

Developing a community-driven research agenda to stop the syndemics that drive HIV among trans women

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REACH Trans Priorities Project

November 21, 2016

Overview

- Why is there an increased focus on trans women and HIV?
- Trans women, HIV, and syndemics
- REACH Trans Priorities Project
- Preliminary Results from Phase I
- Next Steps

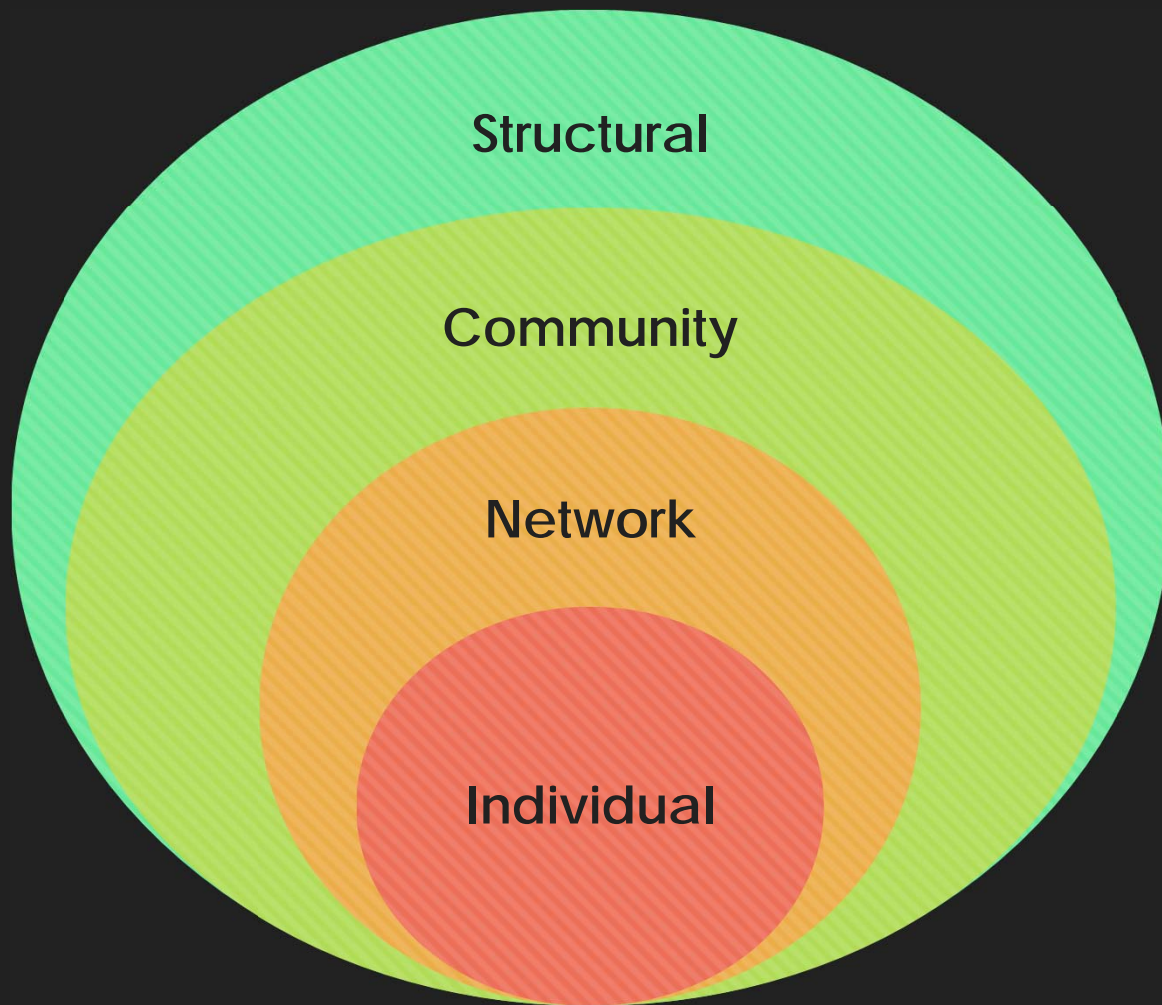
Trans Women are a Priority

- Transfeminine individuals have some of the highest concentrations of HIV epidemics in the world
- An intersectional lens highlights the increased burden on racialized trans women, including African Caribbean Black and Latina/Latinx trans women
- Emerging data consistently support the association of syndemic conditions with HIV risk in trans populations

Trans Women are Seriously Impacted by HIV

- Trans women experience situated vulnerabilities to HIV that can be attributed to structural, community, network, and individual factors that also influence the HIV treatment and care continuum
- Fundamental drivers of HIV in trans women
 - Stigma and discrimination
 - Lack of social and legal recognition of affirmed gender
 - Exclusion from employment and educational opportunities
- Barriers to healthcare access influencing continuum
 - Stigma and discrimination
 - Lack of healthcare provider competent in gender-affirming care

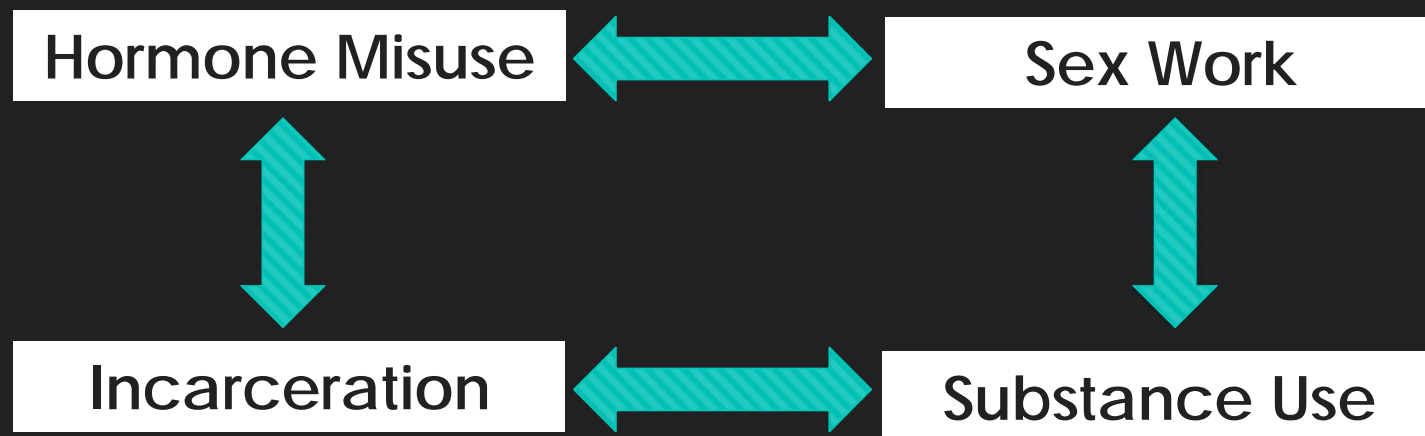
Models for Understanding Syndemics in the Context of Trans Women



- **Multilevel drivers of HIV risk among trans popns**
- Structural
 - Lack of legal protections
 - Discriminatory laws and policies
- Community
 - Stigma and social exclusion
- Network
 - High prevalence partners
 - High risk sex work envts
- Individual
 - Anal sex

Poteat, T., Scheim, A., Xavier, J., Reisner, S., & Baral, S. (2016). Global epidemiology of HIV infection and related syndemics affecting transgender people. *Journal of Acquired Immune Deficiency Syndromes*, 72(Suppl 3), S210-S219.

Syndemic Relationships for Trans Women



Reback, C. J., & Fletcher, J. B. (2014). HIV prevalence, substance use, and sexual risk behaviors among transgender women recruited through outreach. *AIDS and Behavior*, 18(7), 1359-1367.

REACH Trans Priorities Project

CROSS COUNTRY TRANS WOMEN AND HIV RESEARCH PRIORITY SETTING

What is the REACH Trans Priorities Project?

- Trans-led national research project centering the experiences of trans women most affected by HIV
- Objectives:
 - Engage in a community-based research priority setting process focused on trans women affected by HIV
 - Connect trans women, communities, and leaders in urban centres across Canada
 - Identify key priorities for the REACH Trans Research Program over the next five years

Who are we?

The Trans Priorities Project team is made up entirely of trans people who are researchers and community leaders with experience in the field of HIV.

Most of us are trans women, with experience as sex workers, front-line community workers, and HIV researchers. We are a mix of HIV positive and negative folks.



What have we done so far?

- In spring-summer 2016, we spoke to 78 trans women living with and/or affected by HIV through interviews and focus groups in Vancouver, Edmonton, Winnipeg, Toronto, and Montreal.
- We held groups for Indigenous women in Winnipeg and African, Caribbean, and Black women in Toronto.
- We asked for their perspectives on existing services, issues facing trans women living with or at risk for HIV, and potential interventions to improve trans women's outcomes along the HIV prevention and care continuum.

Phase I: Connecting with Trans Women

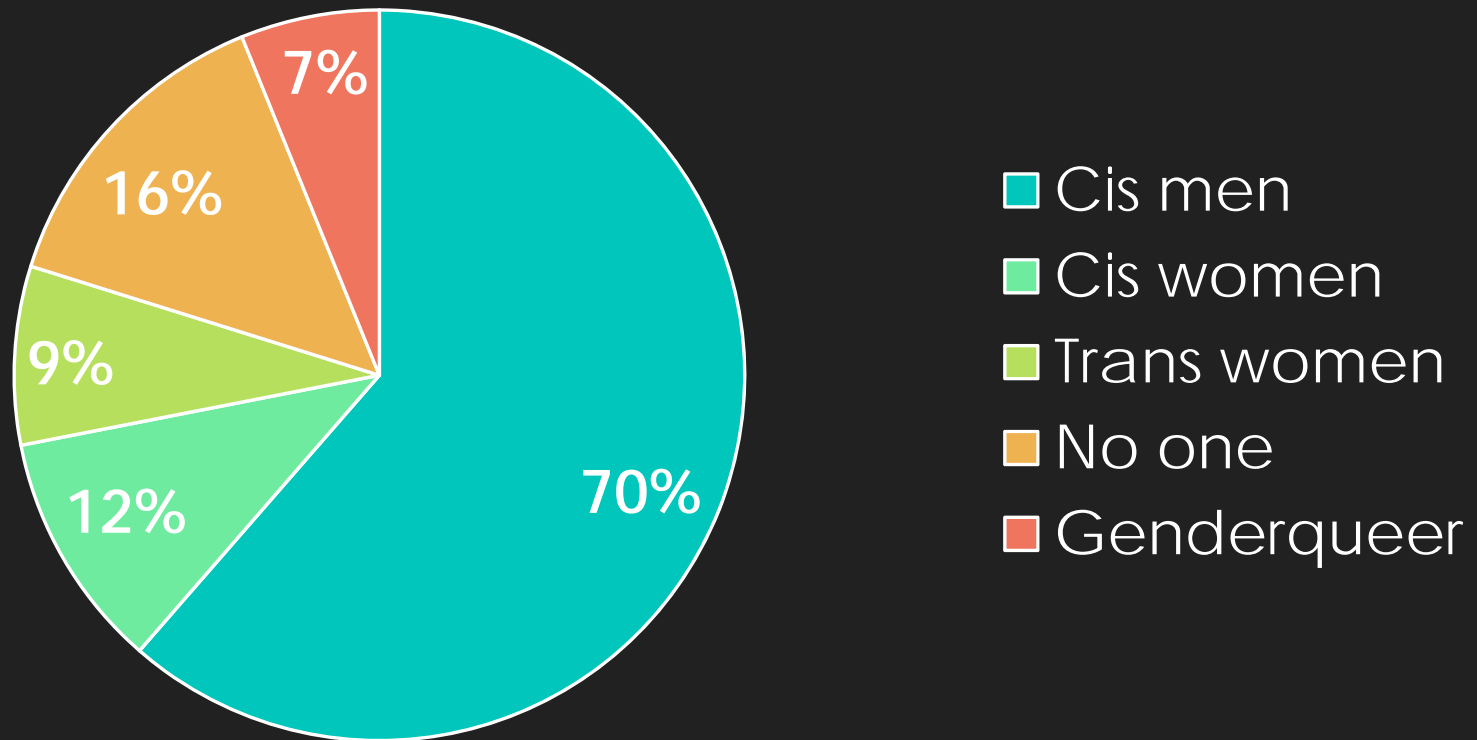
Ethnoracial Identities and Age



○ Ethnicities

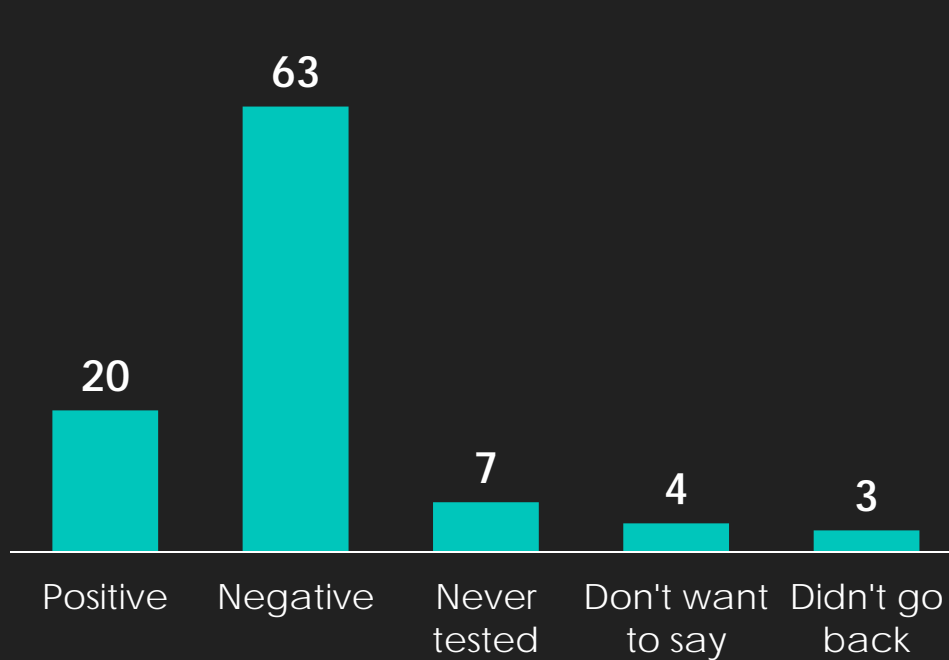
- 38% Indigenous
 - 26% White
 - 18% Latin American
 - 12% African Caribbean Black
 - 4% South Asian or SE Asian
- Average Age: 40 (SD 10.5)
- Age Range 18-65

Sexual Partners

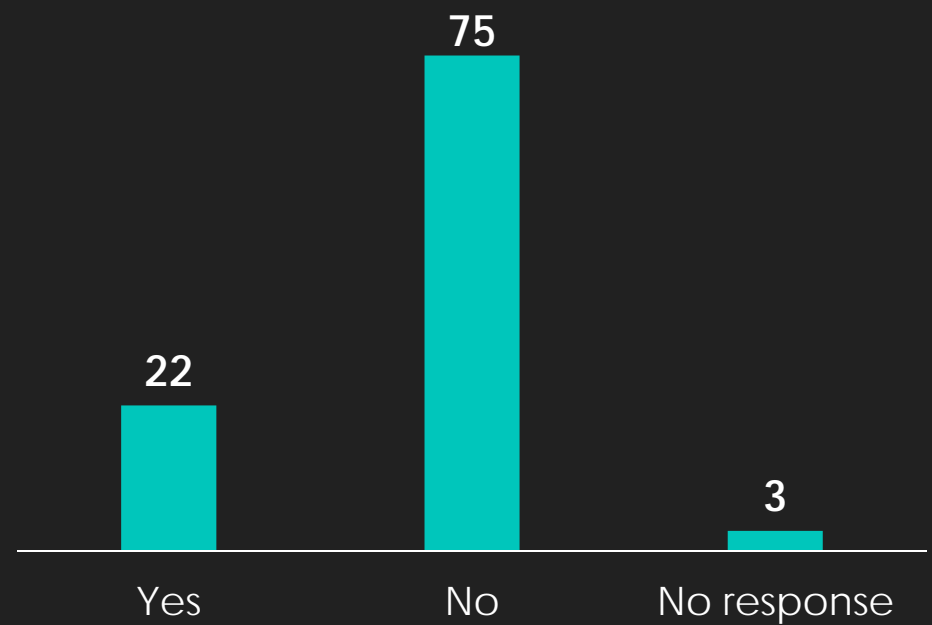


Self-Reported HIV and Hep C Status

HIV Infection

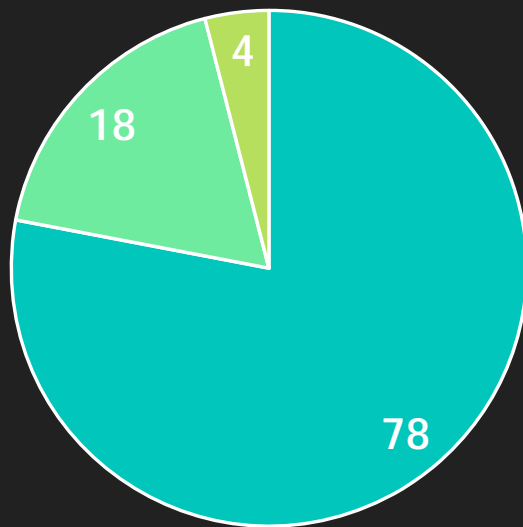


Hepatitis C Infection



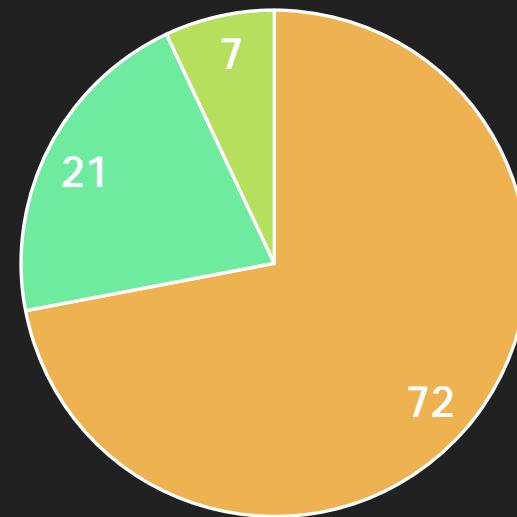
Sex Work and Substance Use

Sex Work



■ Yes ■ No ■ No response

Substance Use



■ Yes ■ No ■ No response

Initial Themes from Phase I

- Preliminary data analysis has identified the following themes from interviews and focus groups:
 - Working to reduce stigma
 - Researching treatment interactions
 - Improving the ways services are delivered
 - Addressing trauma and interpersonal violence

Working to Reduce Stigma

- Lateral/Intra-community stigma
 - “They’ll tell her clients, ‘don’t go see her she’s HIV’ or something...and that’s why we don’t really talk about it within our groups”
- Compounding stigma
 - “I think, as a trans person, you know, you’re already marginalised. And it’s [seropositivity] an extra layer of marginalisation that. . . medically, you know, it’s not like something that social change will be enough, you know, to change that.”
- Stigma within medical care
 - “it is very uncomfortable going somewhere that’s not specifically geared towards them...you kind of feel like they’re discriminating against you”

Improving Service Delivery I

- Media campaign to raise awareness of HIV as a trans women's issue
 - "I also put like our media forefront like blogs, a media platform, maybe a TV station or something that really discuss with a trans face or visible trans faces, seeing that we're not just one face, um like how can you take better care of yourself."
- Develop wrap-around services
 - "Housing, medication, access to everything and employment. Cause there are lots of trans folks that go through a hard time to find a job and getting housing."

Improving Service Delivery II

- Increase comprehensive care
 - Trans women participating were most interested in comprehensive care where physicians were capable of attending to all of their needs, not just focusing on either HIV or trans issues.
- Implement trans-focused approach to programming and services
 - “I think trans women are researched to death with absolutely no benefit from it. I’m not interested in research, I’m interested in services. And yeah. I think...that shouldn’t come from a researcher, that should come from sex workers, trans sex workers that are affected by HIV.”
- Pay attention to education, economic empowerment, and employment

Connections between our research and situated vulnerabilities facing trans women

- Mental Health (depression, anxiety, trauma, **substance use**)
- **Models of Care** (access to healthcare and preventive services, external evaluation models versus informed consent models)
- **Therapeutics/surgery** (gender affirmation procedures)
- Life course (developmental issues, **aging**)
- **Education** (provider cultural competency)
- **Social and structural issues** (**stigma and discrimination**, **violence**, **lack of policies and protections**, limited social capital, gender inequities)
- **Social and economic exclusion**

What's Next?

Phase II: Connecting with Researchers and Service Providers

- We are in the process of completing a **bilingual online survey** and **20 key informant interviews** with service providers and researchers in the HIV and trans health fields in Canada.
- Once this data is collected and analyzed we will **share the research priorities identified** by trans women, researchers, and service providers
- We will be **releasing community snapshots** on our national, city-specific, and population-specific results.
- Building on the research priorities identified by trans women and key informants, we will be **collaborating to launch new research and interventions**.

Research Team and Support

○ Research Team

- Nora Butler Burke
- Gabrielle Leblanc
- Zack Marshall
- Evana Ortigoza
- Yasmeen Persad
- Ayden I. Scheim

○ Project Staff

- Jia Qing Wilson-Yang
- Avery Everhart
- Jemma Tosh
- Peer Coordinators in Winnipeg, Vancouver, and Edmonton
- Funding



Contact

If you are interested in collaborating on community-based research with trans women affected by HIV, we invite you to get in touch: [**transHIVresearch@gmail.com**](mailto:transHIVresearch@gmail.com)