

Los Angeles County Transgender Population Estimates 2012

Los Angeles County Department of Public Health
Division of HIV and STD Programs



Los Angeles County Department of Public Health

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Background

In 2007, the HIV Epidemiology Program (HEP), now part of the Division of HIV and STD Programs (DHSP), estimated the number of transgender women in Los Angeles County (LAC) to be 4,400 with an estimated HIV prevalence of 21%*. This estimate was included in the 2009-2013 HIV Prevention Plan for Los Angeles County and was met with much concern from the community who felt that the number of transgender persons was in fact much higher. In the previous HIV Prevention Plan (2004-2008), it had been estimated that there were 10,000 transgender persons living in LAC and thus the community was concerned that the revised estimate represented a significant reduction. Two errors in the previous report are important to note. First, the 2009-2013 estimate was mislabeled and read "Transgenders" instead of "Transgender Women." Second, the estimate used in 2004-2008 was an estimate taken from a statewide California consensus meeting, which had been incorrectly cited as a LAC estimate rather than a statewide estimate.

Given the concern from the community over these past estimates, DHSP-HEP engaged in a process that involved key stakeholders in the development of an updated transgender population estimate. DHSP-HEP conducted a literature review to identify new methodologies and published estimates. DHSP-HEP then conducted a series of conference calls with key stakeholders to gather feedback regarding three key unknowns: HIV prevalence among transgender individuals, the size of the transgender population in LAC, and the ratio of transgender women to transgender men. Valuable information was gathered during the calls and stakeholder feedback was incorporated into the development of the new estimates presented in this report.

In order to estimate the number of transgender individuals in Los Angeles County and the HIV prevalence for this population, we determined we would need the following: 1) overall size of the population in LAC between the ages of 15 and 64 years; 2) the percentage of the population estimated to be transgender; and 3) the ratio of transgender women to transgender men.

*Estimated that 21 out of 100 transgender individuals could be HIV positive.

1. 2011 Population Estimates for Los Angeles County

Using population estimates from the California Department of Finance¹, we determined there were an estimated 7,213,883 individuals between the ages of 15 and 64 years living in LAC in 2011.

2. Estimated Size of the Transgender Population

In reviewing the literature, we identified four articles/reports that estimated the size of the transgender population to be between 0.1% and 0.5% of the overall population.

- Massachusetts BRFS (2007 & 2009)²
 - 0.5% of subjects ages 18-64 years were Transgender
- Reed et al. United Kingdom 2009³
 - 0.1% of adults are Transgender (i.e., transitioned in some way)
- California LGBT Tobacco Use Survey (2003-04)⁴
 - 0.1% of adults in CA are Transgender
- 2011 Williams Institute report (Gary Gates)⁵
 - 0.3% are Transgender average of previous estimates

After considerable feedback, we decided that 0.2% would be used to estimate the population size with a range of 0.1% to 0.3%. We also concluded that we needed to specifically define what we meant by "transgender" when determining these estimates. Some stakeholders preferred a more inclusive definition, while others preferred a more conservative definition. The following definitions and their accompanying population proportions are being used:

- 0.1% Must identify as a transgender man or woman
- 0.2% Must identify as a transgender man or woman, or identify with a gender different from gender at birth
- 0.3% Broad identification with a wide variety of cross-gender behaviors and identities

Given the population estimate of 7,213,883 individuals between the ages of 15 and 64 years living in LAC, we applied the percentages above to determine the range and midpoint estimates of our transgender population.

7,213,883 *0.1% = 7,214

7,213,883 *0.2% = 14,428

7,213,883 *0.3% = 21,642

Therefore, we determine there is an estimated 14,428 transgender persons living in LAC with a range of 7,214 to 21,642.

3. Estimated Ratio of Transgender Women to Transgender Men

Unfortunately, there are almost no data available to determine the ratio of transgender women to transgender men. Some reports describe the ratio of transgender women to men but use medical data on sexual reassignment which is too strict a criteria. The California LGBT Tobacco Use Survey reported 62% percent of transgender individuals were born male and 31% were born female but there are limitations to these data. For example, the follow-up question on transgender identity was not asked once a participant reported they were a lesbian or bisexual woman, or a gay or bisexual man. Hence, with feedback from our stakeholders, we determined that a 1:1 ratio would be used for these estimates. Therefore, we estimate there are 7,214 transgender women to 7,214 transgender men in LAC.

Estimated HIV Prevalence

In order to determine HIV prevalence, we reviewed the number of living HIV/AIDS cases among transgender individuals in LAC. According to HIV/AIDS surveillance data collected by DHSP-HEP, as of December 2011, 446 living HIV/AIDS cases are among transgender individuals in LAC. Of those, 430 (96%) are among transgender women. To account for persons who do not know they are infected, we estimate that 21% are unaware of their infection. Thus, we estimate that 79% are aware of their infection.

430 / 0.79 = 544 MTF HIV/AIDS cases

16/0.79 = 20 FTM HIV/AIDS cases

We also needed to account for misclassification of transgender status among reported cases. In 2002, the State HIV/ AIDS case report form added transgender as a gender option. Thus, any cases reported prior to 2002 may not be represented as transgender in our surveillance data. There may also be underreporting (i.e., misclassification of gender) by providers. In order to account for underreporting of transgender gender, we estimated that we may have misclassified approximately half of all cases.

544 * 2 = 1,088 MTF HIV/AIDS cases

20 * 2 = 40 FTM HIV/AIDS cases

Given our estimate of approximately 1,088 living HIV/AIDS cases among transgender women and our estimate of approximately 7,214 transgender women living in LAC, the estimated HIV prevalence for transgender women is 15.1%.

1,088 / 7,214 = 0.1508, or 15.1%

For transgender men, we estimate approximately 40 living HIV/AIDS cases and approximately 7,214 transgender men living in LAC, therefore our estimated HIV prevalence for transgender men is 0.6%.

40 / 7,214 = 0.0055, or 0.6%

Given that studies⁸⁻¹³ have shown higher HIV prevalence among transgender women of color, we determined that it would be critical to estimate HIV prevalence by race/ethnicity.

Estimated HIV Prevalence by Race/Ethnicity

Using the racial/ethnic distribution from the U.S. Census State and County Quick Facts¹⁴, we applied these percentages to our estimate of 7,214 transgender women. Note that the percentage for White transgender women was reduced by 1.1% to adjust for the Census data that were not mutually exclusive.

Table 1: Estimated Population Size by Race/Ethnicity

Race/Ethnicity	Racial/Ethnic Distribution	Estimated Total #	Estimated # of MTF* by Race/Ethnicity
Black	9.3%	7,214	671
Latina	48.1%	7,214	3,470
White	26.5%	7,214	1,912
Asian/Pacific Islander	14.6%	7,214	1,053
Native American	1.5%	7,214	108
Total	100.0%	7,214	7,214

^{*}MTF=Transgender Male-to-Female

Using the racial/ethnic distribution of our HIV surveillance data, we applied these percentages to our new estimate of 1,088 HIV/AIDS cases.

Table 2: Estimated Number of HIV/AIDS Cases by Race/Ethnicity

Race/Ethnicity	Racial/Ethnic Distribution of HIV/	Estimated Total # of MTF* HIV/AIDS	Estimated # of MTF* HIV/AIDS cases by
Black	29.8%	1,088	324
Latina	54.7%	1,088	595
White	8.1%	1,088	88
Asian/Pacific Islander	3.6%	1,088	39
Native American**	2.8%	1,088	30
Other	1.1%	1,088	12
Total	100.0%	1,088	1,088

^{*}MTF=Transgender Male-to-Female

Using the above racial/ethnic distributions, we determined the following HIV prevalence estimates by race/ethnicity.

Table 3: Estimated HIV Prevalence by Race/Ethnicity

	Estimated	Estimated	Estimated
Race/Ethnicity	# HIV Cases	Population Size	HIV prevalence
Black	324	671	48.3%
Latina	595	3,470	17.1%
White	88	1,912	4.6%
Asian/Pacific Islander	39	1,053	3.7%
Native American	29	108	26.9%
Total	1,088	7,214	15.1%

^{*}MTF=Transgender Male-to-Female

^{**}To account for misclassification of Native HIV/AIDS cases, we doubled the percentage of Native cases from 1.4% to 2.8% which increased our estimate from 15 to 30. We based this modification on data collected from The American Indian/Alaskan Native Validation Project. ¹⁵

Summary

Given that the U.S. Census has never included transgender as a gender category, it has been difficult to determine the actual population size of the transgender community. This document summarizes how we used a deliberate community-feedback process and existing public health data to estimate the size of the transgender population in Los Angeles County in 2012. Once we had estimated the population size, we were also able to estimate the HIV prevalence (i.e., the proportion of those with HIV disease) for transgender individuals in our County.

Through this work, we estimate that there are 14,428 transgender individuals living in Los Angeles County with a range of 7,214 to 21,642. Based on community input, we also concluded that there is a one-to-one ratio (1:1) of transgender women (7,214) to transgender men (7,214). To estimate HIV prevalence, we compiled three pieces of information: the number of HIV/AIDS cases reported among transgender individuals; the proportion of all HIV-positive transgender individuals who may be unaware of their infection status; and the number of transgender individuals in the HIV/AIDS case registry who may be misclassified as a man or woman. Overall, HIV prevalence for transgender women (i.e., male-to-female transgender) was estimated to be 15.1% and 0.6% for transgender men (i.e., female-to-male transgender). Because the literature suggests that there is a higher HIV prevalence among transgender women of color, we calculated HIV prevalence estimates for transgender women stratified by race/ethnicity. Based on these calculations, we observed the highest HIV prevalence for African American/Black transgender women (48.3%), followed by Native Americans (26.9%), Latinas (17.1%), Whites (4.6%) and Asian/Pacific Islanders (3.7%).

Given the lack of transgender data available in counties like ours, the estimates presented here have several limitations. First, without the availability of U.S. Census data we are unable to determine the actual size of the transgender population. We therefore searched for population-based studies to fill this gap. Unfortunately, few population-based studies include transgender as a gender category or ask the two-part question to determine gender classification as recommended by the Center of Excellence. We therefore were limited to less than a handful of studies/reports that included estimates of the size of the transgender population in other jurisdictions. One report was from outside the U.S. and two were population-based studies in California and Massachusetts. A Second, we had great difficulty locating research data on the ratio of transgender women to transgender men in the literature. What we did find was focused on sexual reassignment surgery (SRS) statistics, which are limited for our purposes, since a minority of transgender individuals pursue SRS. Based on the feedback from our community stakeholders, we made the assumption that the ratio of transgender women to transgender men is 1:1. Third, local HIV/AIDS case report forms did not add transgender as a gender option until 2002. Therefore, we had to estimate approximately how many HIV/AIDS cases were misclassified before 2002 in addition to the number that continue to be misclassified due to health provider reporting errors since then.

While there are limitations to the estimates presented in this report, we need to be resourceful and use the data that are available until the U.S. Census begins to include transgender as a gender category. Without these population estimates, it is difficult to understand the extent to which the transgender population has been impacted by HIV in Los Angeles County and the amount of prevention and care resources we need to allocate to address the needs of this important community.

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