

Healthy People 2020 Transgender Health Fact Sheet

Transgender is a term inclusive of a range of transgender, transsexual, and gender variant identities of people who no longer express or identify their genders with their birth sex. Transgender people include transgender women (natal males with feminine gender identities, sometimes referred to as Male-to-Females, or MTFs); transgender men (natal females with masculine gender identities, often referred to as Female-to-Males, or FTMs); and others who self-identify using over 100 identity terms, including many that extend beyond the traditional gender binary choices.¹ There are no reliable estimates of the size of this population, and previous population estimates have focused solely on the transsexual minority of those who present for diagnosis and treatment for medical transition to the opposite gender.² Moreover, traditional epidemiology methods conflate sex and gender, viewing them not only as static but also limited to the traditional binary choices of male and female.

Nevertheless, public health research, spurred by the HIV/AIDS epidemic over the last 20 years, has shed light on the health disparities endured by this socially stigmatized and heavily marginalized population. This fact sheet reviews epidemiological data reported in behavioral risk studies and needs assessment surveys obtained from convenience samples of 50 to 517 transgender participants conducted in the U.S. and published from 1993 to 2010. The findings are grouped by *Healthy People 2020* topic area.

Although sometimes included under the transgender umbrella, intersex people are not covered in this fact sheet, due to a general lack of epidemiological data. Most intersex conditions are rare and include different types of anomalies in sex chromosomes, gonads, reproductive ducts, and genitalia.³ Intersex persons are nearly always assigned a sex at birth, but when growing up, some intersex people determine their natal sex assignment was inappropriate for them. Like many transgender people, these intersex persons will medically and socially transition to the opposite binary gender, usually in adolescence. There also is some overlap between the intersex and transgender populations, with one study finding that 13 percent of its transgender participants had medically recognized intersex conditions.⁴

Access to Health Services

Medical Provider Discrimination, Hostility, and Insensitivity to Transgender People

Discrimination by health care providers who have denied medical care to transgender people has been reported in six studies ranging from 11 to 53 percent.^{4 5 6 7 8 9} For many transgender people, simply disrobing for a physical exam places them in an unsafe situation. Past experiences with provider insensitivity and hostility can produce intense fears of disclosure of transgender status, causing many to avoid health care altogether.^{7 9 10 11 12 13 14 15} Many studies have recommended the provision of cultural competency trainings for both professional and administrative staff as a means of reducing this barrier to accessing care.^{4 10 12 13 14 16 17 18}

Lack of Health Insurance

High rates of joblessness and poverty among transgender people, especially those of color and transgender youth, often result in a lack of health insurance or underinsurance.^{4 10 11 16 19} Rates of transgender people who lack health insurance range from 21 to 64 percent in 9 cities^{5 7 10 12 16 17 20 21 22} and from 13 to 27 percent in 2 states.^{4 9}

Lack of Health Insurance Coverage for Transgender-specific Health Services

Access to transgender health services, such as hormonal therapy and sex reassignment surgeries, is very important for transgender people who must medically transform their bodies to become congruent with their gender identities. However, health insurance coverage for these transgender-specific health services continues to be commonly excluded by most U.S. health care insurers.^{15 23 24} These blanket exclusions in health insurance policies present barriers to access to all types of health care. While many transgender people cannot afford the expensive out-of-pocket costs of the transgender-specific services,^{10 18} coverage denials can extend to even basic health care services unrelated to sex reassignment.²³ For example, transgender men who have a lifelong need for ongoing gynecological care find their insurance policies will not cover it after they transition to male.⁴

For nearly 3 decades, the Centers for Medicare & Medicaid Services (CMS, formerly the Health Care Finance Administration) has not reassessed its position on sex reassignment surgeries, and continues to exclude coverage based on a 1981 evaluation²⁵ which cited “the lack of well-controlled, long-term studies of the safety and effectiveness” and “a high rate of serious complications.”²⁶ Although more research is needed, long-term studies conducted in Europe have found low rates of complications, and a meta-review of 80 studies concluded that sex reassignment surgeries are effective.²⁷

These insurance exclusions also contribute to widespread self-medication of hormones by transgender people who feel the urgent need to medically transition.^{4 10 15 28} Rates of medically unsupervised hormone use reportedly range from 23 to 74 percent among transgender people who have taken hormones.^{4 5 10 11 16 17 21 29} As with oral contraception, hormone replacement therapy, and testosterone therapy for libidinal issues, transgender-related hormone use is not without risk,¹⁸ and supervision by experienced clinicians with routine blood tests are necessary to safely medically transition. As an alternative to taking estrogen, many transgender women will use injectable silicone or other heavy oils or liquids to feminize their bodies. This is a widespread practice among transgender women of color, with rates reported as ranging from 13 to 47 percent in studies conducted in eight cities.^{5 7 10 16 17 19 20 28} Using injectable silicone is regarded to be less expensive and faster than hormones, which usually require a psychological evaluation to obtain through a doctor. It also leads to systemic illness and disfigurement, and sometimes results in death.³⁰ Since the Food and Drug Administration (FDA) has banned the use of injectable silicone, licensed medical providers will not offer it, and thus silicone is often injected under unsanitary conditions, involving risk of viral (HIV and hepatitis C) and bacteriological infections.¹¹

The American Medical Association (AMA), the American Psychological Association (APA) and the National Association of Social Workers (NASW) have labeled the blanket exclusion of health insurance coverage for transgender-specific health services as discriminatory, and have called for public and private health insurance coverage for them as recommended by physicians.^{31 32 33} The World Professional Association for Transgender Health (WPATH) has declared sex reassignment surgeries to be medically necessary and not “cosmetic,” “elective” or “experimental.” WPATH has called for U.S. health insurance companies to provide coverage for these procedures.³⁴ In 2010, a small number of major health insurance carriers finally recognized treatment related to sex reassignment as medically necessary, and have begun to develop medical coverage positions.^{35 36 37} At the same time, an increasing number of major corporations are negotiating insurance benefits that eliminate discrimination against transgender employees and their dependents.³⁸

Lack of FDA Approval for Transgender Hormonal Therapy

The Food and Drug Administration (FDA) has not approved the use of estrogen and testosterone for transgender people who medically transition, which makes such usage off-label.³⁹ Moreover, there are no known investigational drug applications or clinical research trials being conducted in the U.S. at this time. The absence of FDA approval likely contributes to the general lack of knowledge about transgender hormonal therapy by most physicians, who fail to recognize it as medically necessary. Clinical research is needed, not only to identify the most safe and effective means of administering transgender hormonal therapy, but also to determine any possible adverse effects over time.³⁹

HIV

HIV/AIDS Prevention

The HIV/AIDS epidemic has had a devastating impact on transgender people. Although the Centers for Disease Control and Prevention (CDC) does not report HIV/AIDS rates among transgender people, HIV prevalence rates among transgender women vary from 5 to 68 percent in studies conducted in 12 U.S. cities^{7 10 12 16 19 21 22 29 40 41 42 43} and from 9.6 to 10.5 percent in 2 states.^{4 44} HIV infection is highest among transgender women of color, with HIV prevalence among African-American transgender women ranging from 41 to 63 percent,^{21 41 45 46 47} 14 to 50 percent among Latina transgender women,^{21 29 41 46 47} and from 4 to 13 percent among Asian-Pacific Islander transgender women.^{22 41 46} Although under-examined,⁴⁸ HIV prevalence in transgender men (FTMs) is 2 to 3 percent.^{10 21} In the first studies of HIV among MTF transgender youth, HIV prevalence is 19 to 22 percent, showing them to be at high risk for infection.^{11 51}

HIV Testing

There is a need for greater HIV testing among transgender people. The CDC's Prevention Research Synthesis Team conducted a meta-analysis of 29 studies of transgender persons recruited in convenience samples since 1993.⁵² They estimated HIV prevalence among transgender women to be almost 12 percent by participants in 18 studies who self-reported their status. However, estimated prevalence for those who were actually HIV-tested in 4 studies was nearly 28 percent, suggesting that between 45 to 65 percent of HIV positive transgender women are unaware of their HIV status. These data compare with a study of 515 transgender women in San Francisco that, in testing its participants, found 35 percent of those testing positive were unaware of their status.²¹

HIV Treatment

Despite high HIV prevalence rates, there is some evidence suggesting a treatment gap exists among transgender women living with HIV/AIDS. A four-city study conducted by the National Institute of Mental Health's (NIMH) Healthy Living Project found that transgender women were less likely to receive highly active anti-retroviral therapy compared with a control group of men who have sex with men (MSM), heterosexual women and men, and male intravenous drug users (IDUs).⁵³ According to 2008 data from the Ryan White HIV/AIDS Program, only 6,328 transgender clients received Ryan White services nationwide, and only 365 transgender clients nationwide were enrolled in an AIDS Drug Assistance Program (ADAP).⁵⁴

Immunization and Infectious Diseases

Prevention of Infectious Diseases

Due to the lack of transgender-specific surveillance, prevalence rates of non-sexually transmitted infectious diseases are not well known. However, in the limited research to date, hepatitis C prevalence has been found to range from 11 to 24 percent^{17 20 47 55} and hepatitis B from 4 to 76 percent among transgender women.^{20 40 47} The CDC has also identified tuberculosis (TB) in transgender social networks in Baltimore, MD; New York City; and Jersey City, NJ from 1998 to 2000.⁵⁶ A TB prevalence rate of 13 percent was also found among transgender women in a 2001 San Francisco study.⁵⁵

Injury and Violence Prevention

Violence and Murder Prevention

An epidemic of violence continues in the U.S. against transgender people, especially transgender women of color.⁵⁷ In 10 studies, 16 to 60 percent of transgender people were survivors of physical assault or abuse, and 13 to 66 percent were survivors of sexual assault.^{4 5 6}

^{7 10 16 19 49 58 59} Intimate partner violence has also been reported in 6 studies ^{4 7 20 50 58 59} and transgender youth are especially at risk to anti-transgender violence.^{11 49} Many transgender people are survivors of multiple physical and sexual assaults during their lifetimes.^{4 49 59} Social stigmatization and a distrust of the criminal justice system often result in the under-reporting of acts of violence committed against transgender people, but community efforts and lesbian, gay, bisexual, and transgender (LGBT) anti-violence projects have attempted to raise public awareness.⁵⁷ The Remembering Our Dead project has documented reports of murders of transgender people across the world since 1998.⁶⁰

Mental Health and Mental Disorders

Suicide Prevention

Suicidal ideation is widely reported among transgender people, ranging from 38 to 65 percent, with suicide attempt rates from 16 to 32 percent.^{4 6 7 12 19 20 61 62} Depression has been reported to range from 43 to 60 percent.^{12 17 61 62} Almost 1 out of 3 participants in a large San Francisco study had attempted suicide, and gender-based discrimination and victimization were found to be independently associated with attempting suicide.⁶¹

Mental Health Treatment

Access to mental health care is very problematic for transgender people. Barriers include: lack of insurance; discrimination-induced poverty; mental health provider insensitivity and hostility; and lack of therapists experienced in working with transgender clients.^{4 12 13 14 15 28}

Public Health Infrastructure

Need for Training in Transgender-specific Health Care in U.S. Medical Schools

Since transsexualism and transgenderism have been traditionally viewed through the lens of a mental disorder, the care of transgender people has traditionally been left to psychotherapists. Consequently, transgender hormonal therapy, sex reassignment surgeries, and other aspects of transgender health care are absent from the curricula of nearly all medical and nursing schools. This lack of training, coupled with very limited access to clinical information about transgender health, leaves most providers completely unable to provide competent care.^{7 39} It also limits the numbers of providers willing to provide transgender care, making health care more difficult to obtain.^{10 12 18} Although a few city-funded clinics⁶³ and LGBT community health centers⁶⁴ have developed their own protocols for the treatment of transgender people, most informed providers have had to obtain much of their knowledge of transgender health care through their own clinical practice. Uninformed providers who encounter transgender patients can not ask the appropriate questions about their health; their complex, changing anatomy; and the unique risks they face.³⁹ The Transgender Medicine: Caring for Our Community program was

developed by the Arizona AIDS Education and Training Center and the University of Arizona College of Medicine in collaboration with LGBT community groups in Arizona to teach the basics in transgender health.⁶⁵ Early efforts at evaluating such programs in medical schools suggest they improve care, and many more similar programs are needed.⁶⁶

Need for Improvements in Data Collection Methods for Public Health Information Regarding Transgender People

Accurate epidemiology is key to the documentation and elimination of health disparities. Continuing the traditional practice of conflating sex and gender, and viewing them not only as static, but also limited to the traditional binary choices, effectively erases transgender people and their health needs and concerns from public health surveillance. A salient example is the inclusion of transgender women in the MSM risk category by the CDC in HIV/AIDS surveillance. Beyond HIV/AIDS, routine data collection on the health of transgender people does not exist in the U.S. and most other countries, since the U.S. so often sets global epidemiology standards. Thus there is no data for cancer, diabetes, cardiovascular, lung, and liver diseases in transgender people—all serious morbidities, which may worsen from the lifelong use of estrogen and testosterone and the enormous life stressors created by the social stigma of transgenderism.

In 1999, the American Public Health Association (APHA) published a policy statement urging the National Institutes of Health (NIH) and the CDC to separately categorize transgender women and men, and not to conflate them with gay men. It asks researchers and health care workers to be sensitive to the lives of transgender people and treat them with dignity and respect. It calls for the NIH, the CDC, researchers, and health care workers to become aware of transgender health, and urges the NIH and the CDC to make resources and funding available for research to further understanding of the health risks of transgender people, especially their barriers to accessing health care.⁶⁷

Sexually Transmitted Diseases

Prevention of Sexually Transmitted Diseases

Like HIV/AIDS, there is a lack of systematic surveillance of sexually transmitted diseases (STDs) among transgender people, but some research has found high prevalence rates among transgender women. In research studies syphilis prevalence rates vary from 3 to 79 percent;^{5 7 19 20 40 46 47} gonorrhea rates 4 to 14 percent;^{5 19 46} chlamydia 2 to 8 percent;^{5 7 19 20 46} herpes 2 to 6 percent;^{5 7 19 46} and human papillomavirus (HPV) 3 to 7 percent.^{5 7 19 46}

Substance Abuse

Substance Abuse Prevention

High rates of alcohol and substance abuse have been identified as a major concern among transgender people in studies conducted in 10 U.S. cities and one state.^{4 5 7 10 12 16 19 20 58 68 69} Marijuana,^{4 5 11 12 16 17 19 20 58 70 71 72} crack cocaine,^{4 5 16 17 19 20 58 68 70 71 72} and alcohol^{4 5 10 11 12 16 17 19 20 70 72} have been found to be the most commonly used drugs. Methamphetamine use ranges from 4 to 46 percent^{4 11 12 19 45 70} with the highest methamphetamine, club drug, and hallucinogen use reported in Los Angeles and San Francisco.^{5 45 58 70 72} Injection drug use has been reported as ranging from 2 to 40 percent with sharing of needles to inject drugs varying from 33 to 91 percent among transgender IDUs.^{4 5 6 7 11 16 19 20 21 45 58 68 70 72}

Substance Abuse Treatment

Access to treatment services for substance abuse can be very difficult for transgender people who need them. Barriers to access include: discrimination; provider hostility and insensitivity; strict binary gender (male/female) segregation within programs that result in excluding transgender people; lack of acceptance in gender-appropriate recovery groups; and hormonal therapy being regarded as “continuing drug use” by some programs, requiring transgender clients to stop using hormones in order to access treatment.^{13 14 15 28 39 73 74}

Tobacco Use

Need for Tobacco Cessation Programs for Transgender People

High rates of tobacco use (cigarette smoking) have been found among transgender people, ranging in studies from 45 to 74 percent.^{4 12 17 18 20 22} A statewide survey of 350 transgender people living in Virginia found that 65 percent had used tobacco in their lifetimes, including 75 percent of transgender men and 59 percent of transgender women.⁴ Living with social stigma and its effects (discrimination, harassment, and violence) creates emotional and physical stress, and like many gay, lesbian, and bisexual people, many transgender people also smoke to reduce that stress.^{75 76} In transgender women who take estrogen, smoking greatly increases the chances for blood clots, similar to the risks faced by non-transgender women who smoke and take oral contraception or hormone replacement therapy (HRT). Transgender men who take testosterone increase their risk of heart disease, and smoking increases that cardiovascular risk. Smoking also likely complicates the treatment of HIV-positive transgender people. Transgender women and transgender men have reported problems in accessing smoking cessation treatment, including those located in lesbian and gay organizations.⁷⁵

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