



**2020 Houston HIV Care
Services Needs Assessment:
Profile of Transgender and Gender
Non-conforming Individuals**

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 2020 Houston HIV Care Services Needs Assessment as well as focus targeted

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.

DEMOGRAPHICS AND SOCIO-ECONOMIC CHARACTERISTICS

(Table 1) In total, 22 participants in the 2020 Houston HIV Care Services Needs Assessment were identified as transgender or gender non-conforming, comprising 4% of the total sample.

At the time of data collection, 91% of transgender and gender non-conforming participants lived within Houston/Harris County, 48% identified as Black/African American, and 41% were between the ages of 35-49. The majority of transgender and gender non-conforming participants were assigned male at birth (91%). Among the transgender and gender non-conforming participants sampled, 50% identified as transgender female, 9% identified as transgender male, and 36% identified as other/non-conforming. Seven percent (93%) of transgender and gender non-conforming participants reported being in HIV medical care, and the majority of had public health insurance through Medicaid or Medicare (37%), the Harris Health System (Gold Card) (27%), and the Ryan White Program (23%).

Compared to all needs assessment participants, a greater proportion of transgender and gender non-conforming participants displayed a wider variety in sexual orientation with “other” or write-in responses including “transgender”, “human”, “queer” and “transsexual” when compared to the total needs assessment sample (38% vs 3.8%).

A lower proportion of transgender and gender non-conforming participants were below 100% of the Federal Poverty Line (FPL), identified as

Black/African American (48% vs 60%), and were seniors (greater than fifty years old) (11% vs 60%) when compared to the total sample of the needs assessment.

Though representing a very small overall number, the proportion of transgender and gender non-conforming participants recently released from incarceration was the same as when compared to the total sample (both 11%). Similarities between the total sample and transgender and gender non-conforming participants and the total sample were also seen in the proportion of participants that were not currently retained in care (both 7%).

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
- Transgender female
- African American/Black
- Adults between the ages of 35 and 49
- Self-identified as a wide variety of other sexual identities
- Similar occurrences of recent release from incarceration and not being retained in care when compared to the total sample

TABLE 1-Select Characteristics among Transgender and Gender Non-Conforming Participants, Houston Area HIV Needs Assessment, 2020

Assessment, 2020											
		TG / GN	Total			TG / GN	Total			TG / GN	Total
No.		%	%	No.		%	%	No.		%	%
County of residence				Age range (median: 35-49)				Sex at birth			
Harris	20	91%	95%	13 to 17	0	-	-	Male	20	91%	57%
Fort Bend	1	5%	2%	18 to 24	3	14%	3%	Female	2	9%	30%
Montgomery	1	5%	2%	25 to 34	2	9%	9%	Intersex	0	-	9%
				35 to 49	9	41%	28%	Other	0	-	4%
				50 to 54	3	14%	18%	Gender Identity			
				55 to 64	0	-	28%	Transgender Female	11	50.0%	
				≥65	5	23%	15%	Transgender Male	2	9%	
				Seniors (≥50)	8	11%	60%	Other/Non-conforming	8	36%	
Primary race/ethnicity				Sexual orientation (self-reported)				Health insurance (multiple response)			
White	3	14%	14%	Heterosexual	4	19%	57%	Private insurance	2	7%	9%
African American/Black	10	48%	60%	Gay/Lesbian	6	29%	30%	Medicaid/Medicare	11	37%	67%
Hispanic/Latino	5	24%	21%	Bisexual/Pansexual	3	14%	9%	Harris Health System	8	27%	29%
Asian American	1	5%	0.7%	Other	8	38%	3.8%	Ryan White Only	7	23%	24%
Other/Multiracial	2	10%	4.7%					None	2	7%	3%
Immigration status				Yearly income (average: \$6,688)							
Born in the U.S.	17	77%	88%	Federal Poverty Level (FPL)							
Citizen > 5 years	4	18%	10%	Below 100%	8	53%	67%				
Citizen < 5 years	0	-	1%	100%	6	40%	19%				
Undocumented	0	-	0.2%	150%	0	-	6%				
Prefer not to answer	1	5%	0.7%	200%	0	-	5%				
Other			1.8%	250%	0	-	-				
				≥300%	1	7%	2%				

BARRIERS TO RETENTION IN CARE

As in the methodology for all needs assessment participants, results presented in the remaining sections of the Transgender and Gender Non-Conforming Needs Assessment Profile were statistically weighted using current HIV prevalence for the Houston EMA (2018) in order to produce proportional results (See: *Methodology*, full document).

Though representing a very small overall number, the proportion of transgender and gender non-conforming participants reported a higher proportion of at least one interruption in their HIV medical care for 12 months or more since their diagnosis (42% vs 32%). 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 as well.

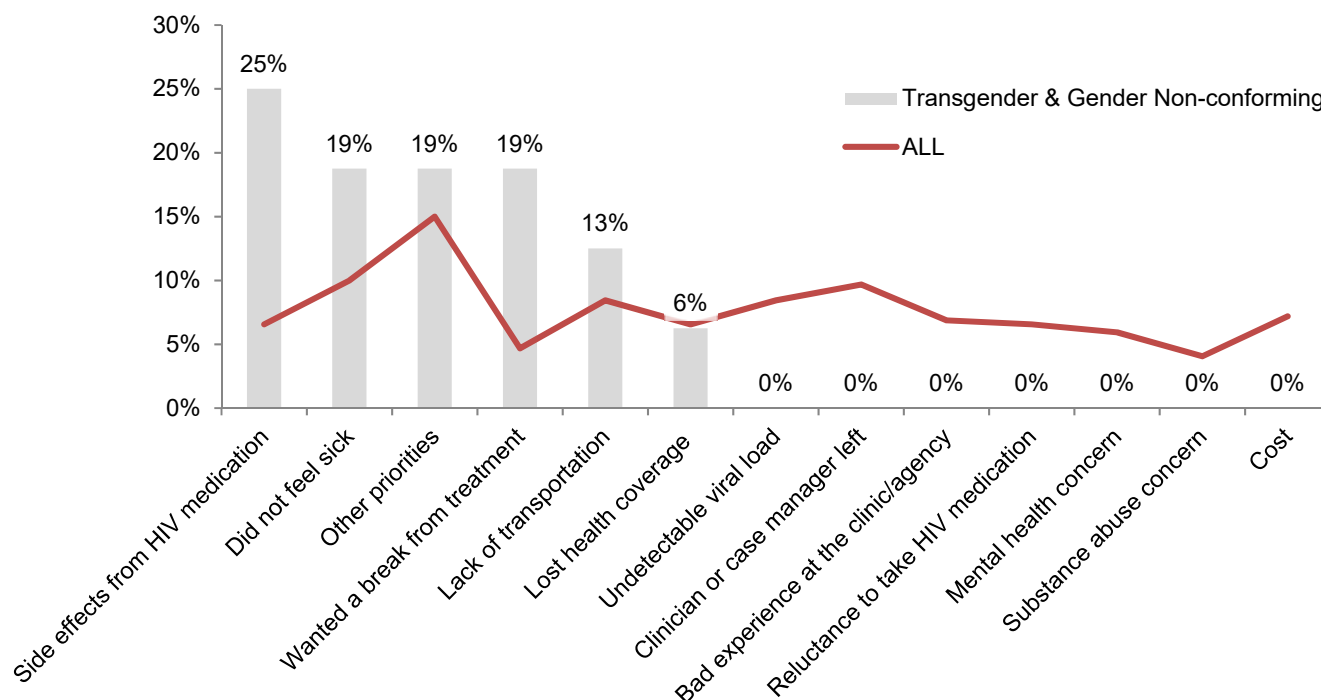
(Graph 1) Among transgender and gender non-conforming participants, side effects from HIV

medication was cited most often as the reason for interruption in HIV medical care at 25% of reported reasons. Transgender and gender non-conforming participants also reported not feeling sick, other priorities, and wanting a break from treatment as common reasons for interruption in HIV medical care (all 19%).

The largest differences in reported barriers to retention in HIV medical care between transgender and gender non-conforming participants and the total sample were in the proportions of reports of side effects from HIV medication (25% vs 7%) and wanting a break from treatment (19% vs 5%). Transgender and gender non-conforming participants did not report undetectable viral load, clinician or case manager leaving, bad experiences at clinics/agencies, reluctance to take HIV medication, mental health concerns, substance abuse concerns, and cost as barriers to retention in HIV medical care. One of the write-in responses when asked to report barriers to retention in HIV medical care was the loss of a participant's child.

GRAPH 1-Reasons for Falling Out of HIV Care among Transgender and Gender Non-conforming PLWH in the Houston Area, 2020

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 2020, 16 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. Participants of the 2020 Houston HIV Care Services Needs Assessment were asked to indicate which of these funded services they needed in the past 12 months.

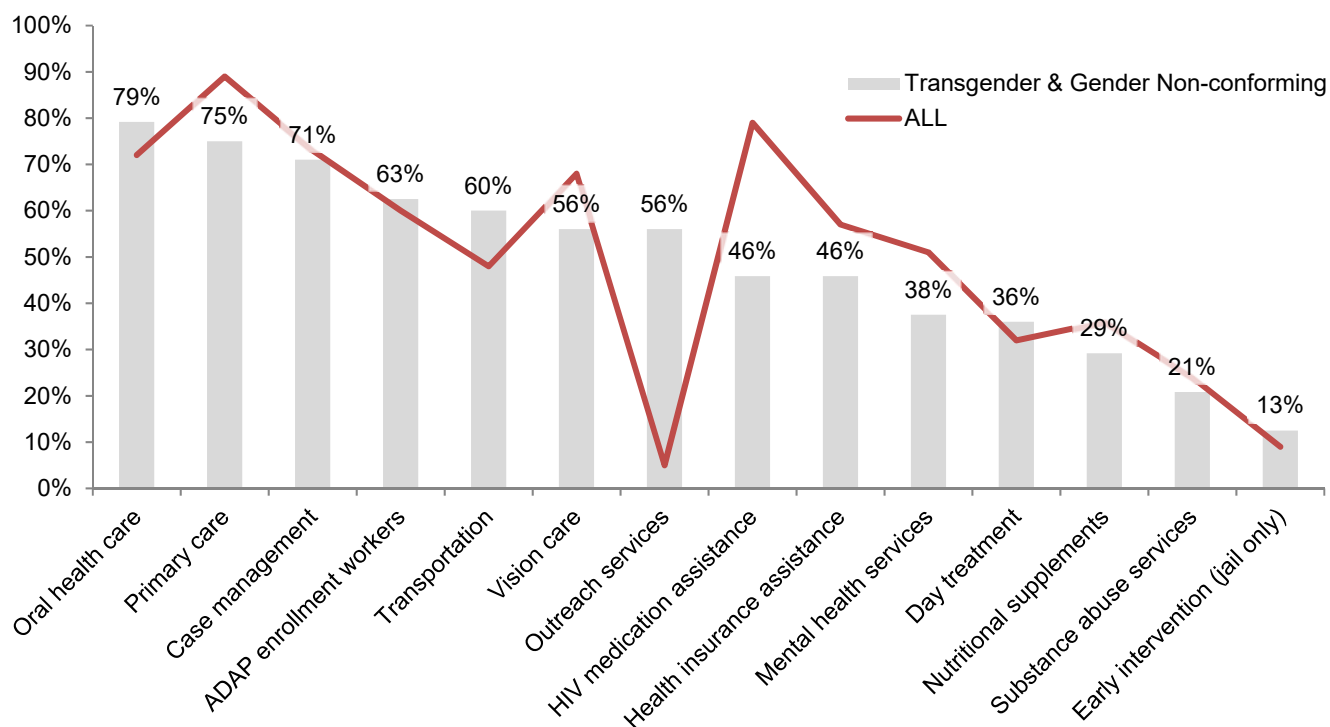
(Graph 2) Among transgender and gender non-conforming participants, oral health care was the most needed Ryan White funded service at 79% of transgender and gender non-conforming participants

reporting need, followed by primary care (75%), and case management (71%).

The greatest difference between transgender and gender non-conforming participants and the total sample were in the proportions reporting need for outreach services (56% vs 5%), and transportation (60% vs 48%). Transgender and gender non-conforming participants reported lower proportions of need for HIV medication assistance (46% vs 79%), primary care (46% vs 79%), and mental health services (38% vs 51%).

GRAPH 2-Ranking of HIV Services among Transgender and Gender Non-conforming PLWH in the Houston Area, By Need, 2020

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

In 2020, 10 other/non-Ryan White funded HIV-related services were assessed to determine emerging needs for PLWH in the Houston area. Participants of the 2020 Houston HIV Care Services Needs Assessment were asked to indicate which of these other/non-Ryan White funded HIV-related services they needed in the past 12 months.

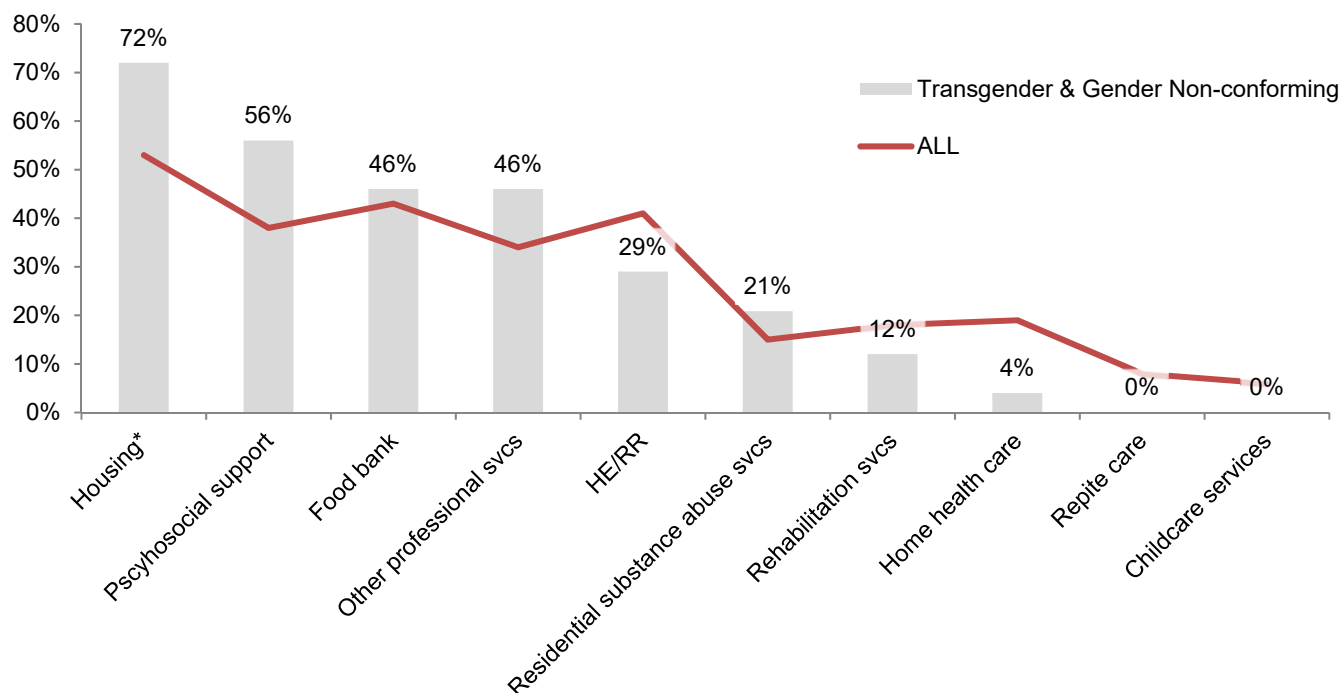
(**Graph 3**) In general, transgender and gender non-conforming participants reported a higher need for services skewed to meet psychological and safety needs

like housing (72%), psychosocial support (56%), food bank (46%) and other professional services (46%). When compared to the reported other needs by the total sample, a greater proportion of transgender and gender non-conforming participants reported needing housing (72% vs 53%), psychosocial support (56% vs 28%), and other professional services (46% vs 34%). Lower proportions of transgender and gender non-conforming participants reported a need for home health care (4% vs 19%), and health education and risk reduction services (29% vs 41%).

GRAPH 3-Other Needs for HIV Services among Transgender and Gender Non-conforming PLWH in the Houston Area, 2020

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

The 2020 Houston Area HIV Needs Assessment process continued the practice of reporting difficulty accessing needed services to provide a brief description of the barrier or barriers encountered, rather than select from a list of pre-selected barriers. Staff used recursive abstraction to categorize participant descriptions into 39 district barriers. These barriers were then grouped together into 12 nodes, or barrier types.

(Graph 4) Only 12 transgender and gender non-conforming participants cited barriers to HIV care services. As this group comprises only 50% of all transgender and gender non-conforming participants and 3.9% of the total sample, great care should be taken in applying data and conclusions from Graph 4

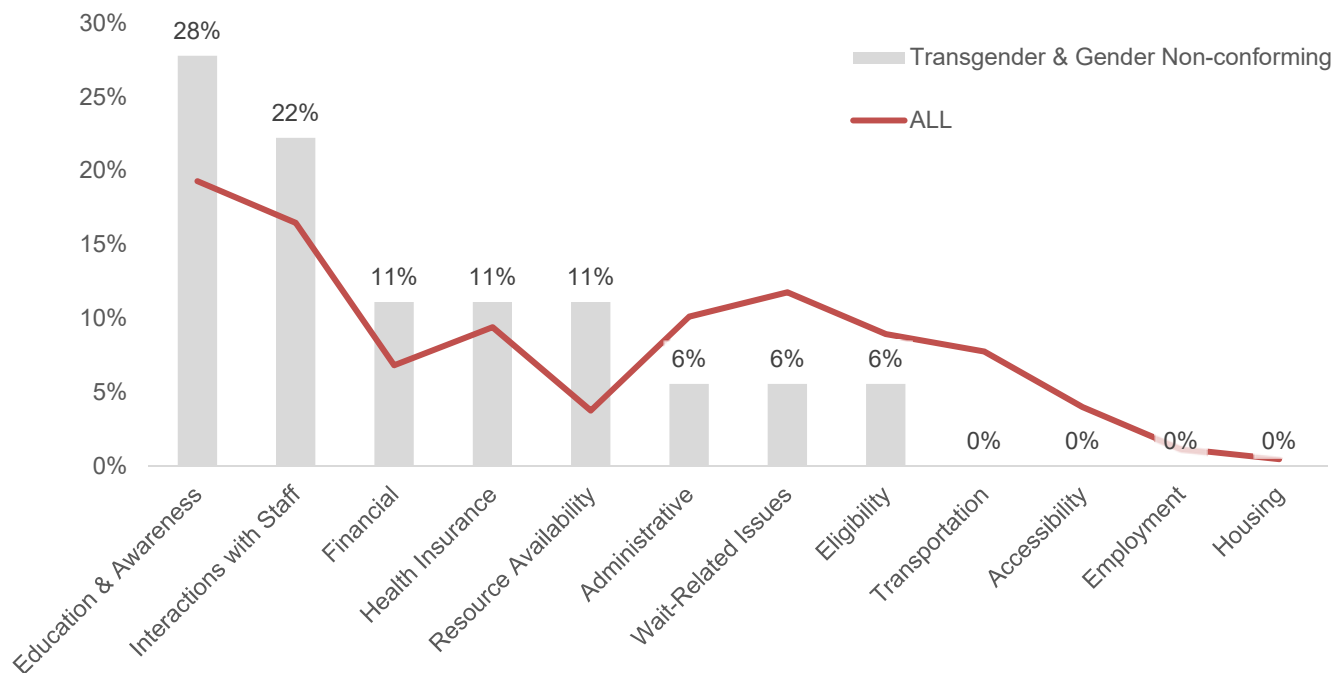
to the greater Houston area transgender and gender non-conforming PLWH populations.

Overall, the barrier types reported most often among transgender and gender non-conforming participants related to education and awareness (28%), and interactions with staff (22%). Transgender and gender non-conforming participants also reported interactions with staff, financial barriers, and health insurance (all 11%) as barriers to HIV medical care.

Due to the small number of transgender and gender non-conforming 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, 2020

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 2020 Houston
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