself on the street or wherever. You know, so **it’s a waste of time.**”*

Housing – Concerns

- Waitlists, shelters often full
- Unsanitary conditions, insect infestation
- No pantry or kitchen
- Drug abuse in common areas
- Stigma and discrimination, lack of safety

Housing – Barriers to Access

- HIV housing is temporary
- Few low income housing options
- Few resources for finding and obtaining housing
- No transgender specific housing
- No transitional housing post-incarceration
- Employment disqualifies for assisted housing

Employment – Concerns

- Many transgender women desire employment and job skills training
- Face discrimination based on race, ethnicity, and gender identity
- Need for assistance with job search
- Inconsistent or lack of housing
- Transportation barriers

Transportation – Concerns

- Transportation is of utmost importance to appointment keeping, accessing services
- Transportation tokens have been replaced by Clipper cards that are too expensive for transgender women to purchase
- Transgender women reported that there is no paratransit without housing
- Wrap-around settings are strongly desired

Legal concerns

- Most often access legal services when:
 - changing identity documents
 - Facing criminal charges and/or incarceration
- Need a legal resource for political asylum
- Fear of being reported to immigration by health systems, providers
- Discrimination from within legal system

Prioritization exercise

Ryan White Program Services	Total
Housing	36
Medical	24
Mental Health	21
Oral Health	18
Substance Abuse Treatment	17
Peer Support	17
Case Management	16
Food	15
Legal	14
Medication	13
Transportation	1
Vision Health	2

Common themes

- ▶ Low levels of knowledge and cultural competence regarding trans-specific issues and medical concerns
- ▶ Transportation issues
- ▶ Perception that fewer services are available specifically for African-American transwomen
- ▶ Low level of awareness of payer source across services

Recommendations

- ▶ Offer provider training (i.e. National Transgender Health Summit, UCSF)
- ▶ Carve out trans-specific components of existing services (i.e. substance abuse treatment programs, housing)
- ▶ Increase visibility of transgender people in peer and professional support roles
- ▶ Ensure agencies that serve transgender women are fully informed of service options available to improve linkage to care
- ▶ Create a centralized, up-to-date, and comprehensive transgender resource guide

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