

Health Disparities among Transgender Women

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Disclosure Information



Cathy J. Reback, Ph.D.

- No Disclosures

Session Learning Objectives

At the end of the session, you will be able to:

- Identify three individual-level health disparities that many transgender women experience.
- Identify three structural health disparities that many transgender women experience.
- Identify how substance use and SUD are a barrier to healthcare among transgender women.

Overview



- Definitions
- A brief background
- Health disparities: A 17-year comparison study
- Substance use and SUD among trans individuals

Definitions

Cisgender

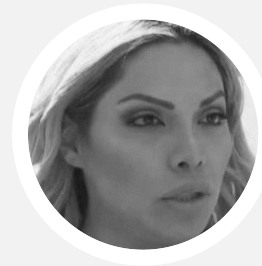
A person that aligns with their assigned biological sex at birth and the cultural norms of that gender identity.

Transgender

Transgender is an umbrella term most used to describe individuals that feel their gender identity is incongruent with the biological sex assigned at birth and/or culture's binary male/masculine or female/feminine dichotomy.

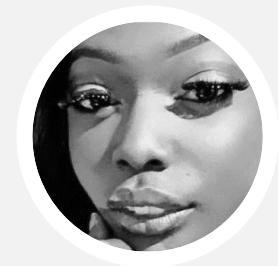
Trans Woman / Trans Feminine

Any person whose male biological sex assigned at birth is in conflict with her female gender identity, regardless of her stage of gender transition.



Gender Identity V. Sexual Identity

Gender (i.e., man/woman) and sexuality (e.g., lesbian/gay/bisexual/heterosexual) are two separate domains.



A Brief Background

- Trans women experience numerous detrimental health disparities that impede access to and engagement in substance use services and HIV care^{1,2}
- Disproportionate rates of health disparities include higher rates of substance use; HIV/STI prevalence and incidence; HIV sexual risk behaviors; mental health symptoms and MHD including depression, anxiety and suicidality; risk of violence and victimization³
- Structural determinants of health include higher rates of poverty, unemployment, and housing instability and lower rates of educational attainment and lack of access to health care⁴
- Interpersonal stigma include prejudice, harassment, abuse, transphobic anticipatory and enacted stigma including from healthcare providers⁵
- Substance use is a barrier to HIV care and substance use tx; behavioral health outcomes include poor linkage and ART adherence, increased high-cost ED visits, engagement in the street economy, and cycles of incarceration^{6,7}
- All are predictors of poor health

¹Reback CJ et al., 2018

⁴Cicero EC et al., 2019

⁷Korthuis PT, et al., 2012

²Lerner JE, Robles G. 2017

³Peitzmeier, S.M, 2020

⁵Wolfe, HL, et al., 2021

⁶Sohler NL, et al., 2007

17-Year Comparison Study on Health Disparities¹

- In Los Angeles County there is evidence that the syndemic health disparities affecting trans women are worsening
- Data from two studies of trans women in Los Angeles County that used the same methodology, same survey assessment, same Investigator:
 - Study 1: 1998-1999, N=244
 - Study 2: 2015-2016, N=271
- Aim: To compare health disparities, substance use, HIV prevalence and risk behaviors, healthcare utilization, and experiences of discrimination at two distal time points.



¹Reback CJ et al., 2018

Sociodemographics

		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
Age	18-29	132	(54.1%)	109	(40.2%)	39.8 ($<.0001$)
	30-39	85	(34.8%)	68	(25.1%)	
	40+	27	(11.1%)	94	(34.7%)	
Racial/ Ethnic Identity	Hispanic/Latina	120	(49.2%)	114	(42.1%)	47.2 ($<.0001$)
	African-American/Black	17	(7.0%)	82	(30.3%)	
	Non-Black/Non-Hispanic	107	(43.9%)	75	(27.7%)	
Income (past 30 days)	< \$1,000	122	(50.0%)	211	(83.7%)	65.8 ($<.0001$)
	\$1,000-\$2,999	98	(40.2%)	28	(11.1%)	
	> \$3,000	24	(9.8%)	13	(5.2%)	

Structural Health Determinants

		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
Housing Status	Not Homeless	234	(95.9%)	231	(85.2%)	16.7
	Homeless	10	(4.1%)	40	(14.8%)	(<.0001)
Healthcare Insurance	Has Health Insurance	85	(34.8%)	209	(77.1%)	102.9
	Does not Have Health Insurance	156	(63.9%)	54	(19.9%)	(<.0001)
	Unknown Refused	3	(1.2%)	8	(3.0%)	
Type of Healthcare Insurance	Medical/Medicare/Medicaid	43	(17.6%)	153	(56.5%)	29.2
	Private/Employer/HMO	42	(17.2%)	33	(12.2%)	(<.0001)

HIV and STI Prevalence

		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
HIV Status	HIV Negative	189	(77.5%)	159	(58.7%)	26.2 ($<.0001$)
	HIV Positive	54	(22.1%)	96	(35.4%)	
	Unknown/Refused	1	(0.04%)	16	(5.9%)	
STI History (Lifetime)^a	Gonorrhea	32	(13.1%)	65	(24.0%)	14.3 (.0063)
	Syphilis	29	(11.9%)	71	(26.3%)	
	Chlamydia	5	(2.0%)	48	(17.7%)	
	Genital/Rectal Warts	17	(7.0%)	25	(9.2%)	
	Genital Herpes	10	(4.1%)	16	(5.9%)	

^aMultiple/responses possible

HIV Sexual Risk Behaviors

		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
Condomless Anal Sex^a	With Main Partner(s)	68	(27.9%)	87	(32.1%)	2.4 (.306)
	With Casual Partner(s)	48	(19.6%)	89	(32.8%)	
	With Exchange Partner(s)	34	(13.9%)	51	(18.8%)	
	Any	115	(47.1%)	151	(55.7%)	
Sex Work as Main Source of Income (past 6 months)	Sex Work as Main Source of Income	121	(49.6%)	98	(36.2%)	9.5 (.002)
	Sex Work NOT Main Source of Income	131	(50.4%)	173	(63.8%)	

^aMultiple/responses possible

Substance Use

		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
Substance Use (past 6 months)^a	Alcohol	188	(77.1%)	109	(40.2%)	54.1 ($<.0001$)
	Cannabis	95	(38.9%)	147	(54.2%)	
	Methamphetamine	68	(27.9%)	74	(27.3%)	
	Cocaine	61	(25.0%)	27	(10.0%)	
	Crack	37	(15.2%)	11	(4.1%)	
	Poppers	24	(9.8%)	14	(5.2%)	
	Ecstasy	17	(7.0%)	19	(7.0%)	

^aMultiple/responses possible

Perceived Discrimination and Abuse

		Study 1: 1998-1999 (N=244)		Study 2: 2015-2016 (N=271)		Sig
		n	(%)	n	(%)	X ² (p-value)
Perceived Discrimination (Lifetime)^a	Job (hiring)	115	(47.1%)	174	(64.2%)	1.5 (0.819)
	Job (fired)	71	(29.1%)	109	(40.2%)	
	Housing	73	(29.9%)	115	(42.4%)	
	Health services	32	(13.1%)	58	(21.4%)	
	HIV prevention services	10	(4.1%)	23	(8.5%)	
Abuse/ Harassment (Lifetime)^a	Verbal	195	(79.9%)	210	(77.5%)	1.9 (0.169)
	Physical	115	(47.1%)	154	(56.8%)	

^aMultiple/responses possible

Overall Worse Determinants of Health

Improved determinants of health:

- Healthcare insurance
- Healthcare access / utilization
- Fewer participants reported sex work as a main source of income

Worsened determinants of health:

- Unhoused / housing insecurity; three-fold increase
- Income
- Elevated rates of receptive condomless anal intercourse with every partner
- Methamphetamine use remained high and stable
- Similar or higher rates of discrimination, harassment, and abuse
- Increased lifetime STI prevalence
- HIV prevalence rate from 22% in Study 1 to 35% in Study 2

Substance Use Among Transgender Populations: A Meta Analysis⁸



- 20 studies comparing trans and cisgender individuals
- 2,376,951 participants of whom 18,329 were trans
- Data included current tobacco use, current TUD, current alcohol use, current AUD, lifetime substance use, current substance use, current SUD

⁸Cotaina, M et al., 2022

Cotaina et al., Study Findings⁸

- Trans individuals were more likely to use tobacco (OR = 1.65; 95% CI [1.37, 1.98]) have lifetime substance use (OR = 1.48; 95% CI [1.30, 1.68]) and current substance use (OR = 1.79; 95% CI [1.54, 2.07]), but **not** alcohol
- However, the likelihood of TUD, AUD, and SUD did **not** differ between trans and cisgender individuals

Cotaina et al., Study Findings⁸

- Trans individuals had a higher prevalence of substance use than cisgender individuals but **not** a higher prevalence of SUD
- Tobacco/substance use might be an emotional regulation strategy for coping with traumatic experiences related to social, structural and internalized transphobia
- Tobacco/substance use could be a response to health disparities and minority stress⁹ experienced as a result of anticipated and enacted stigma
- More than half of the trans women participants reported experiencing trauma in their lifetime including child abuse

⁸Cotaina, M et al., 2022
⁹Meyer, 2003

Prevalence and Correlates of Substance Use Among Transgender Adults: A Systematic Review¹⁰



- 41 studies
- Half with both trans men and trans women, half with only trans women
- 653 unique records

¹⁰Connolly & Gilchrist, 2020

Connolly & Gilchrist Study Findings¹⁰

- Correlates of substance use include:
 - Transphobic discrimination and violence
 - Unemployment and engagement in sex work
 - Gender dysphoria (gender expression incongruent with societal expectations)
 - Intersectional sexual/gender minority status⁹
- High and excessive prevalence of substance use relative to cisgender individuals, no findings on SUD

⁹Meyer, 2003

¹⁰Connolly & Gilchrist, 2020

Connolly & Gilchrist Study Conclusions¹⁰

- Most treatment facilities are designed to serve cisgender, heterosexual populations
- Trans individuals face cis and heteronormative assumptions that serve as a barrier to seeking treatment
- Primary care and trans providers should screen for substance use
- Trauma-informed psychosocial tx should inform traditional substance use tx

¹⁰Connolly & Gilchrist, 2020

Transgender-related Discrimination and Substance Use, Substance Use Disorder Diagnosis and Treatment History among Transgender Adults⁵



- Online or in-person survey
- N = 600
- Massachusetts and Rhode Island

⁵Wolfe HL et al., 2021

Wolfe et al., Study Findings⁵

- 48.2% reported moderate to high levels of everyday discrimination in the past 12 months
- 31.1% reported “high frequency” of substance use in the past 12 months
- 11.8% reported a SUD diagnosis
- 11.0% reported receiving substance use tx (lifetime)
- Multivariable models found significant positive association between trans-related discrimination and past 12-month substance use ($B = 1.44$; $aR^2 = 0.13$; $p = .009$), SUD diagnosis ($aOR = 3.64$; 95% CI = 1.46-9.07; $p = .006$), and lifetime tx history ($aOR = 3.93$; 95% CI = 1.50-10.21; $p = .005$)
- The quantity and frequency of substance use increased with high levels of discrimination

⁵Wolfe HL et al., 2021

Wolfe et al., Study Conclusions⁵

- Substance use can be a strategy for coping with the mental health consequences of discrimination
- Interventions with trans individuals must include stressors/trauma
- Trans individuals experience anticipatory and enacted stigma (i.e., discrimination) in healthcare settings including substance use tx

⁵Wolfe HL et al., 2021

Takeaways

- Trans individuals experience multiple syndemic health disparities¹
- Nondiscrimination laws are necessary to protect trans individuals⁵
- Anticipated stigma can serve as a barrier to receiving substance use tx¹¹
- Trans individuals often leave substance use tx prematurely as a result of anticipated or enacted stigma¹²
- Tx programs should affirm one's sexual and gender identity to achieve optimal tx outcomes⁵

¹Reback CJ et al., 2018
⁵Wolfe et al., 2021

¹¹Reisner SL et al., 2015
¹²Lyons et al., 2015

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