



Outcomes of a Syndemic Approach Urban Adolescent and Transitional Age Youth Transgender Integrated Care Program

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CONFLICT OF INTEREST DISCLOSURE

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- Drs. Finkel, DallaPiazza and Bentsianov have no conflicts of interest to disclose.

Background



According to current estimates, transgender and gender nonbinary (TGN) adolescents and transitional age youth (TAY) represent approximately 1-2% of youth. When compared to non-TGN peers:

- TGN youth experience disproportionately higher rates of mental health problems and psychosocial risk factors such as homelessness, physical violence, bullying, substance use disorder, and high-risk sexual behaviors.
- TGN youth experience disproportionately higher rates of mental health problems and psychosocial risk factors such as homelessness, physical violence, bullying, substance use disorder, and high-risk sexual behaviors.
- Many TGN youth do not seek out necessary healthcare due to lack of access to providers with experience and comfort with gender-affirming treatments and fear of discrimination within the healthcare system.

Background



- These syndemic conditions lead to a higher risk for adverse outcomes, including HIV.
- Because treatment of gender incongruence with hormones and surgery can lead to improved health outcomes, programs that integrate gender-affirming practices into the primary medical home to address the complex medical and social needs of TGN youth may be able to achieve greater success in health outcomes.
- This study describes treatment outcomes at two collaborating transgender health programs serving TGN TAY at Rutgers New Jersey Medical School (NJMS) in Newark, NJ: the Infectious Diseases Practice (IDP) and the Division of Adolescent and Young Adult Medicine (DAYAM).

Methods



The IDP is a Ryan White funded HIV primary care clinic offering a range of multidisciplinary clinical services and case management for people living with HIV (LWH). The clinic is also a main referral center for HIV testing and HIV pre-exposure prophylaxis (PrEP). DAYAM, a recipient of Ryan White and Title X family planning funds, provides comprehensive primary and specialty care to adolescents and TAY ages 12-26 in an adolescent friendly practice that is designed to meet the unique medical and social needs of LGBT youth.

- In 2017, we created a collaborative gender affirmative care model across both practices which includes:
- Integrated primary care with HIV treatment and prevention services which is developmentally appropriate.
- Prescriptions for gender-affirming hormone therapy.
- Referrals for gender- affirming surgeries.
- Linkages to mental health providers.

Methods



In order to engage the TGN population, we also implemented community outreach, extensive staff training on best practices, and the hiring of trans-identified staff.

For this study, we performed a retrospective chart review to report on demographic information as well as health outcomes including HIV prevention and the HIV care continuum to assess the success of the program in engaging, retaining, and achieving improved health outcomes for TGN TAY.

Results



- In the first 2 years of the program, the number of TGN TAY linked to care increased from 0 to 38.
- Twenty-five (65%) identified as transgender women or non-binary feminine and 13 (35%) identified as transgender men or non-binary masculine.
- Of the transgender women or non-binary feminine, 10% were LWH. None of the transgender men were LWH.
- The average age of TGN TAY was 21.
- 73% identified as racial minority youth (31% Black and 42% Hispanic).

Results



- We prescribed gender-affirming medications to 87%.
- Among TGN LWH, retention in care was 100%.
- The programs prescribed antiretroviral treatment to all patients LWH and 100% achieved viral load (VL) suppression.
- Among TGW without HIV, we have retained 90% in care and prescribed PrEP to 57%. To date, none have seroconverted.
- All were screened for tobacco use and need for age appropriate vaccinations for HPV and meningitis.

Conclusions



The incorporation of gender affirmative care within a primary medical home can improve engagement in care and health outcomes, including across the HIV care continuum.

Our findings highlight the importance of a syndemic approach that values psychosocial support, community engagement, and comprehensive, co-located gender-affirming care in efforts to engage TGN TAY into primary care and HIV prevention and care efforts.

Thank you from the IDP and DAYAM!

