

Integrated Prevention and Care for Transgender People in California

Moderators: Tiffany Woods,
CDPH

Description: This panel intends to address the prevention and care of HIV, HCV, and STIs for transgender individuals in California. The discussion will focus on the unique challenges that transgender people face involving sexual health, including the stigma surrounding testing and treatment and access to healthcare. A diverse panel of experts who will share their insights and experiences with transgender health issues to highlight the path forward.

Learning Objective:

- Attendees can expect to walk away with a deeper understanding of the factors that impact health outcomes for transgender people, as well as practical tools and strategies they can use to help improve health outcomes and reduce health disparities in this community. Overall, this panel represents a powerful opportunity to help bring health equity to this priority population.

Panelists:

- Yara Tapia, She/They, Project Specialist, Department of Population and Public Health Sciences, Keck School of Medicine, University of Southern California, CPG Community Co-Chair
- Robyn Learned, She/Her, Manager, Drug User Health Team, NASTAD, Past CPG Community Co-Chair
- Jack Johnson, He/Him, Clinical Research Coordinator, Center of Excellence for Transgender Health (CoE), UCSF, CPG Member
- Vivian Gallardo, She/Her, Peer Navigator/HIV Tester Counselor, Co-Chair of Long Beach Trans Wellness Workgroup, Bienestar Human Services

California Planning Group (CPG): HIV, STD, Hepatitis C & Harm Reduction

https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx

OFFICE OF AIDS

- Home
- About OA
- Ending the Epidemics
- Looking for an HIV Test?
- Looking for HIV Prevention Services?
- HIV Positive? Next Steps: Care, Treatment & Paying for Insurance
- HIV Data and Data Systems
- Community
- HIV Laws
- Request for Applications
- Harm Reduction & Syringe Services Programs

California Planning Group



The California Planning Group (CPG) is the statewide HIV planning body that enables key stakeholders, communities, and providers to engage in active and ongoing dialogue with the Office of AIDS (OA) to reach the goals of the National HIV/AIDS Strategy and the statewide Integrated Plan. The main functions of this group are to work collaboratively with OA to develop a comprehensive HIV/AIDS surveillance, prevention, care, and treatment plan; to monitor the implementation of this plan; and to provide timely advice on emergent issues identified by OA and/or other key stakeholder parties. CPG is committed to working openly in a group to make decisions and is guided by the principles of equity, fairness, and respectful engagement.

CPG welcomes the participation and input of the general public. Members of the public are welcome and encouraged to attend and observe any of the two face-to-face meetings in a given calendar year. CPG values community input and relies on the full active participation of its members and on organized, well-managed, processes leading to careful deliberations and decisions.

Rafael Gonzalez & Yara Tapia, CPG Community Co-Chairs
Tiffany Woods & Matt Willis, State Co-chairs



What is the CPG? And Why?

- HIV/STD Part B planning body advisory body to advise OA and STDCB on community needs and gaps.
- The CPG also collaborates with OA to develop, implement, and revise a comprehensive HIV/STD/HCV surveillance, prevention, and care and treatment plan, which integrates with STD, HCV, and Harm Reduction.
- Established and managed through the California Department of Public Health, Office of AIDS (OA),) in collaboration with the Sexually Transmitted Disease Control Branch (STDCB).
- Federal requirement

CPG Functions, Structure, & Committees

- Current Members:
 - 36 appointed community stakeholders through CA
 - 9 Nominated from Part A Planning Councils
 - Two Elected Community Co-Chairs
- The CPG is comprised of unaffiliated consumers, at-large and nominated, Ryan White Part A community members, and OA/STDCB Steering Committee.
- The community members represent stakeholders, consumers, and demographic groups the members serve.
- Committees:
 - Steering
 - Comprised of CPG State/Community Co- Chairs, CPG managers, representatives of the 6 branches of OA and STDCB
 - Executive
 - Membership
 - HIV & Aging
 - Women's
 - Youth
 - Drug User

California HIV Surveillance Report — 2021

Persons newly diagnosed with HIV infection, by year of diagnosis and transmission category, 2017–2021

Table 1b. Persons newly diagnosed with HIV infection, by year of diagnosis and transmission category, 2017–2021 — California

Demographic group	Transmission category	2017	%	2018	%	2019	%	2020	%	2021	%
Cisgender men (age ≥12 at diagnosis)	Male-to-male sexual contact (MMS)	3,146	73.7%	3,051	73.7%	2,783	71.7%	2,327	68.4%	2,526	67.4%
	Injection drug use (IDU)	151	3.5%	161	3.9%	145	3.7%	125	3.7%	160	4.3%
	MMS and IDU	197	4.6%	193	4.7%	180	4.6%	128	3.8%	141	3.8%
	High-risk heterosexual contact	111	2.6%	115	2.8%	75	1.9%	66	1.9%	83	2.2%
	Heterosexual contact (non-high-risk)	302	7.1%	339	8.2%	336	8.7%	322	9.5%	386	10.3%
	Perinatal/Unknown risk/Other	359	8.4%	278	6.7%	363	9.4%	433	12.7%	454	12.1%
	Subtotal	4,266	87.0%	4,137	86.1%	3,882	85.1%	3,401	84.4%	3,750	84.4%
Cisgender women (age ≥12 at diagnosis)	Injection drug use (IDU)	86	15.8%	74	13.1%	76	14.0%	73	14.6%	80	14.6%
	High-risk heterosexual contact	180	33.1%	182	32.3%	153	28.2%	122	24.4%	124	22.6%
	Heterosexual contact (non-high-risk)	219	40.3%	255	45.2%	253	46.7%	232	46.3%	279	50.8%
	Perinatal/Unknown risk/Other	59	10.8%	53	9.4%	60	11.1%	74	14.8%	66	12.0%
	Subtotal	544	11.1%	564	11.7%	542	11.9%	501	12.4%	549	12.4%
Trans women (age ≥12 at diagnosis)	Sexual contact	76	92.7%	82	96.5%	116	96.7%	111	97.4%	115	92.0%
	Injection drug use (IDU)	0	0.0%	2	2.4%	1	0.8%	0	0.0%	3	2.4%
	Perinatal/Unknown risk/Other	6	7.3%	1	1.2%	3	2.5%	3	2.6%	7	5.6%
	Subtotal	82	1.7%	85	1.8%	120	2.6%	114	2.8%	125	2.8%
Trans men (age ≥12 at diagnosis)	Sexual contact	2	50.0%	8	66.7%	7	77.8%	2	50.0%	7	87.5%
	Injection drug use (IDU)	1	25.0%	2	16.7%	1	11.1%	2	50.0%	0	0.0%
	Perinatal/Unknown risk/Other	1	25.0%	2	16.7%	1	11.1%	0	0.0%	1	12.5%
	Subtotal	4	0.1%	12	0.2%	9	0.2%	4	0.1%	8	0.2%
Alternative gender (age ≥12 at diagnosis)	Sexual contact	1	100.0%	0	0.0%	1	100.0%	1	50.0%	5	83.3%
	Perinatal/Unknown risk/Other	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	16.7%
	Subtotal	1	0.0%	0	0.0%	1	0.0%	2	0.0%	6	0.1%
Child (age <12 at diagnosis)	Perinatal	6	75.0%	5	83.3%	6	100.0%	6	100.0%	6	100.0%
	Unknown risk	2	25.0%	1	16.7%	0	0.0%	0	0.0%	0	0.0%
	Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Subtotal	8	0.2%	6	0.1%	6	0.1%	6	0.1%	6	0.1%
Total		4,905		4,804		4,560		4,028		4,444	

California HIV Surveillance Report — 2021

Note: High-risk heterosexual contact: heterosexual intercourse with a person of the opposite sex-at-birth who has a high risk for HIV (e.g., MMS, IDU). Heterosexual contact (non-high-risk): heterosexual intercourse with a person of the opposite sex-at-birth who does not have a high risk for HIV. Transgender persons who report sexual contact are placed in the transmission category of sexual contact, regardless of IDU. Other includes hemophilia, blood transfusion, and risk factor not reported or not identified. The number of perinatal diagnoses in a given year do not reflect the number of transmissions during that year since some cases are not diagnosed at birth.

Persons living with diagnosed HIV infection, by year and transmission category, 2017–2021 — California

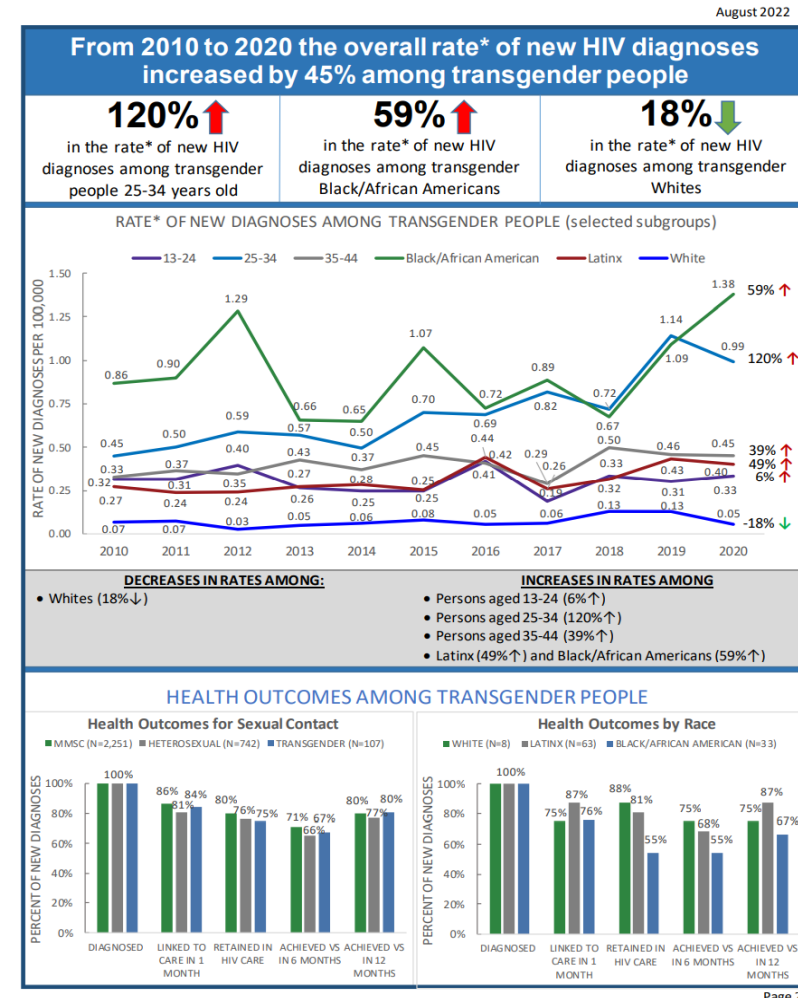
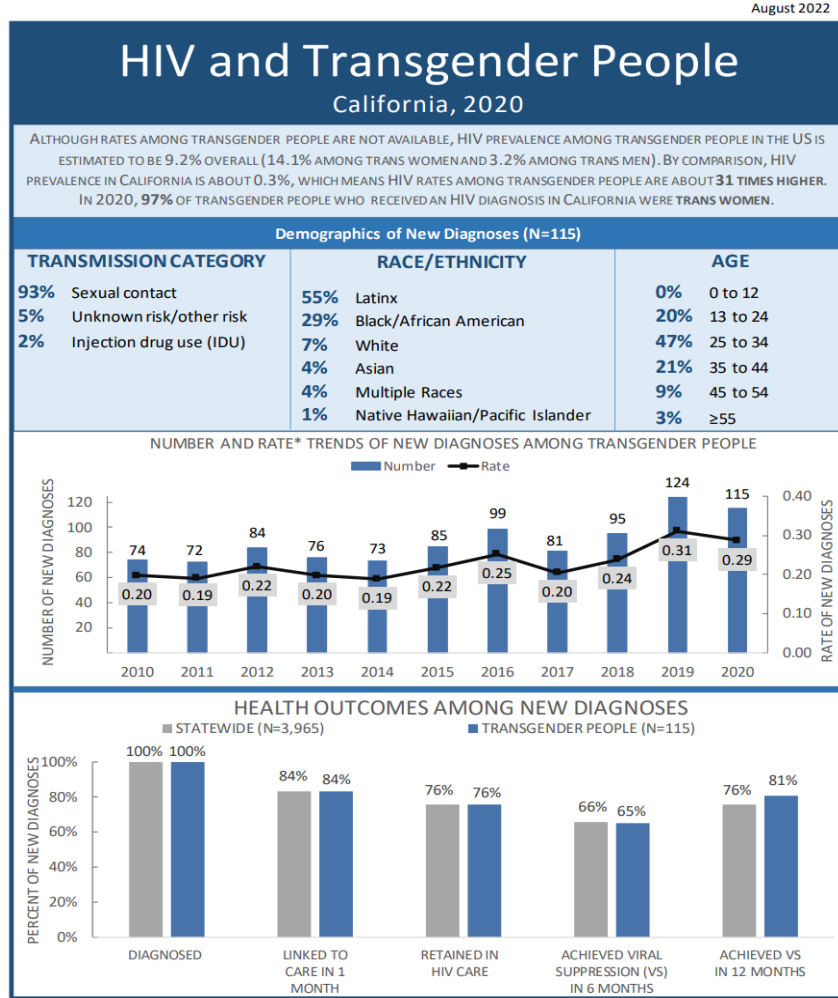
Table 2b. Persons living with diagnosed HIV infection, by year and transmission category, 2017–2021 — California

Demographic group	Transmission category	2017	%	2018	%	2019	%	2020	%	2021	%
Cisgender men (age ≥12 at year end)	Male-to-male sexual contact (MMSC)	90,791	77.2%	91,273	77.3%	92,327	77.2%	93,222	77.2%	94,001	77.1%
	Injection drug use (IDU)	5,150	4.4%	5,050	4.3%	5,011	4.2%	4,987	4.1%	4,923	4.0%
	MMSC and IDU	9,384	8.0%	9,136	7.7%	9,020	7.5%	8,839	7.3%	8,671	7.1%
	High-risk heterosexual contact	3,615	3.1%	3,624	3.1%	3,632	3.0%	3,611	3.0%	3,603	3.0%
	Heterosexual contact (non-high-risk)	4,063	3.5%	4,287	3.6%	4,575	3.8%	4,804	4.0%	5,097	4.2%
	Perinatal/Unknown risk/Other	4,563	3.9%	4,719	4.0%	4,993	4.2%	5,351	4.4%	5,690	4.7%
	Subtotal	117,566	86.8%	118,089	86.7%	119,558	86.7%	120,814	86.6%	121,985	86.5%
Cisgender women (age ≥12 at year end)	Injection drug use (IDU)	2,807	17.8%	2,734	17.2%	2,695	16.7%	2,671	16.4%	2,664	16.1%
	High-risk heterosexual contact	8,155	51.7%	8,112	51.1%	8,120	50.4%	8,120	49.7%	8,080	48.8%
	Heterosexual contact (non-high-risk)	3,353	21.3%	3,545	22.3%	3,769	23.4%	3,940	24.1%	4,160	25.1%
	Perinatal/Unknown risk/Other	1,444	9.2%	1,471	9.3%	1,524	9.5%	1,594	9.8%	1,637	9.9%
	Subtotal	15,759	11.6%	15,862	11.7%	16,108	11.7%	16,325	11.7%	16,541	11.7%
Trans women (age ≥12 at year end)	Sexual contact	1930	98.3%	1976	98.2%	2083	98.0%	2162	98.1%	2248	97.7%
	Injection drug use (IDU)	11	0.6%	13	0.6%	13	0.6%	11	0.5%	14	0.6%
	Perinatal/Unknown risk/Other	23	1.2%	24	1.2%	29	1.4%	31	1.4%	40	1.7%
	Subtotal	1,964	1.4%	2,013	1.5%	2,125	1.5%	2,204	1.6%	2,302	1.6%
Trans men (age ≥12 at year end)	Sexual contact	35	66.0%	44	67.7%	49	68.1%	51	68.9%	56	70.0%
	Injection drug use (IDU)	12	22.6%	12	18.5%	13	18.1%	14	18.9%	14	17.5%
	Perinatal/Unknown risk/Other	6	11.3%	9	13.8%	10	13.9%	9	12.2%	10	12.5%
	Subtotal	53	0.0%	65	0.0%	72	0.1%	74	0.1%	80	0.1%
Alternative gender (age ≥12 at year end)	Sexual contact	8	88.9%	8	100.0%	8	100.0%	9	90.0%	16	88.9%
	Injection drug use (IDU)	1	11.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Perinatal/Unknown risk/Other	0	0.0%	0	0.0%	0	0.0%	1	10.0%	2	11.1%
	Subtotal	9	0.0%	8	0.0%	8	0.0%	10	0.0%	18	0.0%
Child (age <12 at year end)	Perinatal	96	82.1%	88	83.0%	76	83.5%	66	83.5%	63	84.0%
	Unknown risk	19	16.2%	16	15.1%	13	14.3%	11	13.9%	10	13.3%
	Other	2	1.7%	2	1.9%	2	2.2%	2	2.5%	2	2.7%
	Subtotal	117	0.1%	106	0.1%	91	0.1%	79	0.1%	75	0.1%
	Total	135,468		136,143		137,962		139,506		141,001	

California HIV Surveillance Report — 2021

Note: High-risk heterosexual contact: heterosexual intercourse with a person of the opposite sex-at-birth who has a high risk for HIV (e.g., MMSC, IDU). Heterosexual contact (non-high-risk): heterosexual intercourse with a person of the opposite sex-at-birth who does not have a high risk for HIV. Transgender persons who report sexual contact are placed in the transmission category of sexual contact, regardless of IDU. Other includes hemophilia, blood transfusion, and risk factor not reported or not identified.

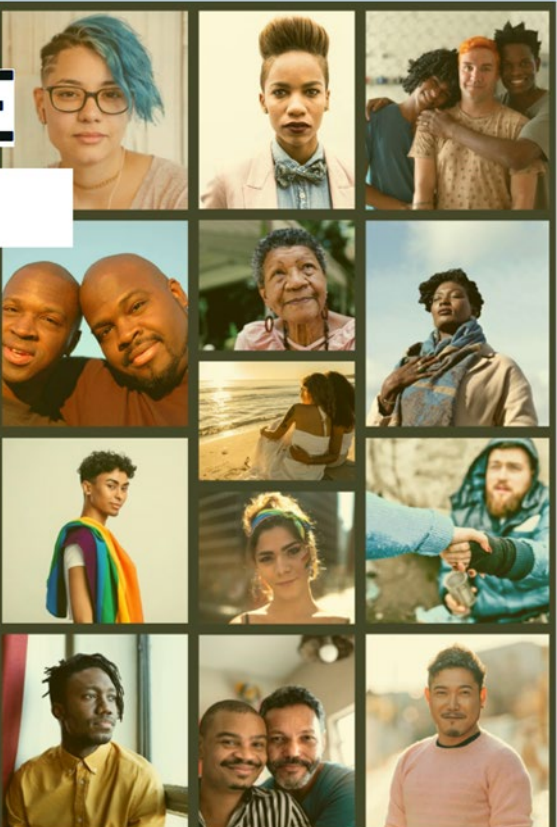
HIV and Transgender People California 2020



CDPH's 2022-2026 Integrated Statewide HIV, HCV, and STI Strategic Plan: Ending the Epidemics: Addressing Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and Sexually Transmitted Infections (STIs) in California.

Priority Populations

- People who are trans or gender non-conforming represented in the plan.



ENDING THE EPIDEMICS:

Addressing Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and Sexually Transmitted Infections (STIs) in California

Integrated Statewide Strategic Plan Overview 2022-2026

California Department of Public Health

THE PEOPLE

Throughout this strategic plan, we have worked to center the work and voices of those most affected by HIV, HCV, and/or STIs in California.

In California, the communities most impacted by HIV, HCV, and/or STIs include:

- People of Color, especially Blacks/African Americans, Latinx, & Indigenous people
- Young people (ages 15-29 years)
- Gay and bisexual men, and other men who have sex with men
- People who are trans or gender non-conforming
- People who use drugs, including people who inject drugs
- People experiencing homelessness
- People who are incarcerated
- People who exchange sex for drugs, housing, and/or other resources
- Cisgender women and other people who can become pregnant
- Migrant and immigrant communities, including people who are undocumented

These groups are not mutually exclusive. Many people identify with more than one of the groups in this list, and these intersecting identities can often mean people experience two or more forms of exclusion, discrimination, and stigma, making it harder for them to thrive.

On the next three pages we provide data highlighting racial and gender disparities in HIV, HCV, and STI outcomes in California. Understanding where disparities exist is important, to guide our work improving racial and health equity.

Data here and on the following page comes from:
--The 2018 STD Surveillance Report: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>
--The 2018 Chronic Hepatitis C Infections in California Surveillance Report: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/2018-Chronic-HCV-Surveillance-Report-Exec-Summary.pdf>
--The 2019 California HIV Surveillance Report: https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California_HIV_Surveillance_Report2019_ADA.pdf

2023 Anti-Transgender/LGBTQ Legislation

- In 2023, over 500+ anti-trans bills have been introduced in 36 states across the country rolling back decades of progress on trans rights fueled by transphobia, deliberate misinformation, discrimination, and misplaced fear under the false guise of “protecting children, girls, and women”.
- These bills do nothing but harm Trans children and youth.

2023 Anti-Transgender/LGBTQ Legislation

- These bills by GOP lawmakers across the country have been largely focused on prohibiting trans healthcare for youth, and at **least 20 states** have already passed such bans. Proposed bills range from gender-affirming care bans, bans on transgender youth participating in sports, bills that bar trans people from using bathrooms that correspond to their gender, LGBTQ school censorship on what schools can say about LGBTQ people, to drag bans and bans on name and pronoun changes on government-issued documents.

Panelists

Yara Tapia, Project Specialist

Department of Population and Public Health Sciences,
Keck School of Medicine, University of Southern
California



HEART-PrEP & Proyecto FACIL

- Proyecto FACIL: Facilitating Access to Care in the Inland Empire and Los Angeles
 - An implementation science study that identified barriers to the uptake of California's telePrEP program for HIV prevention among Latinx MSM and transwomen in Los Angeles, Riverside and San Bernardino Counties
- HEART-PrEP: Health Empowerment and Access through Remote Tele-PrEP
 - A collaboration with Rainbow Pride Youth Alliance (RPYA), ReachLA, and QCare+ to expand telePrEP services, education, and peer navigation for the Latinx LGBTQ+ community in the Inland Empire



Current Research Efforts

- HIV Prevention
 - Proyecto FACIL, HEART-PrEP, & HIV Prevention in Pregnant & Breastfeeding Women
- STI
 - Cefixime clinical trial looks to examine the clinical efficacy of oral Cefixime medication versus standard of care Penicillin G in the treatment of early syphilis infections
- Hep C
 - Project Connect: Bridging the Gap Between Hepatitis C Diagnosis and Care in LA County

klausner.usc.edu





University of California
San Francisco



Jack Johnson (he/him)

Clinical Research Coordinator



IT TAKES TWO STUDY (T2)

The overarching goal of “It Takes Two” is to test the efficacy of a promising couples-focused HIV prevention intervention to reduce HIV transmission risk among trans women and their primary partners by integrating biomedical and behavioral risk reduction strategies to help couples choose the most appropriate HIV prevention plan for their relationship.

NAVIGATING GENDER TOGETHER STUDY


This qualitative study consists of interviews with Black and Latine young adults between the ages of 18-30 years old. The interviews explore their experiences with navigating their gender during childhood and adolescence. The study is specifically looking to better understand how to improve support for Black and Latine gender diverse youth of color.



Bienestar Human Services

Vivian Gallardo
Peer Navigator, HIV Tester Counselor
Co-Chair of Long Beach Trans Wellness
Workgroup





Navigation Program focus on Transgender Wellness

- Transformando Vidas
- Voucher Motel
- Supporting Groups
- HIV Testing
- Prep and Pep Services
- HIV Treatment
- Medical Services

Long Beach Trans Wellness Workgroup

To promote HIV/STI Education, prevention and treatment to members of the trans community in Long Beach. This includes addressing the social determinants of health that impact the lives of trans individuals, Such as access to gender-inclusive services, Including housing/homelessness, Employment, Health care, Legal resources and community safety.

