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The University of Texas at Austin
Dell Medical School

PREVENTING HIV IN LGBTQ POPULATIONS

UT Health San Antonio HIV ECHO

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Conflict of Interest Disclosure Statement

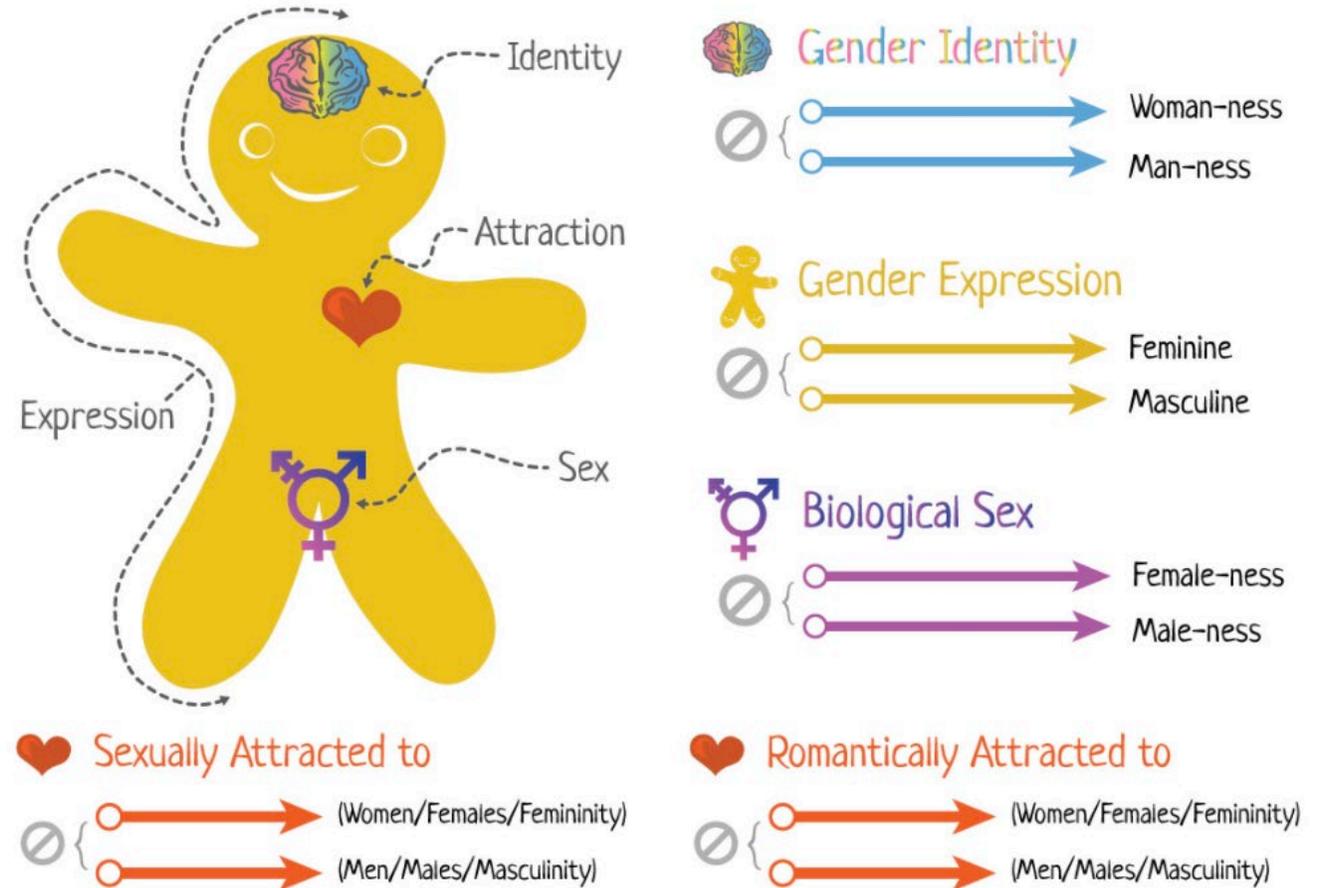
I have no conflicts to declare.

Learning Objectives

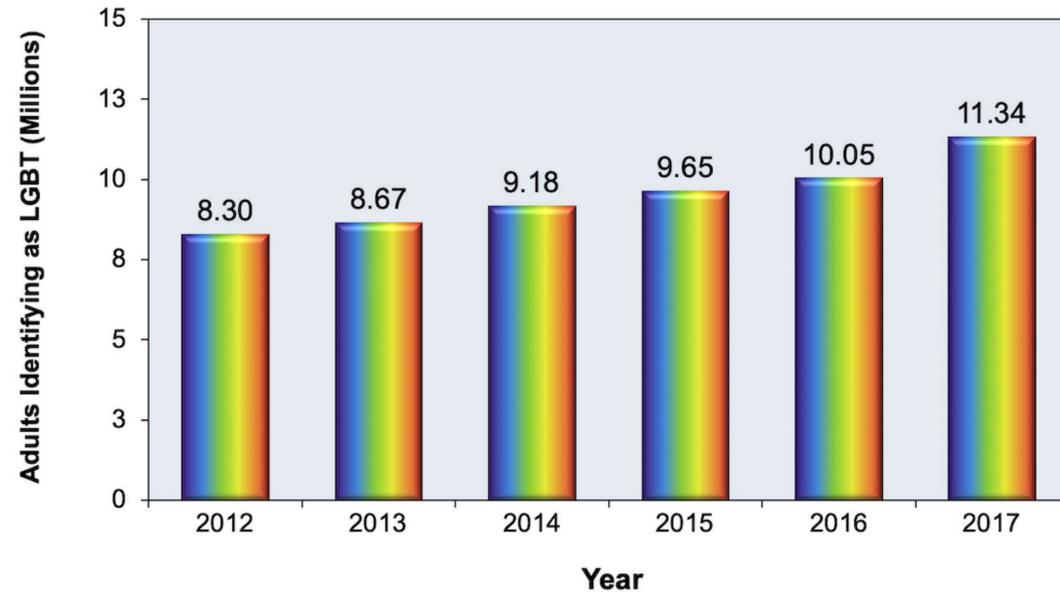
1. Describe the difference between
2. Review factors that impact the HIV care continuum specific to transgender individuals
3. Discuss the impact of gender-affirming care on HIV prevention and treatment

Genderbread Person

- Gender is identity
- Attraction is in the heart
- Sex is between the legs
- Expression is what you choose to show to the world



Epidemiology of HIV in LGBTQ Pop.s



Source: Newport F. In U.S., Estimate of LGBT Population Rises to 4.5%. May 22, 2018.

- ❖ In 2017, approximately 11.3 million people self-identified as LGBT and the # is increasing
- ❖ Most data on HIV is in LGBT populations
- ❖ With the exception of lesbians, sexual and gender minority populations have higher rates of HIV infection compared to cisgender, heterosexual populations
- ❖ Important differences exist amongst the broad categorization of LGBTQIA, necessitating different approaches to HIV prevention

LGBTQ Discrimination in Healthcare

Psychiatrists, in a Shift, Declare Homosexuality No Mental Illness

By RICHARD D. LYONS

Special to The New York Times

WASHINGTON, Dec. 15—The American Psychiatric Association, altering a position it has held for nearly a century, decided today that homosexuality is not a mental disorder.

The board of trustees of the 20,000-member group approved a resolution that said in part, "by itself, homosexuality does not meet the criteria for being a psychiatric disorder."

Persons who are troubled by their homosexuality, the trustees said, will be classified as having a "sexual orientation disturbance" should they come to a psychiatrist for help.

"We will no longer insist on a label of sickness for individuals who insist that they are well and demonstrate no generalized impairment in social effectiveness," the trustees said.

The trustees defined "sexual orientation disturbance" as a category for "individuals whose sexual interests are directed toward people of their own sex and who are either disturbed by, in conflict with or wish to change their sexual orientation."

The semantics of the resolution and exactly how it differed from the association's previous position were challenged by re-

Continued on Page 25, Column 1

Long history of mistreatment of LGBTQ people in medicine

- ❖ Homosexuality was a disorder in the DSM until 1973
- ❖ "Treated" with shock therapy and emetic (vomiting-inducing) drugs.
- ❖ Sterilization and surgery of intersex children
- ❖ Policies that allow clinicians to refuse care on religious grounds
- ❖ Nearly 8% of LGB individuals and 25% of transgender and gender non-binary individuals reported being denied healthcare.

The Social Ecological Model of Health



Adapted by Tasha Golden © 2019

Structural Risk Factors

- ❖ Poverty
- ❖ Loss of social and family support
- ❖ Unemployment
- ❖ Incarceration
- ❖ Racism
- ❖ Sexual orientation or gender-based discrimination in one's home, social neighborhoods, society (including healthcare system)

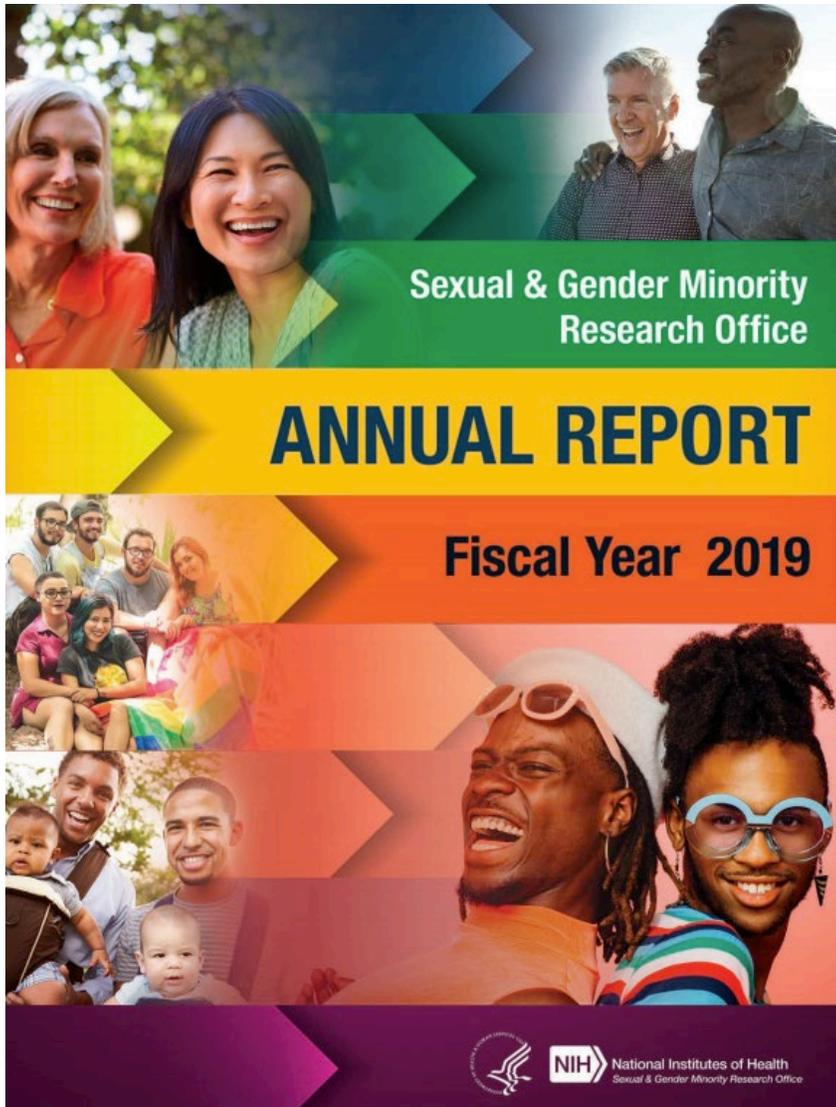
Cisgender MSM: Risk Factors

Definition and Epi

- MSM = Men who have sex with men (may identify as gay, bisexual, or other orientation)
- Of people with new HIV dx in the US, approximately 70% are MSM

Individual Risk Factors

- ❖ Number of sex partners
- ❖ Use of drugs or alcohol during sex
- ❖ Condomless anal intercourse
- ❖ Use of apps and online tools to find anonymous partners (data shows higher rates of condomless anal intercourse)



Limited Data on Transgender People and HIV Prevention

- ❖ Few studies on transgender women with HIV and fewer focused on transgender men
- ❖ Transgender women often grouped in with MSM in HIV studies
- ❖ CDC and NIH have renewed efforts and recommendations to report gender identity in studies and focus on transgender populations

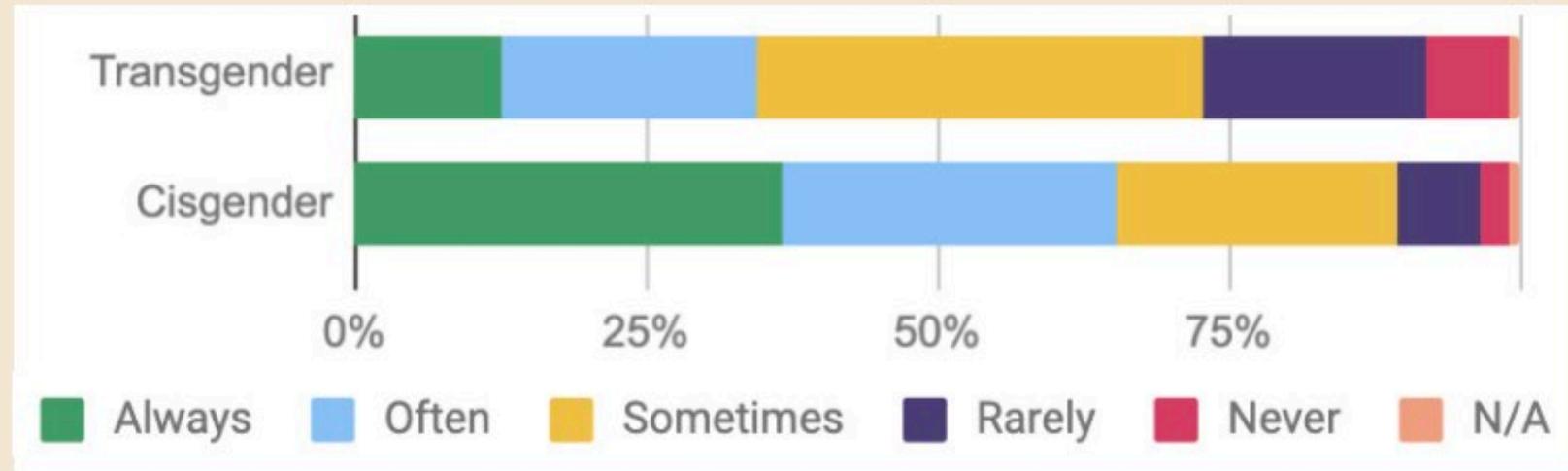


Risk Factors

- ❖ Condomless anal intercourse, drug use during sex, and exchange of sex for money, are more common among transgender women than other groups
- ❖ Transgender women are often impacted by multiple layers of stigma and thus can be harder to reach for prevention efforts
- ❖ Transgender men face similar discrimination but risk of acquiring HIV is generally lower than in transgender women
- ❖ Over 1/3 of transgender people who experience discrimination use drugs and alcohol as a coping mechanism
- ❖ Lack of perceived gender affirmation in medical clinics correlates with missed appts for HIV care and prevention

Discrimination in healthcare

Fig. 5c: “I am comfortable seeking medical care within my community” by cis/trans identity



Southern LGBT Health Survey, Nov 2019

Testing and Prevention

High levels of HIV testing among transgender women

- 96% of transgender women had ever tested for HIV
- 82% of transgender women were tested for HIV in the last 12 months

Low levels of PrEP uptake despite PrEP awareness

- 92% of transgender women without HIV aware of PrEP
- 32% of transgender women without HIV used PrEP



Creating a Safe Clinical Space



- ❖ Analyze your “cis-tem”
- ❖ Gender neutral bathrooms
- ❖ Intake forms, medical records (EMR), and other documentation should integrate gender-neutral language and include gender identity options rather than be limited to sex at birth.
- ❖ Staff and provider training, medical education, input from community
- ❖ Only ask personal questions related to sexual/gender identity if they serve a purpose in medical care or patient comfort, not for curiosity
- ❖ Peer navigation, transgender staff

← Snapshot Chart Review Rooming Plan Notes (3) Wrap-Up This Visit BH Screenings SOGI

Sexual Orientation and Gender Identity SmartForm

Sexuality

Patient's sexual orientation: Straight or Heterosexual Bisexual Something else Don't know Choose not to disclose Gay

Lesbian Pansexual Queer Omnisexual Asexual

Gender Identity

Autofill with default responses: Enable Autofill cisgender female cisgender male

Patient's gender identity: Female Male Transgender Female / Male-to-Female Transgender Male / Female-to-Male

Other Choose not to disclose Non-binary/genderqueer Questioning

Two Spirit

Patient's sex assigned at birth: Female Male Unknown Not recorded on birth certificate Choose not to disclose

Intersex

Patient's pronouns: she/her/hers he/him/his they/them/theirs ze/hir/hirs ey/em/eirs xe/xem/xyrs ve/vir/vis other

patient's name: decline to answer unknown

Affirmation steps patient has taken, if any: presentation aligned with gender identity preferred name aligned with gender identity legal name aligned with gender identity

legal sex aligned with gender identity medical or surgical interventions

EMR documentation

Cerner Powerchart : “Histories” → “Sexual”

Menu

- Provider View
- Flowcharts
- Orders + Add
- Orders Summary View
- Microbiology Viewer
- MAR Summary
- ED Triage View
- Graphic View
- I-View
- Documents
- Blood Product View
- PowerNote/Dyn Doc + Add
- MultiMedia Manager + Add
- Advance Directive
- Allergies + Add
- AMB Provider View
- Chart Search
- Diagnoses and Problems
- Forms
- Growth Chart
- Histories**
- MAR
- Medication Request
- Medication List + Add

← Home Histories

Procedure Family **Social History** Past Medical Pregnancy

Sexual

Gender identity: Identifies as male Identifies as female Male-to-Female (MTF)/ Transgender Female/Tr... Female-to-Male (FTM)/ Transgender Male/Tran... Nonconforming gender Decline to specify Other:

Birth Sex:

Sexual orientation: Straight or heterosexual Lesbian, gay or homosexual Bisexual Something else, please describe (by selecting ot... Don't Know Decline to specify Other:

Sexually active: Yes No

First active at age: Age Year(s)

Epic : “Demographics” →

“Sex and Gender Information (SOGI)” section

Summary

- ❖ Create affirming medical care environments to build trust
- ❖ Tailor outreach to different LGBTQIA communities, including via social media and apps

- ❖ Make sure clinic staff are educated and affirming
- ❖ Make sure EMR is affirming
- ❖ Screen for substance use, refer for treatment, and tailor interventions to the MSM population
- ❖ Promote regular (q3 month) and accessible STI screening and treatment
- ❖ Make PrEP easily accessible
 - ❖ Telemedicine appointments
 - ❖ Offer multiple types of PrEP (TDF-based, TAF-based, injectable PrEP)
- ❖ Integrate gender-affirming care into HIV prevention medical services



Resources

Thank You!

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 [@Alizanorwood](https://twitter.com/Alizanorwood)