COVID-19 IN TEXAS:
Applying a Health Equity Lens to Inform COVID-19 Response and Action in Understanding Transgender and Gender Diverse Health Experiences in Texas

PRESENTED BY

TEXAS HEALTH INSTITUTE

October 8, 2020
11:00 AM – 12:00 PM
We are an independent, non-profit, non-partisan public health institute in Texas.

**OUR VISION**
Healthy People, Healthy Communities

**OUR MISSION**
To advance the health of all
COVID-19
Response and Action in Understanding Transgender and Gender Diverse Health Experiences in Texas

October 8, 2020

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OBJECTIVES

• **DESCRIBE:** Texas transgender and gender diverse community

• **EXPLORE:** the "LGBTQI+ COVID-19 and You" survey

• **HIGHLIGHT:** key factors driven by the COVID-19 pandemic

• **IDENTIFY:** opportunities to improve lives by reducing the number of suicide attempts and suicide ideation

Improving transgender and gender diverse lives
DEFINITIONS

**TRANSGENDER**: individuals whose gender identity differs significantly from the sex they were assigned at birth

**TRANS WOMEN**: individuals assigned male at birth who identify as female

**TRANS MEN**: individuals assigned female at birth who identify as male

**GENDER DIVERSE**: individuals who describe their gender identity outside of the binary categories of male and female

**CISGENDER**: a term used to refer to one’s gender identity and/or expression aligning with one’s birth sex/gender

**BIPOC**: Black, Indigenous, People of Color communities


Context 1: National estimates of serious COVID-19 vulnerabilities

Texas by the numbers

Texas Adults: 124,500
1 in 150 Texas adults are transgender or gender diverse
BIPOC communities represent 63% of Texas transgender adults
(Black, Indigenous, People of Color)

Age
- 13 to 17: 13,800
- 18 to 24: 19,600
- 25 to 64: 88,950
- 65 or older: 16,700
- All Adults (ages 18+): 124,500

Race or Ethnicity
- Hispanic or Latino: 54,650
- White: 46,500
- Black or African American: 16,800
- Other races or ethnicities: 6,550

Source:
Important estimates for Lifetime Suicide Attempts and Fair/Poor Health

TAKEAWAY 1: Twenty statewide collaborators help enroll 1,348 participants

Survey timeframe
May 3, 2020 through July 31, 2020

TAKEAWAY 2: COVID-19’s unequal impact between Cisgender and Transgender people

Statistically Significant differences found in food and rent or mortgage payments

**TAKEAWAY 3:** COVID-19’s unequal impact between transgender and cisgender

Statistically Significant differences found in all questions except for Shelter in Place

<table>
<thead>
<tr>
<th>Access to Social Services and Health Care during COVID-19 Pandemic</th>
<th>Cisgender</th>
<th>Transgender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Care*</td>
<td>51.9%</td>
<td>70.6%</td>
</tr>
<tr>
<td>Mental Health*</td>
<td>54.3%</td>
<td>75.5%</td>
</tr>
<tr>
<td>Shelter in Place</td>
<td></td>
<td>96.7%</td>
</tr>
<tr>
<td>Food Security*</td>
<td>36.2%</td>
<td>62.7%</td>
</tr>
<tr>
<td>Unemployment*</td>
<td>47.6%</td>
<td>68.4%</td>
</tr>
</tbody>
</table>

*denotes data is significantly different between cisgender and transgender - p<0.001

TAKEAWAY 4: COVID-19’s unequal impact by race and ethnicity

Glaring Differences
found in
Unemployment and
Medical Access Difficulty

TAKEAWAY 5: COVID-19’s unequal impact between transgender and cisgender people.

Figure 5. Do you currently have health insurance or are you covered by any health plan?

<table>
<thead>
<tr>
<th>Total Sample (n = 1,095)</th>
<th>Cisgender (n=856)</th>
<th>TGD (n=239)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>15%</td>
<td>85%</td>
<td>14%</td>
</tr>
<tr>
<td>21%</td>
<td>79%</td>
<td>21%</td>
</tr>
</tbody>
</table>

\[X^2 (1, n = 1,095) = 6.54, p = 0.011\]

Statistical Difference found between cisgender and transgender people.

TAKEAWAY 6: COVID-19 accentuates that homes may not be a safe place

Statistical Difference of between white and BIPOC people

COMMUNITY PERSPECTIVE 1: Increased Social Isolation

60% to 79%

an important difference comparing cisgender to transgender

I am feeling isolated and alone

Cisgender

40% Yes
60% No

Transgender and Gender Diverse

21% Yes
79% No

COMMUNITY PERSPECTIVE 2: Anxiety and Depression

64.7% TGGD
Moderate to Severe Anxiety and Depression

COMMUNITY PERSPECTIVE 3: The community started galvanize in 2017

Online Support
Loose networks have been created but are not sufficient to most community members.

Source: TransFORWARD: A Statewide Transgender-Powered Research Collaborative Network in Texas funded by Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (EA #10671)
COMMUNITY PERSPECTIVE 4: Solutions based in our economic empowerment

64%
A majority of Texans support Medicaid expansion
COMMUNITY PERSPECTIVE 5: Nothing about us, without us — we should have a hand in developing solutions that affect us

Higher Rate
of unemployment, food insufficiency, difficulty paying rent,
COMMUNITY PERSPECTIVE 6: Increase access to affordable culturally aware healthcare especially for BIPOC people

70.6% transgender and gender diverse people had difficulty accessing healthcare
Recommendation 1: Create culturally adapted programs for COVID-19 vaccinations

CONNECT
local health departments in Texas willing to create vaccination plans with trusted transgender and gender diverse grassroots community-based organizations.

Figure 8. Willingness to get a COVID-19 vaccine

Recommendation 2: Primary care and private providers should deploy the C-SSRS through continuing education and training programs

41% is the lifetime prevalence of estimated suicide attempts by transgender and gender diverse people.

- The public health response to the COVID-19 pandemic, including shelter-in-place orders and social distancing, may exacerbate existing risk factors for suicide, including among transgender adults.
- In Texas, there were 3,488 deaths by suicide in 2016, with 1-1/2 times more suicides than homicides.
- Texas Health and Human Services Commission and the Texas Suicide Prevention Council support the education of providers about safe and effective guidelines for conducting suicide risk assessments including the Columbia Suicide Severity Rating Scale - C-SSRS.
- The C-SSRS41 is employed at all of the state local mental health authorities.

Recommendation 3: Identify influencers such as People’s Community Clinic (Austin) and other FQHCs employing a transgender medical home model as demonstration and awareness education sites.

IDENTIFY collaborating organizations to expand into adult primary care organizations
COMMUNITY-ENGAGEMENT

Create culturally adapted programs for COVID-19 vaccinations. Increase research in Suicide Prevention/Intervention. Invest in evidence-informed scalable pilots and demonstrations.

TRANSGENDER and GENDER DIVERSE INCLUSION

Emphasize Patient-Centered Medical Home and Primary Care. Develop Community Health Workers transgender and gender diverse continuing education programs.

DATA & TRANSPARENCY

Engage Continue BRFSS SOGI opt-in Module 21 participation. Ensure transgender and gender diverse people are added as key stakeholders in Ryan White funding decisions.
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Question & Answer

Please type your question in the Q&A box and specify which panelist it is directed to.
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