

A large, three-dimensional red awareness ribbon is positioned on the left side of the slide, set against a blue gradient background. The ribbon is tied in a loop and has a soft shadow beneath it.

# **HIV and COVID-19 Inequities among Trans Women in the U.S.**

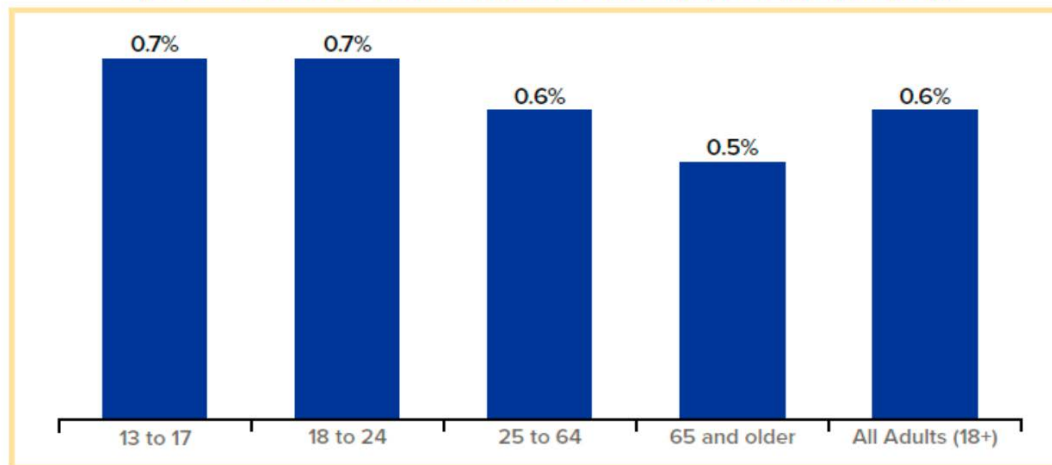
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**Tonia Poteat, PhD, MPH, PA-C  
Assistant Professor, Social Medicine  
Center for Health Equity Research  
University of North Carolina  
October 7, 2020**

# Quick note on terms and population size

- **Transgender (trans):** people whose gender identity differs from assigned birth sex, e.g. trans woman or trans man
- **Gender non-binary:** identify as neither entirely male nor female, a combination of male and female, or outside the those concepts altogether
- **Cisgender (cis):** people whose gender identity aligns with assigned birth sex

Figure 1. Percentage of Individuals Who Identify as Transgender by Age



**1.4 million transgender people in United States**

95%CI: 0.36 – 0.95% [854,066 – 2,293,511]

# Objectives

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- Define Intersectional Stigma
  - Intersectional Research for Trans Health Justice
- Describe select research projects
  - HIV care
  - COVID-19

What is intersectional stigma?

# Intersectionality is about power

Image adapted from Bowleg 2014

Gender  
Age  
Race  
Ability  
Sexual  
Orientation  
Socioeconomic  
Status



Unemployment  
Poverty  
Incarceration  
Police  
harassment  
Institutional  
Discrimination

**Social  
Categories**

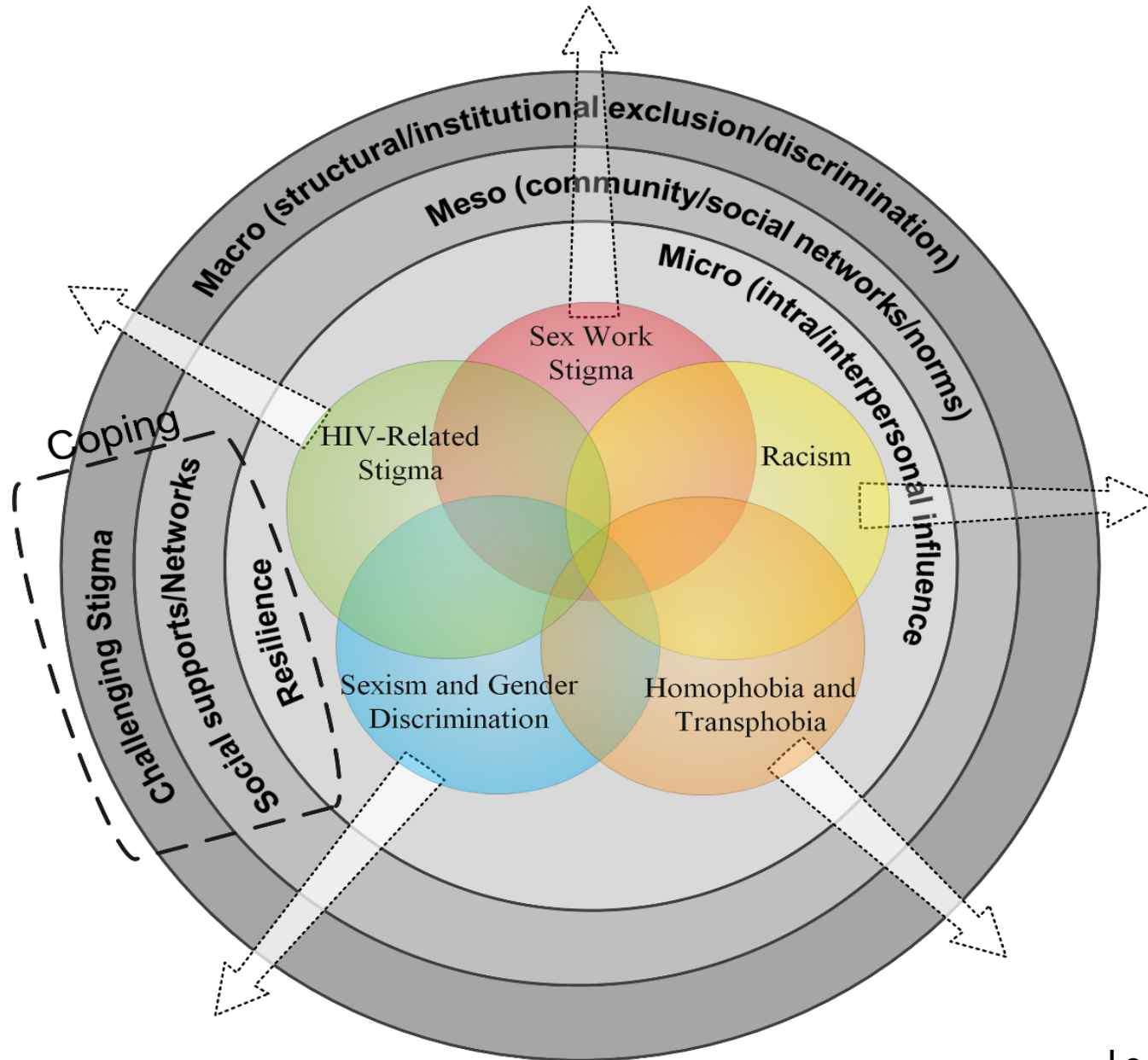
**Social  
Processes**

**Social Structural  
Consequences**

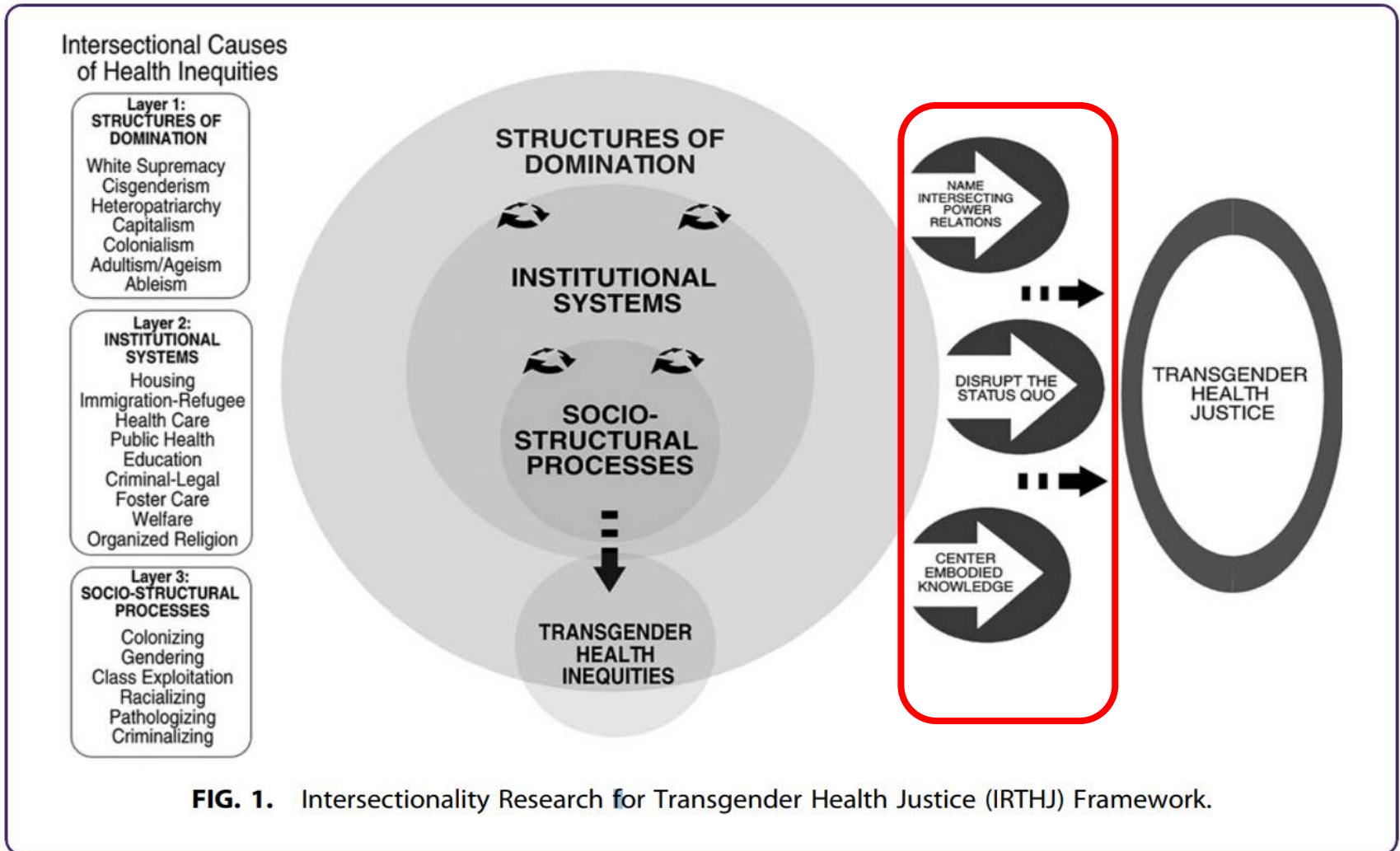
# Stigma is an exercise of power



# Intersectional Stigma Model



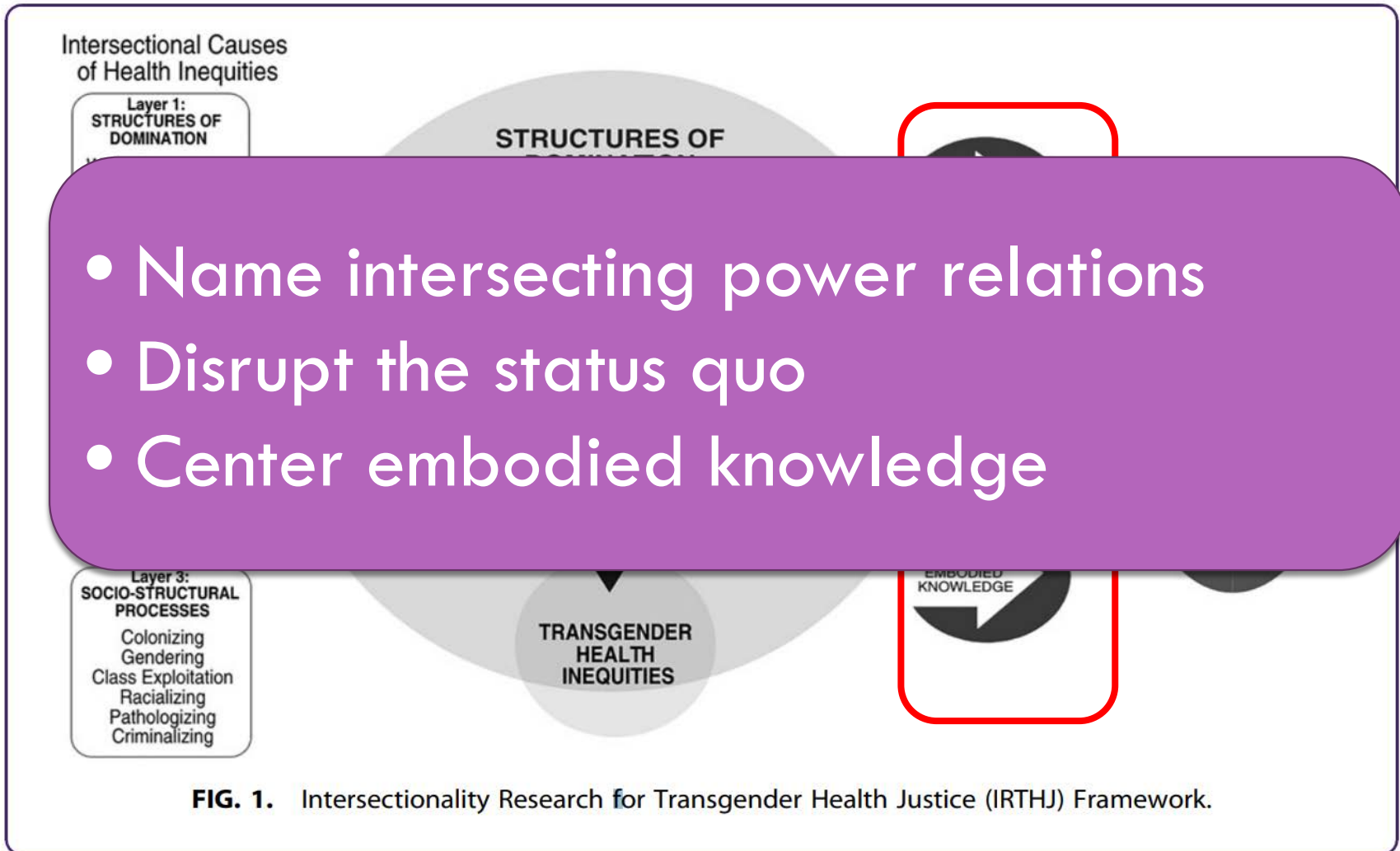
## Intersectionality Research for Transgender Health Justice: A Theory-Driven Conceptual Framework for Structural Analysis of Transgender Health Inequities



**FIG. 1.** Intersectionality Research for Transgender Health Justice (IRTHJ) Framework.



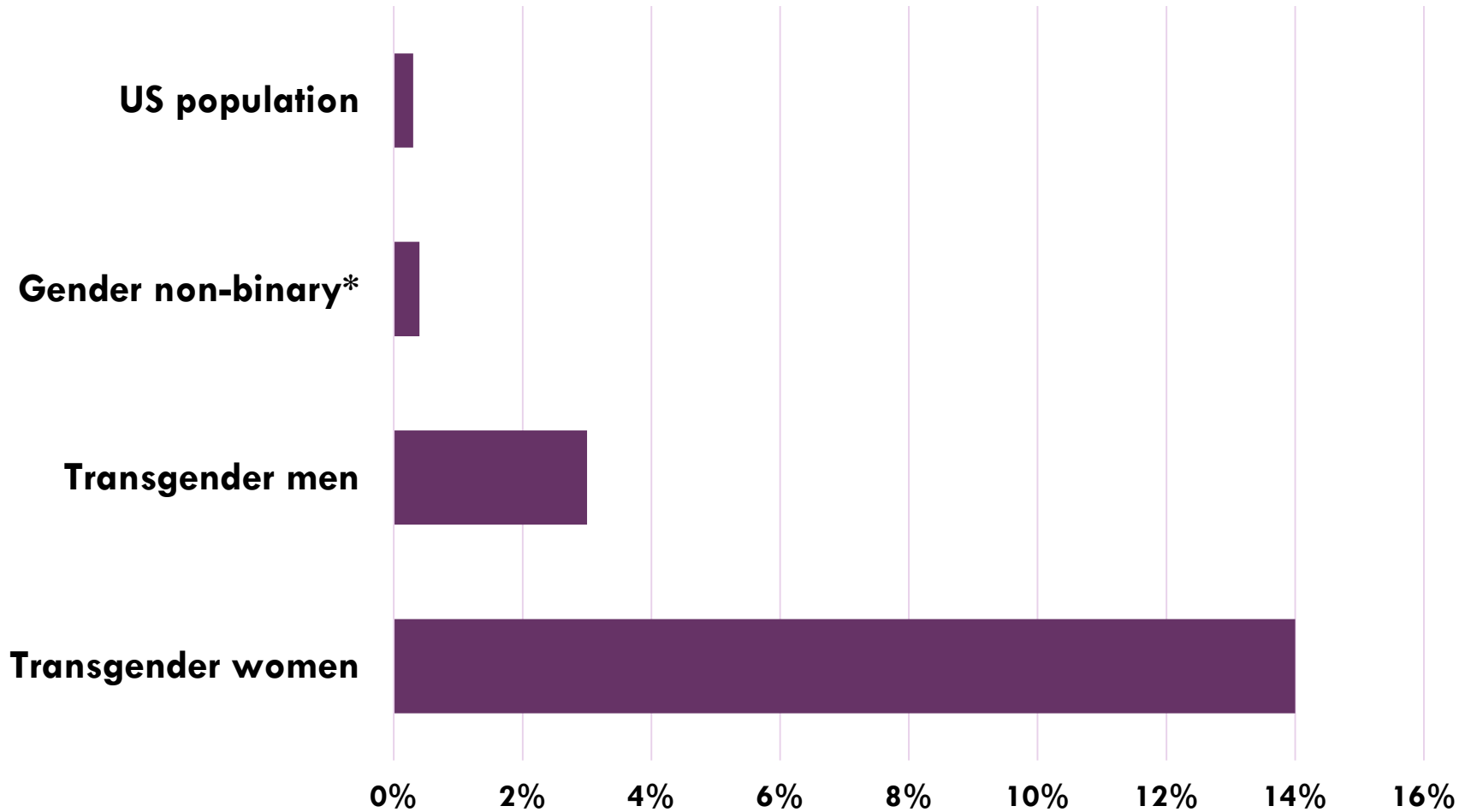
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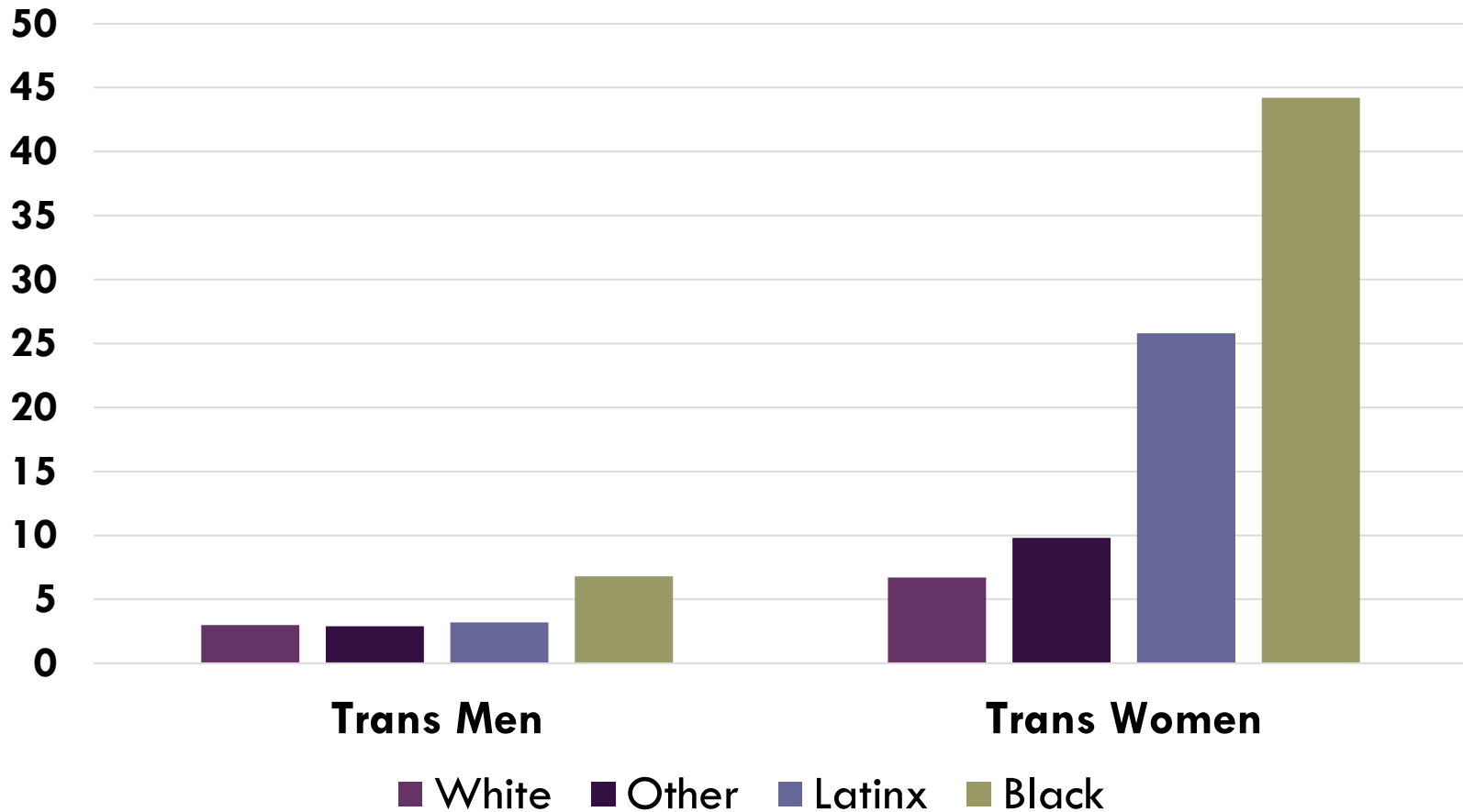
HIV

# U.S. HIV Prevalence



USTS 2015 (self report)  
Becasen et al. 2019 (lab confirmed)

# HIV Prevalence by Race & Gender





# The STROBE Study

## Supporting Transgender Research and Opportunities in the Baltimore/DC Environment

Tonia Poteat  
Andrea Wirtz  
Nina Yamanis  
Renata Sanders

Mannat Malik  
Erin Cooney  
Maren Lujan  
Taheara Jackson



# Study Aims

**Objective:** To explore, quantify, and **develop a response** to the burden of HIV among **Black and Latina transgender women** (BLTW) in Baltimore, Maryland and Washington, District of Columbia, USA.

**Aim 1:** Engage BLTW and key informants in **formative, qualitative** research to inform recruitment, data collection, and survey design

**Aim 2:** Conduct **HIV testing** and a **quantitative survey** to collect data on HIV status; history of HIV testing; HIV risk; and knowledge of and attitudes toward HIV prevention interventions



# Recruitment and Data Collection



Do you identify as a trans woman of color?  
Are you at least 18 years old & do you live in the Washington DC?

**SPEAK UP!**

**USE YOUR VOICE!**

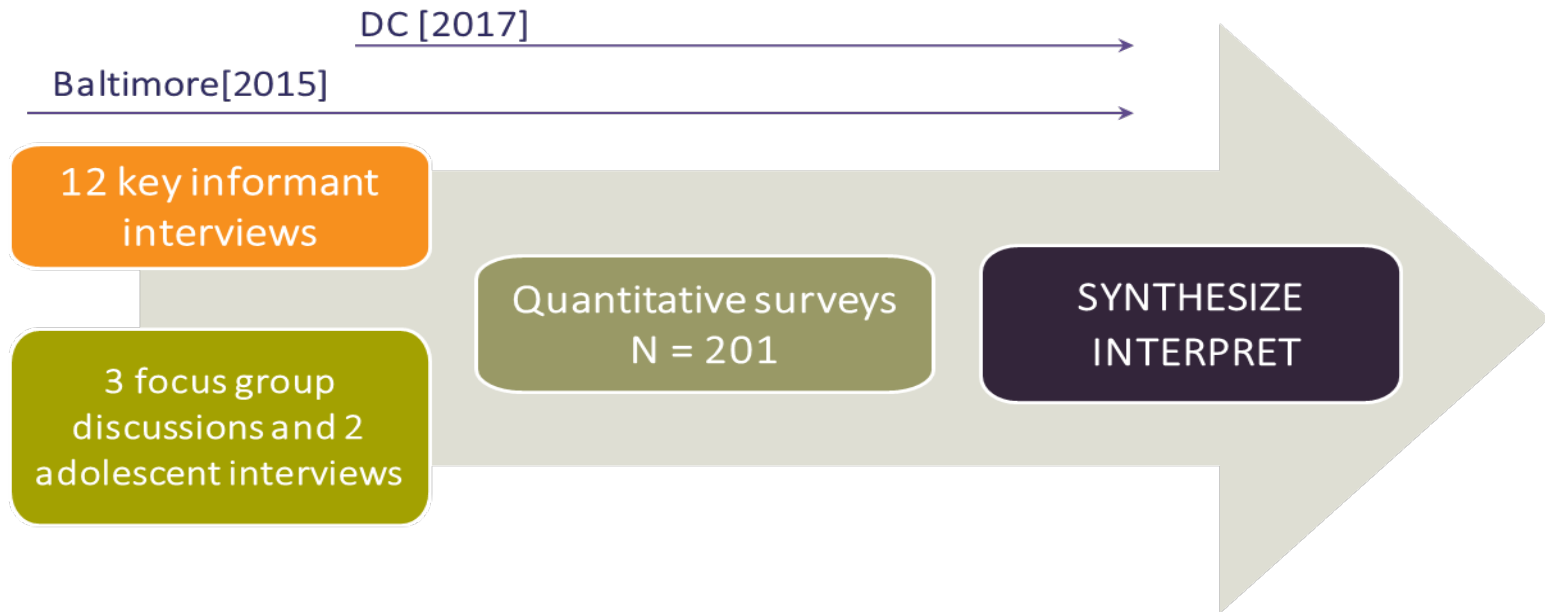
The **STROBE** study may be for you!  
Call or email to see if you are eligible.  
**AND GET PAID FOR YOUR PARTICIPATION!**

Contact Information:  
[strobestudydc@gmail.com](mailto:strobestudydc@gmail.com)  
202-643-9195  
Ask for Maren



Photo: Investigator, Tara Pechat, PhD at Johns Hopkins Bloomberg School of Public Health. P2-Memoir: ©2012/17

- Quantitative interviews in English and Spanish using tablet devices
- Rapid HIV screening using oral swab [OraQuick]



# Structural Vulnerabilities (N=201)

Participant Characteristics	n [%]
<b>Mean age: 38.20 [range: 19-82 years]</b>	
<b>Race/Ethnicity</b>	
Black / African American	125 [62.19]
Indigenous	19 [9.45]
Other race	22 [10.95]
Multi-racial	35 [17.41]
Latina / Hispanic [of any race]	54 [26.87]
<b>Health insurance</b>	
Private	16 [8.16]
Public	171 [87.24]
Uninsured	9 [4.59%]

Participant Characteristics	n [%]
<b>Education</b>	
Less than high school	58 [29.00]
High school diploma or GED	62 [31.00]
Some college or vocational school	71 [35.50]
College degree or higher	9 [4.50]
<b>Socioeconomics</b>	
Unstable housing [past 12 months]	115 [57.21]
Income below poverty line	144 [75.79]
Unemployed	80 [39.80]
<b>HIV+ test result</b>	112 [55.72]
<b>New HIV+ test result</b>	10/112 [8.9%]



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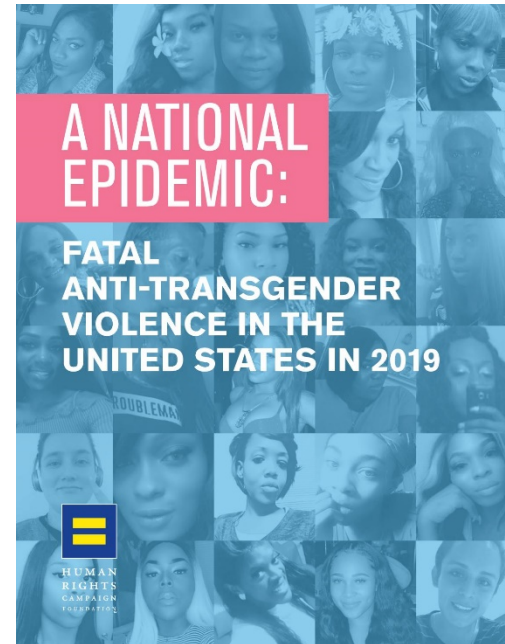
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# Structural Vulnerabilities (N=201)

Types of violence	
Threats of violence (5)	88.3%
Physical (5)	75.1%
Sexual violence (5)	58.4%

Polyvictimization	
≥ 1 form of violence	91.4%
≥ 2 forms of violence	86.8%
Mean forms of violence	7.71

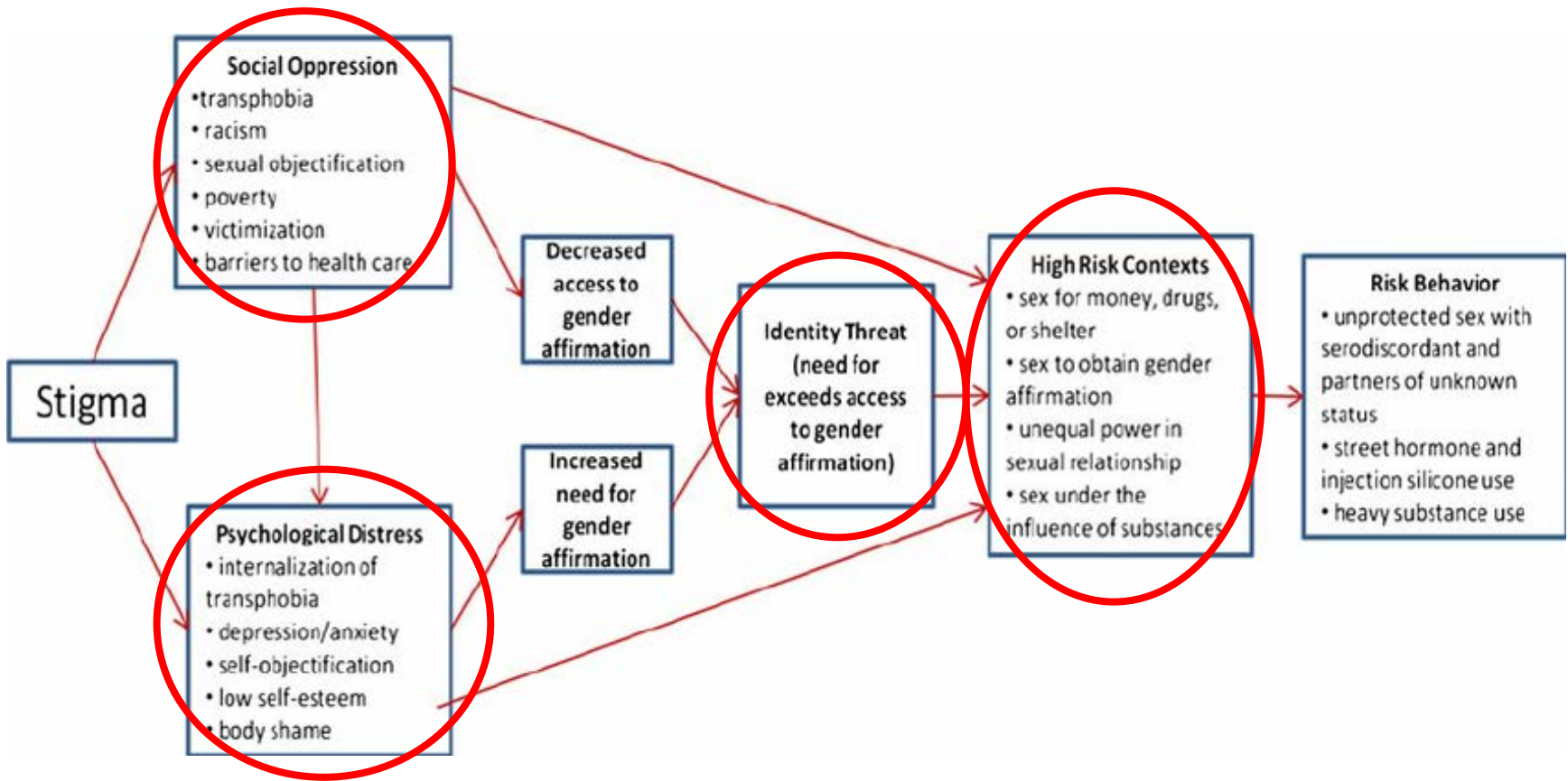


# HIV Care and Treatment

## Among Self-reported HIV+ Participants

HIV Care Continuum	n/N (%)
HIV visit in last 12 mo.	99/103 (96.12%)
Ever taken ART	98/98 (100%)
Currently on ART	92/98 (93.88%)
Last viral load undetectable (self-report)	82/100 (82%)
Ever ART interruptions	56/97 (57.73%)

# Gender Affirmation Framework



# Gender Affirmation and ART Interruptions

GAF Domain	Variables	N (%)	Bivariate		Multivariate*	
			cOR (95% CI)	P-Value	aOR (95% CI)	P-Value
Social Oppression	Age, years (mean, SD)	40.6 (11.5)	0.99 (0.9, 1.0)	0.54	3.1 (0.7, 14.5)	0.16
	Race		REF			
	Black/African American	82 (73.2)				
	American Indian, Alaska Native, Indigenous	8 (7.1)	0.45 (0.09, 2.2)	0.33		
	Other	6 (5.4)	0.2 (0.02, 1.4)	0.10		
	More than one race	16 (14.3)	0.7 (0.2, 2.1)	0.52		
	Hispanic	19 (17.0)	0.7 (0.2, 2.1)	0.52		
	1 or more barriers to healthcare access	93 (83.0)	<b>4.1 (1.3, 12.9)</b>	<b>0.02</b>		
	Income below federal poverty line	84 (75.0)	1.0 (0.4, 2.7)	0.97		
	Currently employed	60 (53.6)	0.7 (0.3, 1.5)	0.33		
Recent physical violence, past 12 months	30 (26.8)	1.5 (0.6, 3.7)	0.38			
Recent sexual violence, past 12 months	13 (11.6)	1.2 (0.4, 4.1)	0.74			
Psychological Distress	Internalized transphobia (mean, SD) [scale:0-15]	3.0 (3.9)	1.1 (0.9, 1.2)	0.13	1.8 (0.44, 7.6)	0.41
	Depression	29 (25.9)	1.3 (0.5, 3.3)	0.60		
	Recent psychological violence, past 12 months	43 (38.4)	2.2 (0.9, 5.1)	0.08		
	PTSD	42 (37.5)	1.5 (0.7, 3.5)	0.35		
Unmet Need for Gender Affirmation	Currently on hormones	88 (78.6)	<b>0.17 (0.04, 0.8)</b>	<b>0.02</b>	<b>0.01 (0.001, 0.2)</b>	<b>0.002</b>
	Unmet surgical need (mean, SD) [scale: 0-9]	3.9 (2.3)	<b>1.3 (1.0, 1.5)</b>	<b>0.02</b>		
	Legal gender affirmation	81 (72.3)	0.4 (0.2, 1.1)	0.09		
High-Risk Contexts	Drug use, past 12 months		REF		14.6 (2.4, 90.6)	0.004
	No drug use	49 (43.8)				
	Marijuana only	26 (23.2)	<b>3.8 (1.2, 12.3)</b>	<b>0.03</b>		
	Illicit drug use (alone or in addition to marijuana)	37 (33.0)	2.2 (0.9, 5.6)	0.10		
	Alcohol use disorder	46 (41.1)	0.5 (0.2, 1.5)	0.23		
	Condomless receptive anal intercourse, past 12 months	38 (33.9)	<b>3.2 (1.3, 8.2)</b>	<b>0.02</b>		
	Housing instability, past 12 months	62 (55.4)	1.2 (0.5, 2.8)	0.62		
Lifetime sex exchange	92 (80.4)	1.3 (0.5, 3.5)	0.65			

\*Odds ratios adjusted for age, race, ethnicity, income, and other variables in model

# Gender Affirmation and ART Interruptions

## □ **Bivariate Associations**

- One or more barrier to healthcare, marijuana use in the prior year, condomless receptive anal sex in the prior year, and unmet surgical need positively associated with history of HIVTI
- Currently being on hormones was negatively associated with HIVTI

## □ **Multivariable Model**

- Currently on hormones [ $aOR=0.01$ , 95% CI: 0.001-0.2]
- Unmet surgical need [ $aOR=1.6$ , 95% CI: 1.1-2.1]
- Marijuana use [ $aOR=14.6$ , 95% CI: 2.4-90.6]

**Meeting the medical gender affirmation needs for  
BLTW may reduce treatment interruptions**

# Qualitative Results

## Distrust of Medical Establishments

*"I start thinking about pills. They're going to try a new drug on me or something and it's like oh, no."* [Participant 4 FGD3]

## Too much focus on HIV

*"...We focus so much on the HIV/AIDS piece, it scares them away. If we can do something else and then incorporate the HIV/AIDS piece into it, it would be better."*

[Key Informant 5]

## Desire for Holistic Support

*"I'm more than just possibly an HIV positive or negative person. And so how are you going to make me or how are you going to really help or support me to become a woman? And that's more important than whether or not I have HIV."*

[Key Informant 12]



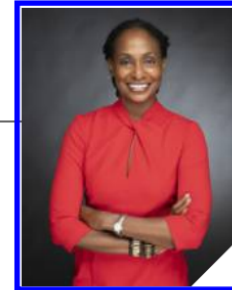
# Recommendations from Key Informants

- ❖ **Hire transgender women** of color to lead programs
- ❖ Offer **gender affirming care** alongside HIV services
- ❖ Ensure regular **staff training** (including healthcare providers, administrative staff, security staff, etc.) in transgender competent care
- ❖ Offer HIV services at places where transgender women of color already frequent and **feel comfortable**
- ❖ **Tailor** HIV services, outreach, and advertising to community needs
- ❖ Embed HIV services within programs that are **responsive** to community needs (e.g., job readiness, mental health support, housing)

COVID-19

# COVID-19 Inequities

## AJPH EDITOR'S CHOICE



### We're Not All in This Together: On COVID-19, Intersectionality, and Structural Inequality

**W**e are not all in this together. My 32-year history with the HIV/AIDS epidemic in the United States—initially as an HIV/AIDS policy analyst and now as an HIV-prevention researcher—has provided the dubitable opportunity to witness how adroitly deadly viruses spotlight fissures of structural inequality. In the late 1980s, “changing face” was the term often used to describe the epidemic’s transition from one that affected predominantly White and class-privileged gay and bisexual men to one that exacted a disproportionate toll on people at the most marginalized demographic intersections: Black and Latinx gay and bisexual men, cisgender and transgender women, injection drug users, and poor people.

an indispensable prism through which to examine the intersectional effects of COVID-19. Intersectionality highlights how power and inequality are structured differently for groups, particularly historically oppressed groups, based on their varied interlocking demographics (e.g., race, ethnicity, gender, class). Intersectionality troubles the notion of a collective “we” and “all” with the harsh and inconvenient truth that when social injustice and inequality are rife, as they were long before COVID-19, there are only what intersectionality scholar Kimberlé Crenshaw calls “specific and particular concerns.”

The current presidential administration’s response to COVID-19 has unnecessarily exacerbated pain and suffering. But the pain and suffering have not been

#### 8 Years Ago

##### Vaccines and Their Alternatives in Influenza Pandemics

[V]accines have continued to remain the much sought-after magic bullet in the war against infectious diseases. In the specific context of pandemic influenza, the fixation on vaccines . . . has served to distort the existing governance arrangements, granting pharmaceutical manufacturers a disproportionate amount of political power and influence. . . . Accordingly, less attention has been given to building the evidence base for alternative measures such as the use of personal protective equipment, personal hygiene, and social distancing principles—measures that would arguably benefit a larger proportion of the world’s population that currently do not have access to these essential medicines. Indeed, in the majority of pandemic

# Structural Racism



Contents lists available at [ScienceDirect](#)

Annals of Epidemiology



Commentary

## Understanding COVID-19 risks and vulnerabilities among black communities in America: the lethal force of syndemics



Tonia Poteat, PhD, MPH, PA-C<sup>a,\*</sup>, Gregorio A. Millett, MPH<sup>b</sup>,  
LaRon E. Nelson, PhD, RN, FNP<sup>c</sup>, Chris Beyrer, MD, MPH<sup>d</sup>

<sup>a</sup> Department of Social Medicine, University of North Carolina, Chapel Hill

<sup>b</sup> amfAR: The Foundation for AIDS Research, New York, NY

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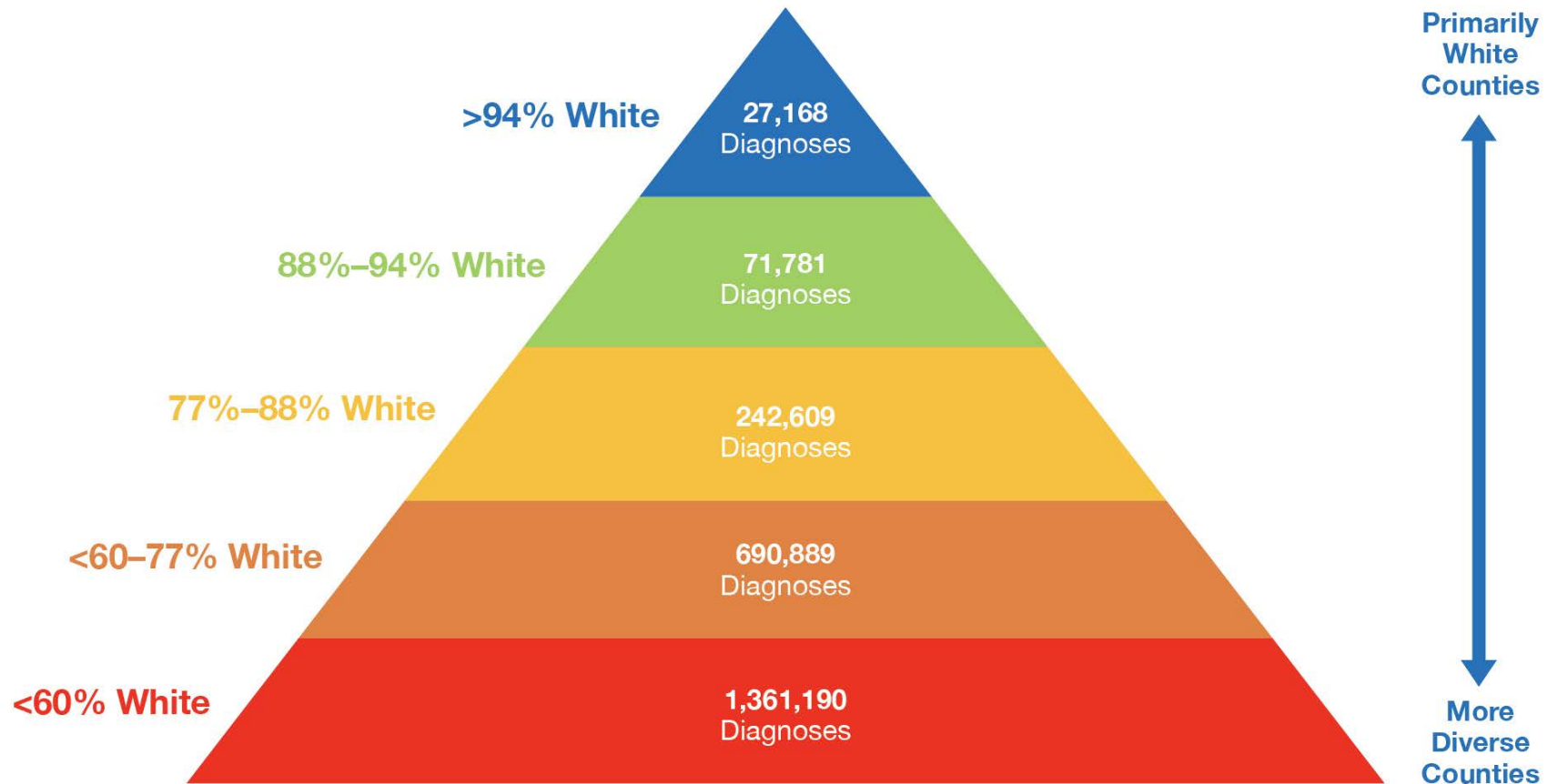
HIV

### ABSTRACT

Black communities in the United States are bearing the brunt of the COVID-19 pandemic and the underlying conditions that exacerbate its negative consequences. Syndemic theory provides a useful framework for understanding how such interacting epidemics develop under conditions of health and social disparity. Multiple historical and present-day factors have created the syndemic conditions within which black Americans experience the lethal force of COVID-19. These factors include racism and its manifestations (e.g., chattel slavery, mortgage redlining, political gerrymandering, lack of Medicaid expansion, employment discrimination, and health care provider bias). Improving racial disparities in COVID-19 will require that we implement policies that address structural racism at the root of these disparities.

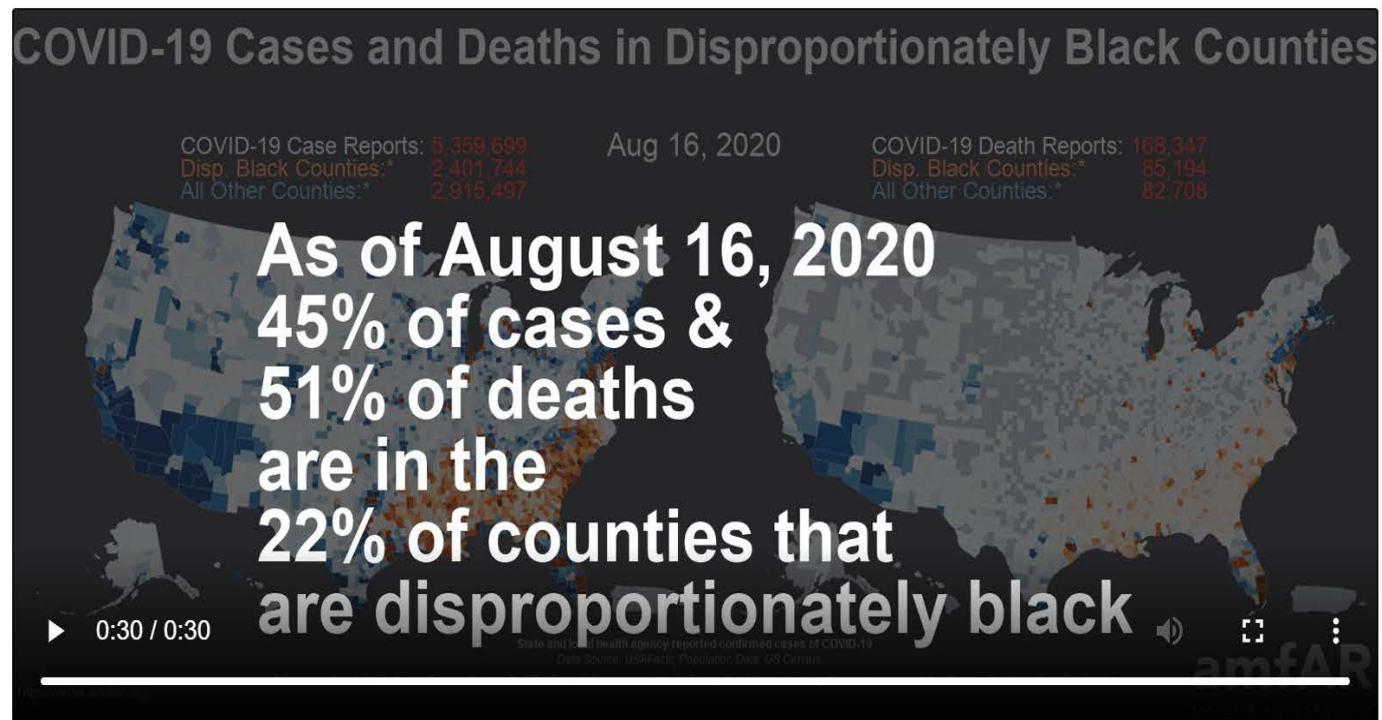
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# The most cases in Black and Brown counties



# Highest death rate in Black counties

## COVID-19 Cases and Deaths by County Since First U.S. Case Detected



# Intersectionality: Missing Pieces

- COVID-19 dashboards structured to preclude intersectional analysis
  - ▣ Even by race/gender
- No state has reported COVID-19 data by gender identity
  - ▣ Few states even collect SOGI data on COVID



> [J Acquir Immune Defic Syndr.](#) 2020 Aug 25. doi: 10.1097/QAI.0000000000002490.

Online ahead of print.

# Letter to the Editor: Vulnerability to COVID-19-related Harms Among Transgender Women With and Without HIV Infection in the Eastern and Southern U.S

Tonia C Poteat <sup>1</sup>, Sari L Reisner <sup>2</sup> <sup>3</sup>, Marissa Miller <sup>4</sup>, Andrea L Wirtz <sup>5</sup>

Affiliations [+](#) expand

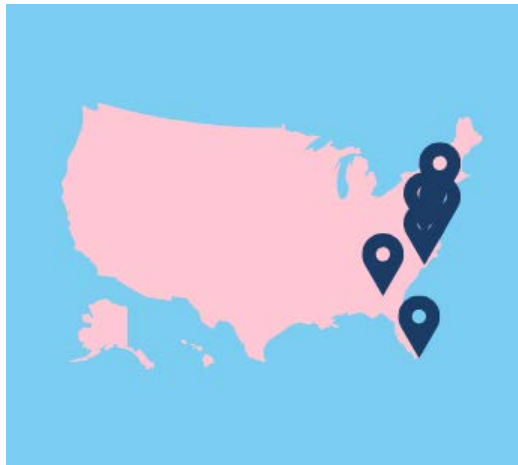
PMID: 32852362 DOI: [10.1097/QAI.0000000000002490](#)





# LITE Study

- 5 sites: Atlanta, Baltimore, Boston, DC, Miami, NYC
  - ▣ Baseline enrollment for longitudinal study
  - ▣ Data collection March 2018-March 2020
  - ▣ Trans women were 18 years or older, 27% PLHIV

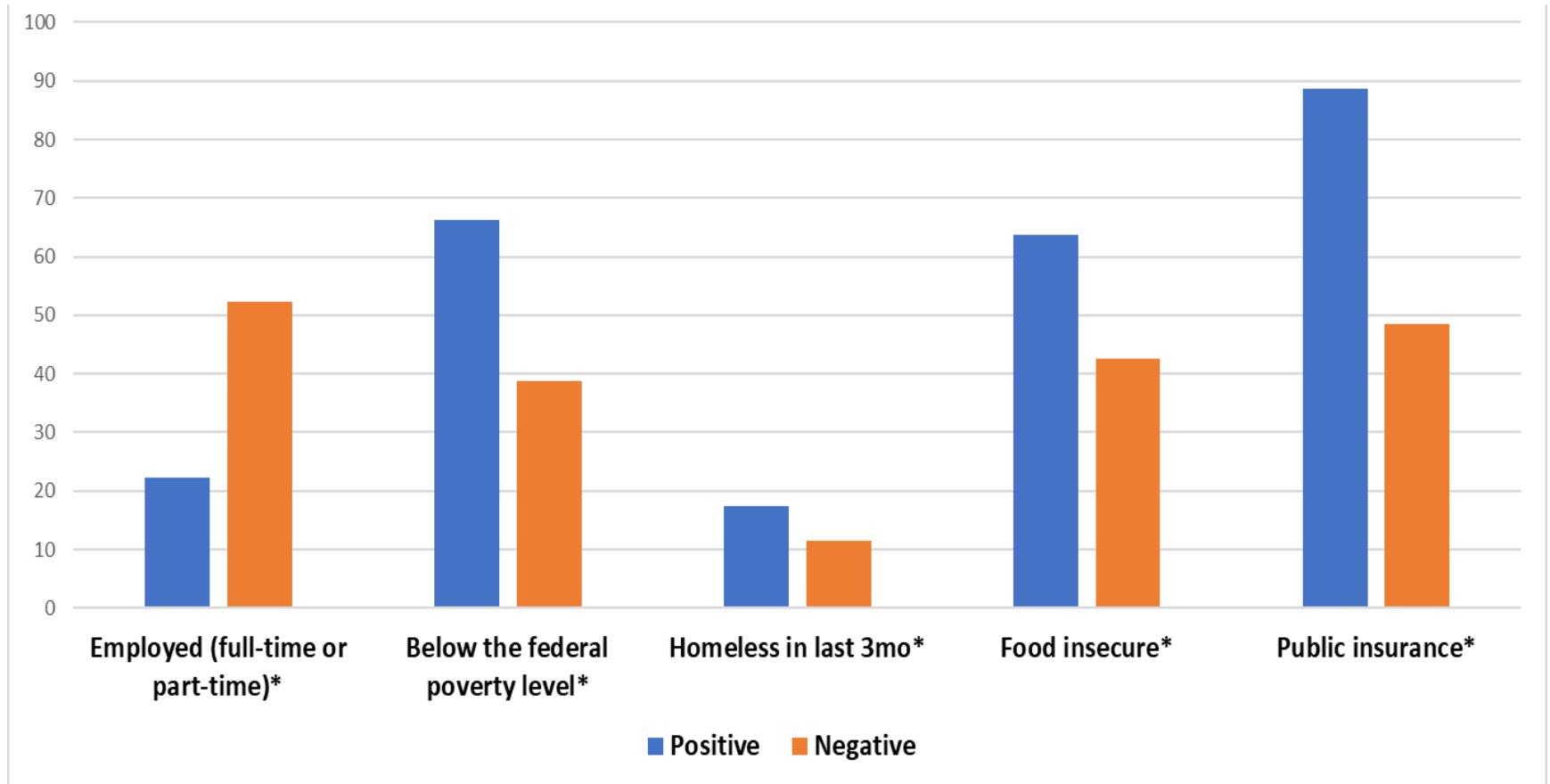


**The LITE Study**  
**Leading Innovation for Transgender**  
**Women's Health and**  
**Empowerment**

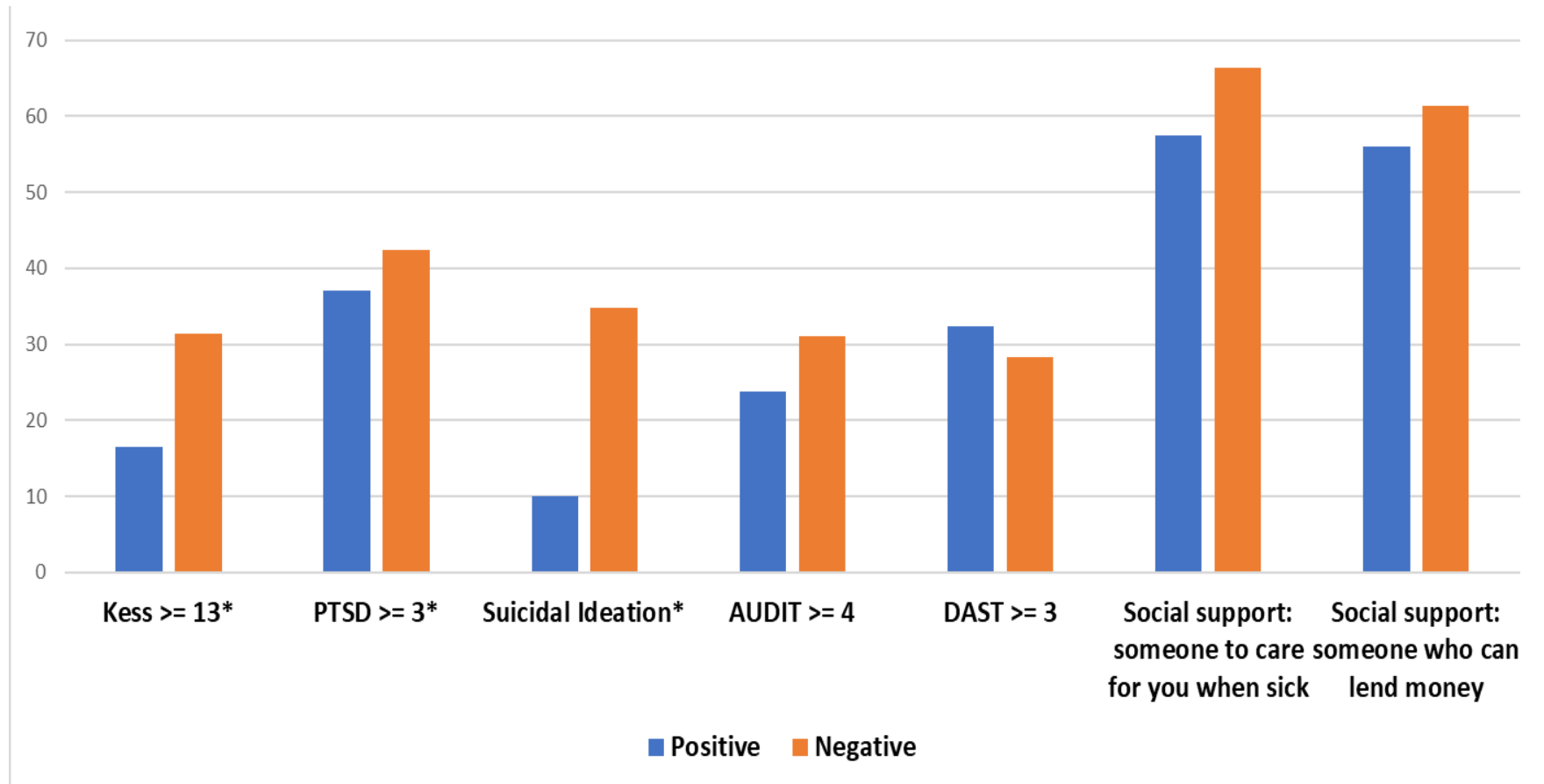
# Race/ethnicity and HIV status

	HIV Status					
	Positive		Negative		Total	
	n	row %	n	row %	n	row %
Non-Hispanic White	11	4	273	36.5	284	27.8
Non-Hispanic Black	151	55.3	148	19.8	299	29.3
Hispanic White	23	8.4	68	9.1	91	8.9
Hispanic Black	10	3.7	22	2.9	32	3.1
Non-Hispanic and multi/other	35	12.8	112	15	147	14.4
Hispanic and multi/other	40	14.7	113	15.1	153	15
Unknown	3	1.1	11	1.5	14	1.4
Total	273	100	747	100	1020	100

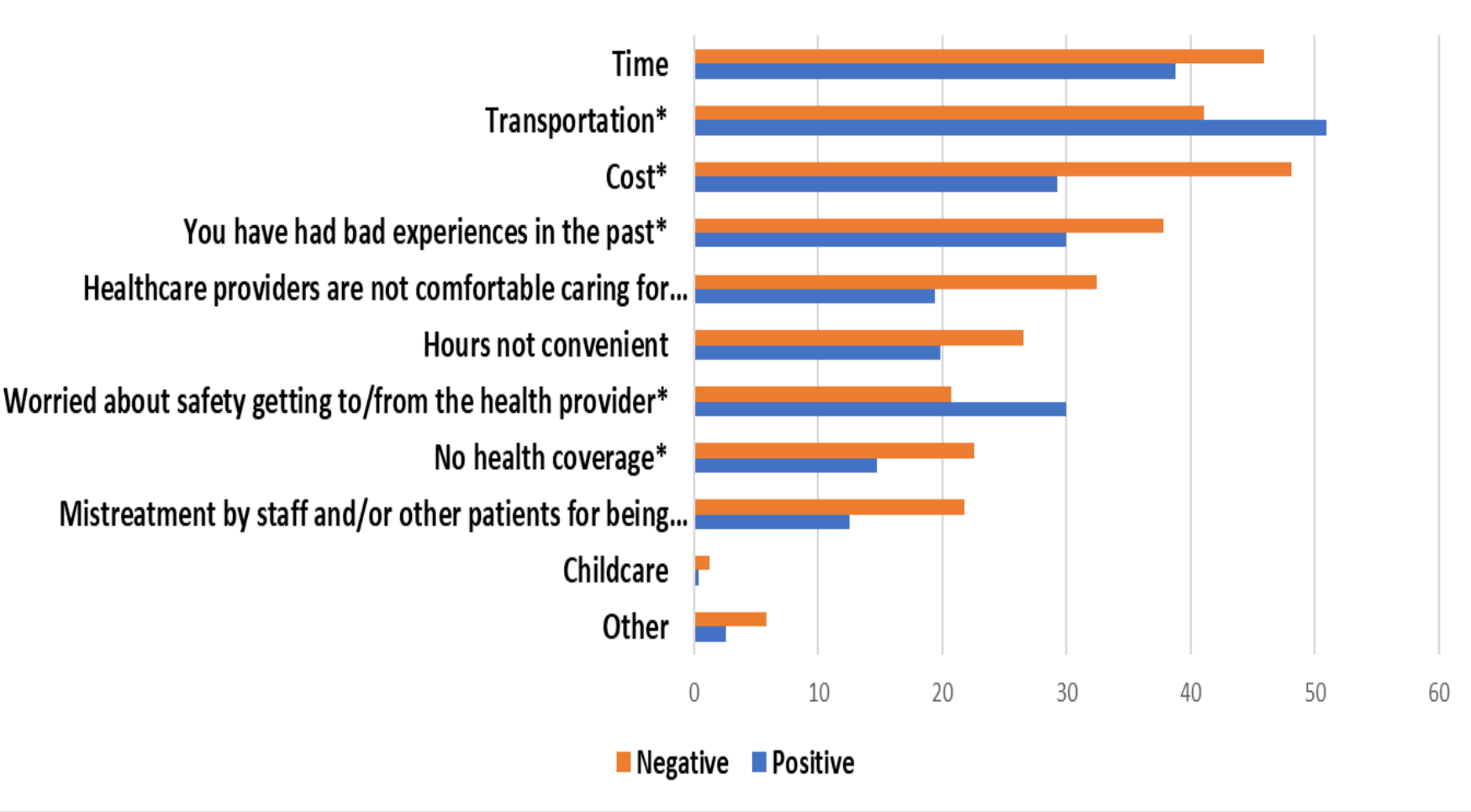
# Structural



# Psychosocial



# Barriers to Healthcare



# Community Resilience

- Majority of LITE participants had support
  - ▣ 64% emotional support
  - ▣ 60% material support
- Community led interventions
  - ▣ Trans Solutions Inc. COVID-19 Relief Rapid Response.  
<https://www.transolutionsconsulting.org/covid-19>
  - ▣ Black Trans COVID-19 Community Response  
<https://blacktrans.org/covid-19-volunteers>
  - ▣ COVID-19 Trans Resources Directory.  
<https://translash.org/covid-19-trans-resources>
  - ▣ 5<sup>th</sup> Avenue Alliance <https://www.5thavelgb-tsap.com>

# LITE-CONNECT

**Aim 1:** Characterize COVID-19 morbidity among a cohort of transgender adults residing in eastern and southern US, including **prevalence** of SARS-CoV-2-specific antibodies, **perceived risk** of COVID-19, and **access to testing, diagnostics, and linkage to care**.

**Aim 2:** Contextualize COVID-19 testing for transgender adults and identify optimal **community-defined strategies** to increase the reach, access, uptake, and impact of testing interventions.



Ultimate goal → Support trans resilience

"What makes me  
**most proud**  
to be Black and  
trans is the legacy  
of **strength,**  
**resilience**  
and **courage**  
from which I am  
descended."

Laverne Cox  
Actress/Producer/Writer







THANK  
YOU!

Artwork by Micah Bazant,  
[http://micahbazant.bigcartel.com/  
product/remember-trans-power](http://micahbazant.bigcartel.com/product/remember-trans-power)