

GEORGIA HIV BEHAVIORAL SURVEILLANCE (GHBS)

Data Summary: Survey of Transgender Women in Metro Atlanta, 2019-2020

What is GBHS?

Each year throughout the United States, 22 health departments serving the cities with the highest HIV prevalence collaborate with the Centers for Disease Control and Prevention (CDC) to implement the National HIV Behavioral Surveillance System (NHBS). NHBS assesses and monitors HIV-related risk behavior, testing behavior, and use of prevention programs among four populations overburdened by HIV: men who have sex with men (MSM), people who inject drugs (PWID), and heterosexual men and women living in areas of high poverty (HET).

A pilot focused on transgender women was added in 2019. The Georgia Department of Public Health implemented the NHBS survey with a focus on transgender women and transfeminine people in the Atlanta metropolitan statistical area. Between August 2019 and February 2020, participants were recruited into the study using a peer-driven, chain-referral method known as respondent-driven sampling (RDS). Participants were recruited by social contacts with reported social networks of transgender women. Surveys were conducted by trained interviewers with handheld computers. All participants were offered anonymous HIV testing and counseling, as well as anonymous gonorrhea and chlamydia testing. HIV testing was conducted using the Unigold®HIV-1/2 Rapid Antibody Test. Reactive blood specimens were confirmed with the Insti®HIV-1/2 Rapid Antibody Test. Participants were offered a token of appreciation in the form of a gift card.

Background: HIV Among Transgender Women

Transgender adults make up 0.6% of the population of the U.S. According to the CDC, 2% of all HIV diagnoses in 2019 were reported among the transgender community, or over three times the proportion of the population they occupy. Black transgender women accounted for 45% of transgender people diagnosed with HIV and Hispanic/Latina transgender women made up an additional 30%². Georgia ranked 4th in the nation for new HIV diagnoses among adults and adolescents (2,439), as well as 5th for the total number of adults and adolescents living with HIV (56,446), while Atlanta MSA ranked 4th in the nation for new diagnoses.³

¹Flores, A.R., Herman, J.L., Gates, G.J., & Brown, T.N.T. (2016). How Many Adults Identify as Transgender in the United States? Los Angeles, CA: The Williams Institute.

^{2,3}Centers for Disease Control and Prevention. *HIV Surveillance Report, 2019*; vol.32. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2021. Accessed 17 August 2021.

Table 1. Demographic Characteristics, NHBS TRANS Survey, Metro Atlanta, 2019-2020 (N=136)³

Variable	N	%
Gender Identity (Self-Reported)⁴		
• Woman	19	14%
• Man	0	0%
• Transgender Woman	128	94%
• Transgender Man	3	2%
Age Group (Years)		
• 18-29	42	31%
• 30-39	46	34%
• 40-49	21	15%
• 50+	27	20%
Race/Ethnicity		
• White	11	8%
• Black/African-American	83	61%
• Hispanic/Latina	15	11%
• Multiracial/Other	27	20%
County of Residence		
• DeKalb	20	15%
• Fulton	103	76%
• Other	13	9%
Incarceration		
• Lifetime	92	68%
• Past 12 months	37	27%
Homelessness		
• Past 12 Months	71	53%
• Currently	46	34%
Education Level		
• No HS Diploma	24	18%
• HS Diploma/GED	51	38%
• Some College/Associate's Degree	45	33%
• Bachelor's Degree	12	9%
• Post-Graduate Degree	4	3%
Household Income		
• <\$10,000	60	45%
• \$10,000 – \$19,999	40	30%
• \$20,000 – \$29,999	16	12%
• \$30,000+	16	12%
Health Care Provider Past 12 Months		
• Self-reported positive (n=75)	66	88%
• Not self-reported positive (n=61)	41	67%

³ Inclusion criteria: At least 18 years of age, identifies as a transgender woman or transfeminine person, engaged in sex in the past 12 months, consented to and completed survey with valid responses.

⁴ Gender identity: Responses were multi-response. Participants who selected transgender man did so because they were assigned male at birth and were transgender.



Survey of Transgender Women in Metro Atlanta, 2019-2020

NHBS focuses on reaching populations who are at highest risk for HIV transmission, which are connected to behavioral risk factors (such as risky sexual behaviors and injection drug use) with a special focus on attempting to reach individuals from racial and ethnic minority groups, lower socioeconomic status, and/or other related structural risk factors. NHBS-trans sought to survey members of the transgender community in Metro Atlanta who were at highest risk of HIV transmission. A total of 136 participants met the eligibility criteria, consented to and completed the survey, and provided valid responses to the NHBS Survey (Table 1).

Among the 136 participants, 94% identified as transgender women. Approximately 31% were ages 18-29, 34% were ages 30-39, 15% were ages 40-49, and 20% were ages 50 and older. Over half (61%) of the participants identified as Black/African-American, 20% identified their race/ethnicity as Multiracial/Other, 11% identified as Hispanic/Latina, and 8% identified as white. Over two-thirds (76%) of participants resided in Fulton County, 15% resided in DeKalb County, and the remaining 9% were split between Clayton, Cobb, Gwinnett, and Spalding counties.

Over their lifetimes, 68% of all participants reported having been incarcerated, and 27% of all participants reported incarceration in the past 12 months. Over half (53%) of participants reported being homeless⁶ in the past 12 months, and 34% reported being homeless at the time of interview. Of those who had experienced homelessness, nearly 44% reported having been denied homeless shelter access because they were transgender.

Thirty eight percent of participants had a high school diploma/GED and another 45% reported some college or more, yet 75% of participants reported living on or less than \$20,000 annually. Sixty-one percent of the total sample were living at or below the Federal Poverty Level⁷. Additionally, 58% of respondents reported food insecurity in the past 12 months, and 53% of participants reported not having health insurance at time of interview.

⁶ Homelessness is defined by the CDC as living on the street, in a shelter, in a single room occupancy hotel (SRO) or in a car at any time in the 12 months before the interview.

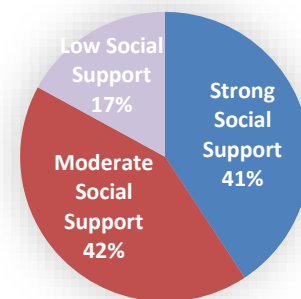
⁷ Poverty level is based on household income and household size.

Identity, Social Support, and Emotional Wellness

The majority of participants agreed or strongly agreed with the statements, “My outward appearance represents my gender identity,” (82%), “There is unity between my gender identity and my body” (80%), “I am happy with how my appearance expresses my gender identity” (79%), and “I am happy to have my current gender identity” (88%). The prompt, “I am not proud of my gender identity” found that 84% of participants disagreed or strongly disagreed.

Nearly 80% of participants reported having “a special person who cares about my feelings”, and 66% reported having “friends who will help me when I need it.” Approximately one-half reported having trusting, helpful, and/or supportive family. A summary of the questions regarding social support showed that over 80% of participants reported having moderate to strong social supports (Figure 3).

Figure 3: Level of Social Support, GHBS Trans Survey, 2019¹



¹A series of 12 questions about level of social support with responses ranging from 1 = Strongly Agree to 5=Strongly Disagree were used to categorize support as strong (score<25), moderate (25-35), and low (36 and higher).

Two thirds of participants reported they “feel worthless” little or none of the time and one third some or all of the time. Fifty five percent reported they “feel depressed” or “feel hopeless” little to none of the time and 45% reported some or all of the time. Twenty two percent of participants reported suicidal thoughts and ideation in the past year, and 8% percent reported planned or attempted suicide during that interval.

Sexual Risk Behaviors

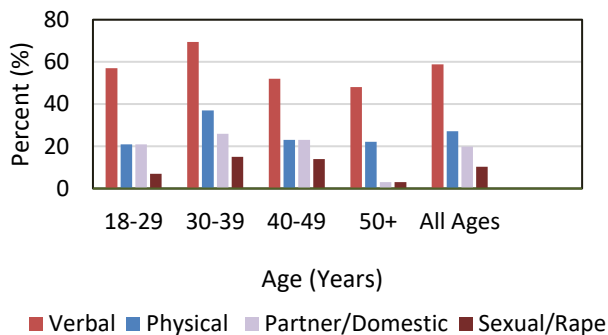
About 60% of participants reported having unprotected sex in the past 12 months. Forty five percent reported having engaged in sex exchange in the past 12 months (most commonly identifying partners online), and 51% of all respondents reported having concurrent sexual relationships.

Patterns of Abuse and Discrimination

Several forms of abuse were commonly prevalent among respondents. Across all ages, in the past 12 months, 60% of participants reported being verbally abused or harassed; 27% reported being physically abused; 20% reported domestic or partner abuse; and 10.5% reported sexual abuse or rape. A higher proportion of participants aged 30-39 years experienced verbal and physical abuse (Figure 2).

Other forms of harassment and discrimination were also common. More than 40% of respondents indicated receiving poorer service, and 27% were denied access to a gender-appropriate bathroom. Approximately 22% of participants had difficulty finding work because they were transgender. For the same reason, 17% reported being denied housing, 11% denied healthcare, and about 4% were fired from a job.

Figure 2: Patterns of Abuse Experienced Past 12 Months by Age, GHBS Trans Survey, 2020



Drugs and Alcohol Use

Approximately 62% of all participants reported non-injection drug use in the past 12 months. Marijuana was the most reported drug used (54%), followed by cocaine (23%), and methamphetamine (18%). Seven percent reported injection drug use in the past 12 months, most

painkillers. Binge drinking in the last 30 days was reported by 11% of participants. Fourteen percent of participants had received treatment for drug use, and an additional 9% sought treatment, but were unable to access it.

HIV Status and Testing History

All participants consented to HIV testing, and 79 (58%) had a confirmed HIV positive test result. Of these, 75 (95%) reported being positive during the interview. Twenty percent of participants between the ages of 18-29, 39% of participants 30-39, and 41% of participants 40 and older attested HIV positive. Among the participants who had not tested positive previously, 93% had ever tested, and 72% reported being tested for HIV in past 12 months. Among those, the most common reason given for not getting tested was “No particular reason” (33%), followed by “I think I am at low risk for HIV infection” (22%).

Healthcare Utilization

Two thirds (67%) of participants who did not self-reported as HIV positive and 88% of those who self-reported as HIV positive had seen a healthcare provider in the past 12 months. The most common source of care for participants was in clinics or health centers (60%), followed by a physician’s office (19%) and an emergency room (17.5%). Among those who did not self-report positive and saw a provider in the past 12 months, 64% were offered an HIV test, and 63% overall were tested for other sexually transmitted infections (syphilis, gonorrhea, and chlamydia). Of those who self-reported HIV positive, 87% were currently on ART. Two thirds (65%) of participants said they currently have a healthcare provider with whom they are comfortable discussing their gender identity, and an additional 11% reported having such a provider in the past.

Utilization of Prevention Services

Seventy-one percent of participants reported receiving free condoms in the past 12 months. While 93% of respondents were aware of Pre-Exposure Prophylaxis (PrEP) and 65% of HIV-negative participants reported having discussed PrEP with a healthcare provider, only 22.4% reported using it in the past 12 months.

Summary

In Metro Atlanta, significant racial/ethnic disparities exist for transgender women, with the heaviest HIV burden found among Black/African-American transgender women. Over half of our 136 participants, most of whom were low income transgender women of color, were HIV positive. Ninety-five percent of those who had a positive test were aware of their HIV positive status, and of those who were negative, 75% had an HIV test in the past 12 months. While 45% of our participants had some college education or more, and 38% had a high school diploma/GED, over half lived below the federal poverty level, indicating a notable disparity between education levels and economic conditions for transgender women in Metro Atlanta. In addition to low socioeconomic status, participants reported challenges related to abuse and mental health. On the other hand, high proportions reported strong or moderate social support and positive feelings related to their gender identity.

Utilization of health care services was high, especially for HIV positive women, most of whom were currently on ART. One third of those who were HIV negative, however, had not seen a healthcare provider in the past 12 months. This is consistent with the high proportion uninsured. Overall, two thirds of participants reported having a provider with whom they are comfortable discussing their gender identity. This highlights the need to increase cultural competency of transgender health among providers. More specifically, opportunities should be explored to develop and implement culturally specific interventions that prioritize the experiences of transgender women and their unique behavioral and structural risk factors associated with HIV transmission. Awareness of PrEP was very high, however utilization was less than one in four participants. Ensuring PrEP programs are informed by and tailored to the transgender community is critical, as well as promoting awareness that mechanisms exist to cover both the cost of medication and the cost of associated care.

Limitations

The data presented in this summary are not representative of the entire population of transgender women and transfeminine people living in Metro Atlanta, but rather sought to be representative of low income transgender women of color in Metro Atlanta, a group at especially high risk of HIV. However, RDS recruitment heavily relies on social networking, and HIV positive recruiters may be more networked with other HIV positive persons which could play a role in the high HIV positivity rate observed in our sample. The number of transgender women recruited fell short of the goal to reach 200. The requirement to attend a physical field site may have affected recruitment if transgender women had concerns about the safety of a site unknown to them. Offering remote/virtual interviewing and/or additional field site locations outside of the Metro Atlanta area, coupled with strengthening community relationships, may facilitate reaching more transgender. Finally, many attempts were made to reach Latina transgender women and transfeminine participants, yet the number of such participants remained low. Distrust of government agencies may have also impacted recruitment of Latina participants.

Acknowledgements

We'd like to thank the many participants who gave their time to participate in the survey, as well as the community gatekeepers, members of our Community Advisory Board, and additional key informants who served as invaluable sources of guidance. Our survey interviewers and other field site staff provided ongoing support throughout data collection and helped maintain a safe space for participants to share their lived experiences. We would also like to extend gratitude to the congregation and staff at St Mark UMC and City of Light who allowed the survey team to collect data and provide a safe space for participants. A special thank you to Saifa Wall and Dr. Alithia Zamantakis for supporting reviews of this factsheet. Finally, many thanks to the entire transgender community in the Metro Atlanta area who supported this venture.



Genetha Mustaafa, GHBS Team Lead
Brittany Jean Taylor, PhD, NHBS-Trans Project Coordinator
Marcus Goff, DPH Student Intern
Dena Elimam, PhD, GBHS Project Coordinator
Pascale Wortley, MD, HIV Epidemiology Section Director
Kathleen M. Toomey, MD, MPH, Commissioner

Suggested citation: Georgia Department of Public Health. (2021). Data Summary: Survey of Transgender Women in Metro Atlanta, 2019-2020

Reported by: Brittany Taylor, PhD, Dena Elimam, PhD, MPH; Marcus Goff, MPH Student. For more information please contact Genetha Mustaafa, GHBS Team Lead, Georgia Department of Public Health, 2 Peachtree ST NW, Suite 14-464, Atlanta, GA 30303