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Title

Addressing the Unique Healthcare Needs of Unhoused Transgender and Gender Diverse (TGD) Individuals Through Street Medicine in Los Angeles, California.

Learning objective #1 (8)

Describe existing healthcare disparities for unhoused TGD individuals.

Learning objective #2 (12)

Identify ways street medicine can address healthcare needs of unhoused TGD individuals.

Introduction/Background (168 words)

Around 8% of TGD adults experienced homelessness in the past year compared to 1% of cis straight adults. These numbers are even higher for BIPOC individuals, as they experience disproportionately higher rates of recent homelessness. Across the United States, housing insecurity, lack of safe shelters, and reduced access to housing are issues TGD individuals routinely face. When financial means become threatened, TGD individuals may be inclined to participate in riskier behaviors. In TGD individuals, 20% have participated in the underground economy for income at some point in their lives, including sex work, drug sales, and other currently criminalized work. This can lead to increased risks for HIV transmission, especially in Black trans women, in which nearly 20% are living with HIV. TGD individuals have a greater probability of current use of tobacco and specific substances and of having consumed any substance over their lifetime. Given the significant disparities and barriers to care for unhoused TGD individuals, creating a gender-affirming street medicine initiative will address many of these inequities.

Specific Aim(s) (40)

Increase access and provide culturally sensitive healthcare to unhoused TGD individuals
Reduce disparities around HIV and STI transmission for unhoused TGD individuals
Engage TGD unhoused individuals to link them to services/resources
Reduce barriers to healthcare for unhoused TGD individuals

Materials and Methods (86)

We are partnering with Midnight Stroll, a local organization started by a black trans woman that provides support to unhoused TGD individuals in Los Angeles. Their team (along with Access to Prevention Advocacy Intervention & Treatment, a non-profit organization that helps LGBTQIA+ vulnerable communities who are experiencing behavioral health challenges, housing insecurity and are at-risk for HIV/AIDS) goes out monthly in areas of need to provide food, clothing, STI testing, and harm reduction services to unhoused trans women, many who are sex workers. They also place unhoused individuals into 9 queer-inclusive shelters/emergency houses, many who are BIPOC trans women. By partnering with Midnight Stroll, we anticipate we can provide medical services to almost 300 individuals.

Results

In progress.

Conclusions (182)

By meeting unhoused TGD people where they are, we will provide gender affirming care and reduce barriers of transportation, health insurance, and cost that often prevent TGD individuals from accessing healthcare. This creates an infrastructure where gender affirming care is brought directly to individuals and is no longer out of reach. When unhoused TGD individuals with substance use disorder have access to gender affirming hormones, rates of substance use decrease. Whether it is a means to numb or suppress gender dysphoria or cope with current circumstances, we hope increasing access to gender affirming hormones will reduce substance use in unhoused TGD individuals. We will provide gender affirming hormones, STI testing and treatment, PrEP/PEP for HIV prevention, DoxyPEP for STI prevention, primary/urgent care, addiction medicine, and behavioral health services. This is an opportunity to engage this community into care, set them up with health insurance, establish with community health workers for housing and additional resources, and ultimately create a safe space for TGD individuals in a system where they may have never had an affirming or safe healthcare experience.

References

US Trans Survey 2015

Cotaina M, Peraire M, Boscá M, Echeverria I, Benito A, Haro G. Substance Use in the Transgender Population: A Meta-Analysis. *Brain Sci.* 2022 Mar 10;12(3):366. doi: 10.3390/brainsci12030366. PMID: 35326322; PMCID: PMC8945921.