

Current Issues in Transgender Health

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No national-level data

- No population-based studies = **no reliable estimate** of the number of trans people in the US and their health status
- Current population estimates based on GID diagnosis and/or services at gender clinics
- Prevalence estimates drive funding for prevention and treatment services

Data collection challenges

- Reliance on **binary system of classification**
(i.e. M / F / MTF / FTM or M / F / T)
- **Social stigma**
- Living **'stealth'** or **'post-transsexual'** identity

Our Recommendation: The Two-Question System

1. What is your sex or gender? (Check ALL that apply)

- Male
- Female
- Transgender Male/Transman
- Transgender Female/Transwoman
- Genderqueer
- Additional Category: Please specify: _____
- Decline to State

2. What sex were you assigned at birth? (Check one)

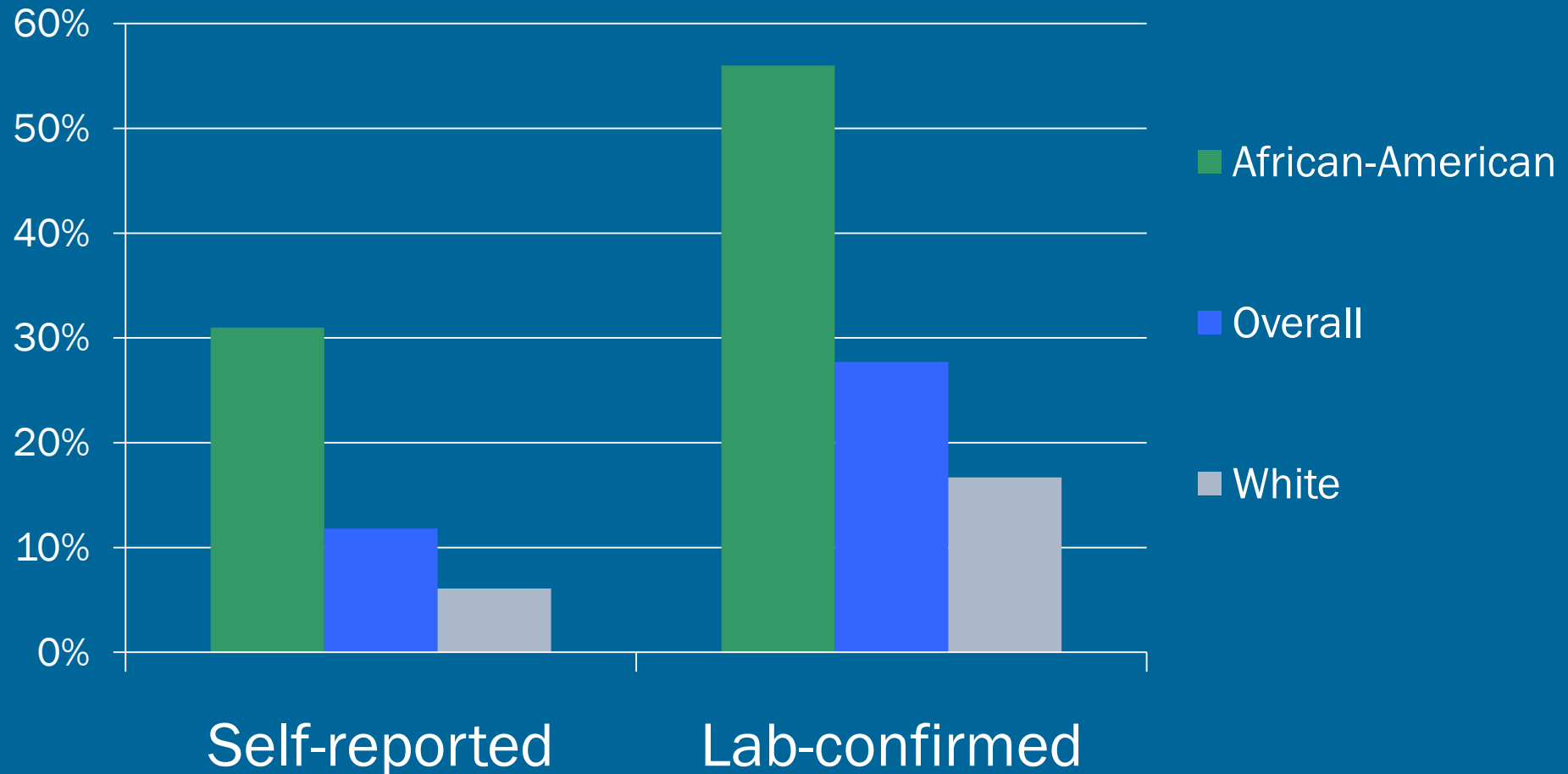
- Male
- Female
- Decline to State

Transphobia leads to pervasive disparities

- Mental health issues: suicide, depression
- Substance abuse
- Barriers to health care
 - Barriers to gender-related care
- HIV/AIDS

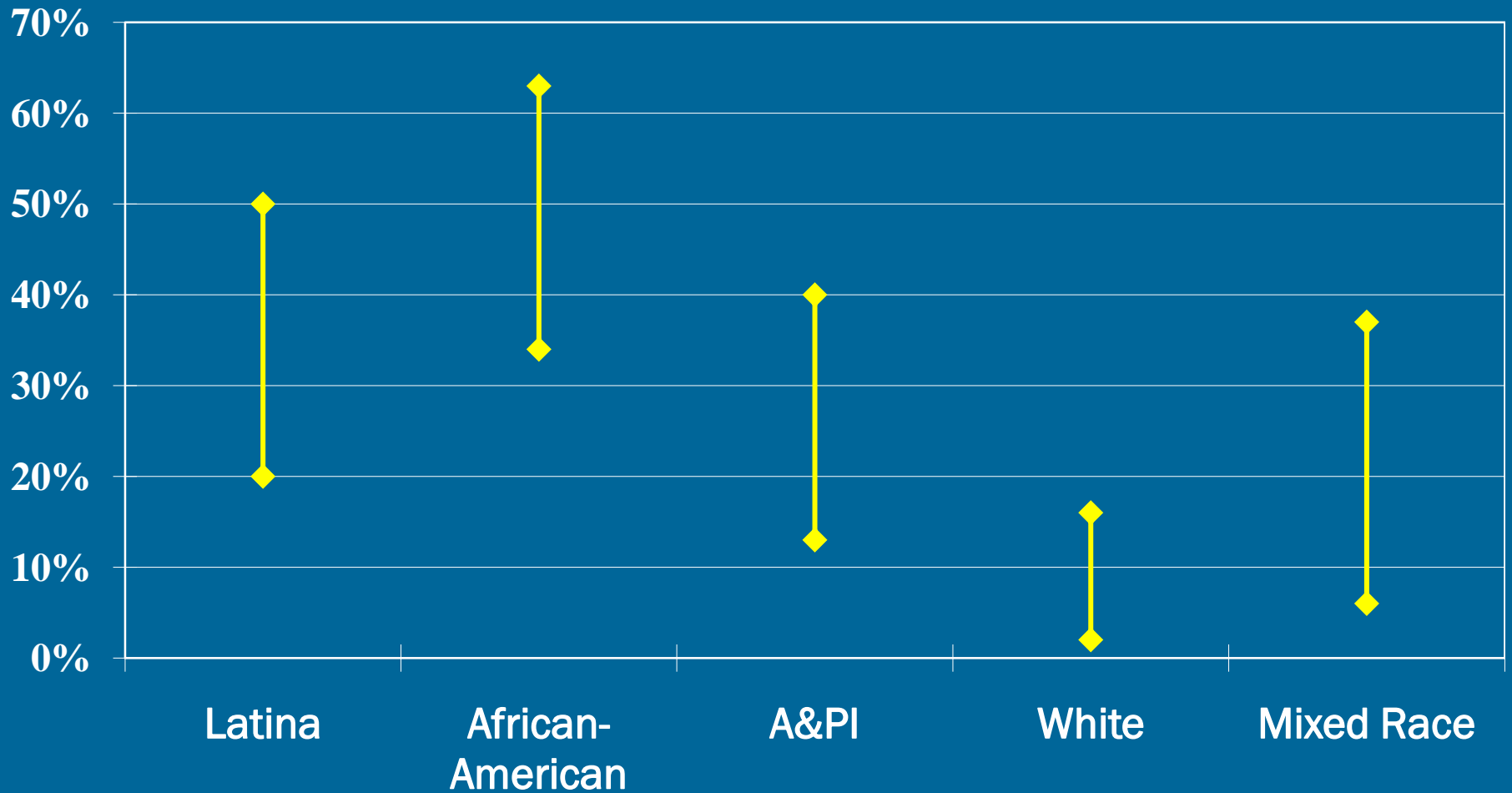
HIV prevalence among transwomen

Based on meta-analysis of 29 regional studies in the US

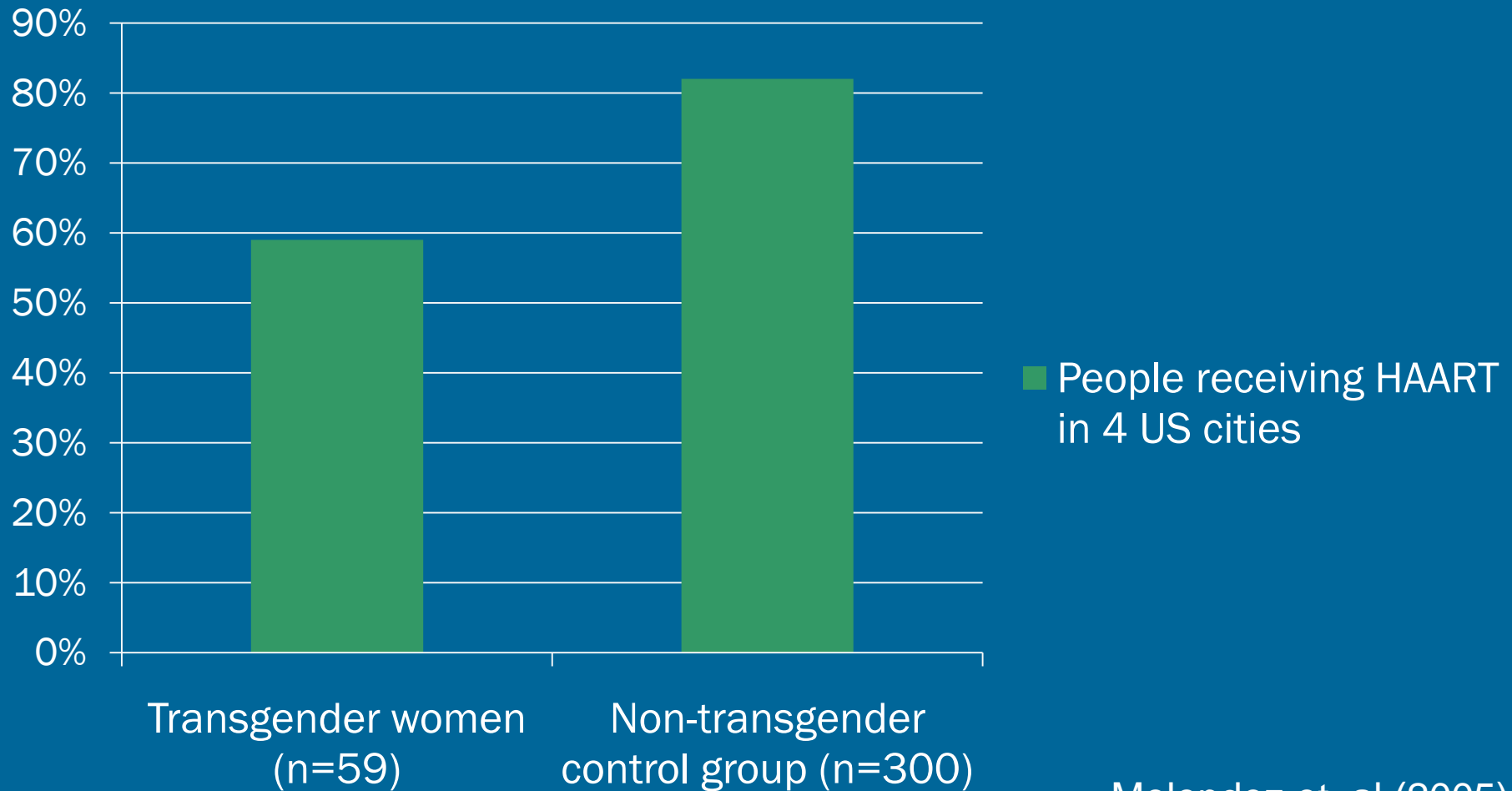


Herbst et al. (2007)

Range of HIV prevalence rates among transgender women, by ethnicity



Access to HIV treatment is lower for transgender women



Melendez et. al (2005)

ART adherence is lower among transgender women

- Transgender women living with HIV are:
 - **less likely to adhere** to their HIV medications,
 - **more likely to report difficulty integrating** their treatment into their daily lives, and
 - **less likely to report positive interactions** with their HIV care providers.

Sevelius, Carrico, Johnson (2010)

Integration of hormone treatment into HIV care

- May augment adherence to HIV treatment
- May decrease the prevalence of self-administered hormone use
- Several HIV medications change the levels of estrogens in the body
- Must address concerns about drug interactions

Hormones and silicone

- Widespread self-medication with hormones
 - No clinical research on long-term effects
- Widespread use of injectable silicone (estimates range from 13 – 47%)
 - Multiple risks, including infections, disfigurement, and death
- Improved access to health care as well as prevention and education programs are needed.

**Serving Transgender People in California:
Assessing Progress, Advancing Excellence**



Center of Excellence for
Transgender HIV Prevention

California's Transgender Resource Inventory and Service Gap Analysis

Available for download at:
www.transhealth.ucsf.edu

Service Gap Analysis: Findings

- Trans people living in rural areas
- Recent immigrants who are trans
- Incarcerated trans people
- Transgender sex workers
- Trans youth
- Partners of trans people
- Transgender men
- Native trans people

Research gaps and opportunities

- Improvement of data collection systems
- Evaluation of culturally-grounded, theory-driven HIV prevention interventions
- Interventions to improve ART adherence
- Interactions between ART and hormones
- Clinical research on hormonal therapy
- Health impact and prevention programs focused on self-medication with hormones and use of injectable silicone
- Underrepresented subgroups of transgender communities



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