

Black Trans Adults Less Likely to Receive Partner Services

Black cisgender people are likelier than whites to be offered services for their partners—but the same isn't true for Black trans people.

February 26, 2021 By [Heather Boerner](#)

Black [transgender](#) adults were 18% less likely to share the names of their partners so they could be connected to HIV prevention services after a new HIV diagnosis than their white trans peers, despite having six times the HIV prevalence.

That's one of the findings of a comprehensive Centers for Disease Control and Prevention (CDC) study of HIV testing, linkage to care and partner services for transgender adults. The findings were published in the [Journal of Acquired Immune Deficiency Syndromes](#).

Partner services include offering to connect partners to their own HIV tests and offering them pre-exposure prophylaxis (PrEP) as well as sharing the names of sexual and drug use partners.

The study looked at CDC data from 61 health departments, including all 50 states, Puerto Rico and the U.S. Virgin Islands and metropolitan health departments in Los Angeles County, New York City, Houston, San Francisco, Baltimore and more. And it included data from 150 community-based groups that received funding from the CDC to offer HIV testing or partner services between 2012 and 2017.

The study found that between 2012 and 2017, a total of 82,818 people of transgender experience were tested for HIV at one of these CDC-funded sites. Most people tested were transgender women, accounting for 71% of tests. The study report does not delineate how many were men of trans experience and how many identified as nonbinary or another gender.

Of those 82,818 people, 2,280 tested positive for HIV. That's four times the prevalence of cisgender testers. Most of those (68%) were new diagnoses, while the others had a previous diagnosis. The study did not include [self-testing](#), which has been found to significantly increase HIV testing among trans adults.

The study authors' findings were consistent with [past research](#) that suggested that trans women, especially Black trans women, are disproportionately affected by HIV. But the rate wasn't nearly as high as some previous studies have reported, including a CDC meta-analysis of smaller studies,

which found an HIV [prevalence of 14%](#) among transgender women. Other studies have found a prevalence of HIV among transgender women of 40%.

Still, transgender women had a six times higher prevalence of new HIV diagnoses than transgender men (2.4% versus 0.4%) and one and a half times the prevalence of gender nonbinary people (2.4% versus 1.6%).

When the researchers broke down new diagnoses further by race, it became clear that the HIV prevalence of Black transgender adults was six times as high as their white peers and that people in the Midwest and South had prevalence rates 65% and 57% higher than their Northeast counterparts.

The good news is that 85% of those diagnosed with HIV were linked to care in 90 days or less—but there were disparities there too. That is far longer than the 30-days-or-less standard set by the 2015–2020 National HIV/AIDS Strategy, but the researchers didn't have data on how many were linked to care within 30 days. People diagnosed in jail or prison were 18% less likely to be linked to care within that time frame, and people diagnosed at community groups were 8% less likely to be linked to care in a timely manner than those diagnosed in a clinic.

Of those diagnosed with HIV, 64% were connected to partner services.

Transgender women were more likely to be engaged in partner services than non-binary individuals, but racial and geographic gaps persisted. Black transgender adults were less likely to receive partner services (58% versus 74%) than their white counterparts. This is striking, considering that previous research showed that Black cisgender adults overall are [more likely](#) to engage receive and/or accept partner services than white cisgender people.

The data also showed that people in the Midwest were 24% less likely to receive partner services than their peers in the Northeast.

“These findings highlight the need to expand tailored approaches to expedite linkage to care to achieve the national goals,” Mesfin Mulatu, PhD MPH, a behavioral scientist at the CDC, and colleagues wrote. “It’s unclear why interview for partner services is low among transgender persons; however, studies have documented that a lack of [gender-sensitive services](#) and mistrust of the health care system, along with broader social and structural barriers (e.g., stigma, discrimination, homelessness) impede transgender people from engaging with HIV prevention and care.”

Click here to read the [study abstract](#).