What?

This study is a portrait of transgender people who came to Community Healthcare Network (CHN) seeking medical services. We’re a group of federally qualified community health centers providing medical, dental, behavioral health and social services in neighborhoods throughout New York City. We provide confidential care to women, men, and children, regardless of citizenship status or ability to pay.

Why?

It is crucial for transgender patients to receive competent services in their own community and for service providers to understand in depth the lives and experience of transgender people in order to provide quality services. Existing literature is at best deficient. Additionally, the analysis will conclude with data-driven hypothesis in terms of service recommendations for people of trans-experience.

How?

We collected information from psychosocial assessments provided to 90 people of trans-experience in non-LGBT, community-based healthcare setting located in underserved areas throughout New York City. The study summarizes the information collected in the psychosocial assessments in the following areas: serostatus information and patient’s adjustment to HIV status, medical concerns, family and collateral support, education, financial and legal situation, substance use assessment, mental health assessment, and risk assessment. Findings provided significant insight into the real lives of our patients.
• 67% of participants are youth or young adults;

• Participants are primarily transgender people of color (26% identify as African American, 53% identify as Hispanic).
• Most participants were assigned male at birth and identify as female.

• Only 2% of participants identify as transgender.

**Sex at Birth**

- Male: 11%
- Female: 89%

**Gender Identity**

- Male: 2%
- Female: 84%
- Gender Queer: 2%
- Transgender: 12%

**Residence**

- Bronx: 43%
- Brooklyn: 15%
- Buffalo: 16%
- Lake Ronkonkoma: 1%
- Manhattan: 3%
- Queens: 2%
- Unknown: 1%
- NYS (not NYC): 1%
- Out of state: 1%

**Referred by:**

- Other CBO: 30%
- Staff: 44%
- Friend: 6%
- Web: 12%
- Unknown: 8%

• Participants come primarily from the Bronx, where the program was funded. Some participants travel from out of state to receive transgender health services.

• The best way to involve patients seems to be “word of mouth”, underlying the importance of peer support and engagement.
Social History

Education

- 35.6% participants did not complete high school;
- 31.1% dropped out of college.

Living situation

Number of participants

- Partner: 7
- Shelter: 3
- Roommates: 2
- Renat a room: 4
- Other: 1
- CBO: 1
- Homeless: 1
- Friends: 4
- Partner and Family: 1
- Family: 34
- Alone: 19
Support System

<table>
<thead>
<tr>
<th>Support System</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>12</td>
</tr>
<tr>
<td>Faith</td>
<td>2</td>
</tr>
<tr>
<td>Partner</td>
<td>4</td>
</tr>
<tr>
<td>Family, partner, friends</td>
<td>1</td>
</tr>
<tr>
<td>Family and friends</td>
<td>3</td>
</tr>
<tr>
<td>Family and partner</td>
<td>4</td>
</tr>
<tr>
<td>Friends</td>
<td>1</td>
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<tr>
<td>CBO</td>
<td>19</td>
</tr>
<tr>
<td>Family</td>
<td>34</td>
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</tbody>
</table>

Domestic Violence

<table>
<thead>
<tr>
<th>Domestic Violence</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous partner</td>
<td>21</td>
</tr>
<tr>
<td>Previous unspecified</td>
<td>2</td>
</tr>
<tr>
<td>Current family and partner</td>
<td>4</td>
</tr>
<tr>
<td>Current family</td>
<td>10</td>
</tr>
<tr>
<td>Denies</td>
<td>49</td>
</tr>
<tr>
<td>Previous family</td>
<td>4</td>
</tr>
</tbody>
</table>

Legal Issues

**Previous Incarceration**
- Yes: 13%
- No: 87%

**Name Change**
- No: 27%
- Yes: 40%
- Pending: 24%
- Unknown: 1%

**Sex Work**
- Current: 62%
- Previous: 11%
- Denies: 27%
Medical History

Route of infection for HIV positive participants:
- 80% unprotected anal intercourse
- 10% IDU
- 10% unknown

Disclosure issues for HIV positive participants:
- 40% deny any disclosure issue
- 30% disclosure issues with everybody
- 20% disclosure issues with family members
- 5% disclosure issues with casual sex partner
- 5% disclosure issues with current partner

Prevalence of HIV infection among program participants ranged between 11% to 34%.
The majority of participants came to our centers already on hormone therapy, either from other healthcare providers or by taking street hormones.

It is difficult to collect hormone therapy detailed information directly from patients.
Mental Health

Diagnosis

- Unknown: 2
- Personality disorder: 1
- ADHD: 1
- PTSD: 4
- Depression: 18
- Denies: 64
- Bipolar: 5
- General anxiety: 4

Treatment

- Medication: 7
- Hypnosis: 1
- Hospitalization: 2
- Individual therapy: 18
- Group therapy: 1
Identity

Age of Discovery of Gender Identity

- Early Childhood: 13%
- Always knew: 2%
- Not Applicable: 6%
- Younger than 8: 3%
- 8 to 16: 5%
- 16 to 20: 7%
- 21 to 30: 28%
- Older than 31: 23%
- Young age: 13%

Sexual Orientation

- Bisexual: 13%
- Lesbian: 21%
- Straight: 6%
- Unknown: 11%
Name: Vivian

Age: 22

Ethnicity: African American

Gender Identity: Woman (Assigned Male at Birth)

Medical History: HIV positive
History for Syphilis (with multiple re-infections)

Social Conditions:
Severe Substance Use
Survival Sex
Incarceration
Violence and Discrimination
Lack of Education
Treatment Recommendations

Providers Perspective

- Medical Attention (including HIV/AIDS and HRT)
- Mental Health
- Risk reduction- ABC
- Surgery and HRT
- Name Change
- Housing
- Benefits
- Legal Issues

Client Perspective

LOWER PRIORITY

Bi-directional Model (Barucco, Molano, 2008)
Vivian

- Patient met with program staff and created a service plan. Goals included: keep appointments with personal physician, follow treatment recommendations, participate in educational activities to promote self-efficacy.

- Patient met with mental health therapist. No specific mental health issues were identified. Patient enrolled in therapy to discuss relationship patterns, loneliness and unresolved childhood issues while previous substance use and commercial sex are addressed by the treatment facility where patient resided.

- Patient met with medical provider who completed an initial appointment and will provide general healthcare, HIV-related care and transgender care. Provider meets with the team for case-conferencing every time the patient comes to the clinic for a medical appointment.

- Staff works in conjunction with the treatment facility to support the client recovery and avoid relapses in substance use and commercial sex.

- Patient met in-house with representative for Transgender Legal and Education Found to start the name and gender marker change process.

- Patient started to participate regularly to the program’s activities.
Lesson Learned

- Programs targeting transgender people must be flexible, evolving and constantly progressing in order to adapt to every client’s specific needs and multiple barriers.

- The foundation of a successful program is the exclusive, on-going and stable relationship between the patient, the personal physician, and program staff.

- Programs should be compared to a warm and welcoming environment populated with supportive and caring people who form the interdisciplinary team providing integrated services.

- Leadership must ensure staff-buying initiatives including on-going trainings, logistic and programmatic support, on-point response to staff concerns and insecurities.

- The multiple factors and barriers in the lives of many people of trans-experience emphasize the importance of patient education, health literacy, trainings and competence evaluation for staff members.
Thank you.

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