



California Collaborations in HIV Prevention Research
Dissemination Project

MODULE 2

**The Los Angeles Transgender
Health Study**

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California Collaborations in HIV Prevention Research: Dissemination Project

Introduction to the Dissemination Project

To support community-based research efforts in California, the State Office of AIDS (SOA) and the Universitywide AIDS Research Program (UARP) joined forces in 1998 to provide funding for HIV/AIDS community research collaborations. This program is built upon the collaborative research endeavors initiated by UARP in 1995 and community-based research efforts sponsored by SOA. The UARP/SOA initiative fosters partnerships among researchers, community-based AIDS service organizations, and local health departments. As a coordinated response to a statewide public health need, it:

- Provides support for evidence-based planning, design, delivery and evaluation of prevention interventions
- Builds community research capacity
- Disseminates information on HIV/AIDS prevention interventions

UARP and SOA have jointly funded 26 community collaborative HIV/AIDS prevention intervention projects. The *California Collaborations in HIV Prevention Research: Dissemination Project* is designed to disseminate information about these research projects and serve as a resource to be used by local health departments and community-based organizations in support of their work in prevention and evidence-based planning. Each project is presented in a standardized module format that reports on findings from the research and contains resource materials related to training, marketing, research methodologies, data collection, use of findings and collaboration between researchers and providers.

The *Dissemination Project* modules are organized into three sections: Behavioral Risk Research, Intervention Outcome Research and Translation Research. The Behavioral Risk Research section includes projects that focus on the context of the delivery of interventions; **these modules do not evaluate prevention intervention effectiveness.** The Intervention Outcome Research section will provide project findings on effectiveness of specific interventions. The Translation Research section will provide guidelines developed for translation of science-based interventions for use by community service organizations (available in 2005).

SECTION ONE: BEHAVIORAL RISK RESEARCH

Module Focus

Modules in this section highlight information in two areas:

- Behavioral risk patterns among communities heavily impacted by the epidemic
- CBO capacity to implement an evidence-based intervention

These research projects, conducted between 1998 and 2001, collected behavioral risk data on high priority populations of MSM, transgender, IDU, and homeless in San Francisco, Santa Cruz, Los Angeles, and Santa Barbara. One module in this section reports findings from a project that examined CBO capacity and requirements for implementing an evidence-based intervention.

California Collaborations
is a project sponsored by:

Universitywide AIDS
Research Program,
University of California
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and

California State
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Module Format and Content

The modules cover the following areas of information:

- Research findings and analysis on HIV/AIDS risk behaviors among high-priority populations in California
- Research findings on cultural and organizational context
- Use of findings by the community organization
- Characteristics of successful collaboration between researchers and HIV/AIDS service providers in ASO/CBO settings
- Model needs assessments and evaluation tools
- Resources developed and used during the project (e.g., training, recruitment, and outreach materials)

The four modules in Section One will be available in April 2003 in print format and on the UARP website (<http://uarp.ucop.edu>). Appendix materials include examples of materials used in the research and are downloadable as Microsoft Word documents.

SECTION TWO: INTERVENTION OUTCOME RESEARCH

Module Focus

Modules in this section describe:

- Research findings on interventions tested for effectiveness
- Research, collaboration, and intervention components, along with supporting materials from the research projects

These projects, which began in 1999, focus on evaluations of individual, small-group, and outreach interventions serving MSM, youth, IDU, women, and teen parents. The tested interventions also serve a diverse range of California

populations, including Latino, African American, and Asians/Pacific Islanders.

Module Format and Content

The modules cover the following areas of information:

- Research findings on the outcomes of tested interventions
- Outcome measures
- Tested intervention models
- Research findings and analysis of HIV/AIDS risk behaviors among high-priority populations in California
- Characteristics of successful collaboration between researchers and HIV/AIDS service providers in ASO/CBO settings
- Models and protocols used in evaluation research, including needs assessment and evaluation tools
- Findings on cultural and organizational context
- Use of findings by the community organization
- Resources developed and used during the project

Dissemination of the intervention outcome modules will begin during 2003 in both print format and on the UARP website (<http://uarp.ucop.edu>).

SECTION THREE: TRANSLATION RESEARCH

Module Focus

In 2002, two multisite projects were funded to study the process of translation of evidence-based interventions for use by community service organizations.

Guidance on the Use of Dissemination Modules

PURPOSE

The *Dissemination Project* modules are intended to support evidence-based planning, design, implementation, and evaluation of intervention services. This community collaborative research, funded by the California State Office of AIDS and the Universitywide AIDS Research Program, includes behavioral risk assessments, intervention outcomes, and translation research.

STRATEGY

The modules can be used to integrate findings and research and intervention materials into local planning, design, and delivery of targeted, evidence-based interventions. Research projects are California-specific, and deal with behavioral risks and interventions for populations impacted by the epidemic in California.

USE OF MODULES

Behavioral Risk Modules

- Use data and findings on behavior risks to support targeted planning for prevention interventions targeting similar populations
- Use behavioral risk findings to inform development and/or refinement of programs targeting similar populations.
- Use behavioral risk findings to provide support for existing interventions
- Tailor research instruments and protocols to collect data and conduct needs assessments on local populations
- Tailor training materials for use to support collection of data

- Tailor recruitment materials for use with local populations
- Use best practices for collaboration to provide guidance for the development of partnerships in local settings

Intervention Outcome Modules

- Use behavioral risk findings to guide program planning and intervention delivery
- Use intervention findings and materials for design and delivery of interventions
- Adapt tested interventions for implementation in local settings, maintaining fidelity to core elements and tailoring key characteristics for local context and populations
- Use and/or tailor research protocols and instruments to support targeted data collection on local populations and intervention effectiveness
- Use and/or tailor training materials to support training on delivery of interventions and implementation of program evaluation
- Identify links between tested interventions and existing interventions to provide evidence-based support for existing interventions

Translation Modules

Two multisite projects were funded in 2002 to study the process of translating evidence-based interventions for use by community service organizations. Information on the use of these projects' findings will be forthcoming when the projects are completed.

Behavioral Risk Research Modules can be used by providers for:

- Evidence-based planning
- Needs assessments
- Best practices for collaboration

Intervention Outcome Research Modules can be used by providers for:

- Evidence-based planning
- Intervention design and delivery
- Prevention evaluation on tested intervention models



The Los Angeles Transgender Health Study

Principal Investigators:

Cathy J. Reback, Van Ness Recovery House

Paul Simon, Los Angeles County Department of Health Services,
HIV Epidemiology Program

Module in a Nutshell

Reports on:

- HIV seroprevalence and seroincidence
- Sexual risk factors
- Social and economic assessment
- Gender and sexual identity

Provides:

- Profile of transgender population
- Practical research tools
- Specialized resources

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PURPOSE OF MODULE 2

Module 2 provides epidemiological and behavioral findings from an HIV/AIDS research and collaborative project directed by Cathy J. Reback, Van Ness Recovery House, and Paul Simon, Los Angeles County Department of Health Services, HIV Epidemiology Program. It reports on the health of individuals self-identified as transgender, transsexual, or women who were born as men in Los Angeles County.

Results from the research project presented in this module offer much needed information about a culturally and ethnically diverse, and greatly overlooked, group. The population of male-to-female (MTF) transgender persons was recruited from geographically dispersed and ethnically distinct community-based organizations (CBOs) that provided outreach and HIV education services in Los Angeles County. This module presents research findings and details about the teamwork among the CBOs and a county health program. It illuminates practical insights on collaboration and includes an account of the research process between the community partners. The findings and specialized resources included in Module Two will provide support for prevention program planning and providers working with transgender populations.

RESEARCH PROJECT

Summary and Purpose

The project was designed as a community research collaboration for the specific purpose of collecting epidemiological and behavioral data on an underserved population in Los Angeles County. Transgenders were identified by the Los Angeles County Community HIV Prevention Planning Committee as one of the key groups for which epidemiologic data were lacking and critically needed.¹ Three CBOs and the Los An-

geles County HIV Epidemiology Program collaborated to form the Los Angeles Transgender Health Study. The project was

the first comprehensive study in Los Angeles, and only the second in the country, designed to assess the prevalence of specific HIV risk behavior . . . in local transgender communities.²

The major objectives of the study were to:

- Assess the sociodemographic characteristics and HIV risk behaviors of MTF transgenders³ served by three AIDS service organizations in Los Angeles County⁴
- Assess the relative importance of various risk factors for HIV infection in this population
- Measure HIV seroprevalence and seroincidence of this population
- Assess the impact of HIV/AIDS prevention services and linkages to services for the same population.⁵

The effectiveness of prevention interventions was not evaluated in this research project.

1. Cathy J. Reback and Paul Simon, "The Los Angeles Transgender Health Study: Creating a Research and Community Collaboration," in *Community-Science Collaborations: Preventing AIDS*, edited by B. Bowser et al. (Binghamton, N.Y.: Haworth Press, forthcoming).

2. UARP grant PC97-HRA-2012S, PC97-LAC-012L.

3. MTF transgenders constituted the majority of transgender clients at the participating agencies.

4. Data were not collected outside CBO catchment areas; therefore, an important limitation of the project is that only a segment of the MTF population in Los Angeles County participated.

5. In the original design, an evaluation of the effectiveness of prevention services was planned, but this was modified when it became apparent that many participants reported receiving prevention services at more than one location. Reback and Simon.

6. Cathy J. Reback et al., "The Los Angeles Transgender Health Study: Community Report," May 2001.

HIV-related research studies and HIV/AIDS surveillance activities have not routinely included the "transgender" designation in their data collection instruments.⁶

Transgenders often experience significant barriers to adequate and targeted health services.

Who Is Eligible

- Residents of Los Angeles County
- 18 years of age or older
- MTF transgender or transsexual, or a woman who was born male

Cultural Sensitivity

The project required substantial community collaborator input to ensure cultural sensitivity. Survey instruments were carefully crafted in order to be understandable and transgender sensitive.¹¹

The research project required the collaboration of researchers, community-based HIV prevention service providers, and members of the transgender community who utilize prevention services at the three CBOs: Asian Pacific AIDS Intervention Team in downtown Los Angeles; the Bienestar Latino AIDS Project in central Los Angeles; and the Van Ness Recovery House in Hollywood.⁷ By bringing together individuals from these three agencies, it was hoped that the ethnic/cultural diversity of the county would be represented.

Research Methods

This section presents details about the research protocol and the management of the research project. The various methods and assessment tools are described; the training and data collection techniques are presented; and descriptions of project resources, many specifically designed for the target population, are included.

Research Focus and Protocol

The purpose of the research project was to collect descriptive, epidemiological, and behavioral data on the transgender population within Los Angeles County.

Eligibility

Participants in the study were 18 years of age or older, lived in Los Angeles County, and identified as MTF transgender or transsexual or as a woman who was born male. The eligibility criteria were designed to capture the full range of MTF transgenders regardless of stage of transition, and to exclude other individuals that are often confused with transgenders and sometimes participate in transgender support groups. Persons who are cross-dressers, transvestites, and

drag queens differ substantially from transgenders in that they are not in the process of changing their gender nor do they believe the sex of their body is in conflict with their gender identity.

Questionnaire Development

In the development of assessment tools, emphasis was placed upon cultural sensitivity to transgender issues, especially the frequent conflict between anatomy and identity. All transgenders experience some degree of discordance between their biological sex and their gender identity, and manifestations of this state vary tremendously.⁸

To respond to these issues, the baseline and follow-up questionnaires were designed to address the complexities of the transgender experience and to reflect gender-specific language consistent with gender identity.

Development of a culturally appropriate questionnaire was one of the greatest challenges of implementing the study and required six months to complete.⁹ For example, to ensure that questions related to sexual risk behavior were consistent with the respondent's anatomy, separate color-coded sexual behavior questions were required for those who had previously undergone sexual reconstruction surgery, those who had not had such surgery, and those who had this surgery during the 6- to 12-month follow-up period.¹⁰

8. M. L. Brown and C. A. Rounsley, *True Selves: Understanding Transsexualism* (San Francisco: Jossey-Bass, 1996).

9. Researchers in San Francisco shared a transgender questionnaire they developed. See Kristin Clements, "The Transgender Community Health Project: Descriptive Results" (Report for the San Francisco Department of Public Health, 1999).

10. Reback et al.

11. Reback and Simon.

7. The Minority AIDS Project, Los Angeles, also provided support and commitment to the project.

In addition to collecting detailed information on sexual and drug-using behaviors, the baseline questionnaire (Appendix A) solicited information that would contribute to a realistic profile of the Los Angeles County transgender population's characteristics:

- Sociodemographics
- Living situation
- Psychosocial issues, including social supports
- Access to and use of health care services
- Stage of gender transition
- Legal issues related to gender transitions
- History of incarceration
- Experiences with discrimination and violence
- Use of HIV prevention services
- Use of drug treatment services
- HIV/AIDS-related knowledge and attitudes
- Self-perceptions of HIV risk
- Knowledge of HIV serostatus

Training

Interviewers were trained and certified as pre- and post-test HIV counselors. Interviewer training (Appendix B) was provided over a six-week period at one of the CBO locations.

The four interviewers hired for the study were MTF transgenders. MTF transgender interviewers were an important ingredient for building trust and rapport with the participants as well as for increasing participation in the study. In addition, the interviewers were ethnically mixed to reflect the demographic profile of the clients served by the collaborating CBOs.

From the onset of the project, the principal investigators and representatives of the collaborating agencies met quarterly to maintain support and enthusiasm for the study. Periodic workshops were held to disseminate information about the project to the CBO staff.

Data Collection

This section describes how the participants were recruited and the process of interviewing, testing, and follow-up during the research project.

A convenience sample of 244 transgenders received the baseline interview (see Appendix A). A locator form (Appendix C) was administered to all participants to obtain detailed contact information for future tracking. Participants were tested for HIV using an oral fluid-based HIV-1 antibody test.

Six to 12 months following the baseline survey, a follow-up interview (Appendix D) and HIV test were administered to 219 (90%) of the original sample.

Recruitment

Prevention staff from the three participating CBOs recruited the 244 subjects enrolled in the study. In most situations, the interviewers accompanied the CBO staff during their intervention efforts, and participants were recruited for interviews at that time. This was the ideal way for the interviewers to gain access to the population.¹² Enrollment in the study took place in Los Angeles County from February 1998 to January 1999.

Interviews and Testing

The interviews and test were conducted in a variety of venues such as the interviewer's car, cafes, on the street, and in the agencies.

12. Some problems arose because the interviewers were not trained as outreach staff; new field-work training was implemented to ensure greater safety for the interviewers.

13. Reback and Simon.

14. C. J. Reback and E. L. Lombardi, "HIV Risk Behaviors of Male-to-Female Transgenders in a Community-based Harm Reduction Program," in *Transgender and HIV: Risks, Prevention and Care*, edited by Walter Basting and Shelia Kirk (Binghamton, N.Y.: Haworth Press, 2001).

15. Brown and Rounsley.

Critical Identity Issues for Transgenders

Janet, a 42-year-old transgender, moves from one agency to another. She periodically engages in sex work, and as a result of previous heroin use has HIV seroconverted. She identifies as bisexual and feels that no one understands her as a transgender woman.¹³

It is often difficult and costly for transgendered persons to establish a legal identity in one's chosen gender.¹⁴

Transgenders have a mind/body conflict; they self-identify as one gender but have the body of the opposite sex.¹⁵

Geographical Challenges to Data Collection

Interviewers traveled from one city to another within Los Angeles County to locate hard-to-find participants—in one case the interviewer drove 30 miles at 5:30 AM to conduct a follow-up interview.

Baseline interview: The duration of the interview was approximately 45 minutes and was available in English, Spanish, and Tagalog.

The procedure followed with participants included:

- Read overview of the study and screened for eligibility (see Appendix A, Introduction and Screening)
- Discussed interest in participation and eligibility
- Provided an informed consent form (Appendix E)
- Administered baseline interview (see Appendix A; Spanish version, Appendix F)
- Administered a locator form (see Appendix C; Spanish version, Appendix G)
- Provided \$15 to compensate for time
- Gave Orasure HIV test and counseling

Testing: The interviewer administered the oral fluid-based HIV-1 antibody test (Orasure) and a counseling session. The sample was sent without personal identifying information to the health department laboratory for analysis. For those who chose to receive their result (the lab reporting form may be viewed in Appendix A, Section G), a coded identifier linked the test result to the participants. All specimens found to be positive by enzyme immunoassay (EIA) were confirmed with a Western blot assay.

Follow-up interview: The transgender population in Los Angeles County presented unique challenges in conducting the follow-up component of the research project. Some participants lived in unstable environments, and many changed their names and other identifying information as they crossed gender lines.

The Project Coordinator compiled a list of five-month post-baseline interviewees. The locator form (see Appendices C and G) provided detailed contact

information and was used to locate these individuals. A variety of methods were employed to track hard-to-find participants, including reminder postcards and increased monetary incentives. (Details on how to proceed when participants failed to make the follow-up interview appointment or when to end the pursuit are available in Appendix H.) Ultimately, 90% of participants were located. The following procedure was used:

- Administered a follow-up interview (see Appendix D; Spanish version, Appendix I)
- Gave Orasure HIV test
- Provided HIV/AIDS counseling
- Provided up to \$40 for hard-to-reach clients to compensate for time

Ethical Issues

During the early phases of the research project, some ethical concerns arose. The collaboration team worked to resolve each situation and to preserve obligations to the participants and the project.

MTF Focus

Even though female-to-male (FTM) transgenders are also at risk for HIV infection, this group was deemed difficult to identify and recruit. Since most transgender clients at the three CBOs were MTF, it was not possible to expand outreach to recruit FTM transgenders given the limited available funding.¹⁶

HIV Testing

Lengthy discussion among researchers and community partners took place regarding the pros and cons of requiring HIV testing. All agreed that the data on HIV seroprevalance and seroincidence rates in the MTF transgender population were greatly needed and could be used to create policy and influence funding decisions.¹⁷

16. Reback et al.

17. Reback and Simon.

Referrals

The initial survey participants revealed that the interview was a very emotional experience. The process of reflecting on their lives forced some to more consciously acknowledge their HIV risk. The interviewers felt the need to offer participants referrals to needed services. Consequently, the interview served as an intervention; this posed a dilemma for the researchers in maintaining the objectivity of the interviewers. However, an ethical obligation to provide referrals prevailed.

RESEARCH FINDINGS

This section describes the results from the research project. The Contextual Findings section presents background information about the population, including ethnicity, education, income, sexual and gender identity, and selected details about health access and history. The Behavioral and Epidemiological Findings section reports sexual risk behavior, HIV seroprevalence and sero-incidence, and prevention.

Contextual Findings

Sociodemographics

Of the 244 transgenders who were enrolled in the study, 49% were Hispanic/Latina, 21% Asian and Pacific Islander, 15% Caucasian/white, 7% African American/black, and 8% mixed race/ethnicity or other (Figure 1). Hispanic/Latinas and Asians and Pacific Islanders were the two largest racial and ethnic groups represented in the study because two of the three collaborating CBOs served these specific populations. Among the Asian/Pacific Islander participants, 35% were Filipino, 27% mixed, 24% from other Asian countries, 8% Thai, and 6% Pacific Islanders. Among the Hispanic/Latina participants, 78% were Mexican, 14% from countries in Central America, 3% Puerto Rican, and 5% mixed or other.

Over half of the sample (54%) were less than 30 years of age, and only 11% were 40 years and older. Close to half of the participants (47%) had 12 years or less of formal education, while 31% had

Analysis of Findings

Participants experienced socioeconomic disadvantages:

- 50% reported annual incomes of less than \$12,000 per year
- 47% reported less than 12 years of education
- 50% reported sex work as a major source of income

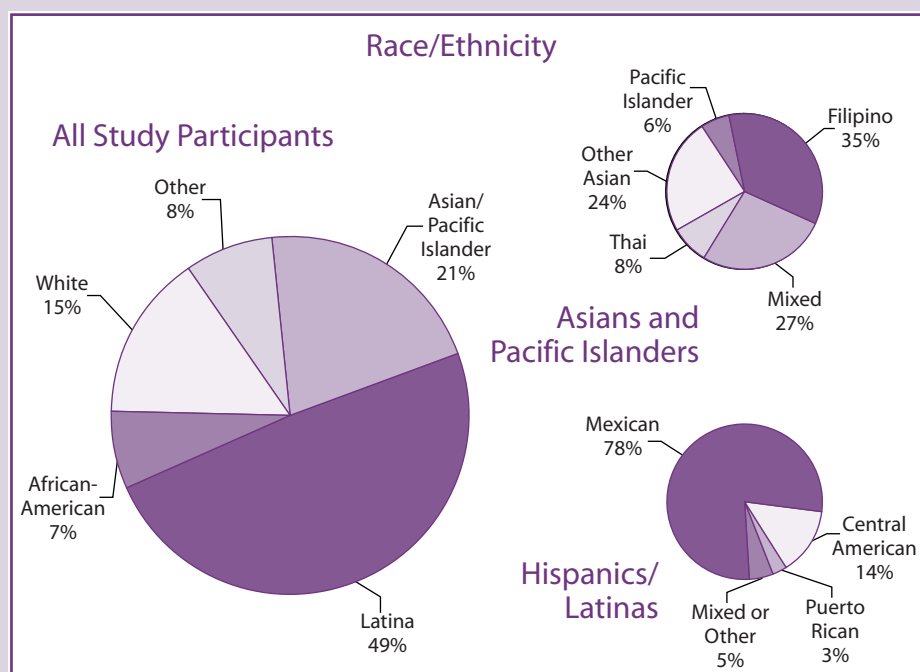


Figure 1 Race and ethnicity of participants in the Transgender Health Study (Source: Reback et al. 2001, p.13)

Analysis of Findings

Participants experienced stigmatization:

- 80% reported a history of verbal abuse due to their gender identity or presentation
- 47% reported physical abuse due to their gender identity or presentation

Participants experienced formidable barriers to accessing health care services:

- 64% did not have health insurance
- 24% did not seek health care services

more than 12 years of formal education. Annual household income of less than \$36,000 was reported by 90% of participants, including 50% that reported less than \$12,000. Fifty percent indicated that sex work was the major source of income in the last six months, followed by government assistance (23%) and family and/or partner (13%). When asked about current living situation, 76% reported that they lived in a house or an apartment that they owned or rented.¹⁸

Gender and Sexual Identity

The results from the research draw attention to the heterogeneity of the MTF transgender population, and that sexual identity and gender identity are separate domains.

Participants identified their gender as follows:

- 56% female or woman
- 20% transgender
- 18% transsexual
- 6% “other” (2% cross-dresser, 1% drag queen, and 3% don’t know)

Participants identified their sexual identity as follows:

- 77% heterosexual or “straight”
- 7% gay
- 6% bisexual
- 10% “other” (3% pansexual; 2% asexual, 1% lesbian, 4% don’t know)

Nearly all respondents have anatomically male genitalia, yet many have had sexual contact with men and self-identify as heterosexual.

Health Care Access and Medical History

Health Insurance

Participants reported the following concerning health insurance coverage:

- 18% MediCal, Medicare or Medicaid
- 17% private insurance or an HMO
- 64% no health insurance

Surgical Procedures

In order to enhance gender presentation, 28% of the 244 participants had undergone electrolysis, and 30% reported having some type of surgery. Sixty-five percent of the participants indicated that they planned future gender-related surgery.

While many transgenders injected hormones and had surgery to enhance their gender presentation, few in this study had genital surgery for gender reassignment.

Most frequently reported surgical procedures to enhance gender presentation were:

- 21% breast augmentation
- 18% rhinoplasty (surgery of the nose)
- 6% other facial surgery
- 5% tracheal shave
- 4% hip enlargement
- 3% vaginoplasty (genital reconstruction surgery)

Hormones

Use of hormones for either gender reassignment or to enhance gender presentation was reported by 78% of the respondents. Fifty-eight percent reported hormone use in the previous six months. Over half (51%) of these individuals obtained their hormones off the street, 21% from a private doctor, 17% from a county clinic or health center, 6% from a friend, and 5% from other sources.

Behavioral and Epidemiological Findings

The data presented in this section represent risk behavior, seroprevalence and seroincidence, and knowledge about prevention.

18. Reback et al.

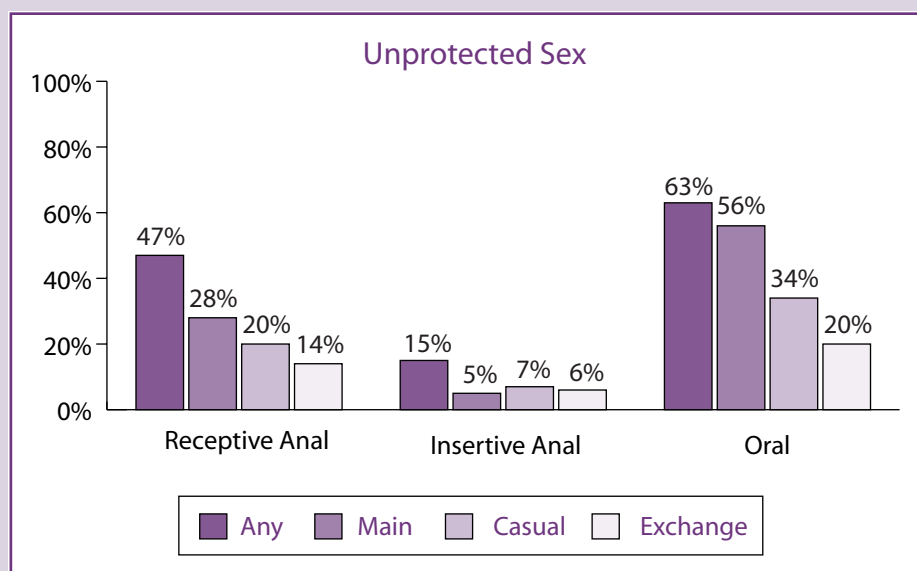


Figure 2 Unprotected sex in the previous six months by behavior and type of partner (Source: Reback et al. 2001)

Sexual Risk Behavior

Condom Use

Condoms were less frequently used during oral sex with main, casual, and exchange partners and more frequently used during insertive anal sex. Still, a significant number of respondents had unprotected sex with main, casual, and exchange partners (Figure 2).¹⁹

Number and Gender of Partners

The reported number of partners varied substantially by sex worker status. Among those who did not report sex work as a main source of income, 63% reported two or less partners during the previous six months. However, among those who reported sex work as a main source of income, 69% reported more than 25 partners in the previous six months. Overall, 47% of respondents reported more than 10 sex partners during this time frame. A majority of the

participants (85%) reported having one or more male sex partners, while 25% reported having one or more transgender (MTF or FTM) sex partners. A small percentage (6%) reported one or more female sex partners during the past six months.

Alcohol and Drug Use

Alcohol and drug use while engaged in sexual activities was reported by over half of the participants (53%) in the survey. Injection drug use (“for the purpose of getting high”) in the previous six months was reported by 8% of the participants. Non-injection drug use was reported by nearly everyone, with the most frequently used substances being alcohol (77%), marijuana (39%), “crystal” methamphetamine (28%), powder cocaine (25%), crack cocaine (15%), amyl nitrate or “poppers” (10%), and ecstasy (7%).

Injecting Hormones

An overwhelming majority of those in the study reported a history of needle use. However, most of this activity was related to self-administration of hormones. Sixty-nine percent reported injecting hormones; 44% reported inject-

19. “Main” is defined as a partner with whom they had a close, intimate relationship. “Exchange” is a partner with whom they traded sex for money, drugs, shelter, food, or other tangible things they needed.

Analysis of Findings

Multiple risky behaviors are placing transgenders at risk:

- Substantial HIV risk based on reported sexual activity
- Commercial sex work reported by more than half of the study participants
- Over half reported being high on alcohol or drugs while having sex in the past six months
- Many reported injecting hormones and obtaining the needles on the street

Analysis of Findings

Seroprevalence was high among participants — 22% tested HIV+.

Participants accessed HIV prevention information from a variety of sources:

- 39% agency
- 22% outreach workers
- 13% pamphlets and books
- 11% media

ing hormones during the past six months—of these, 72% reported obtaining their needles “off the street” or from some other non-medical source. Other substances that enhance gender presentation, such as silicone and oil, were injected by 33%.

HIV Seroprevalence and Seroincidence

All 244 transgender participants, regardless of self-reported HIV serostatus, received an HIV test. Fifty-four (22%) of the participants tested HIV positive. Seroprevalence was higher among those 30–39 years of age (40%), those with annual incomes less than \$12,000 (31%), and those who reported sex work as a main source of income (26%).

Follow-up information was obtained on 219 persons (90%). The analysis of HIV seroincidence was restricted to the 171 who were HIV seronegative at baseline. Four seroconversions were identified in the group, an incidence rate of 3.4 infections per 100 person-years.²⁰

There was substantial variation in seroprevalence by race/ethnicity:

- 44% African American/black
- 37% Multiracial/other
- 26% Hispanic/Latina
- 16% Caucasian/white
- 4% Asian and Pacific Islander

These results may have been influenced by the outreach venues and strategies of the collaboration agencies.²¹

HIV Prevention

Overall, participants demonstrated a high knowledge of HIV transmission routes as well as prevention strategies. Knowledge was very high about condoms as a means of preventing transmission (93%) and that HIV can be trans-

mitted through sharing hormone injection needles (99%). However, a high percentage incorrectly answered questions about the risks associated with blood donations and injecting oil-based lubricants (see Appendix A, Section F).

Nearly 75% of the participants reported that condoms are always easy to get and were obtained from a store (31%), outreach worker (14%), or an agency (26%).

Use of Data

The observed HIV seroprevalence of 22% is higher than any other group in the county for which data have been reported.²² This finding is consistent with the general prevention community’s impression that a substantial segment of the transgender population is at extremely high risk of infection.

The findings have played an important role in developing more effective HIV prevention services for the transgender population in Los Angeles County. The availability of an objective measure of HIV seroprevalence has served as a powerful tool for mobilizing support and obtaining needed funding for HIV prevention and treatment services for transgenders. Local community-based organizations that provide prevention services to transgenders are using the data to better define the specific needs of this distinctive group and to better tailor interventions to meet these needs. Linkages to substance abuse programs and mental health services have been implemented by community organizations providing services to the transgender population.

20. Follow-up intervals for these persons ranged from 5 to 17 months (mean = 8 months), producing a total of 117.0 years of person-time follow-up. Reback et al., p. 27.

21. Reback et al.

22. With the exception of gay and bisexual men in selected high-risk groups, such as those receiving services in public sexually transmitted disease clinics and gay and bisexual men who enter drug treatment for methamphetamine abuse. HIV Epidemiology Program, *An Epidemiologic Profile of HIV and AIDS in Los Angeles County* (Los Angeles Department of Health Services, 2000).

COLLABORATION

The Los Angeles Transgender Health Study project required the collaboration of researchers, community-based HIV prevention service providers, and members of the transgender community.

The two principal investigators met while serving on the Los Angeles HIV Prevention Planning Committee. One was familiar with the transgender population.

The service providers included three agencies that provided HIV prevention services to transgendered individuals in the county. Each provider offered services in a different geographic area and worked with a specific ethnic/cultural population.

Processes and Key Components of Collaboration

Prior to the onset of the study, the participating community agencies had relatively little contact with each other. Ongoing communication, however, was required of collaborators from each of the agencies during the planning and implementation of the study. As a result, rapport was established between agencies, which allowed for better coordination of services as well as sharing of information regarding programs and interventions.

Representatives of the three collaborating agencies and the PIs agreed that it was imperative to meet quarterly to maintain support and enthusiasm for the study. The interviewers trained for the project facilitated this process. As they developed a sense of teamwork and accomplishment, they were able to serve as the focal point for bringing the agencies together for shared activities.

All administrative and frontline staff from the CBOs prevention programs were encouraged to participate in the quarterly meetings. Often up to 30 individuals were present at the meetings, representing both the research and com-

munity side of the collaboration. Two *different* languages were spoken, representing two different orientations—the community and the researcher. The process of meeting on a regular basis assisted the development of a common language.

Collaborative Partners

The partners in the project included the following three CBOs.

Asian Pacific AIDS Intervention Team (APAIT)

Established in 1987, this agency is the largest and most comprehensive agency serving Asians and Pacific Islanders (APIs) in Southern California. The services provided during the project included HIV education/prevention, outreach, behavior change and reinforcement services, case management, treatment advocacy/nutrition education, mental health services (support groups and counseling), social and rap groups, peer counseling, and service referrals.

The agency is designed to be culturally and linguistically appropriate for API populations. The staff and volunteers represent a broad spectrum of APIs, including gay, lesbian, bisexual, transgender, and heterosexual individuals. A majority of ethnicities living in Los Angeles were represented, including Cambodian, Chinese, Japanese, Korean, Filipino, South Asian, Thai, Vietnamese, and Pacific Islander (Samoan, Guamanian) communities.

Bienestar Latino AIDS Project

Bienestar Human Services was formed in 1989 and provides the majority of services for transgender Hispanic/Latina clients in Los Angeles County. By 2002, this agency operated five service centers within Los Angeles County, in East Los Angeles, Hollywood/Silverlake, Long Beach, Pomona, and the San Fernando Valley. The Bienestar Latino AIDS Project in Central Los Angeles was part of the team for the project.

Collaboration leads to a common language between community and researcher.

Regular meetings promoted development of a common language between the community, the CBOs, and the researchers. Ultimately, this provided better coordination of services and prevention programs.

Implications for Prevention and Research

- High prevalence of sexual risk behavior among main and casual partners underscores the need for prevention interventions that address sexual risk behavior in **all** social contexts.
- HIV prevention measures need to be cognizant of how the degree of transition from one's physical sex to chosen gender varies.
- HIV programs need to consider sexual identity (e.g., heterosexuality, bisexuality, gay, lesbian) and gender identity (transgender, woman, man) as separate domains.

The Bienestar prevention program for transgenders operated as a satellite of the Minority AIDS Project program until 1997, when it received funding to develop an independent program. The objective of the new program was to reduce the incidence of HIV infection in transgender persons in Metro and Central Los Angeles. Nearly all clients who participate in the program are Latino, and over 80% are monolingual Spanish speakers. This agency provides the majority of services for transgender Hispanic/Latina clients in Los Angeles County. The outreach workers and staff reflect the Hispanic/Latino identity of the clientele.

During the Los Angeles Transgender Health Study project, outreach contacts took place in a variety of street locations, including parks, night clubs, adult book stores, and sex environments.

Van Ness Recovery House (VNRH)

VNRH is dedicated to serving the needs of gay, lesbian, bisexual, and transgender/transsexual substance misusers. It was founded in 1973 and today provides a 20-bed residential facility, day treatment, sober living, and job training. The Prevention Division began in 1994 and offers HIV prevention services to non-treatment-seeking gay, lesbian, bisexual, and transsexual/transgender substance users. Services offered include outreach, counseling interventions, education/support groups, skills-building workshops, art exploration groups, transgender support groups, HIV pre- and post-test counseling, and direct linked referrals.

A special program, the Transgender Harm Reduction Program was initiated at Van Ness Recovery House in October 1995. It was designed to reach a variety of transgender communities in the Hollywood and West Hollywood areas, including persons living on the streets or in low-rent hotels, sex workers, and bar queens, as well as those more assimilated and living in stable circum-

stances. The program consisted of an outreach component and a series of four workshops designed to promote skills-building and behavior change to reduce HIV risk. Transgender peer advocates conducted face-to-face outreach with transgender persons on the streets in identified high-risk areas and in venues such as boutiques and "queen bars" where transgender persons were known to congregate. During the research project, Van Ness Recovery House was utilized for recruitment of participants and for the interviews.

One of the PIs was director of the Prevention division at VNRH and had considerable contacts with the ASO community.

HIV Epidemiology Program, Los Angeles County Department of Health

The program office served as the central coordinating site for the study. It is located in Central Los Angeles and has a staff of more than 90 persons involved with AIDS surveillance and HIV-related research study. This facility was ideal for the study coordinator to use during the project. One of the PIs, a medical epidemiologist, was located at this office. He supervised the county's AIDS surveillance program and had previously coordinated the development and implementation of other HIV-related epidemiologic studies.

CONCLUSION

According to the researchers, the study had several important limitations.²³ The findings are not generalizable to other MTF transgender populations, particularly more affluent and assimilated groups. Indeed, the results may not be representative of transgendered persons who do not live in or frequent the neighborhoods served by the three participating agencies or do not receive prevention services. Also, given the sensitivity of many questions in the survey, some respondents may have underreported certain risk behaviors. It is important to keep in mind that there is always a degree of misrepresentation with self-reported data.

Still, insights from this study contribute to the improvement of HIV prevention interventions tailored to transgender populations. Information is provided that addresses some of the varied circumstances of transgendered persons and the complex psychological and social factors that may contribute to ongoing risk behavior. HIV prevention programs need to be cognizant of how the degree of transition from one's physical sex to chosen gender varies. Such programs need to consider sexual identity (e.g., heterosexuality, bisexuality, gay, lesbian) and gender identity (transgender, woman, man) as separate domains.

The results of this study may be used to inform the general HIV service community and policymaking groups about the unique circumstances and needs of the transgender population and also to educate local service providers on the needs of this population.

Recommendations²⁴

- HIV prevention interventions must be tailored to MTF transgenders.
- Transgendered persons must have access to health care services that are sensitive to the medical and psychological issues related to gender transition.
- HIV prevention interventions should include alcohol and drug assessments and, when necessary, referrals to transgender-sensitive drug treatment services.
- Job training and skills building should be incorporated into HIV intervention programs.
- Sexual risk reduction messages should target exchange, casual, and main partners.

23. Reback et al.

24. Reback et al.

