



**2016 Houston HIV Care  
Services Needs Assessment:  
Profile of Transgender and Gender  
Non-conforming Individuals**

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## PROFILE OF TRANSGENDER AND GENDER NON-CONFORMING INDIVIDUALS

A persistent challenge to designing HIV prevention and care services that meet the needs of all Houston area people living with HIV (**PLWH**) is the lack of epidemiological and surveillance data that accurately reflect the burden of HIV among transgender and gender non-conforming PLWH. A 2013 meta-analysis indicated a heavily disproportionate HIV burden among transgender women in the United States, estimating that 21.7% (1 in 5) of transgender women are living with HIV (Baral, et al., 2013). While included in most state and national surveillance datasets, transgender women living with HIV are categorized as male and men who have sex with men (**MSM**) by sex at birth and risk factor. Transgender MSM are often categorized as female with heterosexual risk factor. Gender non-conforming or non-binary individuals are included, but are only represented by sex at birth, not current gender identity. Data about service needs and barriers transgender and gender non-conforming PLWH in the Houston area encounter is of particular importance to local HIV planning as this information equips communities to provide prevention and care services that meet the unique needs of disproportionately affected gender minority groups.

Proactive efforts were made to gather a representative sample of all PLWH in the 2016 Houston HIV Care Services Needs Assessment as well as focus targeted

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## DEMOGRAPHICS AND SOCIO-ECONOMIC CHARACTERISTICS

(**Table 1**) In total, 20 participants in the 2016 Houston HIV Care Services Needs Assessment were identified as transgender or gender non-conforming, comprising 4% of the total sample.

All transgender and gender non-conforming participants were residing in Houston/Harris County at the time of data collection. Like the total sample of needs assessment participants, the majority of transgender and gender non-conforming participants were male at birth (90%) African American/Black (60%), between the ages of 25 and 49 (55%), resided in Harris County (100%), and were born in the U.S. (90%). Most transgender and gender non-conforming participants were categorized as transitioning or having transitioned from Male to Female (**MTF**) (50%) or were non-binary (40%). No transgender and gender non-conforming participants reported being out of

sampling among key populations (See: *Methodology*, full document), and results presented throughout the full document include participants who were transgender or gender non-conforming. This Profile highlights results *only* for participants who were transgender or gender non-conforming, as well as comparisons to the entire needs assessment sample.

*Notes:* “Transgender” and “gender non-conforming” are defined in this analysis as PLWH who indicated having a primary gender identity or gender expression at the time of survey that differed from the participant’s reported sex they were assigned at birth, including an option for “intersex”. As such, participants who self-identify as transgender or gender non-conforming but who did not meet this analysis criterion may be excluded. Care should be taken in applying the results presented in this profile to the Houston area transgender and gender non-conforming PLWH population as a whole due to small sample size. Data presented in this in the Demographics and Socio-Economic Characteristics section of this Profile represent the *actual* survey sample, rather than the *weighted* sample presented throughout the remainder of the Profile (See: *Methodology*, full document). Proportions are not calculated with a denominator of the total number of surveys for every variable due to missing or “check-all” responses.

care, and the majority had public health insurance coverage through Medicaid or Medicare. Compared to all needs assessment participants, greater proportions of transgender and gender non-conforming participants identified as gay or lesbian (60% v. 34%). Transgender and gender non-conforming participants also displayed wider variety in sexual orientation with “other” or write-in responses (25% vs. 5%), including pansexual, undecided, “transsexual”, and “demi-gray asexual”. Though representing a very small overall number, the proportion of participants recently released from incarceration was 85% higher among transgender and gender non-conforming participants was greater than among the total sample (15% vs 8%). Several socio-economic characteristics of transgender and gender non-conforming participants were also different from the total sample. The average annual

income among transgender and gender non-conforming participants who reported income was just over two-thirds the amount the total sample reported, or 71 cents per dollar (\$6,688 vs. \$9,380). A greater proportion of transgender and gender non-conforming participants reported experiencing current housing instability compared to the total sample (70% v. 28%; *not shown*).

Characteristics of transgender and gender non-conforming participants (as compared to all participants in general) can be summarized as follows:

- Residing in Houston/Harris County
- Male at birth
- MTF or non-binary at time of survey
- African American/Black
- Adults between the ages of 25 and 49
- Self-identified as gay or lesbian
- With higher occurrences of recent release from incarceration, lower average annual income, and a greater proportion unstably housed.

**TABLE 1-Select Characteristics among Transgender and Gender Non-Conforming Participants, Houston Area HIV Needs Assessment, 2016**

	No.	TG / GN %	Total %		No.	TG / GN %	Total %		No.	TG / GN %	Total %
<b>County of residence</b>				<b>Age range (median: 35-49)</b>				<b>Sex at birth</b>			
Harris	20	100%	93.4%	13 to 17	0	-	0.2%	Male	18	90.0%	67.3%
Fort Bend	0	-	4.2%	18 to 24	1	5.0%	3.4%	Female	2	10.0%	37.7%
Liberty	0	-	0.2%	25 to 49	11	55.0%	43.2%	Intersex	0	-	-
Montgomery	0	-	1.2%	50 to 54	2	10.0%	24.3%	MTF	10	50.0%	-
Other	0	-	1.0%	55 to 64	4	20.0%	26.2%	FTM	2	10.0%	-
				≥65	2	10.0%	2.8%	Other	8	40.0%	-
				Seniors (≥50)	8	40.0%	53.3%	Currently pregnant	0	-	0.2%
<b>Primary race/ethnicity</b>				<b>Sexual orientation (self-reported)</b>				<b>Health insurance (multiple response)</b>			
White	1	5.0%	11.80%	Heterosexual	2	10.0%	54.0%	Private insurance	4	14.3%	8.6%
African American/Black	12	60.0%	62.7%	Gay/Lesbian	12	60.0%	33.7%	Medicaid/Medicare	14	50.0%	49.8%
Hispanic/Latino	7	35%	23.9%	Bisexual	1	5.0%	7.7%	Harris Health System	6	21.4%	23.7%
Asian American	0	-	1.00%	Other	5	25.0%	4.5%	Ryan White Only	4	14.3%	17.0%
Other/Multiracial	0	-	0.6%					None	0	-	1.0%
<b>Immigration status</b>				<b>Yearly income (average: \$6,688)</b>							
Born in the U.S.	18	90.0%	84.6%	<b>Federal Poverty Level (FPL)</b>							
Citizen > 5 years	0	-	6.5%	Below 100%	9	45.0%	78.80%				
Citizen < 5 years	0	-	0.8%	100%	3	15.0%	12.70%				
Undocumented	0	-	2.0%	150%	0	-	3.70%				
Prefer not to answer	2	10.0%	4.4%	200%	0	-	2.80%				
Other	0	-	1.8%	250%	0	-	0.60%				
				≥300%	0	-	1.40%				

## BARRIERS TO RETENTION IN CARE

As in the methodology for all needs assessment participants, results presented in the remaining sections of this Profile were statistically weighted using current HIV prevalence for the Houston EMA (2014) in order to produce proportional results (See: *Methodology*, full document).

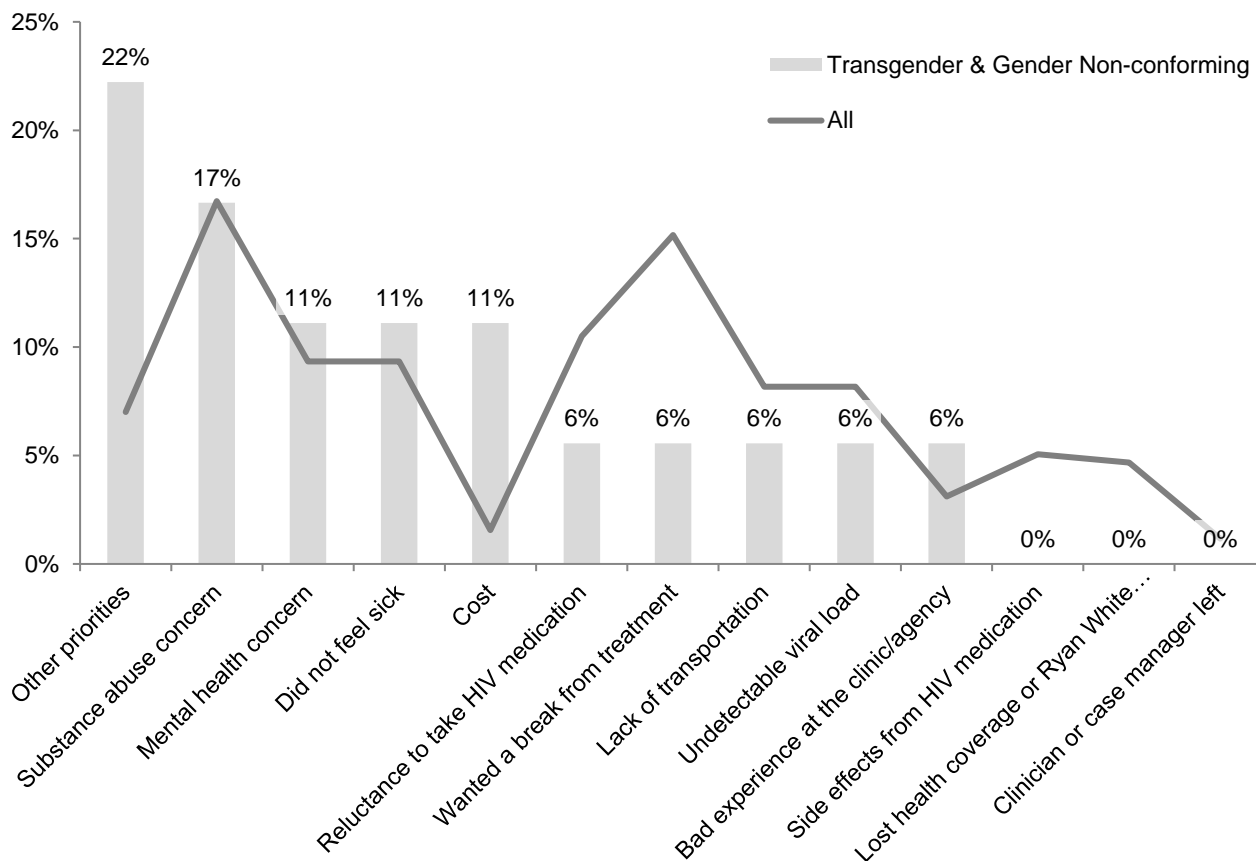
While 71% of all needs assessment participants needs assessment participants reported no interruption in their HIV care for 12 months or more since their diagnosis, only 59% of transgender and gender non-conforming participants reported no interruption in care. Those who reported a break in HIV care for 12 months or more since first entering care were asked to identify the reasons for falling out of care. Thirteen commonly reported reasons were included as options in the consumer survey, and participants could select

multiple reasons. Participants could also write-in their reasons.

(**Graph 1**) Among transgender and gender non-conforming participants, having other priorities at the time was cited most often as the reason for interruption in HIV medical care at 22% of reported reasons, followed by experience substance abuse or mental health concerns (17% and 11%, respectively), not feeling sick (11%), and difficulty paying for medical care (11%). The greatest differences between transgender and gender non-conforming participants and the total sample were in the proportions of reports of having other priorities at the time (22% vs. 7%), difficulty paying for medical care (11% vs. 2%), and wanting to take a break from treatment (6% to 15%). There were no write-in responses for this question.

**GRAPH 1-Reasons for Falling Out of HIV Care among Transgender and Gender Non-conforming PLWH in the Houston Area, 2016**

*Definition: Percent of times each item was reported by transgender and gender non-conforming needs assessment participants as the reason they stopped their HIV care for 12 months or more since first entering care.*



## OVERALL RANKING OF FUNDED SERVICES, BY NEED

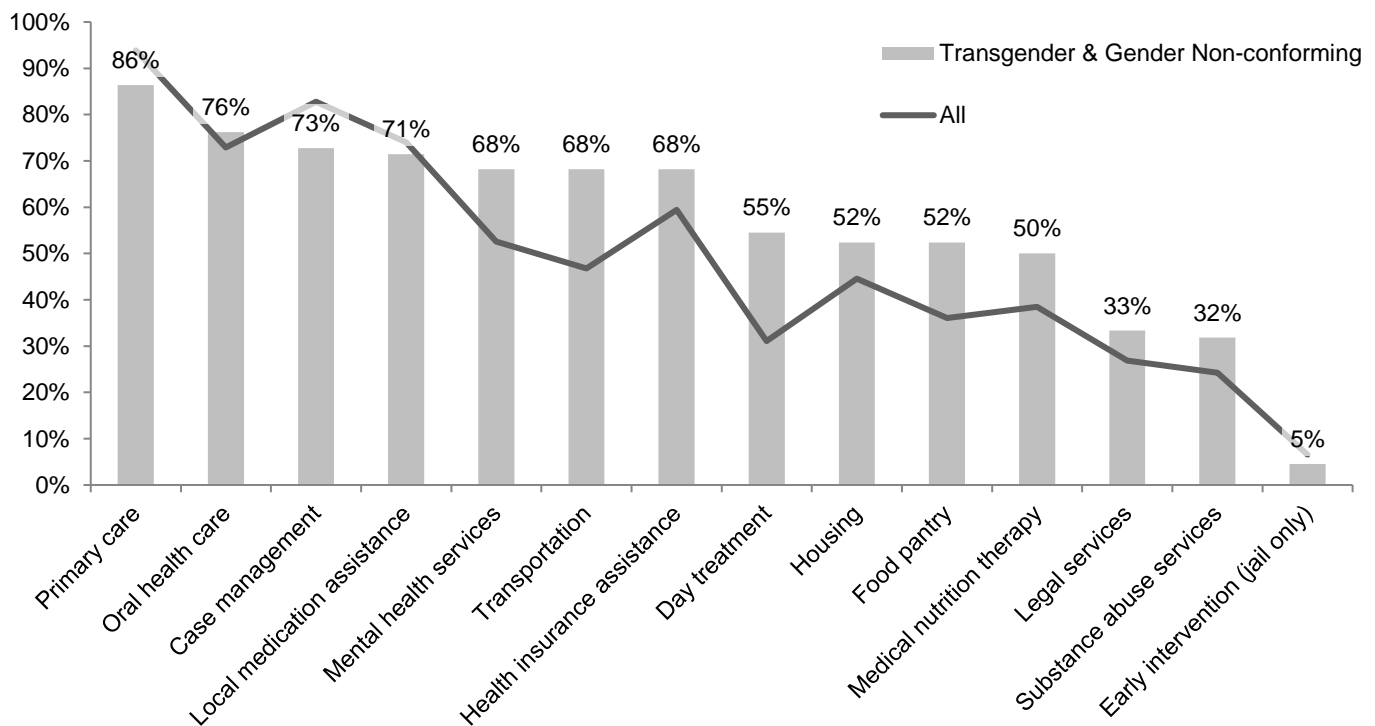
In 2016, 15 HIV core medical and support services were funded through the Houston Area Ryan White HIV/AIDS Program, and housing services were provided through the local HOPWA program. Though no longer funded through the Ryan White HIV/AIDS Program, Food Pantry was also assessed. Participants of the 2016 Houston HIV Care Services Needs Assessment were asked to indicate which of these funded services they needed in the past 12 months.

(Graph 2) Among transgender and gender non-conforming participants, primary care was the most

needed funded service at 86% of transgender and gender non-conforming participants reporting need, followed by oral health care (76%), case management (73%), local medication assistance (71%), and mental health services (68%). The greatest differences between transgender and gender non-conforming participants and the total sample were in the proportions reporting need for day treatment (55% vs. 31%), transportation (68% vs. 49%), mental health services (68% vs. 53%), and food pantry (52% vs. 36%).

**GRAPH 2-Ranking of HIV Services among Transgender and Gender Non-conforming PLWH in the Houston Area, By Need, 2016**

*Definition: Percent of transgender and gender non-conforming needs assessment participants stating they needed the service in the past 12 months, regardless of ease or difficulty accessing the service.*



### Other Identified Needs

Twelve other/non-Ryan White funded HIV-related services were assessed to determine emerging needs for Houston Area PLWH. Participants were also encouraged to write-in other types of needed services.

(Graph 3) In general, transgender and gender non-conforming participants reported fewer currently unfunded needs and in lower proportions than the general sample. Additionally, needs for “other” services skewed toward services to meet physiological and safety needs like food bank and housing-related services. Of the 12 services options provided, the

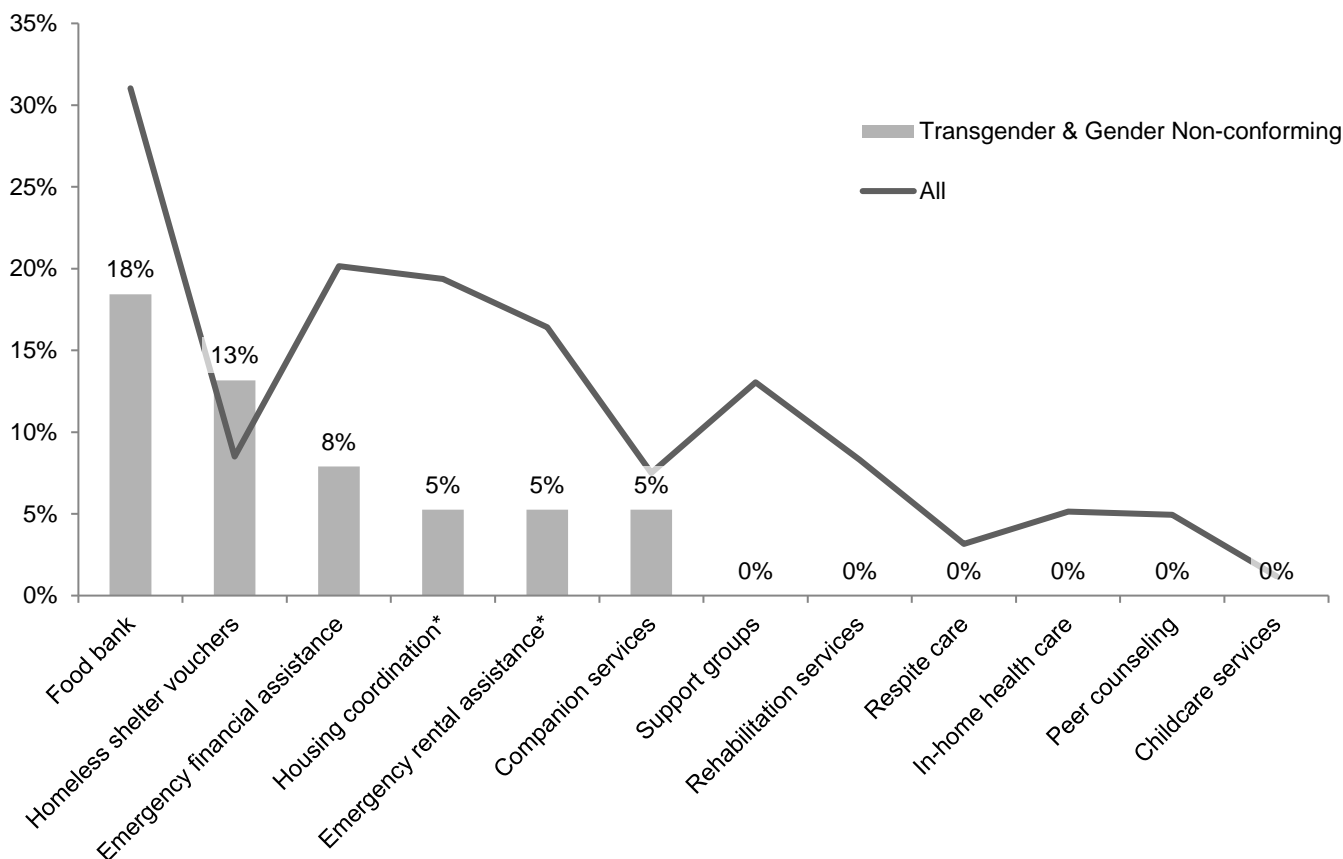
greatest proportion of transgender and gender non-conforming participants reported also needing food bank services (18%), followed by homeless shelter vouchers (13%), and emergency financial assistance (8%). Compared to the total sample, a greater proportion of transgender and gender non-conforming participants reported needing homeless shelter vouchers (13% vs. 8%), while smaller proportions reported needing housing coordination (5% vs. 19%) and food bank (18% vs. 31%).

Transgender and gender non-conforming participants provided no write-in services.

**GRAPH 3-Other Needs for HIV Services among Transgender and Gender Non-conforming PLWH in the Houston Area, 2016**

*Definition: Percent of transgender and gender non-conforming needs assessment participants, who selected each service in response to the survey question, “What other kinds of services do you need to help you get your HIV medical care?”*

\*These services are not currently funded by the Ryan White program; however, they are available through the Housing Opportunities for People with AIDS (HOPWA) program.



## OVERALL BARRIERS TO HIV CARE

For the first time in the Houston Area HIV Needs Assessment process, participants who reported *difficulty* accessing needed services were asked to provide a brief description of the barrier or barriers encountered, rather than select from a list of pre-selected barriers. Recursive abstraction was used to categorize participant descriptions into 39 distinct barriers. These barriers were then grouped together into 12 nodes, or barrier types.

(Graph 4) Only 7 transgender and gender non-conforming participants cited barriers to HIV care services. As this group comprises only 35% of all transgender and gender non-conforming participants and 1.4% of the total sample, great care should be taken in applying data and conclusions from Graph 4

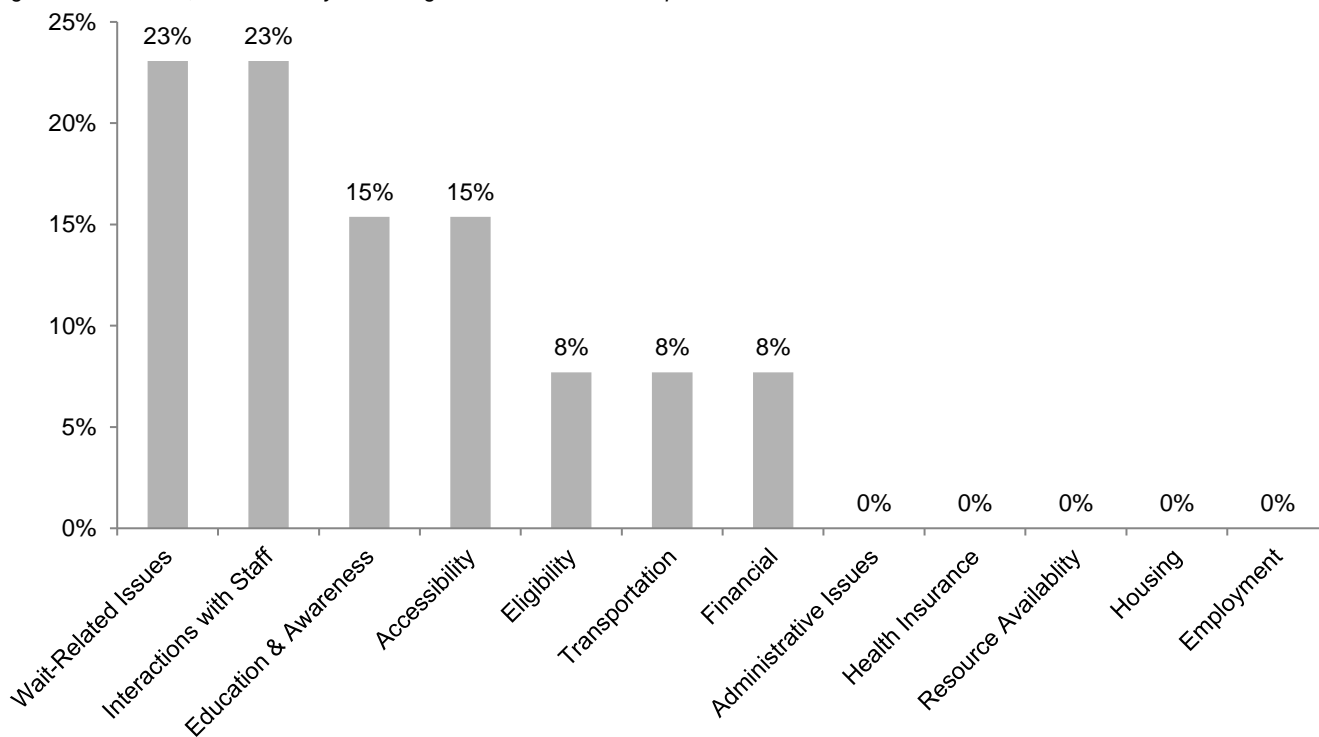
to the greater Houston area transgender and gender non-conforming PLWH population.

Overall, the barrier types reported most often among transgender and gender non-conforming participants related to wait-related issues (23% of all reported barriers); interactions with staff (23%), education and awareness (15%), and accessibility (15%).

Due to the small number of transgender and gender-nonconforming participants reporting barriers to HIV care services, comparison of barrier types between transgender and gender non-conforming participants and the total sample would not be generalizable and are not reported here.

### GRAPH 4-Ranking of Types of Barriers to HIV Services among Transgender and Gender Non-conforming PLWH in the Houston Area, 2016

Definition: Percent of times each barrier type was reported by transgender and gender non-conforming needs assessment participants, regardless of service, when difficulty accessing needed services was reported.



# Works Cited

Baral, S. D., Poteat, T., Stromdahl, S., Wirtz, A. L., Guadamuz, T. E., & Beyrer, C. (2013). Worldwide Burden of HIV in Transgender Women: A Systematic Review and Meta-Analysis. *The Lancet Infectious Diseases*, 214-222.



**For more information or a copy of the full 2016 Houston  
HIV Care Services Needs Assessment contact:**

Houston Area Ryan White Planning Council  
2223 West Loop South #240  
Houston, TX 77027

Tel: (713) 572-3724

Fax: (713) 572-3740

Web: [www.rwpchouston.org](http://www.rwpchouston.org)