

Presentation for Institutes of Medicine



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FTM Rapid Needs Assessment

Evaluating HIV Risks for
~~Transgender Men in San Francisco~~

2008

Challenges in Accessing Transmale Communities

- ✓ Invisible to data and funding streams
- ✓ Distrust research & medical institutions
- ✓ Research lacks diversity, most at-risk
- ✓ Harder to reach communities are accessible through networks

Research Team



Hale Thompson Principal Investigator

Sean Saifa M Wall Recruitment Manager

Chris Roebuck, MPH Methods Consultant

Community Advisory Groups

Study & Instrument Design

Findings & Recommendations

Community-Based Participatory Research

- ✓ Establishing trust between researcher and researched; asking right questions
- ✓ Building capacity of and engaging marginalized populations
- ✓ Community empowerment
- ✓ Improved health outcomes

ASSESSMENT DESIGN



- ✓ Small Budget & Timetable

- ✓ Qualitative

- ✓ Multi-Method

 - 47 Surveys (n=47) \$30


 - 3 Focus Groups (n=17) \$50

 - 10 Key Informant Interviews (n=10) \$50

- ✓ Community-Driven

- ✓ Anonymous

DEMOGRAPHIC INFO, N=47



| | |
|-------------------------------|----------------|
| Age Range | 18-50 (30) |
| Years living as Male | 1-16 years (7) |
| Median income | \$20,000 |
| Have private insurance | 36% |
| Currently taking testosterone | 79% |
| Under Dr's supervision | 66% |
| Ever obtained w/o script | 41% |
| Have had top surgery | 49% |
| Live and work stealth | 55% |

DEMOGRAPHIC INFO, N=47



| | |
|-------------------------------|-----|
| High Risk Partner (12 months) | 66% |
| Single and Cruising | 45% |
| In Open Relationship | 13% |
| Intersex | 4% |
| ID as Queer | 72% |
| ID as Gay | 28% |
| ID as Bisexual | 13% |
| ID as Straight | 11% |

DEMOGRAPHIC INFO, N=47



| | |
|------------------------------|-----|
| POC/Mixed: | 49% |
| White/Caucasian: | 51% |
| Born in U.S: | 85% |
| Born in CA: | 32% |
| Born in BA: | 13% |
| Born in SF: | 3% |
| Undocumented to work in U.S: | 4% |
| History of incarceration: | 17% |

HIV Risks & Stigma

- ✓ New/Expanded Sexual Networks (T, SF)
- ✓ Psychosocial (Self-Efficacy, Substances)
- ✓ Barriers to Access
- ✓ Unprotected Receptive Sex (12 months)
 - ✓ Frontal/Vaginal 34%
 - ✓ Anal 9%

Moving from HIV Model to Integrated Health Model



- ✓ Increase community-driven research
- ✓ Prioritize prevention, mental health, primary care and reducing the stigma around being transgender in health care settings and beyond.

Recommendations: Increase Access

- ✓ Expand insurance coverage
- ✓ Build capacity of transgender populations
- ✓ Increase cultural competence & training
- ✓ Address institutionalized racism
- ✓ Prioritize prevention/testing as well as primary care

Effective Recruitment Strategies

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- ✓ *Intentionality*
 - ✓ *Build and Incorporate Community Linkages*
 - ✓ *Revisit and Revise Strategies Accordingly*

ACKNOWLEDGMENTS



COMMITTEES

Instrument Design,
SF DPH Transgender
Advisory Group,
Findings and
Recommendations

ORGANIZATIONS

DPH HIV Prevention,
Dimensions Youth Clinic,
FTM HIV Prevention
Listserve, Lyon-Martin Clinic,
St. James Infirmary, STOP
AIDS, Tom Waddell TG
Clinic, Trans THRIVE, DPH
TG Advisory Group