



Text Me, Girl!

Intervention Implementation Guide

Acknowledgements

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Text Me, Girl!

This guide examines the Text Me, Girl! intervention, designed by the Friends Research Institute, Inc. and implemented at the Friends Community Center (FCC) in Los Angeles County. This intervention was funded through the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP), Special Projects of National Significance (SPNS) "Use of Social Media to Improve Engagement, Retention, and Health Outcomes along the HIV Care Continuum" initiative.

Text Me, Girl! is a 90-day theory-based, transgender-specific, automated text-messaging intervention designed to improve engagement, retention, and health outcomes along the HIV care continuum. The desired outcome is viral suppression among transgender women with HIV, aged 18–34, who are not linked to care, not retained in care, not prescribed antiretroviral therapy (ART), non-adherent to ART, or not virologically suppressed. The intervention serves to remind, educate, motivate, and encourage behaviors supporting retention in care and medication adherence.

This guide includes key components of the Text Me, Girl! intervention, outlines the capacity required by organizations/clinics to conduct this work, and includes replication steps to support others in their implementation efforts. Finding replicable interventions that meet Ending the HIV Epidemic in the U. S. (EHE) initiative goals and support participants along the stages of the HIV care continuum are key to future programmatic and participant success in HIV care.¹



Ending the HIV Epidemic in the U.S. Pillar: Treat & Respond



HIV Care Continuum Stage: Linkage, Retention & Treatment



Priority Population: Transgender Women ages 18–34



Setting: Community Research Center



About SPNS

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving healthcare to people who are geographically isolated, economically or medically vulnerable. The Ryan White HIV/AIDS Program (RWHAP) Part F: Special Projects of National Significance (SPNS) is administered by the HRSA HIV/AIDS Bureau (HAB). The RWHAP SPNS Program supports the development of innovative models of HIV care and treatment in order to quickly respond to emerging needs of clients served by RWHAP. RWHAP SPNS advances knowledge and skills in the delivery of healthcare and support services to underserved populations with HIV. Through its demonstration projects, RWHAP SPNS evaluates the design, implementation, utilization, cost, and health-related outcomes of treatment models while promoting the dissemination and replication of successful interventions.







About the Use of Social Media to Improve Engagement, Retention, and Health Outcomes along the HIV Care Continuum Initiative

The featured intervention was part of the RWHAP Part F: SPNS “Use of Social Media to Improve Engagement, Retention, and Health Outcomes along the HIV Care Continuum” initiative. For this initiative, RWHAP SPNS implemented and evaluated innovative social media methods to identify, link, and retain HIV positive, underserved, underinsured, hard-to-reach youth and young adults (aged 13–34) in HIV primary care and supportive services. The demonstration sites used system approaches utilizing a variety of social media, internet, and mobile-based technologies to improve engagement and retention in care, and viral suppression. Demonstration sites worked collaboratively with an Evaluation and Technical Assistance Center (ETAC) throughout the four-year project period to collect and report evaluation data and disseminate successful models to the larger public health community. Social media interventions focused on youth and young adults with HIV (aged 13–34) who were aware of their HIV infection status but had never been engaged in care, were aware of their status but had refused referral to care, had dropped out of care, were infected with HIV but were unaware of their HIV status, or had not reached viral suppression. The overall goal of Text Me, Girl! was to evaluate the efficacy of a text-messaging intervention to improve linkage to and retention in HIV care, increase ART adherence and virological suppression, and improve health outcomes along the HIV care continuum among young adult transgender women, aged 18–34.

To learn more about this Initiative, visit: <https://ryanwhite.hrsa.gov/about/parts-and-initiatives/part-f-spns/previous-spns-initiatives/spns-social-media>

Getting Started

This table provides a general overview of the Text Me, Girl! intervention so readers can assess the necessary steps required for replication. This intervention facilitates linkage to and retention in HIV care and treatment for transgender women with HIV, aged 18–34.

INTERVENTION AT-A-GLANCE	
Step 1 	Assess Staff Capacity and Training Needs Conduct an inventory of internal staff to determine if there are staff who are experienced with engaging transgender women with HIV, aged 18–34. Assess gaps in staff training to determine whether a better understanding of the needs of the transgender community is required to provide linkage to and retention in HIV medical care. Assess staff capacity to determine hiring needs and/or necessary partnerships to recruit and enroll intervention participants.
Step 2 	Develop and Refine Text Messages for Dissemination Create a text message bank and share with your community advisory board (CAB) comprising individuals with similar lived experience as your target audience, to ensure the wording is culturally responsive regarding language and terminology. Organize the text messages to be equally distributed along the HIV care continuum and by theoretical perspective. <i>*To access the text-message library developed by the Text Me, Girl! staff, clinics or community organizations can email Dr. Cathy Reback at reback@friendsresearch.org.</i>
Step 3 	Contract with a Text-Messaging Gateway Provider Identify a short message service (SMS) gateway provider to contract with to send the text messages.
Step 4 	Develop Marketing Materials Create marketing materials such as flyers, posters and digital advertisements that are eye-catching, engaging and resonate with the community you are trying to reach.
Step 5 	Conduct Outreach and Enroll Participants Develop an outreach strategy that is user-focused which means placing advertisements on social media channels, websites, and at physical locations that the target population frequents. Schedule a time that is convenient for participants to complete their enrollment and send a test text message.
Step 6 	Post-Intervention Engagement Develop and provide ongoing resources to participants who are still interested in receiving continuing intervention (e.g., utilization of the pre-established HRSA UCARE4LIFE library).



RESOURCE ASSESSMENT CHECKLIST

Prior to implementing the Text Me, Girl! intervention, organizations should walk through the following Resource Assessment (or Readiness) Checklist to assess their ability to conduct this work. This intervention is best suited for state health departments or community-based health clinics. If organizations do not have the recommended readiness, they are encouraged to develop their capacity so that they can successfully implement this intervention. Questions to consider include:

- Does your organization provide HIV primary care services?
- Does your organization have experience working with young transgender women with HIV and helping support their medical and social service needs?
- Are staff culturally responsive, compassionate, and interested in working with transgender women with HIV?
- Does your staff include peer navigators with lived experience or are you able to hire individuals to perform community outreach?
- Does your organization have relationships with transgender women who can provide lived experience examples and help assure the messaging is culturally responsive for this community?
- Has your organization ever created an outreach/social marketing campaign?
- Does your organization have the communications infrastructure and vendor relationships to design and disseminate marketing materials (both in print and online)?

Setting the Stage

Though HIV surveillance data are often not collected for transgender people in the U.S.,^{2,3} meta-analytic and aggregated jurisdictional data suggest that HIV prevalence rates among transgender women are higher than other adult populations in the U.S. with the odds of receiving an HIV diagnosis estimated to be 34.2 times higher for transgender women than other U.S. adult populations.⁴ In a recent CDC study of transgender women in seven major U.S. cities, four in 10 transgender women were diagnosed with HIV.⁵

Rates of undiagnosed HIV infection and unstable/nonexistent access to medical care are also sharply elevated among transgender women,³ impacting not only the health of transgender women with HIV, but also the risk of HIV transmission associated with substance use and sexual behaviors. Transgender women with HIV often experience complex psychosocial factors resulting from their gender identity, gender presentation, and HIV serostatus, which often manifests as discrimination, prejudice, stigmatization, and socioeconomic marginalization.⁵

As a result, transgender women have a nearly seven times higher likelihood in delaying medical care after a HIV diagnosis than cisgender women.⁶ Multi-layered stigma, accompanied by an inability to pay for care and misinformation about the need for



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ART, often contributes to low linkage to and retention in care outcomes among young transgender women.^{7,8} Given these factors, the National HIV/AIDS Strategy has defined transgender women as a priority population in the fight against HIV transmission in the U.S.⁹

In Los Angeles County (LAC), studies have demonstrated HIV prevalence among transgender women ranging from 24 percent to 37 percent,^{10,11,12,13} rates comparable to or higher than other transgender women populations across the U.S. and other high-income countries.¹⁴ Nationally, the CDC reports that transgender women demonstrate the highest percentage of newly identified HIV diagnoses in the country.⁵ Despite comprising only a tiny fraction of the total population in LAC, transgender individuals are estimated to make up nearly five percent of all people with HIV not linked to HIV care in the County.¹⁵

The LAC HIV Prevention Plan identified the following cofactors that contribute to transgender women's high risk for HIV infection: substance use, incarceration, sex work, mental health issues, unemployment, STIs, poverty, stigma and discrimination, transphobia, racism, immigration status, language, educational attainment, violence and sexual assault, and housing instability.^{2,16}

To meet the needs of transgender women with HIV in LAC and support them in linkage to and retention in care, FCC created a campaign to educate, motivate, and encourage transgender women to change their behavior and seek needed services.



Achievements

Despite the many societal barriers and challenges transgender women face as described above, the Text Me, Girl! intervention had encouraging results. Intervention exposure assessments carried out three- and six-months post-enrollment (n = 105) indicated that 72 percent of participants read at least some of the theory-based text messages they received, and 30 percent reported reading all of the text messages. Text Me, Girl! demonstrated advancement along the HIV care continuum by improved ART uptake, ART adherence, and viral suppression, all of which significantly increased at six-month follow-up and was sustained through an 18-month follow-up period.

Description of Intervention Model



CHALLENGE ACCEPTED

The Challenge: Create a communications outreach method and campaign for transgender women with HIV, aged 18-34, to connect them to HIV care with the desired outcome of viral suppression. The intervention serves to remind, educate, motivate, and encourage behaviors supporting retention in care and medication adherence.

Text Me, Girl! is a 90-day theory-based, transgender-specific, automated text-messaging intervention designed to improve health outcomes along the HIV care continuum, with the desired outcome of viral suppression among transgender women with HIV, aged 18–34 who are not linked to care, not retained in care, not prescribed ART, non-adherent to ART, or not virologically suppressed. Over the course of the 90-day intervention, participants receive 270 theory-based text messages (three messages daily over a 10-hour period) that are targeted, tailored, and personalized specifically for young adult transgender women with HIV. Each day participants receive a message that corresponds with three components of the HIV care continuum: 1) HIV positivity/physical and emotional health; 2) linkage/retention in HIV care; and 3) ART adherence/viral suppression. Text messages can be delivered to either a participant’s cell phone or email inbox.

Text messages are transmitted through an automated simple message service (SMS) gateway, such as Twilio or Qualtrics. The intervention requires minimum staff time to enroll participants and to administer, as the text messages are sent out automatically and there are no responses from participants to monitor or from which to respond.

Theoretical Framework

Text Me, Girl! uses three theories of behavior change that have demonstrated efficacy across more than three decades of empirical research, and have proven to be particularly effective for technology-based HIV prevention: Social Support Theory,^{17,18,19,20,21} Social Cognitive Theory,^{22,23} and the Health Belief Model.^{24,25} Technology-based interventions that employ more than one theoretical mechanism of behavior change produce superior results.^{26,27,28} Each of the three daily text messages were grounded in one of the three theories guiding established principles of behavioral change applied to steps in the HIV care continuum.

- **Social Support Theory**—informed messages encouraged instrumental, emotional, and informational assistance.
- **Social Cognitive Theory**—informed messages worked to enhance self-efficacy (i.e., the belief/perception that one is able to achieve desired outcomes).
- **The Health Belief Model**—informed messages targeted individuals’ beliefs regarding threats to their health and their beliefs that specific health behaviors can reduce these threats.

The number of messages delivered by the theoretical framework and HIV care continuum stage is summarized in Table 1, while sample text messages are presented

Table 1: Text Message Intervention Design by HIV Care Continuum and Theoretical Foundation

Theoretical Foundations	# HIV Positivity/ Physical & Emotional Health Messages	# Linkage/ Retention in HIV Care Messages	# ART Adherence/ Viral Load Suppression Messages	Total Messages per HIV Care Continuum & Theoretical Foundations
# of Social Support Theory Messages	30	30	30	90
# of Social Cognitive Theory Messages	30	30	30	90
# of Health Belief Model Messages	30	30	30	90
Total:	90	90	90	270

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in Table 2. Entry into the intervention includes an initial welcome message. This initial message is not an HIV care message but, rather, is used to determine that the technology platform is registered

to the participant’s cell phone or email address, and that transmission is successful (e.g., “Thanks for your participation!” or “Welcome to Text Me, Girl!”).

Table 2: Sample Text Messages by HIV Care Continuum and Theoretical Foundation

Theoretical Foundations	Sample HIV Positivity/Physical & Emotional Health Messages	Sample Linkage/Retention in HIV Care Messages	Sample ART Adherence/ Viral Load Suppression Messages
Sample Social Support Theory Messages	<i>Trans women, living positive, loving life.</i>	<i>When you stay in *HIV care you can expose your heart, not your partner.</i>	<i>HIV meds work, your trans beautiful body is worth protecting.</i>
Sample Social Cognitive Theory Messages	<i>Make no compromise. You can protect yourself, girl.</i>	<i>Stay on top of your numbers with your doctor’s help, now that’s Trans Pride.</i>	<i>You can take care of yourself and your trans community, take your meds.</i>
Sample Health Belief Model Messages	<i>One night of fun, a lifetime with herpes.</i>	<i>Missing an HIV appointment can mean missing out on life.</i>	<i>HIV meds can keep your trans body strong and healthy.</i>

*Due to privacy concerns, organizations should consider whether to include “HIV” in their text messages.

Text-Message Delivery

A short message service (SMS) gateway provider must be identified and subcontracted with to send the messages (e.g., Twilio, Qualtrics, or smaller scale services if numbers of participants allow). In the demonstration project, Qualtrics hosted the text-messaging application on their Health Insurance Portability and Accountability Act (HIPAA) secure server and leveraged their platform to design and deploy the text messages automatically, on a schedule specified by intervention staff. First, Qualtrics imported the directory of enrolled participants into their contact management software and each participant was given a creation date. Second, Qualtrics created an automated system that referenced the list of text messages in the message library provided by the project team. Third, Qualtrics uploaded the library (i.e., 270 scripted text messages in the order created by the project team). Once the text-messaging platform was established, non-project staff beta tested the text-messaging intervention to identify any errors and resolved issues related to message delivery.

Text-Messaging Strategy

All text messages were the same for each participant. The texts were transmitted to participants via the external SMS provider every day including weekends, in real-time, within a 10-hour period (i.e., an outgoing text message approximately every five hours). The optimum text-messaging hours were determined to be 12 p.m. to 10 p.m. However, a participant may alter the predetermined default text-messaging schedule by personalizing a 10-hour texting period to fit her individual schedule. To maintain interest and enthusiasm for the intervention, participants do not receive the same scripted text message twice. Participants can further personalize their intervention by choosing which platform they would like to receive the text messages: by text message to her cell phone or to her email inbox.

Following the 90-day intensive text-messaging intervention, participants had the option to receive a weekly text message about 1) linkage/retention in HIV Care; and/or 2) ART adherence. These text messages were not theory-based nor transgender-specific but were drawn from the HRSA-funded UCARE4LIFE text library.

Intervention Steps:

1

Assess Staff Capacity and Training Needs

Conduct an inventory of internal staff to determine if there are staff who already engage with transgender women with HIV, aged 18–34. If this community is new to your staff, you may need to conduct staff diversity training to provide a better understanding of transgender women’s needs and social determinants of health. Finally, assess staff capacity to determine hiring needs and/or necessary partnerships to recruit and enroll intervention participants.

2

Develop and Refine Text Messages to be Disseminated

Create a text message bank and share with your community advisory board (CAB) comprising individuals with similar lived experience as your target audience, to ensure the wording is culturally responsive in regard to language and terminology.

3

Contract with a Text-Messaging Gateway Provider

You will need to hire an SMS gateway provider to send the messages, (e.g., Twilio, Qualtrics). Make sure the provider offers a HIPAA secure server from which to deploy the text messages. The provider will import the enrolled participants into their

contact management software and each participant will receive a creation date. Once the text-messaging platform is established, non-project staff should beta test to identify any errors and resolve issues related to message delivery.

4

Develop an Outreach Strategy and Marketing Materials

Create an outreach strategy and marketing materials such as flyers, posters and digital advertisements that are eye-catching, engaging and resonate with the community you are trying to reach. You may need to hire a freelance graphic artist to develop the materials. Keep in mind that all designs should be user-centric and shared with your CAB to make sure it is culturally responsive as well as appealing.

5

Conduct Outreach and Enroll Participants

The success of the Text Me, Girl! intervention heavily depended on participant outreach. The outreach strategy should be user-focused. To ensure enrolling diverse participants consider all five recruitment strategies.

- a. *Online:* Using geo-mapping and demographic-targeting, place online banner advertisements and digital flyers on websites and social media that target transgender women in your community.

b. *Print Media*: Place advertisements in print publications read by transgender women.

c. *Street- and Venue-Based Outreach*: Conduct street- and venue-based outreach identified through your CAB and ongoing community mapping locations where young transgender women congregate such as fast-food restaurants, public parks, public libraries, thrift and other bargain retail stores, bus stops and train stations, cruising boulevards, and community-based organizations where young transgender women seek services. Additionally, consider “trans nights” at bars and clubs, but first connect with the owners, promoters, influencers, and gatekeepers affiliated with these venues to build relationships. It is important to train any project staff before they begin outreach on topics such as safety in the field and maintaining participant confidentiality. Additionally, face-to-face outreach is essential to build and maintain ongoing trust and rapport with community influencers who will become your project ambassadors.

d. *Poster Advertisement*: Hang posters at collaborating community-based

organizations that contain details about how to contact a Research Assistant for further information regarding the project.

e. *Long-Chain Referral*: To encourage enrollment, offer participants a small gift valued at approximately \$2 (e.g., eyelashes, earrings, make-up) when they bring a potential participant to the site and receive a \$20 gift card if an eligible participant enrolls.

When enrolling participants, it is important to schedule a time that is convenient for them to complete their enrollment for the intervention in-person. A test or welcome message should be sent while the participant is with your staff to ensure proper registration.

6

Post-Intervention Engagement

Develop and provide ongoing resources to participants who are interested in receiving continuing intervention text messages (e.g., utilization of the pre-established HRSA UCARE4LIFE library). Survey the participants upon completing the 90-day intervention to gather any insights and feedback to improve the project.



STAFFING REQUIREMENTS & CONSIDERATIONS FOR REPLICATION



Staffing/Organizational Capacity

The Text Me, Girl! intervention developers recommend utilizing a combination of existing internal staff and staff from partner agencies to implement the intervention. The minimum staff requirements and competencies needed to successfully implement Text Me, Girl! includes the following:

- **Project Director:** The Project Director (PD) is responsible for the day-to-day operations of the project; project management and implementation; participant safety; staff hiring and training; supervising and coordinating all project activities; overseeing program monitoring activities including program performance indicators; reviewing participant files for quality assurance; conducting in-service trainings at local community-based organizations and networking with community gatekeepers to enhance community awareness; and facilitating CAB meetings. In addition, the PD takes the lead in developing the text-message library to ensure each message reflects a stage in the HIV care continuum and has a theoretical foundation—collaborating with outreach coordinators and the CAB to ensure cultural responsiveness.
- **Outreach Coordinators:** The Outreach Coordinators conduct street- and venue-based outreach to recruit participants; conduct screening/interviews with potential participants to determine eligibility; obtain informed consent; manage participant tracking and retention; and attend CAB meetings. One coordinator monitors the text-message and email logs from the messaging gateway service provider to identify potential problems in the message delivery system, such as participants' phone numbers or email addresses changing or blocked messages.
- **Frontline Staff:** The Frontline Staff comprise nurses, case managers, navigators, peer educators, or even physicians. These staff have direct participant contact and are assigned the task of offering the intervention and enrolling each participant in the messaging system. Enrolling participants takes less than five minutes.



Staff Characteristics

Core competencies include:

- Experience working with people with HIV
- Experience working with transgender women
- Understanding the intersections of HIV, behavioral health needs, housing instability, and substance use disorders
- Ability and willingness to prioritize people with HIV who are experiencing housing instability as the experts in their own lives, with autonomy to decide their own goals and outcomes, and to provide feedback on how programs can be structured to meet their unique needs
- Pre-established relationships with community organizations and resources for supporting community members in addressing housing and employment challenges
- Knowledge of recruitment strategies and how to properly engage with program participants.

Replication Tips for Intervention Procedures and Client Engagement

This section provides tips for readers interested in replicating the intervention and, where applicable, examples for further context.

Successful replication of the Text Me, Girl! intervention involves the following:



Develop a Standard Operating Procedures (SOP) Manual. All staff participating in the intervention need instructions to follow throughout all project stages. Staff are trained on project procedures and protocols, including outreach, and readiness for implementation was gauged through role plays and observations of project procedures (i.e., enrollment, obtaining consent, completing paperwork, randomizing participants, etc.).



Work with a Community Advisory Board (CAB). Have the CAB weigh-in on all aspects of the intervention. This includes development of the text-messages and recruitment materials, selection of sites to focus on participant recruitment, assistance in the dissemination of recruitment materials, and potentially hiring project staff.



Establish Internal Partnerships. As a community research site, FCC implements both research studies—funded through various federal, state, and local mechanisms—and non-clinical service programs. Having programs on-site that deliver much-needed services such as health education and risk reduction, HIV testing, and outpatient substance use treatment, and programming that offers hot meals and hygiene supplies, provides an opportunity for participants to take advantage of several co-located programs that may benefit their overall health and well-being. To ensure referrals from other service programs at FCC, the Text Me, Girl! team introduced the project to all staff prior to implementation, and then consistently updated all organizational staff about project progress and opportunities for participation.



Collaborate and Establish External Partnerships with Clinics. To establish and maintain personal relationships with community partners, such as health clinics, Text Me, Girl! staff made site visits on an ongoing basis throughout the implementation of the intervention. FCC developed and shared a flyer with participants with all partner clinic locations listed. Because the Text Me, Girl! staff were familiar with the external clinics, staff were able to help facilitate “warm handoffs” between the community center and external clinics, providing a human-centered linkage to care.



Assess Staffing Resources. Text Me, Girl! participant enrollment takes about five minutes to describe the intervention, answer questions, and register the participant phone number or email address. If informed consent or release forms are required by the implementing organization, additional time is needed. A brief follow-up after a few days is suggested to touch base with the participant to ensure messages are being received and that there are no technical complications to problem solve, and to answer questions and assuage any participant concerns.



Troubleshoot Technology. A staff person should be assigned approximately 30 minutes each week to monitor the text-message and email logs from the messaging gateway service provider to identify potential problems in the message delivery system and determine if participant phone numbers have changed or if messages were blocked. This information can be used to prompt follow-up contact with participants to address concerns and assist in patient retention.



Be Mindful of Challenges. This type of intervention may not have the same level of efficacy with individuals experiencing chronic homelessness. The fact is that these individuals frequently lose access to their technology and may not have consistent internet access or contact information, therefore making it much more difficult for the intervention to be delivered properly.

Securing Buy-in

Securing the support of leadership, staff, and other relevant stakeholders is an important step when implementing a novel intervention. The following strategies may help to secure buy-in for the Text Me, Girl! intervention:



- ⦿ Remind stakeholders that most, if not all, health care providers offer text message health notifications and reminders, meaning that this type of intervention is similar to standard clinical care practice.
- ⦿ Engage frontline staff who are peers to the transgender community to recruit and enroll participants which builds stakeholder trust.
- ⦿ Assemble a CAB comprising of prominent members from the transgender community and respected providers of transgender services to assist with development and implementation of the intervention as well as provide regular feedback on staffing, recruitment, and evaluation efforts.

Overcoming Implementation Challenges

Despite successful implementation of the project, some challenges were experienced, including:

HIV-related stigma

There was an initial challenge soon after recruitment began of engaging potential participants to screen for the project. Potential participants were hesitant to screen for a project that had community awareness of serving young transgender women with HIV due to the stigma related to HIV status among transgender women, specifically young transgender women. Many members of the young transgender community were hesitant to disclose their HIV status to people they did not know or with whom they were not familiar, which made recruitment difficult. To help address this issue staff created outreach packets that included flyers for both Text Me, Girl!, which targeted transgender women with HIV, as well as a pre-exposure prophylaxis (PrEP) project that targeted transgender women without HIV. This strategy removed the assumption that a potential participant has HIV when speaking to a Research Assistant; thus, reducing stigma. In addition, project staff conducted consistent outreach to venues to build rapport with the community members. By simply showing up to the same outreach sites repeatedly over time, the young transgender women became familiar with the project staff which, in turn, built the trust for them to disclose their HIV status and screen for the project.

Venue-based recruitment

It was determined, through trial and error, that many of the initial locations were inappropriate for outreach thus making recruitment efforts difficult. For instance, clubs and bars, though originally determined as key outreach locations, proved to be less successful as many of the transgender women in these venues were working the sex trade. Also, college campuses proved to be unsuccessful as, at the time of the original project, there were few “out” transgender women with HIV on college campuses.

Online and print recruitment

Recruitment efforts were expanded beyond street- and venue-based outreach. For instance, staff advertised the project via Facebook and other social media advertising. Additionally, a print media advertisement in the magazine *Adelante* was run during June, which is Trans

Pride month in Los Angeles. However, because face-to-face interactions were so important for building trust and rapport among the participants, it was discovered that online and website recruitment were less successful mechanisms for reaching young transgender women.

Mobile phone access

A major barrier to retention was the inability to consistently deliver the intervention in its entirety due to interruptions in participants' cell phone service, usually due to lack of funds or lack of phone (due to loss, theft, or sale). To help address the challenge of interruptions in cell phone access, participants were provided with referrals to obtain a free government phone, for which many of our participants qualified, and were given the option to receive the text messages via an email account rather than via a cell phone. Since most of the cell phone programs require a state identification card to apply and many of our participants did not have a state issued ID, project staff provided a reduced or no-fee ID application, for those who qualified. Additionally, for those participants who changed their phone number or asked to change from one method of delivery to another (i.e., from cell phone to email or vice versa), the technology company, Qualtrics, allowed project staff to update participant contact information an unlimited number of times.

Incarceration

Another barrier to retention was the high rate of short- and/or long-term incarceration experienced by the participants. While incarcerated, it was not possible for participants to receive text messages via their cell phones. However, since participants were able to opt to receive the intervention via e-mail instead of a text message, there was more flexibility to engage with the messages, allowing participants to view the messages at their convenience, and without the need of a cell phone.

Mobile phone or email options

An unanticipated challenge related to retention, which resulted in two withdrawals, was boyfriends having access to participants' cell phones. Whether fear of disclosing HIV status, transgender identity, or other reasons, it is important that participants are offered methods of receiving the messages that ensure their safety and wellbeing (i.e., email rather than cell phone).

Promoting Sustainability

To ensure the long-term sustainability of Text Me, Girl!, consider the following:

- *Survey Participants:* Upon completion of the intervention, ask the participants to complete a survey and provide an incentive to do so, by offering them a gift card of their choice (e.g., Amazon, Target, Starbucks) to thank them for their time. Obtaining participant feedback is critical to learn ways to improve participant recruitment, retention, and overall satisfaction.
- *Update Text Message Content:* To maximize impact on participant engagement and health outcomes, it is important to make sure messaging aligns with changes in HIV landscape, language, and emerging research. After the initial 90-day intervention, reassess the messaging for the next intervention to see if it still resonates with the target audience.
- *Secure Funding:* Collaborating with public health authorities, including health departments, is key to securing future grants to cover the administrative and technological costs of the intervention such as a SMS gateway provider, full/part-time staffing, continued marketing, outreach and recruitment, and cell phone monthly payment support. Text-messaging costs vary by the per-message fee from the text-message gateway provider but tend to range from one to two cents per message. At 270 messages for the core Text Me, Girl! intervention, the per participant cost is estimated to be between \$3 and \$5 over a 90-day intervention period.

Outcomes related to sustainability and expansion have included:

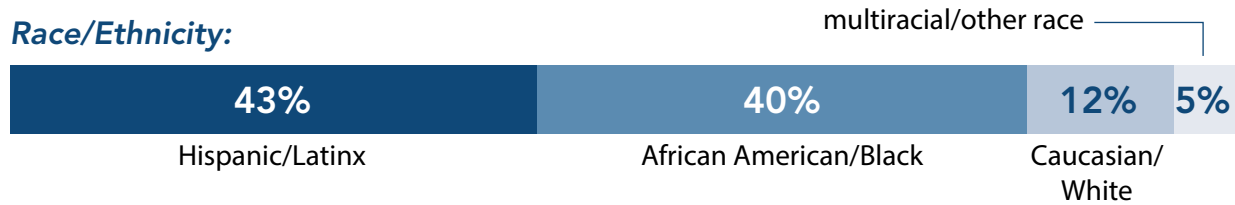
- Supplementing the text message library with language specific to transgender youth and young adults who are vulnerable to HIV acquisition
- Adding language in the text message library that is inclusive of transgender masculine and gender expansive individuals rather than specific to only transgender women
- Updating content in the text message library that shifts away from the HIV care continuum to the HIV prevention continuum including messages on *post-exposure prophylaxis (PEP)* and PrEP initiation and adherence

TEXT ME, GIRL!: BY THE NUMBERS

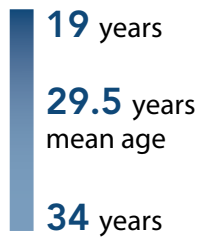
From December 2016 through May 2018, **130** participants enrolled in Text Me, Girl!

Participant Demographics

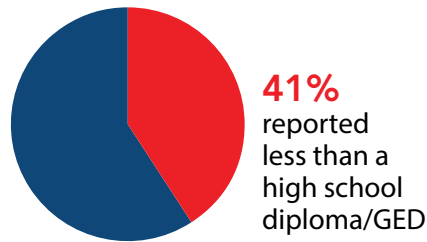
Race/Ethnicity:



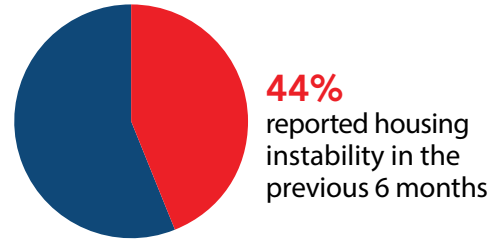
Age:



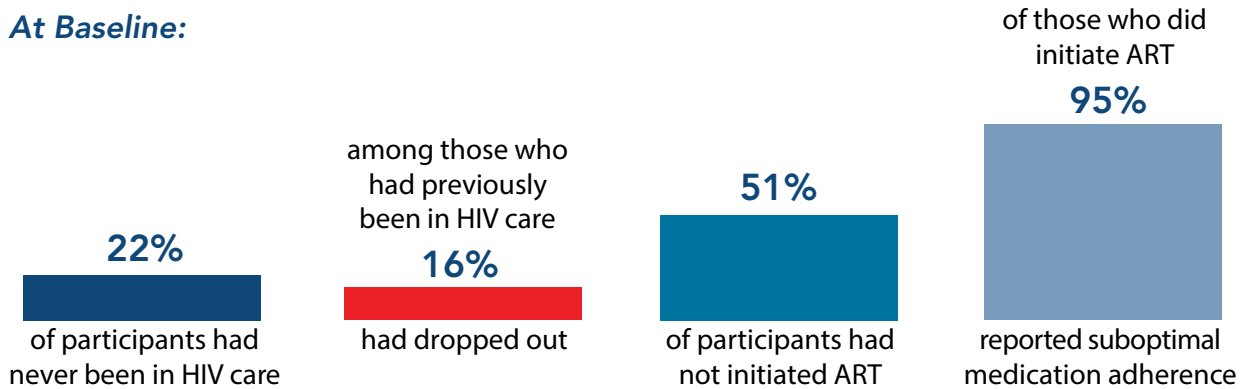
Education:



Housing:



At Baseline:



Results at Baseline, 6-months, and 18-months Post-Intervention

	Baseline	6 months	12 months	18 months
Virally Suppressed	35%	50%	49%	51%
HIV Care Visit attendance	62%	68%	72%	59%
ART Initiation	49%	67%	72%	77%
Self-Reported "Excellent" ART Medication Adherence	5%	33%	38%	44%

Source: Reback, C. J. (2020). *Use of Social Media to Improve Engagement, Retention, and Health Outcomes Along the HIV Care Continuum*. Friends Research Institute.

<https://targethiv.org/sites/default/files/supporting-files/spns-smi-text-me-girl-manual-508.pdf>

Conclusion

Text Me, Girl! represents an innovative and promising intervention to find, engage, and retain transgender women with HIV along the HIV care continuum. Despite experiencing several health inequities including low educational attainment, low income, housing instability, substance use, and engagement in sex work, participants demonstrated significant increases in ART uptake, significant improvements in ART adherence, and significant increases in achievement of an undetectable viral load. These improvements were durable through an 18-month follow up.

Dr. Cathy J. Reback, Friends Research Institute, Inc. and the Friends Community Center, and her team applied their community knowledge, theoretical framework, and culturally responsive approach to create a novel intervention that tied together user-centric marketing materials, participant outreach, message delivery method, and delivery time. The net effect: moving participants who were virally suppressed from 35 percent to 51 percent and participants who initiated ART from 49 percent to 77 percent.



OTHER AVAILABLE RESOURCES

Text Me, Girl! Initiative Resources

The Text Me, Girl! Monograph and Implementation Manual located under the SPNS Social Media Initiative Demonstration Site website (Target HIV): *Click on this link and scroll down to “Text Me, Girl—Text Messaging”*

<https://targethiv.org/library/spns-social-media-initiative-demonstration-site-resources>

Text Messaging to Improve Linkage, Retention, and Health Outcomes Among HIV-Positive Young Transgender Women: Protocol for a Randomized Controlled Trial (Text Me, Girl!):

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6690158>

Text Messaging Improves HIV Care Continuum Outcomes Among Young Adult Trans Women Living with HIV: Text Me, Girl!:

<https://pubmed.ncbi.nlm.nih.gov/34164763>

Technology use to facilitate health care among young adult transgender women living with HIV:

<https://www.tandfonline.com/doi/full/10.1080/09540121.2019.1653439>

Additional Replication Resources

Best Practices Compilation:

<https://targethiv.org/bestpractices/search>

Integrating HIV Innovative Practices (IHIP):

<https://targethiv.org/ihip>

HIV Care Innovations:

<https://targethiv.org/library/hiv-care-innovations-replication-resources>

Need Help Getting Started?

If you are interested in learning more about this intervention or other interventions featured through the Integrating HIV Innovative Practices project and want to see if you qualify for technical assistance, please email: ihiphelpdesk@mayatech.com

Subscribe to our Listserv

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<https://targethiv.org/ihip>

Tell Us Your Replication Story!

Are you planning to implement this intervention? Have you already started or know someone who has? We want to hear from you. Please reach out to SPNS@hrsa.gov and let us know about your replication story.

Endnotes

- ¹ Centers for Disease Control and Prevention. (2021, September 7). About ending the HIV epidemic initiative. Centers for Disease Control and Prevention. Retrieved July 5, 2022, from: <https://www.cdc.gov/endhiv/index.html>
- ² Gelaude, D. J., Sovine, M. L., Swayzer III, R., & Herbst, J. H. (2013). HIV prevention programs delivered by community-based organizations to young transgender persons of color: lessons learned to improve future program implementation. *International Journal of Transgenderism*, 14(3), 127–139. <https://www.tandfonline.com/doi/abs/10.1080/15532739.2013.824846>
- ³ Center for Disease Control and Prevention. (2019, April). *HIV and Transgender Communities* [Issues Brief]. <https://www.cdc.gov/hiv/policies/data/transgender-issue-brief.html>
- ⁴ Baral, S. D., Poteat, T., Strömdahl, S., Wirtz, A. L., Guadamuz, T. E., & Beyrer, C. (2013). Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *The Lancet Infectious Diseases*, 13(3), 214–222.
- ⁵ Centers for Disease Control and Prevention. *HIV Infection, Risk, Prevention, and Testing Behaviors Among Transgender Women—National HIV Behavioral Surveillance, 7 U.S. Cities, 2019–2020*. (2021). HIV Surveillance Special Report 27. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>
- ⁶ Jenness, S. M., Myers, J. E., Neaigus, A., Lulek, J., Navejas, M., & Raj-Singh, S. (2012). Delayed entry into HIV medical care after HIV diagnosis: risk factors and research methods. *AIDS Care*, 24(10), 1240–1248.
- ⁷ Bauman, L. J., Braunstein, S., Calderon, Y., Chhabra, R., Cutler, B., Leider, J., Watnick, D. (2013). Barriers and facilitators of linkage to HIV primary care in New York City. *Journal of Acquired Immune Deficiency Syndromes* (1999), 64(0 1), S20.
- ⁸ Woodward EN, Pantalone DW. (2012). The role of social support and negative affect in medication adherence for HIV-infected men who have sex with men. *Journal of the Association of Nurses in AIDS Care*, 23(5): 388–396. <http://dx.doi.org/10.1016/j.jana.2011.09.004>
- ⁹ Office of National AIDS Policy. (2021). *National HIV/Aids Strategy: Update of 2022- 2025 Federal Efforts to Implement the National HIV/Aids Strategy*. Washington, DC: Office of National AIDS Policy.
- ¹⁰ Fletcher, J. B., Kisler, K. A., & Reback, C. J. (2014). Housing status and HIV risk behaviors among transgender women in Los Angeles. *Archives of Sexual Behavior*, 43(8), 1651–1661. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4214608>
- ¹¹ Kussin-Shoptaw, A. L., Fletcher, J. B., & Reback, C. J. (2017). Physical and/or sexual abuse is associated with increased psychological and emotional distress among transgender women. *LGBT Health*, 4(4), 268–274. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5564039>
- ¹² Reback, C. J., Clark, K., & Fletcher, J. B. (2019). TransAction: A homegrown, theory-based, HIV risk reduction intervention for transgender women experiencing multiple health disparities. *Sexuality Research and Social Policy*, 16(4), 408–418. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7597668>
- ¹³ Reback, C. J., Clark, K., Fletcher, J. B., & Holloway, I. W. (2019). A multilevel analysis of social network characteristics and technology use on HIV risk and protective behaviors among transgender women. *AIDS and Behavior*, 23(5), 1353–1367. <https://pubmed.ncbi.nlm.nih.gov/30617525>
- ¹⁴ Los Angeles County Department of HIV/STD Programs (LAC DHSP). (2013). *Los Angeles County Five-Year Comprehensive HIV Plan (2013–2017)*. Los Angeles County Department of Public Health, the Los Angeles County Commission on HIV, and the Los Angeles County HIV Prevention Planning Committee.

Text Me, Girl! Intervention Implementation Guide

- ¹⁵ Catalani, C., Philbrick, W., Fraser, H., Mechael, P., & Israelski, D. M. (2013). mHealth for HIV treatment & prevention: a systematic review of the literature. *The Open AIDS Journal*, 7, 17–41.
- ¹⁶ Reback, C. J., & Fletcher, J. B. (2014). HIV prevalence, substance use, and sexual risk behaviors among transgender women recruited through outreach. *AIDS and Behavior*, 18(7), 1359–1367. <https://pubmed.ncbi.nlm.nih.gov/24287786>
- ¹⁷ Reilly T, Woo G. (2004). Social support and maintenance of safer sex practices among people living with HIV/AIDS. *Health & Social Work*, 29(2): 97–105. <https://pubmed.ncbi.nlm.nih.gov/15156842>
- ¹⁸ Wohl A, Galvan F, Myers H, et al. (2011). Do social support, stress, disclosure and stigma influence retention in HIV care for Latino and African American men who have sex with men and women? *AIDS and Behavior*, 15(6): 1098–1110. <https://pubmed.ncbi.nlm.nih.gov/20963630>
- ¹⁹ Woodward EN, Pantalone DW. (2012). The role of social support and negative affect in medication adherence for HIV-infected men who have sex with men. *Journal of the Association of Nurses in AIDS Care*, 23(5): 388–396. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3319472>
- ²⁰ Glick S, Golden M. (2013). Early male partnership patterns, social support, and sexual risk behavior among young men who have sex with men. *AIDS and Behavior*, 1–10. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4065217>
- ²¹ Scott H, Pollack L, Rebchook G, Huebner D, Peterson J, Kegeles S. (2013). Peer social support is associated with recent HIV testing among young black men who have sex with men. *AIDS and Behavior*, 1–8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3965658>
- ²² O’Leary A, Wolitski RJ, Remien RH, et al. (2005). Psychosocial correlates of transmission risk behavior among HIV-seropositive gay and bisexual men. *AIDS*, 19: S67–S75.
- ²³ Mausbach B.T., Semple S.J., Strathdee SA, Zians J., Patterson T.L. (2007). Efficacy of a behavioral intervention for increasing safer sex behaviors in HIV-positive MSM methamphetamine users: results from the EDGE study. *Drug and Alcohol Dependence*, 87(2): 249–257.
- ²⁴ Carpenter C.J. (2010). A meta-analysis of the effectiveness of health belief model variables in predicting behavior. *Health Communication*, 25(8): 661–669. <https://pubmed.ncbi.nlm.nih.gov/21153982>
- ²⁵ Van der Snoek E.M., de Wit J.B.F., Götz HM, et al. (2006). Incidence of sexually transmitted diseases and HIV infection in men who have sex with men related to knowledge, perceived susceptibility, and perceived severity of sexually transmitted diseases and HIV infection: Dutch MSM–Cohort Study. *Sexually Transmitted Diseases*, 33(3): 193–198. <https://pubmed.ncbi.nlm.nih.gov/16505742>
- ²⁶ Reback C.J., Fletcher J.B., Shoptaw S., Mansergh G. (2015). Exposure to theory-driven text messages is associated with HIV risk reduction among methamphetamine-using men who have sex with men. *AIDS and Behavior*, 1–12.
- ²⁷ Reback C.J., Grant D.L., Fletcher J.B., et al. (2012). Text messaging reduces HIV risk behaviors among methamphetamine-using men who have sex with men. *AIDS and Behavior*, 16(7): 1993–2002. doi: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4878815>
- ²⁸ Webb T., Joseph J., Yardley L., Michie S. (2010). Using the internet to promote health behavior change: a systematic review and meta-analysis of the impact of theoretical basis, use of behavior change techniques, and mode of delivery on efficacy. *Journal of Medical Internet Research*, 12(1): e4.