

## SUMMARY OF TRANSGENDER DATA

The Atlanta EMA Consumer Survey was conducted in 2011 on behalf of the Metropolitan Atlanta HIV Health Services Planning Council. Participants were recruited from both Part A-funded and non-funded sites across the 20-County Atlanta EMA. The consumer survey was anonymous and voluntary. As an addendum to the Consumer Survey Report, a focus group of members of the transgender community was conducted in April 2013. Survey findings from the transgender community were as follows:

DEMOGRAPHICS	
African-American	90.40%
At least a high-school diploma/GED	90.40%
Homosexual	47.60%
Age 40-49	42.10%
Unemployed	42.10%
Unstably Housed	28.60%
Housing related issue interferes with HIV care	85.70%
No Health Insurance - Most Common Reason: Cannot Afford It (90%)	47.60%

CARE SERVICES	
1st HIV Medical Care Visit within 6 Months of Dx	75.0%
Fell out of Care >1 Year	33.3%
Received Mental Health Services since Dx	47.6%
Received Substance Use Services since Dx	23.8%
Have a Case Manager	71.4%

In response to questions regarding stigma, 50% (n=10) of respondents indicated “ever” having been a victim of domestic/intimate partner violence. Additionally, more than half (57%) indicated they were denied services, (57%) have been treated differently by health care staff, and (67%) have been spoken to harshly by health care staff at some point.

### FOCUS GROUP FINDINGS:

- ⇒ Many doctors do not give those who identify as transgender a thorough physical exam. “I have only had 1 in 25 years as a trans-woman”.
- ⇒ Mammograms are often not offered. “Educate providers on how to treat the body of a trans-person”.
- ⇒ Because many transgender are in sex work and are asked not to use condoms, they place themselves at risk.
- ⇒ Within the transgender community, many do not want to be associated with HIV, since it is so small and for sex workers, this association could impact their way of living.
- ⇒ Cultural competency for all provider staff and more inclusive medical forms are needed. Staff should refer to clients as they identify, not as they are biologically defined.

### CONVERSATION ON BARRIERS TO CARE

- Criminalization of HIV prevents people from being tested because as long as they don’t know their status, they can keep working and not risk going to court because a John or someone could sue them.
- Being transgender is already stigmatized, many do not want the additional burden of HIV stigma.
- Lack of insurance is a barrier to receiving prescription hormones.
- Lack of culturally competent provision of care.
- Homeless facilities often do not want to deal with the transgender community and once someone is found out to be transgender, they may no longer be welcomed.
- “Had a great doctor that was a good HIV provider, but did not want to deal with my transgender issues”. Doctor decided that he was not comfortable with treating her as a whole person and had no interest in learning more.

Conducted by the Southeast AIDS Training and Education Center of Emory University School of Medicine