

A Systematic Review of Effectiveness of Health Promotion Interventions for Transgender People

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BACKGROUND

- The health disparities in rates of depression, suicide ideation and attempts, HIV/STD risk, prejudice, stigma, and discrimination among transgender people have been well publicized.
- However, health issues such as eating disorders, obesity, smoking, cancer, and cardiovascular disease affect lots of people but the disparities among transgender people are less publicized.

PURPOSE

- To conduct a systematic review of articles examining all health promotion intervention programs not related to gender transition that have been tested among transgender people.
- Provide a greater understanding of the work that has been done to address transgender health disparities, and highlight the aspects that made the interventions effective.

METHODOLOGY

Fig. 1 Flow of identification, screening, eligibility and inclusion

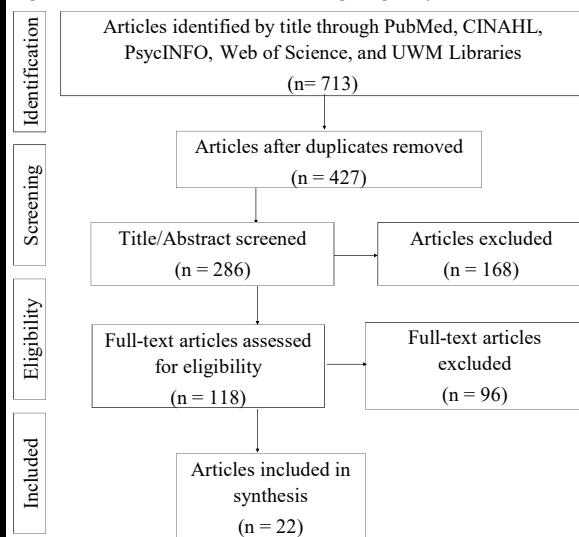


Table 1. Inclusion and Exclusion Criteria

INCLUDED	EXCLUDED
Peer-reviewed published article	Not an intervention/health promotion program
Evaluate/examine a program implementing an intervention	Program participants don't identify as transgender or with an identity under the transgender umbrella
Intervention effects on participants identifying as transgender (or with a gender identity under the transgender umbrella) were the sole focus or could be separated from other participants in the study	Did not disaggregate/separate transgender participants in reporting outcomes
Don't only examine the effects of medical gender transition related treatments	Medical intervention

RESULTS

Table 1. Physical Health Articles

Article author; year	Program Intervention focus	Findings
Bockting et al., 1998	HIV prevention	Enhanced AIDS awareness and perceived susceptibility to HIV infection.
Bockting et al., 1999	HIV prevention	Increase in knowledge and an initial increase in positive attitudes that diminished over time. A significant decrease in unsafe sexual or needle practices could not be demonstrated. Findings suggested an increase in safer sexual behaviors such as (mutual) masturbation. Peer support improved significantly.
Bockting et al., 2005	HIV/STD prevention	Significant improvements in attitudes toward condom use, safer sex self-efficacy, increased monogamy and decreased sexual risk behavior.
Eliason et al., 2012	Smoking cessation	Nearly 60% were smoke-free at the end of the intervention, and 36% remained smoke-free by six months post-intervention.
De Santis et al.,	HIV prevention	Positive comments reported to the SoBAP executive director and staff regarding the program allowed SoBAP staff members to conclude that the program had been successful in meeting the needs of the transgender participants as well as the CBO representatives. Participants identified additional topics that needed to be included in future workshops.
Garofalo et al., 2012	HIV prevention	Trends in outcome measures suggest that participation in the intervention may reduce HIV-related risk behaviors.
Garofalo et al., 2018	HIV prevention	From baseline to 4 months, the LifeSkills group had a 30.8% greater mean reduction in condomless sex acts, and a 39.8% greater mean reduction in condomless sex acts at the 12-month follow-up visit compared with the standard of care group.
Longfield et al., 2011	Increasing safer sexual behavior	Higher levels of condom use at last anal sex with casual partners and greater use of water-based lubricant, improved perceptions of product availability for condoms and water-based lubricant. Knowledge about the importance of consistent condom use improved over time as well as the need to use condoms with regular partners. Some HIV knowledge decreased over time and the intention to use condoms with casual partners when water-based lubricant is available also declined.
Oggins et al., 2002	Substance use	13 out of 16 (81%) of the clients stayed in treatment, two clients left the program at reentry, when health or mental health problems led to referrals to other agencies.
Pawa et al., 2013	HIV prevention	Participation in outreach was associated with consistent condom/water-based lubricant use with commercial partners.
Phanupha k et al., 2018	HIV prevention	Retention was lower in TGW than MSM at all follow-up visits, with no difference between MSM and TGW in self-reports of adherence to at least four PrEP pills per week. Condomless sex did not change over the 12-month period.
Reback et al., 2018	HIV prevention	Significant reductions in the number of male sexual partners, anonymous male sexual partners, exchange male sexual partners, engagement in drug/alcohol use, engagement in injection drug use, engagement in unmonitored injection hormone use, engagement in sex with high, and engagement in sex work.
Subramanian et al., 2013	Increasing condom use and declining STI prevalence	Among TGs, the increase in condom use with casual male partners was not significant, and last time condom use declined significantly with paying male partners. Syphilis declined significantly while change in HIV prevalence was not found to be significant.
Taylor et al., 2011	HIV prevention	Three months after the intervention, participants had fewer sexual partners and were less likely to have any unprotected anal intercourse (UAI) with male exchange partners and unprotected sex at last vaginal or anal sex episode with female and male partners.

RESULTS

Table 2. Mental Health Articles

Article author; year	Program Intervention focus	Findings
Amodeo et al., 2018	Resilience	Three themes identified: identity affirmation, self-acceptance, and group as support.
Austin et al., 2017	Depression and coping	Significantly decreased depression scores, and changes persisted through the 3-month follow-up.
Briggs et al., 2018	Depression, anxiety, somatic symptoms, increase quality of life (QoL), and coping with discrimination	Significant increase in psychological QoL. No other clinical or QoL outcomes were statistically significant. However, one outlier was identified in the dataset. When this outlier was excluded there was a trend toward significant reduction in depression symptoms and somatic symptoms.

Table 3. Mental and Physical Health Articles

Article author; year	Program Intervention focus	Findings
Collier et al., 2015	Assess HIV knowledge, depressive symptoms, coping, condom use self-efficacy and use	Significant decreases in depressive symptoms and increases in positive coping.
Empson et al., 2017	Co-occurring substance use and PTSD	Decline in PTSD symptom scores, alcoholism screening scores, and drug abuse screening scores, on average.
Nemoto et al., 2005	HIV and substance abuse prevention, and general health promotion	This community-tailored intervention may be an effective way to reach transgender women and reduce sexual risk behaviors, depression, and perceived barriers to substance abuse treatment.
Reback et al., 2012	HIV prevention and sociocultural co-factors	Decrease in homelessness, reliance on exchange sex as a primary source of income, and symptom complaints across multiple Brief Symptom Inventory sub-scales. Also, significant association between socioeconomic improvements and psychological and emotional gains.
Shaikh et al.,	Strengthen community systems and provide HIV, health, legal and social services to transgender communities	Significant increases in community-based demand and use of tailored health, legal, social and psychological services over the time of the Pehchan programme.

DISCUSSION

- Given the physical and mental health disparities encountered by transgender people, there is a great need and opportunity for development and testing of a wide range of new, tailored health promotion programs.
- Such programs should target mental health disparities, physical health disparities such as substance use, eating disorders, obesity, smoking, cancer, and cardiovascular disease, and the co-occurrence of both mental and physical health disparities.
- Common aspects of the programs in this review that have helped their interventions be successful include: developing the intervention with the input of transgender-identified people and with transgender-specific considerations in mind, having transgender-identified staff involved in the implementation of the intervention to the participants, and including sexual health education.

Acknowledgements and References

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