

“This is just everyday living” :  
Impact of the COVID-19 pandemic on  
transgender/gender diverse people living with HIV

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HUNTER  
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BACKGROUND

- People with HIV require ongoing and consistent healthcare engagement to maintain viral suppression.
- COVID-19-related disruptions to care may have disproportionately affected vulnerable populations, including transgender and gender-diverse (TGD) individuals.
- TGD individuals reported shortages in gender-affirming hormone supplies, delays in gender-affirming surgeries, and decreased access to supportive and affirming environments.
- This study assessed the pandemic’s impact on the care engagement of TGD people with HIV

METHODS

Sample

- Claims and clinical records of 3,195 people with HIV aged 18-65 who were continuously enrolled in a managed care plan for low-income individuals in New York City from January 2018 – July 2022.
- Semi-structured interviews of 40 plan members were conducted in Fall of 2023 for qualitative analysis.

Quantitative Analysis

- Time varying effect models were used to examine changes in care engagement, including visits to primary care providers (PCP), behavioral health services, specialty care, inpatient hospitalization, and antiretroviral medication fills.
- Trajectories of care engagement across gender identities and over time were compared.

Baseline Demographics		Quantitative n = 3,195	Qualitative n = 40
Gender Identity	Cisgender Female	909 (29%)	10 (25%)
	Cisgender Male	1994 (62%)	22 (55%)
	Transgender/ gender diverse	292 (9%)	8 (20%)
Race/ Ethnicity	Non-Hispanic Black/African American	1724 (54%)	20 (50%)
	Non-Hispanic White	238 (7%)	3 (8%)
	Non-Hispanic Multiracial/other race	87 (3%)	5 (13%)
	Hispanic/Latino	1146 (36%)	11 (28%)
Age categories	18 – 29 years	277 (9%)	1 (3%)
	30 – 49 years	1351 (42%)	16 (40%)
	50 – 64 years	1567 (49%)	23 (58%)

Qualitative Analysis

- Interviews were coded and thematic content analysis was performed with the self-identified TGD subsample to corroborate and explain quantitative findings.

RESULTS

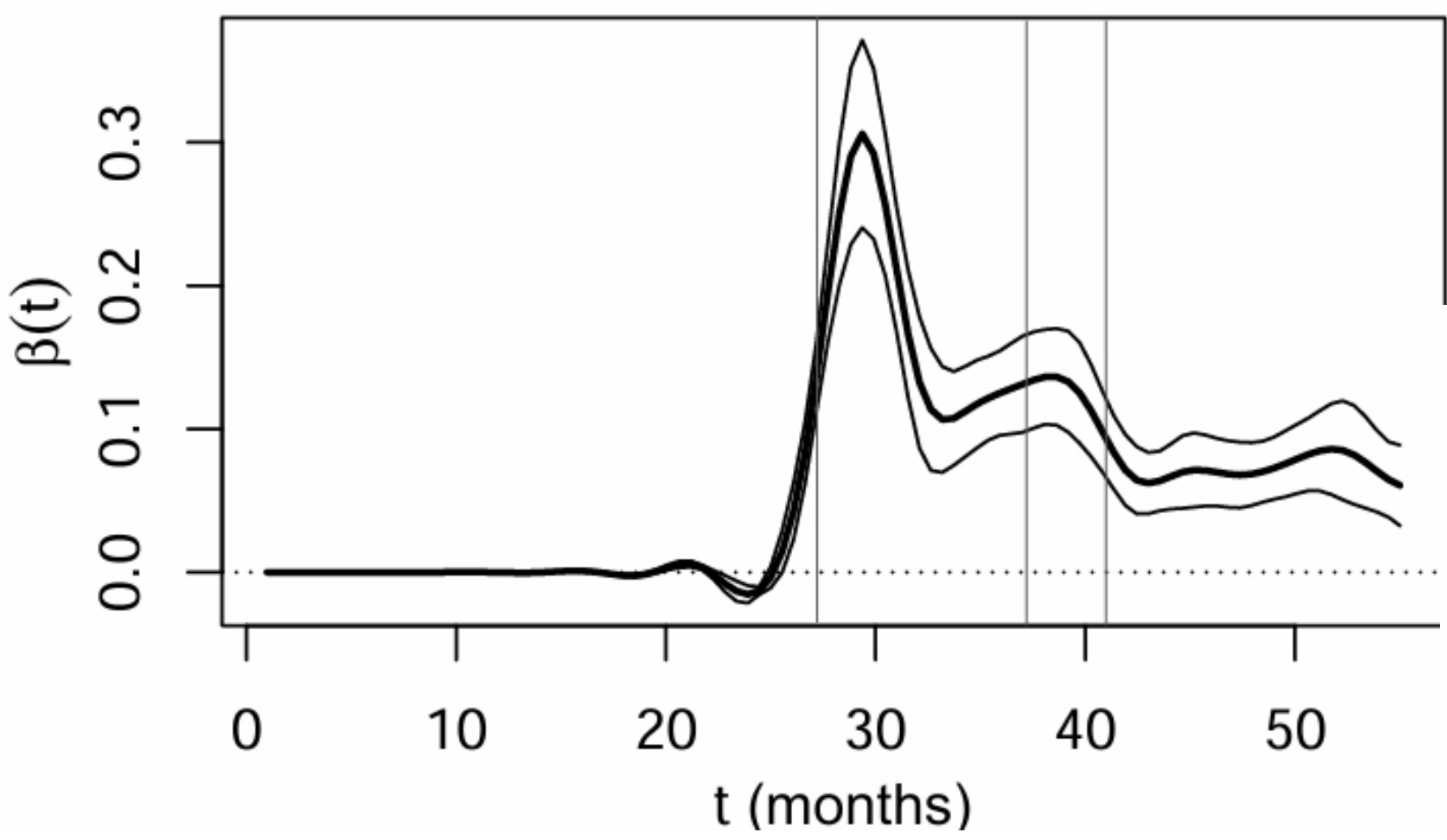
Pre-Pandemic  
Jan 2018 – Feb 2020  
Months 1–26

COVID-19 Pandemic  
Mar 2020 – Dec 2020  
Months 27–36

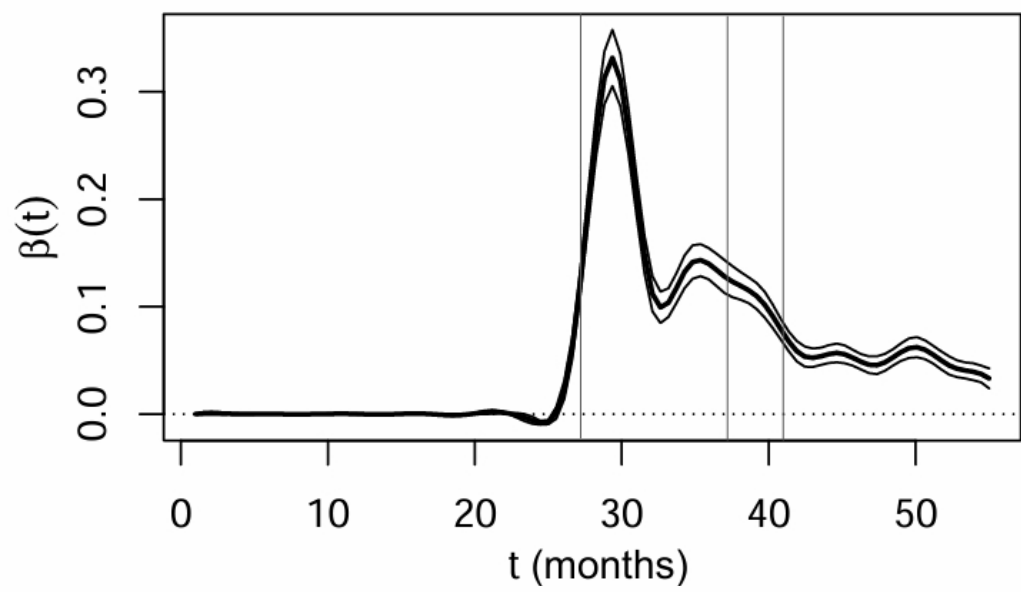
COVID-19 Vaccine Roll-out  
Jan 2021 – May 2021  
Months 37–41

Post-vaccine Pandemic  
Jun 2021 – Jul 2022  
Months 41–55

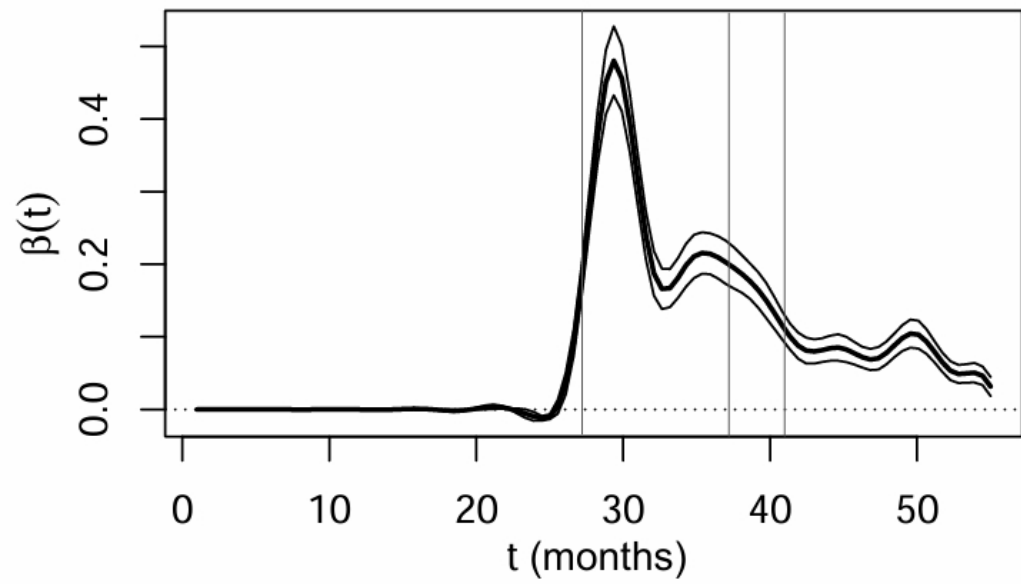
PCP Telehealth Visits:  
Transgender



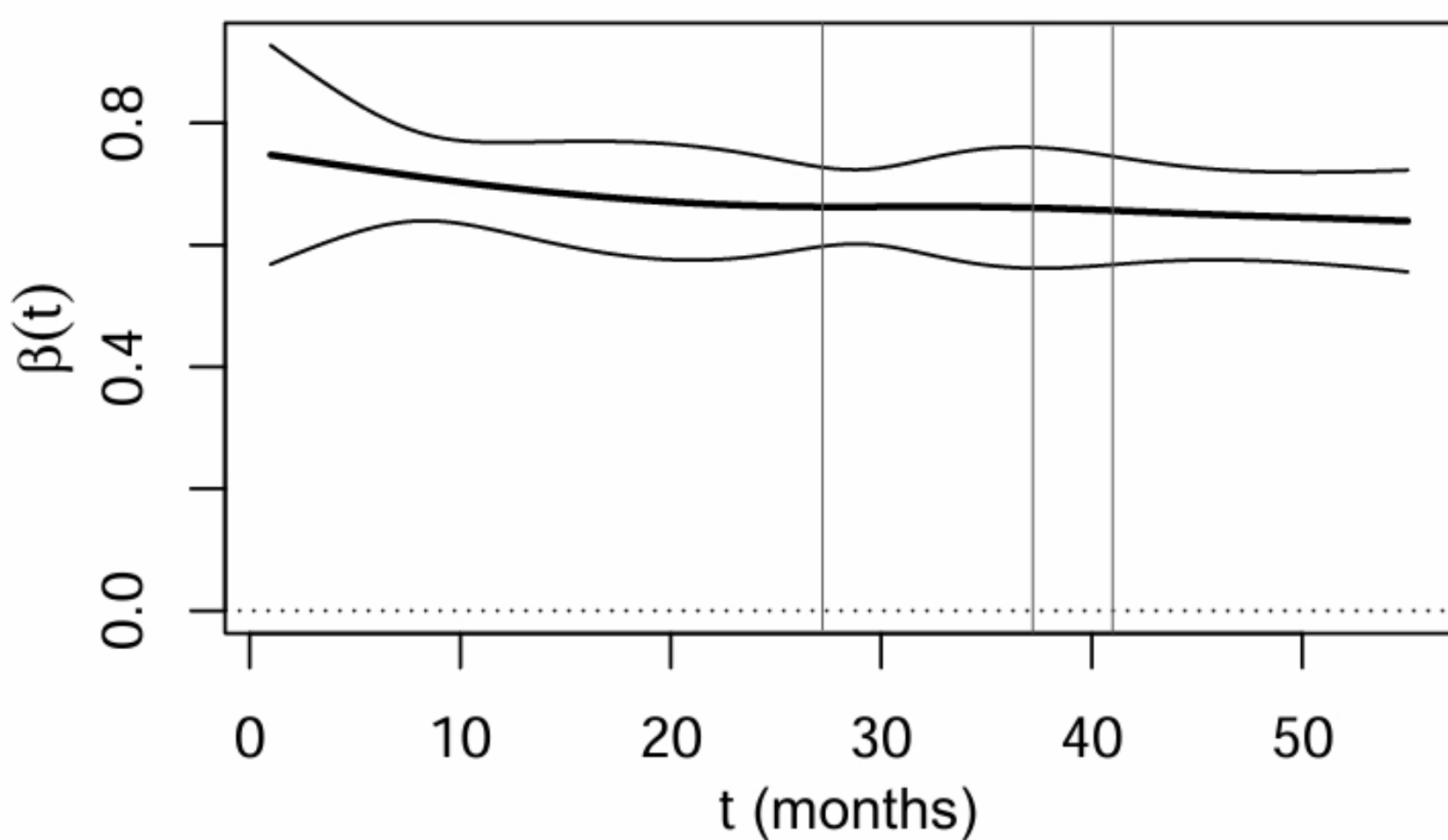
PCP Telehealth Visits:  
Men



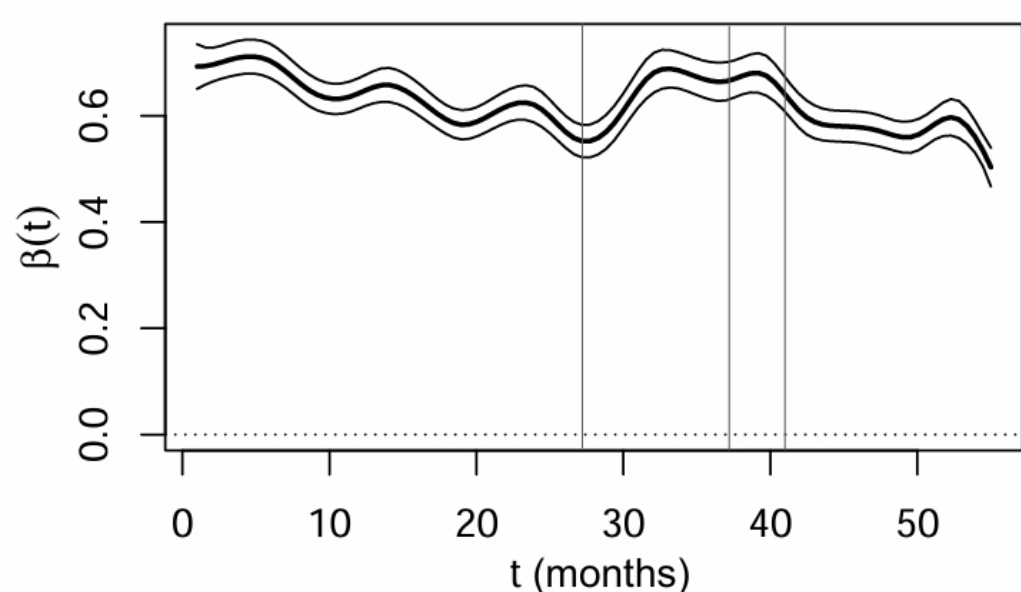
PCP Telehealth Visits:  
Women



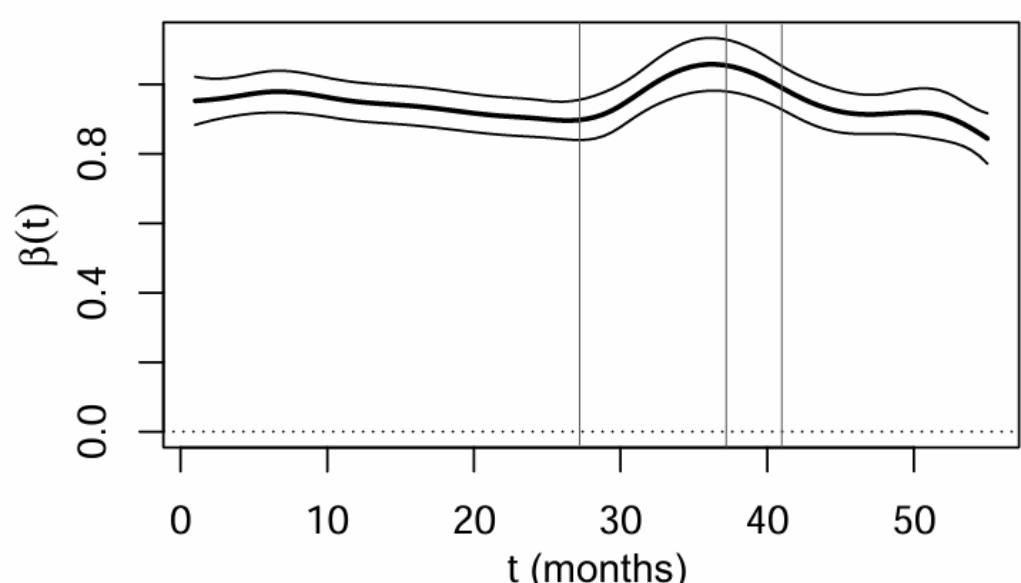
PCP Overall Visits:  
Transgender



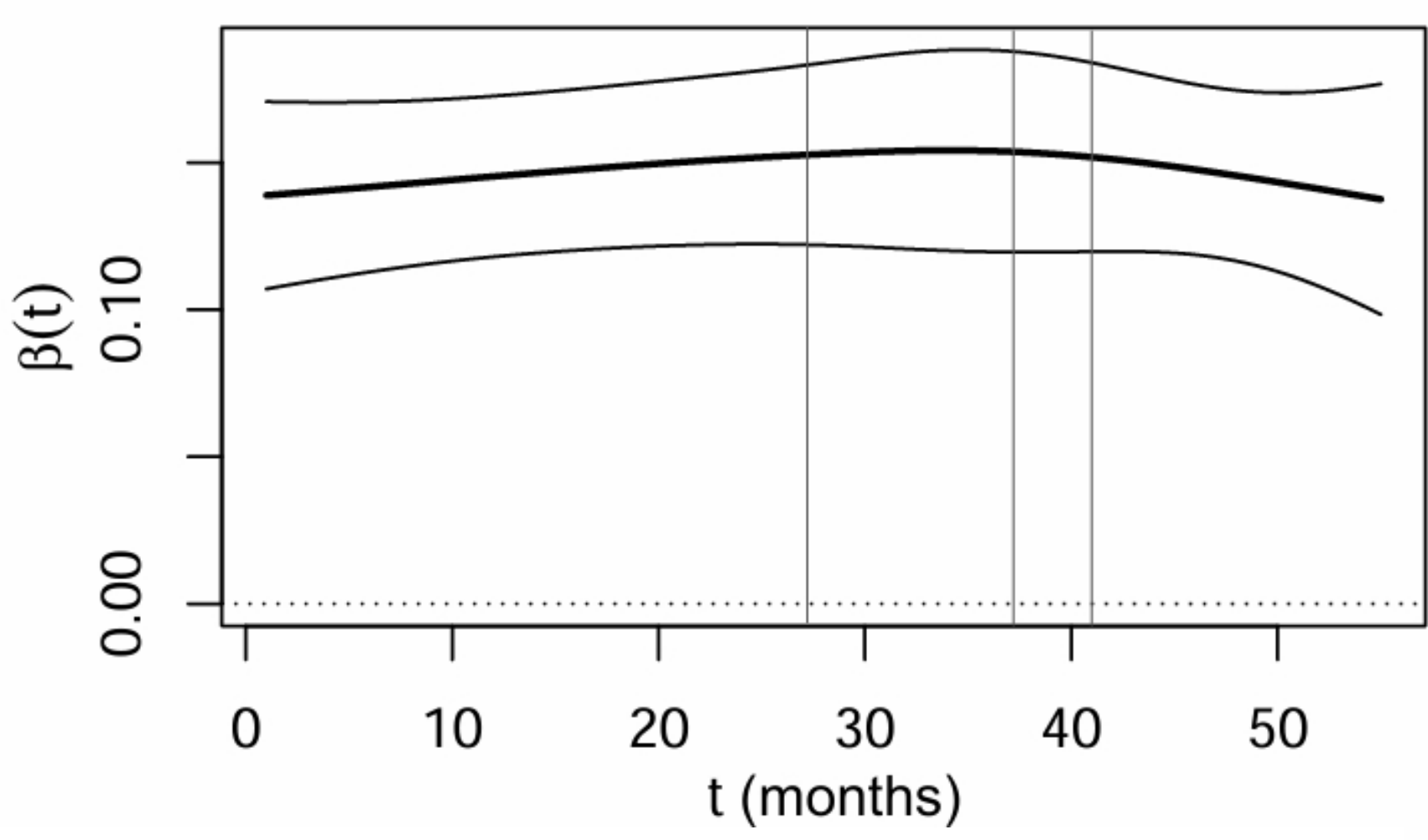
PCP Overall Visits:  
Men



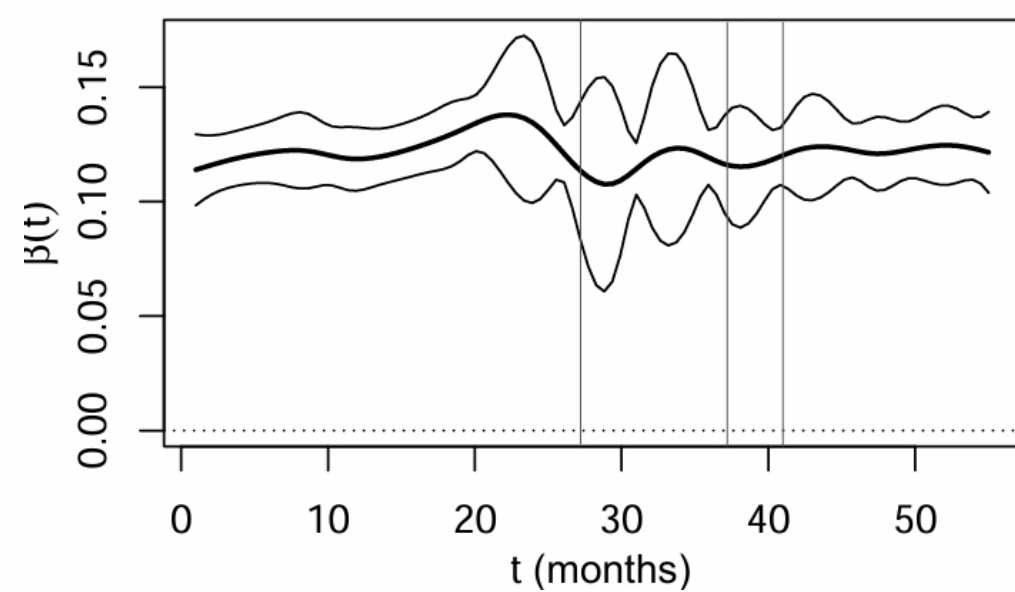
PCP Overall Visits:  
Women



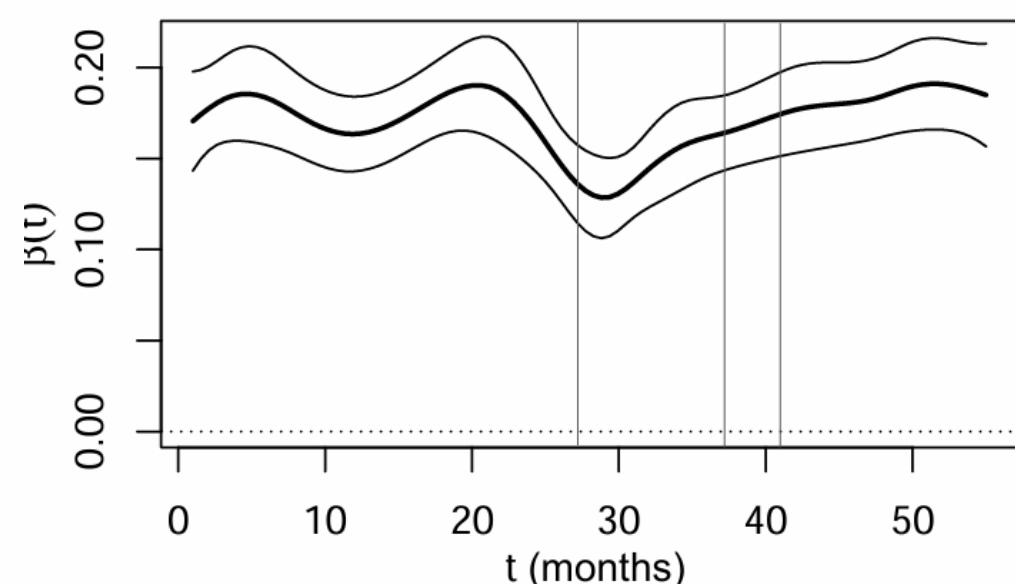
Specialty Overall Visits:  
Transgender



Specialty Overall Visits:  
Men



Specialty Overall Visits:  
Women



Summary

- PCP visits among TGD individuals appeared relatively stable over time, with telehealth visits compensating for in-person visit gaps.
- Behavioral health visits increased before the pandemic, then slowly decreased during it, but returned to pre-pandemic levels.
- There was little change over time for specialty visits, inpatient hospitalizations, and ART fills.
- Qualitative data suggested that most other disruptions in care among TGD participants were due to other factors, such as unstable housing, rather than direct healthcare access issues.
- According to one participant, “*This is just everyday living for a black trans woman in New York City anyway.*”
- Though delays in gender-affirming surgeries were reported, access to hormone therapy remained stable.

CONCLUSIONS

- Despite pandemic disruptions, TGD individuals with HIV remained engaged in care with the support of telehealth.
- For some types of care, more stable engagement was observed among TGD than cisgender individuals with HIV.
- Interviews reinforced the quantitative data, revealing additional stressors beyond TGD stigma and confirming the stability of ART and hormone therapy access.
- These findings underscore the resilience of TGD individuals with HIV and highlight the role of telehealth services in mitigating ongoing or future disruptions in care.