

Transgender Health and HIV: Delivering Gender-Affirming Care

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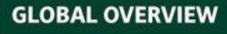
Outline

- Describe the disproportionate impact of HIV on transgender communities
- Identify barriers to HIV care among transgender individuals
- Understand principles of gender-affirming care
- Apply evidence-informed strategies to create inclusive, affirming healthcare environments

Prevalence Estimates of Transgender Identity



UNITED STATES



KEY TAKEAWAYS





Global estimates:



Higher proportion of youth identify as trans & nonbinary



Trans men: 36%

Trans women: 39%

Nonbinary/GNC 26%

300K youth 13-17 (1,4%)



Canada: 0,33%



New Zealand: 0,7%



Brazil: 0,69% (Nonbinary 1,2%)



Accurate prevalence is limited by stigma, survey methods, and definitions



Global efforts are needed to improve gender identity data collection REPORT

The Epidemic of Violence Against the Transgender and Gender NonConforming Community in the United States

The 2023 Report

Human Rights Campaign Foundation, November 2023.

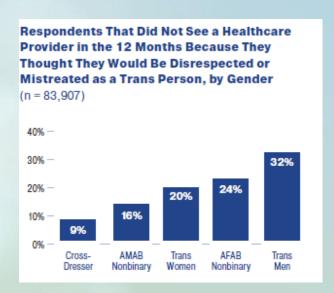




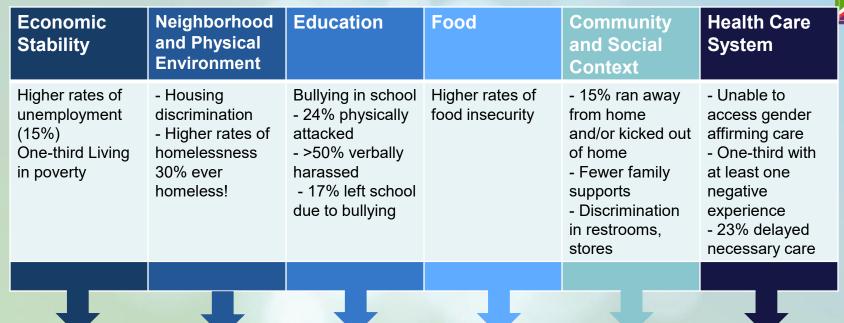
U.S. TRANS SURVEY

- The 2022 U.S. Trans Survey
- 84,000 adults
- Nearly half (47%)
 experienced at least one
 negative interaction with a
 healthcare provider in the
 last 12 months

Negative Experiences with Healthcare Providers in the 12 Months Prior to the USTS		
Negative Experience	2022 (%)	2015 (%)
One or more negative experience	47	N/A°
A doctor or other healthcare provider called me by the wrong name or pronouns (such as he or she)	37	N/A
I had to teach my doctor or other healthcare provider about trans people so that I could get appropriate care	18	24
My doctor or other healthcare provider asked me unnecessary/invasive questions about my trans status that were not related to the reason for my visit	11	15
Aldoctor or other healthcare provider refused to give me transition-related care	5	8



Transgender People and SDOH



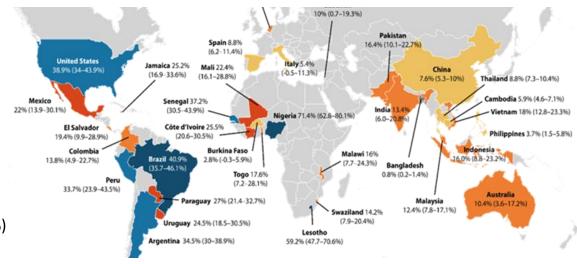
Health and Wellbeing
Mortality, Morbidity, Life expectancy, Health status, Functional limitations

The worldwide burden of HIV in transgender individuals: An updated systematic review and meta-analysis

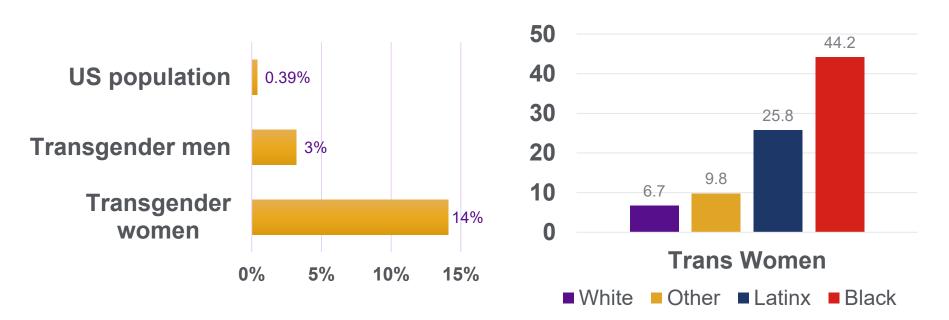
Sarah E. Stutterheim , Mart van Dijk, Haoyi Wang, Kai J. Jonas

Published: December 1, 2021 • https://doi.org/10.1371/journal.pone.0260063

- Trans feminine: HIV prevalence 19.9%, with odds of infection 66x higher compared to the general adult population.
- Trans masculine: HIV prevalence 2.56%, with a 6.8 higher odds compared to the general adult population.
- **Geographic disparities:** Prevalence varied by region: Africa (29.9%), Latin America (25.9%), Asia (13.5%), Global North (17.1%)



HIV Prevalence by Gender and Race (US)

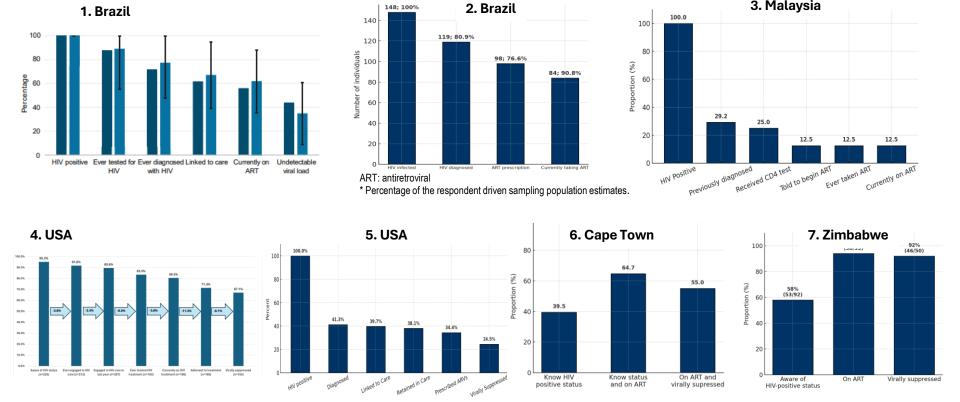


^{*} Lab confirmed

Becasen, J et al. AJPH 2019

HIV Care Continua among Transgender Women

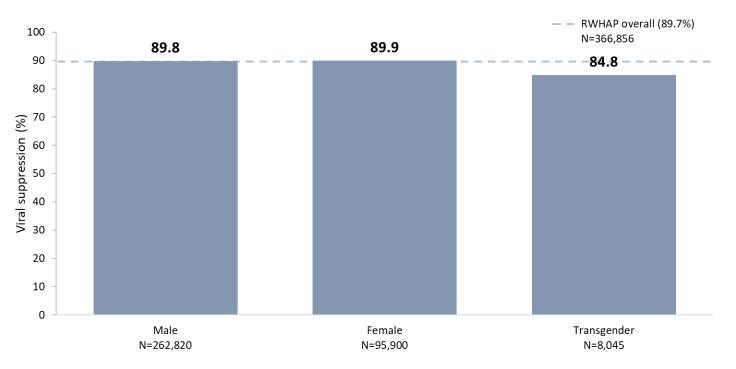
148: 100%



1. Jalil, 2017; 2.Rocha 2020; 3. Ranjit 2023; 4. Cooney 2024; 5. Bukowski 2018; 6. Cloete 2023; 7. Harris 2022

3. Malaysia

Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program, by Gender, 2021—United States and 3 Territories^a

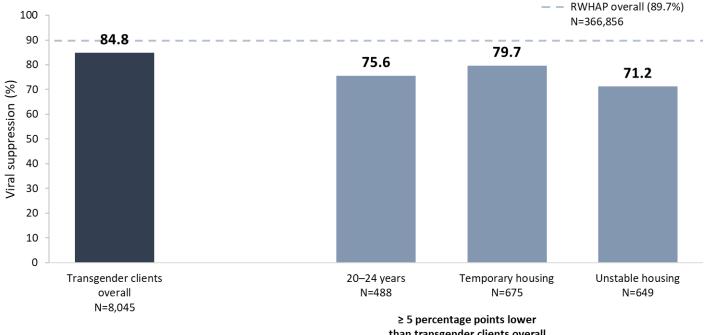


N represents the total number of clients in the specific population.

Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

^a Guam, Puerto Rico, and the U.S. Virgin Islands.

Viral Suppression among Transgender Adults and Adolescents Served by the Ryan White HIV/AIDS Program, 2021—United States and 3 Territories^a



than transgender clients overall

N represents the total number of clients in the specific population.

Includes transgender clients aged 15 years and older.

Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

^a Guam, Puerto Rico, and the U.S. Virgin Islands.

What are the reasons for these disparities in care engagement & viral suppression?

Prioritizing hormone care

Transgender Women Living with HIV Frequently Take Antiretroviral Therapy and/or Feminizing Hormone Therapy Differently Than Prescribed Due to Drug-Drug Interaction Concerns



Hannan M. Braun, Jury Candelario, Courtney L. Hanlon, Eddy R. Segura, Jesse L. Clark, Judith S. Currier, and Jordan E. Lake 🖂

Published Online: 1 Oct 2017 https://doi.org/10.1089/lgbt.2017.0057

Social determinants of health



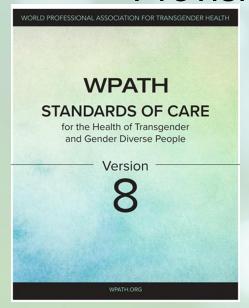
What is Gender-affirming care?

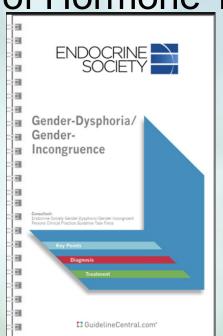
Any single or combination of social, psychological, behavioral or medical interventions designed to support and affirm an individual's gender identity

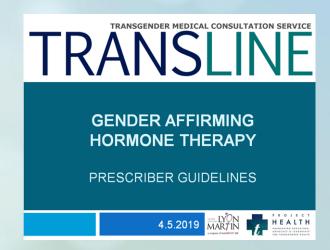


Multiple Clinical Practice Guidelines to Guide Provision of Hormone Therapy











Feminizing



Hormones

- Estrogen + Androgen blocker (skip blocker if no testes)
- Softer skin, breast growth

Surgery

- Breast augmentation
- Orchiectomy
- Vaginoplasty
- Tracheal Shave
- Facial feminization

Image source: Callen-Lorde Community Health Center, New York, New York Masculinizing Regimens

Hormones

- Testosterone
- Amenorrhea, beard/facial hair
- Deep voice

Surgery

- Chest reconstruction mastectomy
- Metoidioplasty
- Phalloplasty





Gender-affirming Interventions

Gender affirming hormone therapy

- **Testosterone** vaginal atrophy, inadequate cervical pap, vaginal microbiome, HIV/STI susceptibility
- Estrogen/androgen blockers Breast cancer risk?
- Changes in serum creatinine, eGFR
- **Drug-drug interactions** ART & hormones

Gender affirming surgeries

- Genital surgeries impact cancer/STI screening "if you have it, check it"
- Neovaginal graft & HIV/STI susceptibility



Eligibility for Hormones (WPATH SOC)

- ✓ Gender incongruence is marked and sustained
- Other possible causes of apparent gender incongruence have been identified and excluded
- Capacity to make a fully informed decision and consent to treatment
- Understands the effect of gender-affirming hormone treatment on reproduction and have explored reproductive options prior to gender-affirming surgical intervention.
- Mental health and physical conditions that could negatively impact the outcome of treatment have been assessed, with risks and benefits discussed

General Approach to Hormone Management



1

Recreate the hormonal milieu aligned with gender identity and patient goals 2

Initiate low doses of hormones Estrogen + androgen blocker (trans women) Testosterone (trans men) 3

Titrate as tolerated, not to exceed maximum doses

4

Monitor hormone levels and response to treatment

Primary care e.g., metabolic concerns, STI/HIV, cancer screening, CVD risk..

Does GAHT Improve the HIV Care Continuum?

- LEGACY Cohort 8,109 trans participants
- Longitudinal Study of Gender
 Affirmation and HIV-related Health in Transgender/Gender Diverse Adults in primary care at 2 FQHCs
- Large-scale, multi-year cohort study that investigated how gender-affirming hormone therapy (GAHT) influences HIV-related health outcomes
- Surveys and EHR data





LEGACY Results

- Gender-affirming hormone therapy
 - 37% lower risk of HIV (aRR 0.63)
 - 44% lower risk of viral nonsuppression (aRR 0.56)
 - Participants on GAHT also had better care retention



- Transgender women on estrogen had improved retention in care, were more likely to receive ART, and be virally suppressed¹
- Positive association between gender-affirming care experiences (affirming clinical environments, and affirming provider behaviors) and uptake of HIV testing among trans and nonbinary young adults (aOR 3.27)²

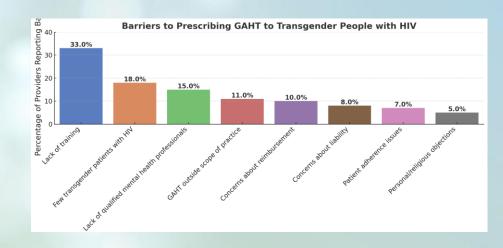


- Access to gender-affirming surgery was linked to sustained improvements in viral suppression among transgender people with HIV receiving Medicaid in NYC³
- Gender affirmation and healthcare empowerment mediate the negative effects of discrimination on HIV viral suppression among trans women of color⁴

What about Provider Knowledge?



- National survey of 324 HIV providers (MDs, NPs, PAs) from IAS-USA CME attendees.
- 57% of providers prescribed GAHT to transgender people with HIV but 40% comfortable prescribing
- Training Gap: Only 7% had formal GAHT training; 83% supported GAHT education during training
- Recommendations
 - Formal training, CME, etc
 - Implement gender-affirmative models of care
 - Partner with local trans organizations



Gender-Affirming Environments First impressions are important

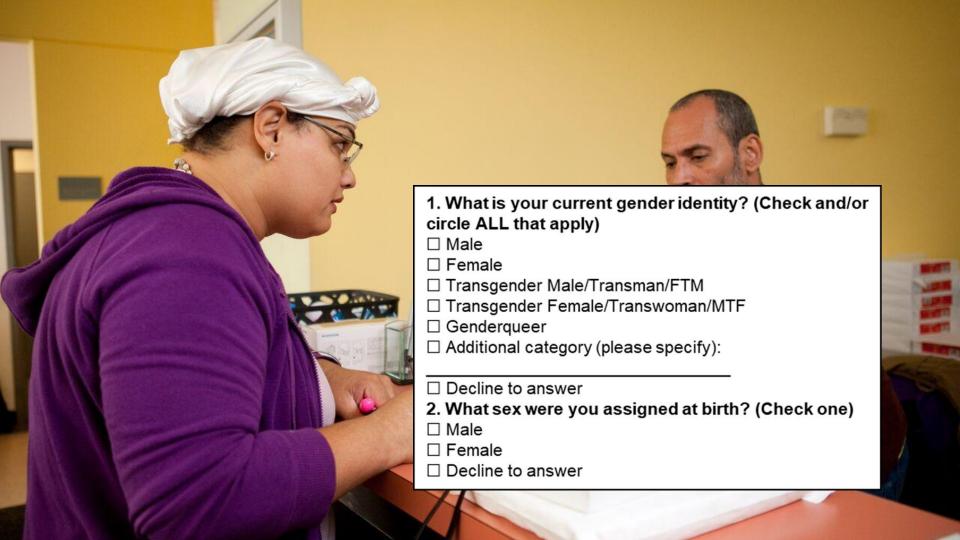




Tangerine Clinic, trans-led hormone integrated sexual health, Thailand

Assess and change current clinical environment

- Use chosen names and pronouns
- Assess psychosocial/material needs, SDOH
- Knowledgeable providers hormones, GAC
- Use trans images on education materials, brochures, website
- Gender neutral/inclusive bathrooms
- Hire trans-identified staff
- Inclusive intake forms
- Create and post non-discrimination, diversity policies, and confidentiality policy around clinic



Sexual Pleasure & Health Resource Guide for Transmen who have Sex with Men

or igbtinfo@mountsinal.org.

This guide is created for TGNB people in the NYC-Metro area. Inclusion of organizations here should not be taken to imply endorsement by Callen-Lorde or Mount Sinai Health System of these organizations.

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There are many resources out there for Transgender and Gender Non-Binary (TGNB) people! This is a guide to community organizations and social and supportive services in the NYC-Metro and surrounding areas that are either known to have experience working with TOMB people, or who offer unique services that some in the TOMB community might need. However, the presence of an organization here does not mean that it will be a soft referrol for all TGNB people. If you have any concerns, it is always a good idea to bring a friend or other supportive Finally: Resource guides are always evolving! We hope to keep up-to-date, if you are starting an organization or service for TGNB people and want to be added to this resource guide, please email info@callen-lorde.org

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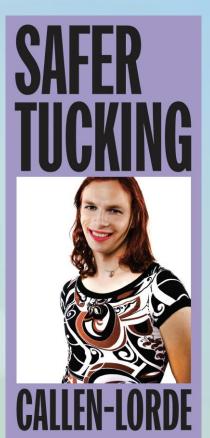
Mount Sinai Mount **CALLEN-LORDE**

356 West 18th Street New York, NY 10011 (212) 271-7200 www.callen-lorde.org

www.mountsinsi.org www.LGBThealthServices.org

Updated 03/29/2018

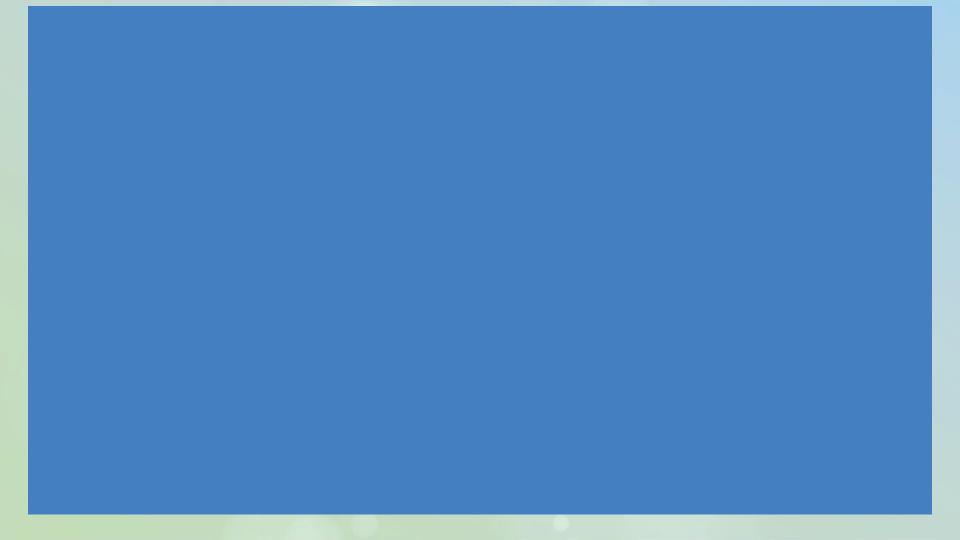




https://callen-lorde.org/transhealth/







The WHITE HOUSE



F PRESIDENTIAL ACTIONS

DEFENDING WOMEN FROM GENDER IDEOLOGY EXTREMISM AND RESTORING BIOLOGICAL TRUTH TO THE FEDERAL GOVERNMENT

The White House

January 20, 2025



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