

MEET US WHERE WE ARE

Report of key findings from a 2018 needs assessment of transgender and gender nonconforming people living with HIV in New Orleans, Louisiana.





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ABOUT TRANSGENDER LAW CENTER

Founded in 2002, Transgender Law Center has grown into the largest trans-specific, trans-led organization in the United States, changing law, policy, and attitudes so that all people can live safely, authentically, and free from discrimination regardless of their gender identity or expression. As a multidisciplinary national organization, Transgender Law Center advances the movement for transgender and gender nonconforming people using an integrated set of approaches, including strategic litigation, policy advocacy, educational efforts, movement-building, and the creation of programs that meet the needs of transgender and gender nonconforming people and communities.

www.transgenderlawcenter.org

ABOUT POSITIVELY TRANS

Positively Trans (T+), developed and directed by Transgender Law Center Senior Strategist Cecilia Chung, is a constituent-led project grounded on the principle that we are all capable of forming our own network, telling our own stories, and developing our own advocacy strategies in response to inequities, stigma, and discrimination over punitive laws and lack of legal protections in our local communities. With the support of the Elton John AIDS Foundation, Transgender Law Center launched T+ as a response to the structural inequalities that drive the high rate of HIV/AIDS and poor health outcomes. By partnering with a National Advisory Board of community leaders, T+ seeks to mobilize and promote resilience of trans people most impacted by or living with HIV/AIDS, particularly trans women of color, through research, policy advocacy, legal advocacy, and leadership-strengthening.

INTRODUCTION AND BACKGROUND

Transgender Law Center launched Positively Trans in 2015 as a project focused on developing self-empowerment and advocacy by and for transgender people living with HIV. Positively Trans operates under the guidance of a National Advisory Board of transgender people living with HIV from across the United States; the board is primarily composed of trans women of color who are already engaged in advocacy and leadership roles in their local communities.

Recent studies indicate that transgender people, especially trans women of color, experience disproportionate economic marginalization,ⁱ homelessness, stigma, discrimination in health care access and provision,ⁱⁱ harassment and violence at school,ⁱⁱⁱ police abuse,^{iv} and physical and sexual violence. In the face of these systemic threats and barriers to autonomy and well-being, the impact of HIV on the transgender community cannot simply be addressed by programs that work to affect individual behaviors. We must address the systemic barriers our community members face—and the complex interactions of these systems—to reduce HIV risk and increase access to care and other resources for trans people living with HIV (TPLHIV). We believe that effective HIV responses for transgender people must include a combination of leadership development, community mobilization and strengthening, access to quality health care and services, and policy and legal advocacy aimed to advance the human rights of the community. Furthermore, we believe that an effective HIV response for trans people must center around the leadership, voices, and experience of TPLHIV, particularly trans women of color.

We use data-driven advocacy led by the community for the community. Our objective is to support grassroots movement-building by producing tools that our community (transgender people of color living with HIV) can own and use in order to advocate for their own needs by connecting data with personal stories, and by highlighting disparities and injustices. As a community, we are working to eliminate poor health outcomes driven by other social determinants such as income, violence, employment, criminalization, social support systems, wellness, access to gender-affirming health care and services, and discriminations and stigma that TPLHIV face.



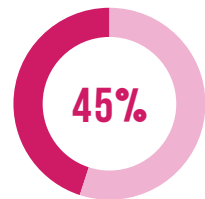
Toward this aim, in 2018 we conducted a needs assessment in New Orleans, Louisiana, to identify community needs and advocacy priorities. The needs assessment was conducted using SurveyMonkey and was fielded using local tablets and laptops made available for use for respondents. A partner from the Positively Trans National Advisory Board, Jada Cardona of Transitions Louisiana, assisted with recruitment and logistics. Recruitment was limited to people living with HIV in New Orleans and whose sex at birth is different from their current gender identity. As an incentive, respondents were invited to be entered into a drawing for a \$50, \$75, or \$100 gift card. Three winners were randomly selected from the respondents who consented to being in the drawing, and gift cards were mailed to the winners.

Key questions in the needs assessment focused on barriers to health and well-being for transgender people living with HIV and on their legal and health priorities. This report describes the responses to a small subset of those questions. The survey was offered in English only, due to budget constraints.

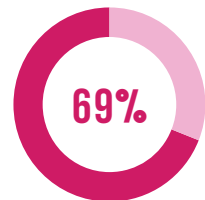
The survey mostly attracted respondents who already have access to medical care; 85% of respondents are currently getting medical care for HIV. As a result, the responses may under-represent the experiences of those who are more isolated and/or not in care. Because respondents were recruited through existing networks and not randomly selected, the results cannot be interpreted as representative of all transgender people living with HIV in New Orleans. Instead, the results should be understood as illustrating the experiences and priorities of transgender people living with HIV and as providing a starting point for further engagement.

RESPONDENT DEMOGRAPHICS

Fifty-eight individuals participated in the needs assessment, with 92% identifying as African American. The majority of survey respondents identified as trans women, and over 85% were age 44 or younger. Most were U.S. citizens or reported being in the U.S. legally. Nearly half of the respondents were unemployed and about 25% did not have health insurance. Sixty-nine percent of the respondents had experienced incarceration in their lifetime. Table 1 contains a summary of demographic information for needs assessment respondents. Findings should not be generalized to the entire community of TGNC people living with HIV in New Orleans.



45% OF RESPONDENTS WERE UNEMPLOYED



69% EXPERIENCED INCARCERATION IN THEIR LIFETIME

Figure 1.

RACE & ETHNICITY, N=58

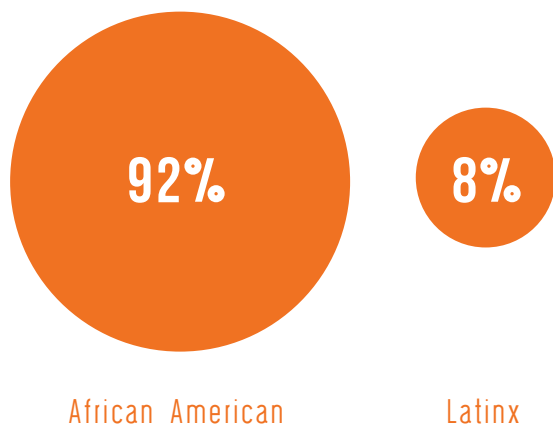


Table 1. Summary of Respondent Demographics (N = 58)

Demographic Item	Total % (N=58)	Latinx % (n=4)	African American % (n=48)
Gender Identity*			
Female/male-to-female	71.2% (37)	75.0% (3)	70.8% (34)
Male/female-to-male	23.1% (12)	--	25.0% (12)
Genderqueer	5.8% (3)	25.0% (1)	4.2% (2)
Sex at Birth			
Male	73.1% (38)	75.0% (3)	72.9% (35)
Female	25.0% (13)	25.0% (1)	25.0% (12)
Race and Ethnicity*			
Latinx**	7.7% (4)	100% (4)	--
African American**	92.3% (48)	--	100% (48)
White**	--	--	--
Other races	--	--	--
Citizenship			
U.S.	94.2% (49)	50.0% (2)	97.9% (47)
Non-U.S.: Here legally†	1.9% (1)	--	2.1% (1)
Non-U.S.: Not here legally	--	--	--
Region and Urbanicity			
Other states	1.9% (1)	--	2.1% (1)
MSA (large urban area)	92.3% (48)	100% (4)	91.7% (44)
Education			
Less than high school	27.1% (13)	--	28.3% (13)
Some high school	27.1% (13)	--	28.3% (13)
High school or GED	27.1% (13)	50.0% (1)	26.1% (12)
Some college	18.8% (9)	50.0% (1)	17.4% (8)
Bachelor's or higher degree	--	--	--
Employment Status			
Full-time	12.2% (6)	50.0% (1)	10.6% (5)
Part-time	26.5% (13)	50.0% (1)	25.5% (12)
Self-employed	16.3% (8)	--	17.0% (8)
Not working	20.4% (10)	--	21.3% (10)
Looking for work	24.5% (12)	--	25.5% (12)
Incarceration History			
Ever in jail or prison	69.2% (36)	75.0% (3)	68.8% (33)
Health Insurance Status			
Have insurance	74.5% (35)	100% (2)	73.3% (33)
Ryan White Drug Assistance	73.0% (27)	66.7% (2)	73.5% (25)
Age			
24 and under	7.7% (4)	--	8.3% (4)
25-34	30.8% (16)	50.0% (2)	29.2% (14)
35-44	48.1% (25)	50.0% (2)	47.9% (23)
45-54	11.5% (6)	--	12.5% (6)
55 or older	1.9% (1)	--	2.1% (1)

*Valid % presented—excludes missing responses

**Latinx respondents endorsed Hispanic or Latino ethnicity; African American and White respondents did not endorse Hispanic or Latino ethnicity

†Respondents with green card, temporary resident card, student visa, seeking/granted asylum, and refugees



KEY FINDINGS

This report focuses on findings related to several key areas from the needs assessment as well as focus group data from TGNC people living in New Orleans. Key findings are highlighted to illuminate the needs and share the experiences of this community.

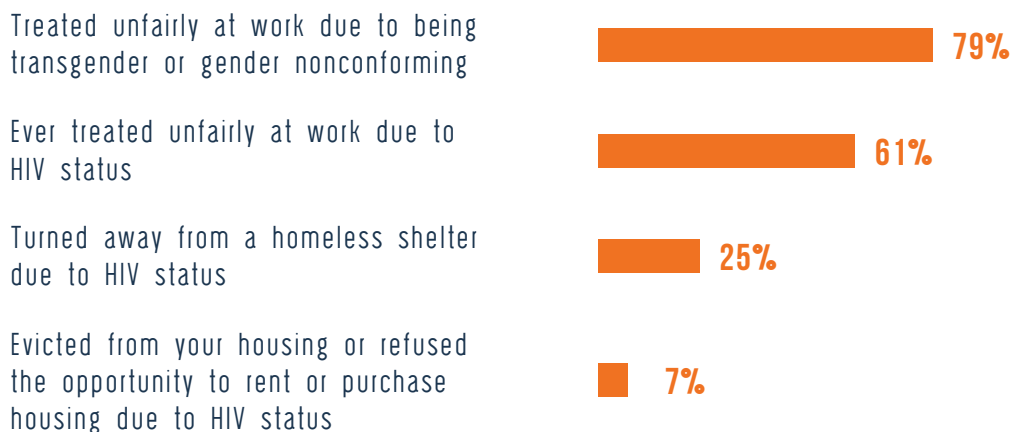
DISCRIMINATION AND LEGAL RIGHTS

HIGH RATES OF DISCRIMINATION

About 4 of every 5 respondents (79%) felt discrimination at work due to being transgender/gender nonconforming (TGNC), and about 2 of every 3 respondents reported ever being treated unfairly at work due to their HIV status (Figure 2). While fewer TGNC people in New Orleans reported more extreme outcomes of discrimination—there were such occurrences. Seven percent of respondents reported eviction or being refused opportunities to rent or purchase housing due to their HIV status, and 25% reported being turned away from a homeless shelter because they were HIV-positive. The intersection of gender non-conformity and HIV status appear to compound the stark reality of severe discrimination experienced by TGNC people in New Orleans.

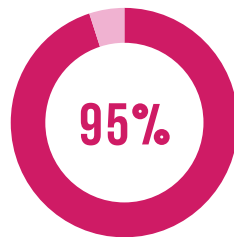
Figure 2.

EXPERIENCE OF DISCRIMINATION



LEGAL NEEDS RELATED TO DISCRIMINATION

The greatest legal need reported was related to employment discrimination (95%) closely followed by housing discrimination (84%) (Figure 3). Employment and housing discrimination were endorsed as a top legal need area for the large majority of participants. Gainful employment is a critical need. Nearly half of the survey respondents reported they did not have a job or were currently looking for a job (45%), suggesting high rates of unemployment of TGNC people living with HIV in New Orleans. One reason may be that almost all TGNC people living with HIV reported legal needs associated with employment discrimination. Many TGNC people also cited legal needs associated with discrimination in public places (70%) and HIV-related discrimination (77%).

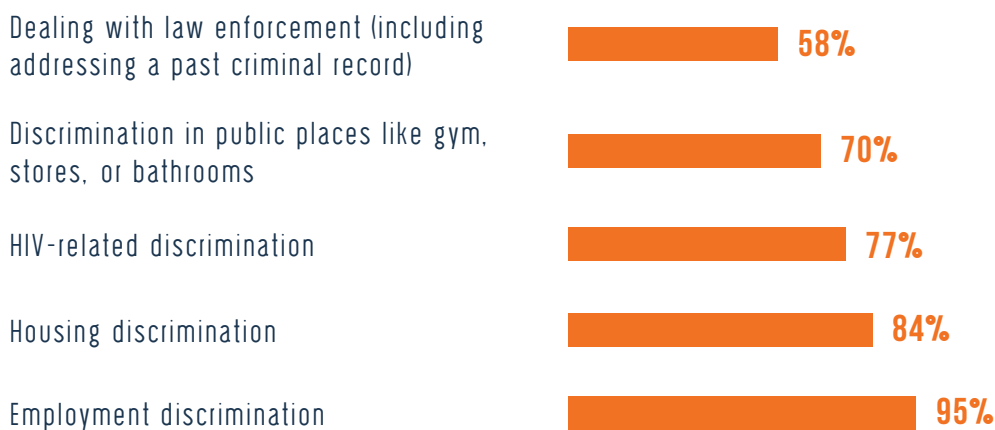


**FELT DISCRIMINATION
AT WORK DUE TO BEING
TRANSGENDER OR GENDER
NONCONFORMING**

Without access to safe and affordable housing, many TGNC people living with HIV cannot meet their basic needs for shelter—discrimination in the process of finding housing appears all too common for TGNC people. This reality, coupled with significant legal needs related to dealing with law enforcement in their community (58% noted this as a top need), indicates TGNC people living with HIV have significant barriers addressing the discrimination that they often experience in New Orleans communities.

Figure 3.

TOP 5 LEGAL PRIORITIES/NEEDS



Despite reports of broad, multi-sector discrimination, TGNC people in New Orleans reported fairly high confidence in their knowledge of their rights (80%–84%) so they can combat discrimination in their daily lives. Still, 20% of the sample were not confident that they know their rights as a transgender person or as a person living with HIV. Additionally, 16% were not confident that they know their rights as a person of color (Figure 4). These findings suggest that some New Orleans TGNC people living with HIV may benefit from rights-based education and training specifically designed for transgender people living with HIV.

Figure 4.

COMPLETELY OR MOSTLY CONFIDENT THAT YOU KNOW YOUR RIGHTS



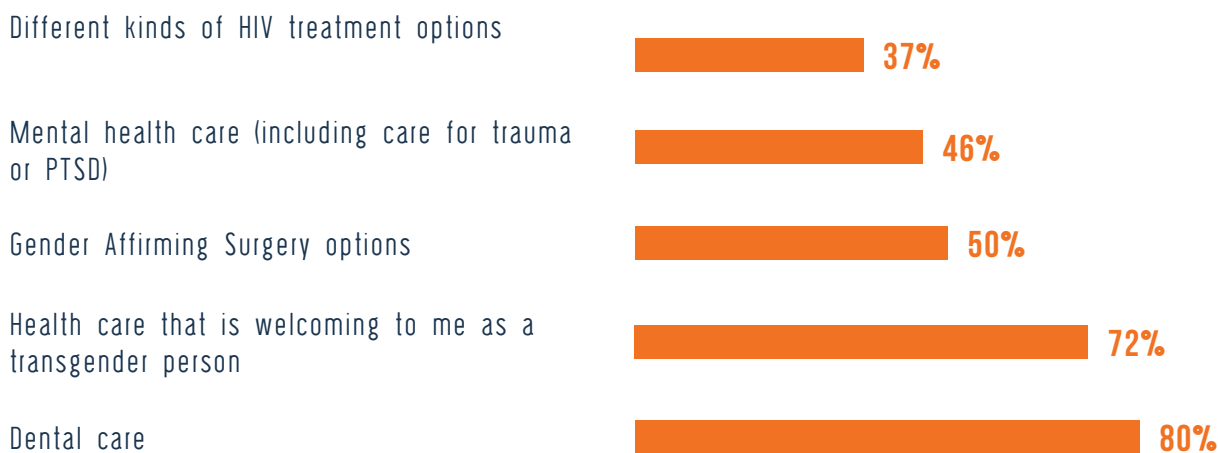
HEALTH CARE

HEALTH CARE NEEDS

TGNC people living with HIV in New Orleans face considerable challenges related to their health care. The top health concerns reported were dental care (80%), trans-affirming health care (72%), options for gender affirming surgery (50%), mental health care (46%), and seeking different kinds of HIV treatment options (37%) (Figure 5). These data suggest that 4 of every 5 TGNC people in New Orleans have oral health care concerns—which is important because oral health and hygiene are critical to overall health. Further research is necessary to determine why dental care is a top health concern for TGNC people living with HIV in New Orleans but some reasons may be due to lack of providers who will treat people living with HIV and lack of dental coverage. Similar to findings across a variety of sources, TGNC people in New Orleans also experience concerns with trans-affirming health care in their community.

Figure 5.

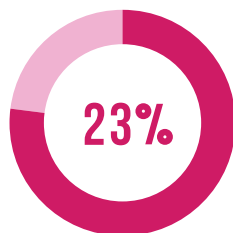
TOP 5 HEALTH CONCERNS





HIV CARE

Most respondents (85%) said they were currently getting care for HIV, and over 90% of respondents had been seen within the last year. However, over 23% of the sample



OF RESPONDENTS REPORTED EVER HAVING GONE MORE THAN 6 MONTHS WITHOUT CARE FOR THEIR HIV

reported ever having gone more than 6 months without care for their HIV. Regular HIV care is critical to overall health, and any gaps in treatment can lead to detrimental health effects. Improving retention in care is key to eliminating HIV transmission.

MENTAL HEALTH NEEDS

Mental health concerns were included under general health concerns above but further reinforced with more specific data. The need for mental health and counseling services was common (79%) among TGNC people in New Orleans. Additionally, about 70% of the sample reported that they sometimes or often use drugs or alcohol in unhealthy ways. These data suggest there is considerable need for alcohol and substance use prevention, counseling, and possibly treatment among the TGNC community, but more specific data could confirm specific areas for intervention (Table 2).

Table 2. Mental Health Needs

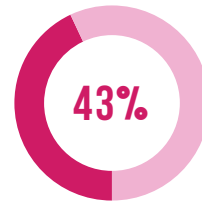
Demographic Item	Total % (N=58)	Latinx % (n=4)	African American % (n=48)
Can benefit from mental health or counseling sessions	78.7% (37)	100% (3)	77.3% (34)
Use drugs or alcohol in unhealthy ways,* Never	29.5% (13)	50.0% (1)	28.6% (12)
Use drugs or alcohol in unhealthy ways,* Sometimes/rarely	59.1% (26)	--	61.9% (26)
Use drugs or alcohol in unhealthy ways,* Often	11.4% (5)	50.0% (1)	9.5% (4)

*Unhealthy ways was subjective and based on the respondent's judgment only.

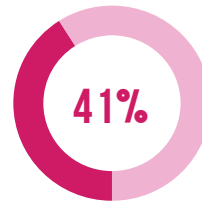
INTERPERSONAL VIOLENCE AND FAMILY REJECTION

INTERPERSONAL VIOLENCE AFFECTS TGNC LIVES

TGNC people across the country experience some of the highest rates of interpersonal violence and murder of any sexual or gender minority group. In New Orleans, 43% of respondents said they were harassed or threatened on the street in the last year alone, and 41% reported being attacked on the street in the last year. This data suggest high rates of violence currently experienced among TGNC people in New Orleans. About 22% of respondents also reported ever being forced to have sex in their lifetime. These rates demonstrate the safety concerns for this population.



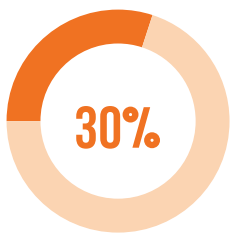
**WERE HARASSED
OR THREATENED
ON THE STREET**



**REPORTED BEING
ATTACKED ON
THE STREET**

FAMILY REJECTION

Family acceptance and support is a critical need for everyone and having a supportive family and others to depend on in times of need is an especially important support for those who are TGNC. However, family rejection is a reality for many TGNC people living with HIV in New Orleans. Family rejection and disconnection were experienced by many respondents. Nearly one-quarter of respondents (24%) reported that their birth family had ever cut off contact with them. About 30% of respondents said they were kicked out of their family home; about two-thirds of these (64%) said they were kicked out before age 18.

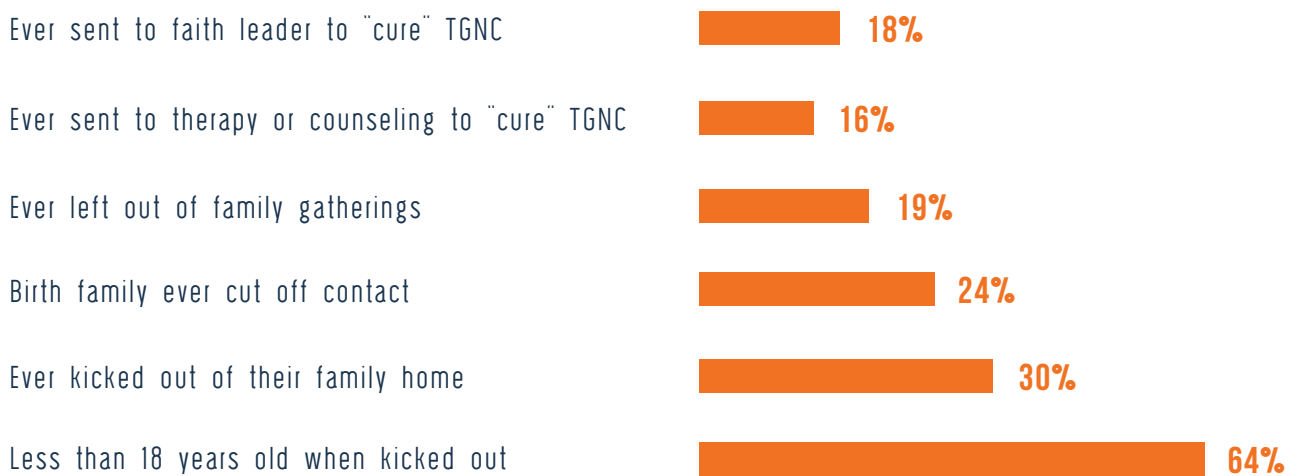


**REPORTED THAT THEY
WERE KICKED OUT OF
THEIR FAMILY HOME**

As evidenced throughout this report, TGNC people experience social rejection, discrimination in many sectors of life, high levels of community violence, and have additional trauma associated with family rejection. In some cases, family rejection can inflict additional harm when TGNC is perceived as a choice and families send their TGNC youth to a faith leader to “cure” them of their gender identity or nonconformity. In this sample, nearly 1 in 5 (16%–18%) of TGNC people reported such efforts to “cure” them of their gender identity.

Figure 6.

FAMILY REJECTION





TGNC VOICES OF NEW ORLEANS

Nine transgender and gender-nonconforming people living with HIV in New Orleans participated in a focus group in 2018. The discussion focused on experiences and opinions of the transgender community regarding access to services and health care, employment, housing, social support and social networks, and other quality of life concerns. We conducted thematic analysis of the focus group data, which is presented below.

The New Orleans focus group participants emphasized support, especially from family and friends, as the single most important enhancement of their quality of life. They felt that support related to gender affirmation was particularly important because there is no transition support in the general community. Several participants told stories about coming out to friends and family, and how the warm response they received comforted them and gave them confidence to live their true gender identity.

"I FEEL LIKE THE HEALTH CARE PROVIDERS ARE OBSESSED WITH MY PRIVATE PARTS. THEY ALWAYS INSIST ON EXAMINING THEM IN DETAIL, EVEN IF IT'S THE FIRST TIME I AM SEEING THAT PROVIDER. THEY HAVE NO IDEA HOW MUCH IT RE-TRAUMATIZES ME TO HAVE MY PARTS LOOKED AT SO CLOSELY BEFORE THEY EVEN TRY TO GET TO KNOW ME."

Several participants shared a high level of concern and extreme dissatisfaction with their health care, describing experiences of disrespect by health care providers and other clinic staff, inappropriate comments about their gender and appearance, and being stereotyped as uneducated. Participants did not feel that health care providers were affirming that they are able to understand and contribute to their own care. Other concerns about health care included that there is only one local clinic that provides HIV and transgender health services, burdensome documentation requirements, and the lack of coverage for injectable hormones.

Focus group participants also expressed concerns about the jail system in Louisiana. They stated that all transgender women are housed with men, which creates a safety issue and causes anxiety and depression. They also shared that HIV medications are not easily available.

A few participants expressed fear that advocating for change could result in the risk of losing any gains that they have made. They shared that since the election of President Donald Trump, they feel less protected. They are concerned that programs that serve them are less likely to be funded and that there will be more misogyny in overall society. Participants expressed a lack of optimism about the likelihood of receiving the programs and services they need to improve their health and quality of life.

“WE ARE PARTNERS. YOU CANNOT DO YOUR JOB WITHOUT ME. YOU’RE NOT DOING ME A FAVOR. I SHOULD LEAVE THE CLINIC FEELING LIKE I PLAYED A PART IN MY WELLNESS AND I ALSO TAUGHT YOU SOMETHING.”



RECOMMENDATIONS

The findings from the needs assessment and focus group data offer several insights reflecting the needs and concerns of TGNC people living with HIV in New Orleans.

These recommendations are not intended to be an exhaustive list because the barriers that TGNC people living with HIV face each day are multifaceted. They are intended to highlight the needs and concerns expressed by the needs assessment and focus group participants as a priority in their community.

Consider adopting these recommendations to help strengthen and enhance the lives of TGNC people living with HIV in New Orleans.

- Provide transgender-affirming training for all health care providers, including clinics and emergency rooms, with an accountability system and consequences for employees.
- Increase access to options for gender affirming care, including insurance coverage and clinic availability.
- Combat issues related to housing discrimination by raising community awareness about the legal rights of TGNC people living with HIV in New Orleans, including with landlords and homeless shelter staff.
- Work with employers in the community to revise workplace policies (such as related to anti-harassment, dress codes, bathroom access) and provide transgender competency training to all employees.
- Increase the capacity of local community advocacy agencies to track and compile cases of employment and housing discrimination among TGNC people living with HIV; provide an accessible way for individuals who experience discrimination to make reports.
- Expand access to dental care and mental health care for TGNC people living with HIV.

- Advocate for policy changes to combat issues related to the care and treatment of TGNC people living with HIV in jails in New Orleans. (See resource from National Center for Transgender Equality, for guidance on [Policies to Increase Safety and Respect for Transgender Prisoners](#))
- Develop and provide funding for transgender-specific and transgender-led programs and organizations that can provide support for the transgender community in New Orleans.

ADDITIONAL REPORTS

In addition to this report on respondents from New Orleans, needs assessments were completed in South Florida (Miami and Fort Lauderdale) and Detroit, Michigan. Reports for South Florida and Detroit are available, as well as a comprehensive report of all three sites that identifies key findings and priorities and combined results of the three different locations.

For more information visit: www.transgenderlawcenter.org



ACKNOWLEDGMENTS

CECILIA CHUNG • Senior Strategist, Transgender Law Center



Cecilia Chung is nationally recognized as an advocate for human rights, social justice, health equity, and LGBT equality. She was the former chair of the San Francisco Human Rights Commission and currently serves on the San Francisco Health Commission. Cecilia has worked tirelessly on local, national, and international levels to improve access to treatment for transgender people and people living with HIV, and to erase stigma and discrimination through education, policy, advocacy, and visibility.

SOPHIA KASS • Positively Trans Program Coordinator, Transgender Law Center



Sophia Kass is a transgender woman of color, originally from Lebanon in the Middle East. Sophia joined the Transgender Law Center's team because she believes in such initiatives as Positively Trans to empower trans and gender nonconforming individuals to challenge and change injustices and inequities, stigma, and discrimination. She hopes one day to replicate these approaches and experiences in Lebanon, where the transgender community is still under much pain and suffering.

The Transgender Law Center also wants to acknowledge the Positively Trans National Advisory Board, both present and previous members, and the data collection and dissemination team, who made this report possible.

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IN ADDITION

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ENDNOTES

ⁱ Baral, S.D., Poteat, T., Strömdahl, D., Wirtz, A.L., Guadamuz, T.E., and Beyrer, C. 2013. Worldwide burden of HIV in transgender women; a systematic review and meta-analysis. *Lancet Infectious Diseases*, 13(3), pp. 214-222.

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ⁱⁱⁱ Russell, S.T., Everett, B.G., Rosario, M., and Birkett, M. 2014. Indicators of victimization and sexual orientation among adolescents; analyses from Youth Risk Behavior Surveys. *American Journal of Public Health*, 104(2), pp. 255-261.

^{iv} Stotzer, R.L. 2014. Law enforcement and criminal justice personnel interactions with transgender people in the United States; A literature review. *Aggression and Violent Behavior*, 19(3), pp.263-277.

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