



T.W.E.E.T.

Transgender Women Engagement and Entry to Care E2i Implementation Guide

An evidence-informed intervention, adapted for the Health Resources and Services Administration's Ryan White HIV/AIDS Program, that engages transgender women into HIV care through peer-led health education groups, leadership opportunities, supportive services, and community building.

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EXECUTIVE SUMMARY

T.W.E.E.T. (Transgender Women Engagement and Entry to Care) is an evidence-informed intervention developed by HIV experts in collaboration with community members to improve health outcomes among transgender women with HIV. T.W.E.E.T. recruits transgender women into weekly peer-led health education and discussion groups called Transgender Leader (TL)-Teach Backs. TL-Teach Backs cover five topics relevant to the health and wellness of transgender women. Transgender women who attend five TL-Teach Back sessions are invited to become Peer Leaders who help to facilitate TL-Teach Back sessions, model healthy behaviors, and reach out to other transgender women in the community. T.W.E.E.T. also engages transgender women in HIV care, links them to supportive services, and builds relationships with community organizations that serve transgender women.

This Implementation Guide was developed for *Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)*, which tested T.W.E.E.T. within Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) settings and evaluated its impact. Additional easy-to-use implementation tools, tips, and resources to support replication of T.W.E.E.T. in the RWHAP and other HIV service organizations can be found in the [*T.W.E.E.T.: E2i Toolkit*](#).



i INTRODUCTION TO THE IMPLEMENTATION GUIDE



INTRODUCTION TO THE IMPLEMENTATION GUIDE

What is T.W.E.E.T.?

T.W.E.E.T. is a peer-led intervention that engages transgender women in HIV care and supportive services by empowering them to become their own advocates. T.W.E.E.T. recruits transgender women into a weekly education and discussion group called Transgender Leader (TL)-Teach Back that covers five topics relevant to transgender women's health. Transgender women who attend at least five TL-Teach Back sessions are invited to become Peer Leaders who receive coaching and support to facilitate one or more TL-Teach Back sessions, recruit clients, model healthy behaviors, and provide support to other group members. T.W.E.E.T. staff also provide transgender women clients with supportive services or referrals to services such as legal services, housing assistance, food security, and employment assistance. In addition, T.W.E.E.T. aims to build community by forming support networks during TL-Teach Back groups and by developing partnerships with local organizations that provide social support and services to the transgender community.

Purpose of the Implementation Guide

The purpose of this Implementation Guide is to provide essential information and tools for understanding, planning, and delivering T.W.E.E.T. in the Ryan White HIV/AIDS Program (RWHAP) and other HIV service organizations. This Guide is part of the **T.W.E.E.T.: E2i Toolkit**, a comprehensive collection of helpful resources for implementing T.W.E.E.T.

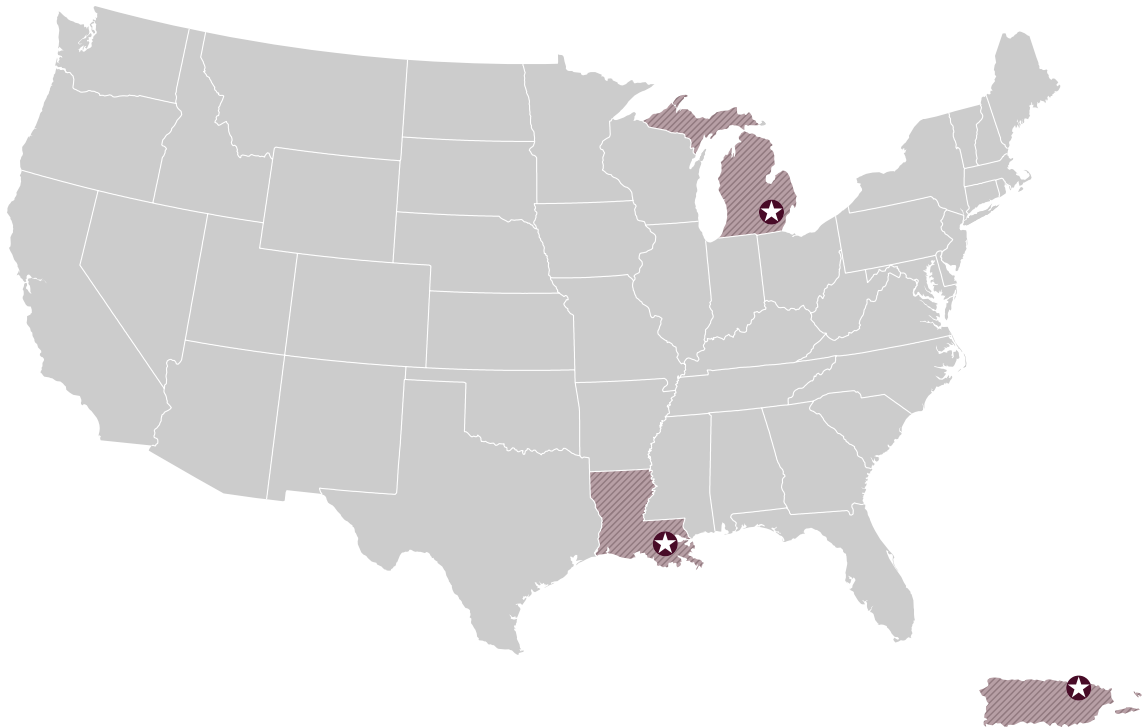
Implementation Guide Background

This Guide was developed as part of the RWHAP Part F Special Projects of National Significance (SPNS) Program *Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)*, a four-year initiative (2017-2021) funded by the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA HAB) of the U.S. Department of Health and Human Services. E2i was designed to improve HIV health outcomes for people with HIV who experience persistent gaps along the HIV care continuum, such as engagement in care, retention in care, adherence to antiretroviral therapy (ART), and viral suppression. Transgender women with HIV are among the priority populations most in need of interventions that promote high quality and culturally-tailored services.

The E2i initiative chose to pilot and evaluate T.W.E.E.T. because of its demonstrated efficacy in improving HIV health outcomes for Black and Latina transgender women. Through a competitive request for proposals, three HIV service organizations in the HRSA RWHAP were selected to implement T.W.E.E.T. between 2018 and 2020. These sites reported implementation and client outcome data to a team of evaluators who then analyzed these data. The stories, experiences, and evaluation outcomes of the sites are integrated and highlighted throughout this Guide.

The E2i Implementation Sites

FIGURE 1. Locations of the three sites that implemented T.W.E.E.T. through the E2i initiative.



Centro Ararat (San Juan, Puerto Rico)

- Federally qualified health center that provides HIV care and services
- RWHAP Parts A, B, and C recipient
- >990 clients with HIV a year
- 100 employees provide HIV services
- Most common non-medical services: psychosocial services (92%), health education (86%), health insurance (62%)

Crescent Care (New Orleans, Louisiana)

- Federally qualified health center that provides HIV care and services
- RWHAP Parts A, B, C, and D recipient
- >3,250 clients with HIV a year
- 280 employees provide HIV services
- Most common non-medical services: outreach (60%), referrals (51%), case management (50%)

Henry Ford Health System and the Ruth Ellis Center (Detroit, Michigan)

- Health and wellness center associated with a large hospital system
- RWHAP Part A recipient
- ~50 clients with HIV a year
- 8 employees provide HIV services
- Most common non-medical services: food (100%), health education (93%), case management (83%)

Implementation Science Evaluation

E2i used an implementation science approach to evaluate T.W.E.E.T. in the three HIV service delivery organizations. The evaluation aimed to answer the following questions:

- » “What does it take to implement T.W.E.E.T. in HIV service delivery organizations?”
- » “To what extent is successful implementation related to better HIV outcomes for the clients?”

E2i evaluators collected T.W.E.E.T. client data from the three sites throughout the initiative to measure: engagement in care, prescription of ART, retention in care, and viral suppression. They also collected and reviewed site staff surveys, client encounter forms, site visit reports, and meeting notes in order to learn more about: key factors for successful implementation; challenges encountered by the implementers; and adaptations to the intervention to achieve more successful implementation. The major findings from the evaluation are reported throughout this Implementation Guide. For more detail on E2i’s theoretical approach and evaluation methods, see [Appendix A](#). See also the [T.W.E.E.T. E2i Toolkit](#) for additional evaluation findings reported in manuscripts.



T.W.E.E.T. OVERVIEW



T.W.E.E.T. OVERVIEW

Goals

The primary goals of T.W.E.E.T. are:

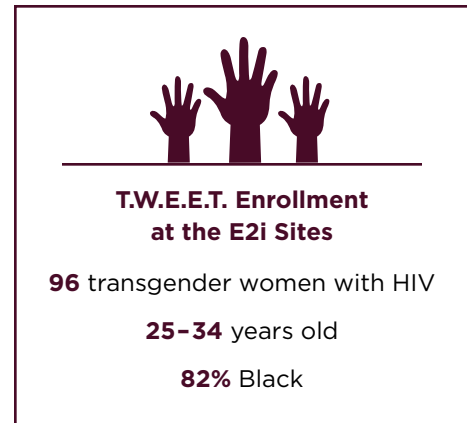
- » To engage transgender women with HIV in HIV medical care and supportive services
- » To improve the quality of life and HIV-related health outcomes of transgender women

Intervention Description

- » T.W.E.E.T. engages transgender women in HIV medical care and supportive services by empowering them to advocate for their own health care needs.
- » T.W.E.E.T. reaches out to the community to recruit transgender women into peer-led health education and discussion groups called Transgender Leader (TL)-Teach Backs. TL-Teach Back sessions cover five topic areas: HIV/AIDS and sexually transmitted infections (STIs), sexual health, gender affirmation (transitioning), wellness, and mental health.
- » Participants who attend at least five TL-Teach Back sessions are invited to become Peer Leaders.
- » Peer Leaders meet with T.W.E.E.T. staff for help with preparing and facilitating a TL-Teach Back session in one or more of the five topic areas. The role of a Peer Leader may also include recruiting potential participants, modeling healthy behaviors, and providing support to other transgender women in the community.
- » T.W.E.E.T. staff provide participants with supportive services or referrals to services such as legal services, housing assistance, food security, and employment assistance.
- » T.W.E.E.T. also aims to build community by forming support networks during TL-Teach Back groups and by developing partnerships with local organizations that provide social support and services to the transgender community.

Priority Population

- » Transgender women who are:
 - Newly diagnosed with HIV,
 - Currently not engaged in HIV care, or
 - At risk of falling out of HIV care.



Rationale

Transgender women experience a high burden of HIV infection. A recent study from seven major U.S. cities found that 42% of transgender women tested positive for HIV.¹ Black/African American, Indigenous, and Hispanic/Latina transgender women are particularly affected by HIV.¹ Because of stigma and discrimination, transgender women experience a disproportionate number of barriers to accessing health care and achieving health care goals compared to other adults.² Interventions that support transgender women in overcoming individual and structural barriers to care are needed.

Intervention Background

T.W.E.E.T. was developed by Community Healthcare Network’s (CHN) Family Health Center in Jamaica, Queens, NY, as part of the Special Projects of National Significance Program: *Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color*.^{3,4}

¹Centers 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. HIV Surveillance Special Report 27; April 2021

²Sevelius JM, Patouhas E, Keatley JG, Johnson MO. Barriers and facilitators to engagement and retention in care among transgender women living with human immunodeficiency virus. *Ann Behav Med*. 2014;47(1):5-16.

³Hirshfield S, Contreras J, Luebe RQ, et al. Engagement in HIV care among New York City transgender women of color: Findings from the peer-led, TWEET intervention, a SPNS Trans Women Of Color Initiative. *AIDS Behav*. 2019.

⁴Molano LF, Contreras J, Weissman W, Hirshfield S. *Community Healthcare Network Family Health Center: T.W.E.E.T. Care Project. The SPNS Transgender Women of Color Initiative Interventions Manual*. Available at: https://targethiv.org/sites/default/files/supporting-files/SPNS_CHN-TWEETCare_2018.pdf.

This demonstration project found that clients who became Peer Leaders had a significant decrease in viral load and significant increase in CD4 compared to before participating in T.W.E.E.T.⁵ In addition, many T.W.E.E.T. clients obtained legal name changes, work permits, and visas.⁶

T.W.E.E.T. is rooted in the following theoretical frameworks:

- » **Social Cognitive Theory:** A learning approach that focuses on the importance of observation, imitation, reward, interaction, sharing in learning, and adopting new behaviors modeled by peers.⁵
- » **Trans-Theoretical Model:** This framework helps explain a person's success or failure in achieving a proposed behavior change. When adopting healthy behavior, a person tends to move through a series of five stages of change:
 1. Not ready to change (pre-contemplation)
 2. Getting ready to change (contemplation)
 3. Ready to change (preparation)
 4. Changing (action)
 5. Prevention (maintenance)⁶

Duration

- » T.W.E.E.T. runs cycles of five TL-Teach Back sessions
- » Each session occurs weekly or more often
- » Clients can join a session at any point during the cycle; it does not matter which topic area the client starts with
- » Clients can attend the TL-Teach Back sessions for an unlimited time
- » Clients can receive referrals and supportive services at any time

⁵Bandura A. Social foundations of thought and action: A social cognitive theory. Englewood Cliffs, NJ: Prentice-Hall; 1986.

⁶Prochaska JO, Velicer WF. The transtheoretical model of health behavior change. Am J Health Promot. 1997;12(1):38-48.



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Settings

T.W.E.E.T. can take place in:

- » Primary care settings that provide HIV care, or
- » Community-based organizations and AIDS service organizations that link directly to HIV primary care.

Two of the E2i sites that implemented T.W.E.E.T. are federally qualified health centers that provide HIV care. The other E2i site is a health, social services, and wellness center focused on sexual and gender minorities, and associated with a hospital system.

Staffing

Staffing for T.W.E.E.T. depends on the unique structure of each organization.

Core staff

At minimum, T.W.E.E.T. requires:

- » **Peer specialists:** Transgender women whose role is to conduct recruitment and outreach activities; organize, schedule, design, and facilitate the TL-Teach Back sessions; and provide coaching to Peer Leaders. The peer specialists also assess clients for HIV care and supportive service needs, and provide retention support, navigation, and referrals as appropriate. The number of peer specialists needed will depend on the size of the population recruited. Roles may be divided based on skills and interests.
- » **Program coordinator/manager:** Trains and supervises peer specialists, and supports them with developing and organizing TL-Teach Back session; tracks client enrollment and Peer Leader status; establishes and maintains partnerships with local organizations that provide services to transgender women.



Additional recommended staff

Peer specialists can coordinate with existing organizational staff members to support T.W.E.E.T. clients. These staff members may include:

- » **Case managers:** help with recruiting clients into T.W.E.E.T., and with engagement in and referrals to care and supportive services
- » **Community health workers:** help conduct outreach, recruitment, and retention activities
- » **Court navigator** (if the client population is in high need of legal services): Attends court sessions with clients, provides letters to court staff, assists clients in navigating the court system, and helps to reduce the risk of arrest

The T.W.E.E.T. teams at the E2i sites consisted of peer specialists (called peer navigators or retention specialists), case managers, community health workers, and linkage coordinators. One of the sites trained their peer specialists in early intervention services so they could provide direct services. None of the teams included court navigators, but all had staff at their agencies to support clients with legal matters.

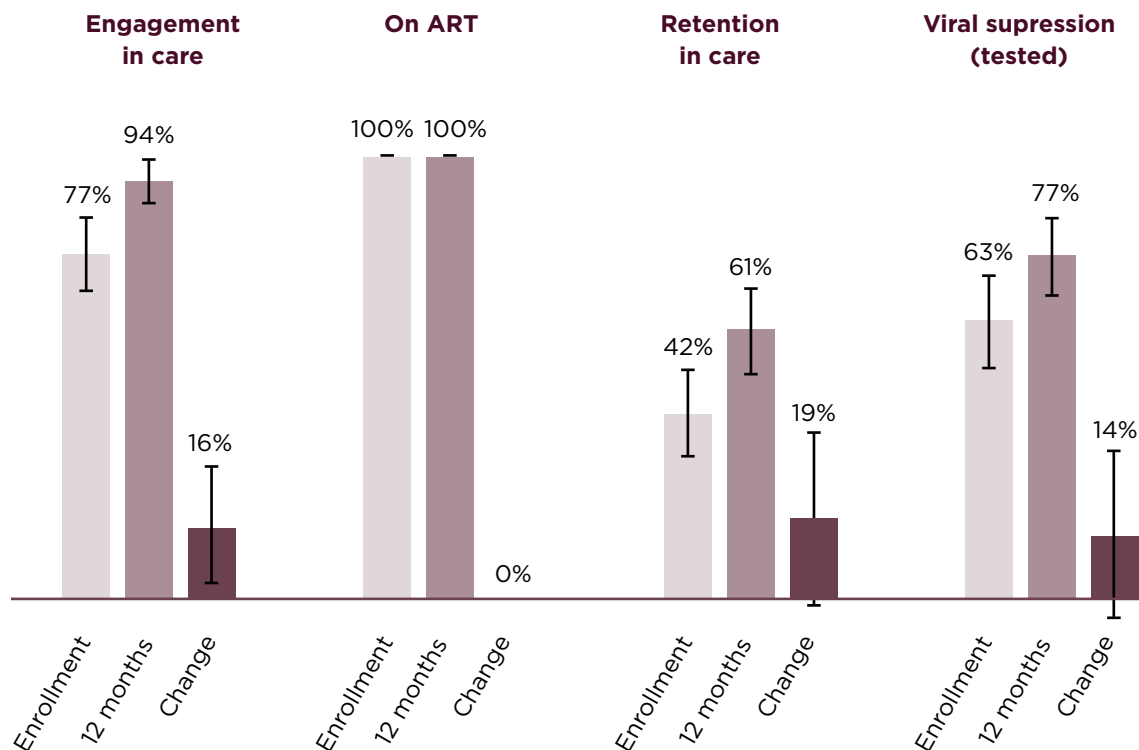


E2i EVALUATION:

T.W.E.E.T. HIV CARE CONTINUUM OUTCOMES

- ◆ **Enrollment:** During a 12 to 18 month period, 96 transgender women with HIV enrolled in T.W.E.E.T. across the three E2i sites. Each site enrolled between 15 to 50 women. The enrolled women were between the ages of 25 to 34 years. Most (82%) identified as Black/African American and 11% identified as Latina.
- ◆ **Outcomes:** E2i measured HIV care continuum outcomes for each client at time of enrollment and 12 months later. Among the clients enrolled in in T.W.E.E.T., engagement in HIV care improved significantly. All enrolled clients continued to have a prescription for ART at 12 months. Changes in the other outcomes were not statistically significant.

FIGURE 2. HIV care continuum outcomes among the 73 transgender women enrolled in T.W.E.E.T. as part of the E2i initiative.



Note: E2i used the following HRSA definitions for HIV care continuum outcomes:

- **Engagement in care** = At least one primary HIV care visit in the previous 12 months
- **On ART (adherence)** = Having been prescribed ART in the past 12 months
- **Retention in care** = At least two HIV care visits in the past 12 months
- **Viral suppression** = Having an HIV viral load test in the past 12 months AND having a result of less than 200 copies/mL at the last viral load test



CORE ELEMENTS



CORE ELEMENTS

Core elements are the “active ingredients” essential to achieving an intervention strategy’s desired outcomes. It is critical to closely follow the core elements when implementing an intervention in an HIV service organization; otherwise, the intervention may not work as intended.⁷ All other activities, such as staffing arrangements and clinical workflows, can be adapted to fit the unique circumstances of an organization and the priority population(s). However, adaptations should not compete with or contradict the core elements of T.W.E.E.T.

T.W.E.E.T. has four core elements:



1. Peer Leaders

Peer Leaders are T.W.E.E.T. clients who have completed at least five TL-Teach Back sessions and who wish to receive coaching from peer specialists in order to facilitate one or more sessions themselves. Peer Leaders may also recruit clients into T.W.E.E.T. and provide support to other clients and community members. Peer Leaders inspire other transgender women with HIV to adopt health-seeking behaviors.



2. TL-Teach Back Sessions

TL-Teach Back sessions are 90-to-120-minute group education and discussion sessions on five health and wellness topics relevant to transgender women:

- HIV/AIDS and sexually transmitted infections (STIs)
- Sexual health
- Gender affirmation (transitioning)
- Mental health
- Wellness

With the TL-Teach Back approach, the group facilitator enhances client learning by:⁸

- Explaining information
- Checking for client understanding, and
- If needed, re-explaining and checking again for client understanding.

To reduce stigma and hesitancy from engaging in T.W.E.E.T., the E2i sites opened the TL-Teach Back groups to transgender women of any HIV status.

⁷Psihopaidas D, Cohen SM, West T, et al. Implementation science and the Health Resources and Services Administration’s Ryan White HIV/AIDS Program’s work towards ending the HIV epidemic in the United States. PLoS Med. 2020;17(11):e1003128.

⁸Teach-Back: Intervention. Agency for Healthcare Research and Quality, Rockville, MD. Available at: www.ahrq.gov/patient-safety/reports/engage/interventions/teachback.html



3. Community Building

T.W.E.E.T. builds community through:

- Support networks formed during group sessions
- Partnerships with local organizations that serve as liaisons to the community



4. Supportive Services

T.W.E.E.T. clients receive one-on-one support from peer specialists and other staff members to help with linkage and engagement in HIV care and supportive services, such as:

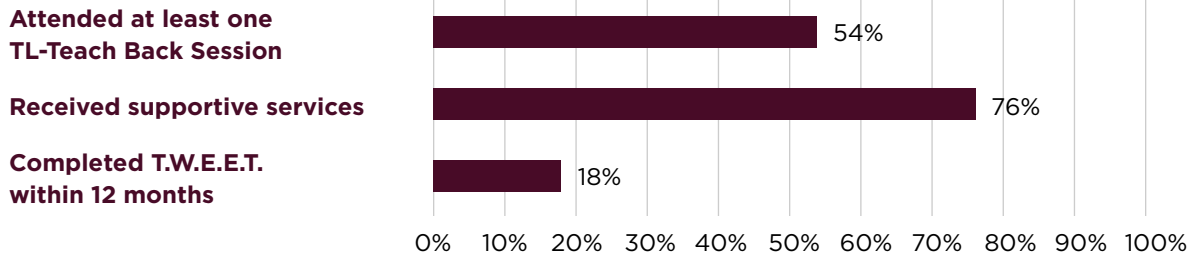
- Legal aid, including name and gender marker changes
- Housing and food security
- Financial assistance, and
- Behavioral health services



E2i EVALUATION:

T.W.E.E.T. PARTICIPATION OUTCOMES

FIGURE 3. Participation outcomes among the 96 clients enrolled in T.W.E.E.T. as part of the E2i initiative.



- ◆ **Attendance:** Among the 96 transgender women enrolled in T.W.E.E.T., more than half (52 women) participated in at least one TL-Teach Back session.
- ◆ **Supportive Services:** About three out of every four T.W.E.E.T. clients received case management, navigation, and/or other supportive services.
- ◆ **Completion:** Only one in five women completed T.W.E.E.T. within one year of enrollment. All three E2i sites defined completion as having attended 5 to 6 TL-Teach Back sessions. One site also required clients to lead a session to be considered as completing the intervention. All sites allowed clients to repeat sessions.



PLANNING ACTIVITIES



PLANNING ACTIVITIES

Below are recommended activities for planning to implement T.W.E.E.T. For additional planning tools, see:

Appendix B: General Best Practices for Planning to Implement an Intervention Strategy

Appendix C: T.W.E.E.T. “Go Live” Worksheet

Identify and Train Staff

- » Identify existing staff or hire one or more new staff as peer specialists. Peers should be transgender women who have excellent communication and engagement skills and knowledge of HIV care.
- » Train peer specialists, as needed, on:
 - The core elements and other components of T.W.E.E.T.
 - Group facilitation skills and the **Teach Back method**
 - HIV prevention and treatment basics
- » Train **all staff** in reducing stigma, enhancing cultural humility, and providing affirming, culturally-responsive care to the priority population(s). Training and resources are available from **TargetHIV, AIDS Education and Training Center Program**, and the **National LGBTQIA+ Health Education Center**.

Professional development and training are important for peers, as this may be their first professional work experience. The E2i sites found the following training topics to be very useful for peers:

- *Self-Care and resiliency*
- *Restorative and healing justice*
- *Facilitation skills*
- *HIV “101”*

*Organizations that offer training and resources on these topics include **Black Emotional and Mental Health Collective (BEAM)** and **AIDS United**.*

Develop an Outreach and Recruitment Plan

To identify potential clients for T.W.E.E.T., organizations can do the following:

In-reach:

- » Generate lists of existing clients who access other services at your organization and meet your enrollment criteria; develop a strategy and scripts to approach and recruit these clients.
- » Position peer specialists in or near high visibility areas, such as drop-in centers and clinic waiting rooms, so they can approach potential clients.
- » Coordinate with medical team members and non-medical case managers to provide referrals to T.W.E.E.T.

-
- *The E2i sites conducted T.W.E.E.T. outreach at rapid HIV testing events, local parks, night clubs, bars, and 'stroll areas' where sex workers gather. Peer staff handed out flyers during street outreach, offering to talk about the program if a person showed interest.*
 - *In many communities, there are few designated safe spaces for transgender women. The E2i sites recommend that recruiters connect with women personally "via independent consultations and personal invitations."*
 - *T.W.E.E.T. staff also promoted the program through social media, including showing recorded testimonials from clients and sending electronic flyers to partner organizations.*
 - *Internal organization recruitment occurred via medical record reviews and referrals from case managers and linkage coordinators.*
 - *To encourage attendance, one site started holding the sessions at the same time as their drop-in center hours.*
-

Outreach:

- » Develop promotional materials to increase awareness of your organization and the intervention.
- » Host events and distribute materials during special events for the LGBTQIA+ community, including Pride month, Transgender Day of Remembrance, and Miss Trans Latina.
- » Conduct outreach at night clubs and House and Ball Community events
- » Post flyers and talk to people at pharmacies, HIV testing sites, and other community agencies that provide services to people with HIV not in care.
- » Post friendly messages on websites, listservs, and social media sites.
- » Consider these questions when developing an outreach plan: What social media platforms are used by transgender women in the community? Where do they congregate in person? Where can you post flyers and hand out brochures? What kinds of messages and images appeal to the transgender women in your community?
- » Talk to transgender sex workers in high “stroll” areas. When conducting street outreach:
 - **Hand out “safer sex” packages** that include recruitment materials, condoms, hand sanitizers, and lubricants.
 - **Provide information** on where to access HIV and gender-affirming care.
 - Transgender women often experience violence victimization, so it is recommended to **perform outreach activities in pairs** to ensure safety.
 - **Carry identification** such as a badge or business card with your organization’s name.
 - **Have your manager’s contact information** for help with unexpected situations. Managers should keep a log of outreach activities for both security reasons and outreach effectiveness.

Incentives:

Consider offering incentives, such as small gift cards to local stores, for attending sessions. Providing meals and snacks is another way to incentivize participation in the sessions.

The House and Ball Community celebrates all forms of gender and sexual expression, while providing many youth and adults with a chosen family structure. Balls are extravagant and competitive social events co-organized by leaders in the community. During House Balls, participants compete in a variety of artistic categories towards the goal of visibility and cultural production. HIV organizations can partner with the local House and Ball Community to get the word out about their services.

Establish Partnerships with Community Organizations

- » Map out potential partner organizations and recruitment sites in the community.
- » Establish bi-directional referral relationships with these organizations, and develop official agreements with specific tasks for each agency. These relationships should be reviewed annually to ensure the organizations still delivery services in a trans-friendly manner.
- » Consider sites such as behavioral health clinics, homeless shelters, night clubs, correctional facilities, pharmacies, law firms, and local departments of health.

Develop the Curriculum for the TL-Teach Back Sessions

- » Design learning objectives, slides, handouts, discussion topics, and engaging interactive activities to deliver the group TL-Teach Back sessions.
- » Each session focuses on one of five topics, rotating weekly, with main focus and optional focus areas (see [**Appendix D**](#)). The topics are:
 - 1.** HIV/AIDS and sexually transmitted infections (STIs)
 - 2.** Sexual health
 - 3.** Gender affirmation (Transitioning)
 - 4.** Mental health
 - 5.** Wellness
- » Create group rules and procedures that ensure safety for the group participants.
- » Develop client feedback forms for sessions.

Identify Space

Look for a space (or spaces) to conduct group sessions that is:

- » Comfortable
- » Safe
- » Private
- » Welcoming and affirming
- » Within easy access to public transportation
- » Close to other services accessed by transgender clients

Develop a Sustainability Plan

Sustainability refers to the ability to maintain programming and its benefits over time. A helpful resource for building capacity for sustainability is the *[Program Sustainability Framework and Assessment Tool](#)* developed by the Center for Public Health Systems Science at the Brown School, Washington University in St. Louis.

This tool helps program planners achieve the following:

- 6. Understand** the factors that influence a program's capacity for sustainability
- 7. Assess** the program's capacity for sustainability
- 8. Review** results from the Assessment
- 9. Plan** to increase the likelihood of sustainability by developing an Action Plan

Achieving sustainability typically involves applying for grants and accessing available reimbursement options. Some state Medicaid programs cover peer services, although certifications and restrictions vary by state. Possible RWHAP service categories to cover T.W.E.E.T. include: non-medical case management and health education/risk reduction. RWHAP-funded organizations can receive technical assistance on health coverage options from the *[Access, Care, and Engagement Technical Assistance \(ACE TA\) Center](#)*.



E2i EVALUATION:

T.W.E.E.T. IMPLEMENTATION OUTCOMES

To learn more about how T.W.E.E.T. was viewed by the leadership and staff members at the E2i sites, E2i collected data from the people implementing the intervention. The data included: (1) an organizational survey completed by site leadership once during the planning period, and every six months during implementation; and (2) review of site documents created during implementation, including site visit reports, meeting notes, and cost workbooks (see [Appendix A](#)).

Measure (definition)	Results at the E2i sites
Acceptability: how well staff and leadership regard the intervention	All sites found T.W.E.E.T. highly acceptable for the duration of the initiative. Each site also found T.W.E.E.T. was a good fit for their organization's mission and goals.
Adoption: the intention, initial decision, or action to implement the intervention	Adoption varied among sites: one site reported consistently high adoption while the others varied in their adoption of all elements over time. For example, sites struggled to identify and incorporate Peer Leaders.
Appropriateness: the compatibility of the intervention to address a particular issue or problem	All three sites reported that T.W.E.E.T. was a highly appropriate intervention and filled a service need.
Feasibility: the extent to which the intervention can be successfully carried out	Feasibility varied among sites: one site considered T.W.E.E.T. highly feasible for the duration of the initiative, while the two other sites took until the end of the initiative to come to the same conclusion. The sites were only able to identify a limited number of Peer Leaders.
Fidelity: the degree to which a site felt able to (a) implement the intervention as it was intended by the program developers, and (b) monitor progress	The sites did not consistently maintain a high level of fidelity over time. The periods of lower fidelity were associated with the times when the sites had peer staff turnover.
Penetration: the integration of the intervention within the organization	Penetration varied among sites: one site found integration of T.W.E.E.T. activities increased into their organizational operations over time; the other two sites perceived the integration as declining over time.
Cost: the costs associated with planning and implementation, such as personnel, training, supplies, incentives, and outreach activities	<p>Costs included both direct and in-kind expenses. The average expenditures for each site were:</p> <ul style="list-style-type: none"> • <i>Planning period:</i> \$60.82 • <i>Recruitment:</i> \$432 per client enrolled • <i>Implementation activities:</i> \$868 per client enrolled • <i>Supervision and management of intervention:</i> \$1,512 per client enrolled <p>These numbers do not necessarily reflect what it would cost to implement T.W.E.E.T. at other HIV service organizations. Note that costs per client would be lower in settings where more transgender women could be recruited into the intervention. Organizations may only need one supervisor/manager.</p>



IMPLEMENTATION ACTIVITIES



IMPLEMENTATION ACTIVITIES

Peer specialists can use the **T.W.E.E.T. Client-Level Implementation Checklist** ([Appendix E](#)) to help structure and maintain fidelity to the T.W.E.E.T. activities.

TL-Teach Back Sessions

» **Logistics:**

- Sessions can run weekly or more often, based on client availability.
- Each session typically has 8-12 participants, but can be larger if needed (up to 25).
- Sessions last about 90 to 120 minutes, with time for education and discussion.
- Clients can attend any session—it does not matter which topic is the focus of the week.
- Before, during, after, or in-between sessions, clients receive support in engaging in HIV care and supportive services.

» **Format:**

- Facilitators use the **Teach Back** method to educate clients about each topic.
- Facilitators may choose to develop an electronic slide deck (e.g., PowerPoint) to guide the session.
- Group discussions can occur after or during the educational portion of the session.
- Facilitators can add “ice breakers” and other interactive activities to further engage clients.
- It is also recommended to collect verbal or written feedback from clients about the format, content, and quality of each session.

-
- *E2i site teams provided time and space before and after each TL-Teach Back session for socializing and building community.*
 - *In between sessions, peer specialists checked-in with clients about engagement in essential supportive services.*
 - *One of the sites opened with check-ins to help the participants feel comfortable and have time to eat the complimentary food served. The facilitators kept the tone fun and engaging to ensure that the sessions never felt like “school”.*
 - *One site also tailored session content to address unique concerns for their community, and updated the content frequently to keep participants aware of new HIV-related information and technologies.*
-

» **Peer Leaders:**

- T.W.E.E.T. clients who complete sessions on all five topics become eligible to become a Peer Leader and facilitate a group.
- Peer Leaders receive at least three individual coaching sessions from T.W.E.E.T. staff in group facilitation methods, such as flow, content, and presenting slides. They may also receive coaching on recruitment and outreach.
- Peer Leaders choose a topic, prepare, and facilitate up to three sessions total. They also help recruit clients and link them to care and services.
- A staff member may support the Peer Leaders during the session by co-facilitating, offering prompts, and otherwise providing support.
- Peer Leaders can receive tokens of appreciation for their roles, such as:
 - A certificate of appreciation
 - A gift card
 - Small incentives for recruiting from their social networks
 - References for paid employment
 - Encouragement to apply for staff positions

Engagement in HIV Care

T.W.E.E.T. peer specialists and other staff members provide clients with support in engagement and retention in HIV care. For convenience, these services can occur on the same days as TL-Teach Back sessions, but can also take place on other days. If possible, clients should receive at least two options as to where to receive care. All referrals should be trans-friendly. Peer specialists should also use time while facilitating sessions to encourage clients to engage in HIV care.

Supportive Services

Providing clients with supportive services is critical to helping them stay engaged in care. T.W.E.E.T. staff can meet with clients one-on-one to assess the client's needs, develop a service plan, and follow up to ensure their needs are being met.

- » **Social needs** include finding social support, applying for Supplemental Security Income (SSI), and accessing food vouchers and housing assistance.
- » **Other health needs** include behavioral health care and gender-affirming hormone therapy and surgeries.
- » **Legal services** include court assistance, name change, gender marker change on identification documents, work authorization, and immigrant services.
- » **Social events**, such as picnics in parks and meet-ups at social clubs, can help foster community among clients and T.W.E.E.T. staff.



E2i EVALUATION: T.W.E.E.T. ADAPTATIONS

During implementation, the E2i sites made changes to the original T.W.E.E.T. intervention to address the specific needs of their clients and staff members.

◆ **Limited role of Peer Leaders:** Because the E2i sites found it challenging to prepare and engage T.W.E.E.T. clients in becoming Peer Leaders, the sites made adaptations to the Peer Leader role.

- One site paired Peer Leaders with a peer specialist to co-facilitate a session, rather than ask the Peer Leader to facilitate the session alone. The site reports that this helps the Peer Leaders feel more comfortable presenting to a group.
- Another site invited transgender women without HIV to become Peer Leaders if these women had previous advocacy, outreach experience, and community contacts.
- At all sites, most Peer Leaders did not design and implement recruitment and outreach activities, as recommended in the original intervention.

◆ **TL-Teach Back session adaptations:**

- All three of the E2i sites invited clients return for more TL-Teach Back sessions after completing a cycle.
- One site changed the order of the sessions to make it a better fit for their clients.
- One site initially increased the intervention to eight sessions because they wanted to cover more topics, but then reduced it to six sessions after realizing it was too ambitious to run eight. They made a sixth and final session by dividing the Wellness session into two parts. The site team found that clients benefited from having the extra time to get to know each other, focus on wellness, and experience closure.
- One site reported that new Peer Leaders often benefited from receiving up to six coaching sessions before feeling ready to lead a session.
- One site created a five-day Peer Leader Academy that provides intensive facilitation training to new Peer Leaders. The Academy builds the skills, knowledge, advocacy skills, and confidence of the clients who attend.



E2i EVALUATION: CHALLENGES, SUCCESSES, AND LESSONS LEARNED

The E2i sites that implemented T.W.E.E.T. encountered barriers and facilitators to achieving their implementation goals. Here is a summary of lessons learned. Additional information about the sites' experiences can be found in the Program Spotlights below.

- ◆ **Recruitment and retention:** Two of the E2i sites recruited a relatively small number of participants. Recruitment was challenging because transgender women were facing other demands, such as substance use disorders, mental health disorders, and conflicts with work schedules. These factors meant they were not in a place to enroll in, or complete the intervention. Recruitment may also have been limited by the relatively small population of transgender women with HIV in these sites' local areas.
- ◆ **Peer Leader roles:** Recruitment of a low number of participants led to difficulties finding peers interested in becoming Peer Leaders and leading TL-Teach Back sessions. Clients who did become Peer Leaders often required more support and coaching than expected. As a response, one site designed a new curriculum to specifically train Peer Leaders.
- ◆ **Peer specialist staff:** At all sites, transgender women led the implementation of T.W.E.E.T. These staff members were skilled at establishing rapport and relating to the needs of clients. However, two of the sites found that peer staff required unanticipated training related to general office skills and specific skills, such as group facilitation, prior to implementing the intervention. Two of the sites also expressed concern about staff burnout, including having peer staff be assigned multiple tasks outside the intervention. At one of those two sites, staff turn-over also affected workflow and intervention implementation.
- ◆ **Integration with medical departments:** At the two sites that were health centers, T.W.E.E.T. staff were integrated within the HIV clinic's medical team. This integration allowed for enhanced coordination of care and services needed by T.W.E.E.T. clients. At these two sites, T.W.E.E.T. staff also had access to T.W.E.E.T. clients' electronic health records.
- ◆ **Natural disasters:** Repeated natural disasters at one site caused delays in implementation and negatively affected the organization's capacity to deliver sessions and services. Delivery of T.W.E.E.T. slowed down at all sites in 2020 because of the COVID-19 pandemic.
- ◆ **Including transgender women of any HIV status:** All sites made the helpful decision open up the TL-Teach Back sessions to all transgender women, regardless of their HIV status. This decision was made in response to feedback by transgender women with HIV who did not want to come to sessions because of HIV stigma. By inviting all transgender women, the sites were able to recruit transgender women with HIV who would not have attended if the groups were only for people with HIV. The sites were able to create a safe space for all transgender women that removed the stigma attached to attending a group just for people with HIV.



E2i PROGRAM SPOTLIGHTS

PROGRAM SPOTLIGHT

Centro Ararat



Organizational Background

Centro Ararat, a recipient of RWHAP Parts A, B, and C, provides comprehensive and multidisciplinary primary care and support services in several clinics throughout Puerto Rico. Their TRANSLucent clinic located in San Juan provides wraparound care and services for the transgender and gender diverse community, including gender-affirming hormone therapy, HIV care and prevention, education, legal services, case management, and other supportive services.

Implementation Goals and Context

The TRANSLucent clinic chose to implement T.W.E.E.T. with the goals of engaging more transgender women with HIV into care, empowering transgender women to be leaders in their communities, and raising awareness of the impact of HIV on transgender women in order to improve health services for this community.

Recruitment and Delivery

To identify potential T.W.E.E.T. clients, TRANSLucent staff conduct outreach at rapid HIV testing events and local night clubs, bars, and 'stroll areas' where sex workers gather. T.W.E.E.T. staff also promote the program through social media, including recorded testimonials from clients. TRANSLucent staff have also formed referral partnerships with several other community programs that provide services for transgender women.

TRANSLucent has two peer retention specialists who run the weekly T.W.E.E.T. group educational sessions. Together with Centro Ararat's educational department, the peer specialists develop the curriculum for the sessions based on T.W.E.E.T.'s five main topic areas, adding activities to ensure participants' sustained engagement. Just as importantly, the TRANSLucent team provide time and space before and after each session for women to socialize and build strong relationships. In between sessions, peer specialists check-in with clients and provide linkage to essential supportive services. Once participants complete all sessions, they are given the opportunity to become a T.W.E.E.T. Peer Leader and co-facilitate a session.

To incentivize participation, T.W.E.E.T. clients receive a non-cash transferrable gift card and transportation vouchers. Meals and snacks are also served during sessions. The participants greatly appreciate having a program designed and led by transgender women in their community.

Adaptations and Innovations

- » **Peer Leader Academy:** During T.W.E.E.T. implementation, TRANSLucent staff began to recognize that many of the clients had never worked in an office or clinic, nor given presentations. In response, they created a five-day Peer Leader Academy that provides intensive facilitation training to new Peer Leaders. The Academy builds the skills, knowledge, and confidence of the Peer Leaders and can be considered employment and added to Peer Leader resumes. Further, Peer Leaders are paid for attending the training and for each session they lead. Although many clients have embraced the role of Peer Leader, some clients, particularly those with a new HIV diagnosis, are not ready to facilitate a group, as they need to focus on accepting their diagnosis and establishing their care routines.
- » **HIV status neutral groups:** The T.W.E.E.T. team decided to make the TL-Teach Back groups available for all transgender women, and not just those with HIV, because of high HIV stigma in the community.
- » **Community center:** TRANSLucent acquired a space adjacent to the TRANSLucent clinic to provide a community center for the transgender and gender diverse community. The center is decorated by people in the community and has space for socializing. In addition, the center has computers and printers that clients can use to develop resumes and apply for jobs.



- » **COVID-19 pandemic:** Due to COVID-19 restrictions, the Peer Leader Academy shifted to a three-day virtual program and now includes the addition of an advocacy and coaching day (two days of teaching and one day of coaching). Most participants use their cell phones to attend the Zoom sessions, making the logistics of a five-day program too difficult. The COVID-19 pandemic has also affected the delivery of the TL-Teach Back sessions; the TRANSLucent team adjusted the curriculum to complete the sessions virtually via Zoom.

Program Integration

TRANSLucent has achieved high institutional buy-in and reports fully integrating T.W.E.E.T. into their daily operations. Centro Ararat's senior management team has agreed to continue funding the T.W.E.E.T. initiative, as it provides a much-needed service for the transgender community.

"T.W.E.E.T. has been lifesaving. The women feel like for the first time they belong somewhere. They are validated."
—TRANSLucent peer specialist

Contact Information

Centro Ararat

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A graphic of a spotlight shining down from the top center of the page, illuminating the text below.

PROGRAM SPOTLIGHT

CrescentCare



Organizational Background

CrescentCare, located in New Orleans, Louisiana, is a federally qualified health center that provides comprehensive health care for more than 11,000 medically underserved patients in the Greater New Orleans area. As a former AIDS service organization, and as a recipient of RWHAP Parts A, B, C, and D, CrescentCare specializes in HIV care and prevention for a large population of people with HIV. In addition, they offer an array of comprehensive support services, such as case management, behavioral health, food programs, legal services, and housing, as well as hormone therapy and other care tailored for the transgender community.

Implementation Goals and Context

CrescentCare named their program “House of T.W.E.E.T.” and hired two peer specialists to develop the curriculum, conduct outreach strategies, and facilitate groups; these peer specialists also provide individual clients with emotional support and engagement in services, as needed.

Recruitment and Delivery

The T.W.E.E.T. team collaborates with internal linkage coordinators, gender-affirming care providers, and case managers to identify potential participants for the TL-Teach Back sessions. Peer specialists also use social media platforms to inform the community of the sessions and reach out to CrescentCare medical clients who have fallen out of care.



Once participants are enrolled in T.W.E.E.T., a peer specialist meets with the client to explain how the T.W.E.E.T. program works and assesses client needs, such as legal name change, help with gender affirmation, social services, and linkage and retention in HIV care. For clients newly diagnosed with HIV, the peer specialists also provide emotional support, especially through their diagnosis and care options.

T.W.E.E.T. TL-Teach Back sessions are held weekly in groups of 10-20 people for five-week cycles. To encourage participation, T.W.E.E.T. clients receive a non-cash transferrable gift card each session; transportation vouchers and meals and snacks are also provided during sessions. CrescentCare allows participants to repeat the groups as many times as they like to ensure understanding of the sessions' topics. After completing the full cycle of sessions, participants are eligible to become a Peer Leader and co-facilitate a session. To prepare for these sessions, Peer Leaders complete two to three coaching sessions with T.W.E.E.T. staff to review content, flow, and facilitation skills. T.W.E.E.T. staff report that pairing two Peer Leaders for a session has worked well and helps the peers feel more comfortable presenting to a group.

Adaptations and Innovations

- » **HIV status neutral groups:** When the T.W.E.E.T. team decided to make the TL-Teach Back groups available for all transgender women, and not just those with HIV, they greatly increased enrollment and were able to develop better connections with the community overall.
- » **Tailoring of sessions:** The T.W.E.E.T. team tailors TL-Teach Back session content to address unique concerns for their community, and updates the content frequently to keep participants aware of new information and technologies.
- » **COVID-19 pandemic:** Minority and marginalized communities in the South were hit particularly hard by COVID-19. The T.W.E.E.T. peer specialists reached out via text, phone, and social media to stay in contact with their clients and offer much-needed support in the forms of transportation to medical appointments, virtual TL-Teach Back sessions, navigation activities, and emotional support.



“Due to our flexibility, we were able to take on issues urgently and quickly since many of our clients are hard to keep in care. We were able to advocate for our clients behind the scenes and make sure their issues were followed up on. We also helped amplify the voices of those most vulnerable within our communities, so they felt empowered to speak up no matter where they are. I have witnessed trans care become a priority at the clinic and hope it continues past the end of this intervention.” —CrescentCare peer specialist

Program Integration

The CrescentCare T.W.E.E.T. team is fully integrated into the medical care team and works closely with the medical staff who provide gender-affirming care for transgender women clients. The team has prioritized seeking funding to sustain the T.W.E.E.T. program beyond the E2i funding period.

Contact Information

CrescentCare

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PROGRAM SPOTLIGHT

Henry Ford Health System and the Ruth Ellis Center



Organizational Background

The Ruth Ellis Center is a Detroit-area social services agency providing residential and support services for LGBTQIA+ adolescents and young adults who experience homelessness or other barriers to health and wellbeing. In 2015, the Ruth Ellis Center collaborated with the Henry Ford Health System, which receives RWHAP Part A funding, to create a Health and Wellness Center to provide affirming and accessible mental health and primary care services, including acute care, chronic disease management, comprehensive sexual and reproductive health services, and gender-affirming hormones for adolescents and young adults. The Ruth Ellis Center also has a drop-in center which serves as a safe place to provide case management, job counseling, and emergency shelter. The health and wellness center sees a population that is primarily Black/African American. About 54% of clients identify as transgender women and about 26% of clients are people with HIV.

Implementation Goals and Context

The Ruth Ellis Center's T.W.E.E.T. team consists of two peer navigators (transgender women of color) who facilitate the TL-Teach Back sessions and work in collaboration with a physician, HIV administrator, and case managers to increase engagement in care and services. The team's overall goal with T.W.E.E.T. is to improve the quality of life of transgender women of color, with a focus on retention in HIV care for clients with HIV.



Recruitment and Delivery

The T.W.E.E.T. team identifies eligible clients via medical record reviews, receives referrals from case managers, and conducts outreach at locations in the community, including the drop-in center, parks, and partner organizations. The peer navigators created promotional flyers about T.W.E.E.T. that they deliver electronically through partner organizations and hand out in person during street outreach, offering to talk about the program if a person shows interest.

New T.W.E.E.T. participants come to the Ruth Ellis Center to initially meet with the peer navigators who enroll them in T.W.E.E.T., check their HIV status, and provide supportive services tailored to their needs. New clients are then invited to attend the group TL-Teach Back sessions. After hearing from clients that HIV stigma was a barrier to participation in the groups, the Ruth Ellis Center team decided to open up the sessions to transgender women of any HIV status. They also started having the sessions at the same time as the drop-in hours when people are already relaxed and hanging out. After these changes, the group sessions became so popular that at times they had to turn people away because the room became too full. The peer navigators report that few, if any other programs in the area are led by transgender people.

A typical group session lasts two hours and opens with check-ins to help the participants feel comfortable and have time to eat the complimentary food served. Following check-in, there is a discussion that flows with a PowerPoint presentation on the topic of the day. The peer navigators keep the tone fun and engaging to ensure that the sessions never feel like “school.” Participants who complete five educational sessions can become Peer Leaders who facilitate group sessions and provide support to other participants. T.W.E.E.T. staff supply incentives to participants, such as gift cards to purchase essential supplies, beauty products, and transportation.



Adaptations and Innovations

- » **HIV status neutral groups:** When the T.W.E.E.T. team opened up the group teach-back sessions to all transgender women, not just those with HIV, enrollment increased, including for women with HIV. Moreover, peer navigators report that having women of any HIV status led to better connections with the community overall.
- » **COVID-19:** During the COVID-19 pandemic, the T.W.E.E.T. team added a small virtual group session one day a week, and also kept a small in-person session that followed social distancing and safety recommendations. Virtual group participants were provided tablets to access the virtual sessions, and T.W.E.E.T. staff trained the participants on how to use the virtual application software. Peer navigators continued meeting with clients at secure locations to deliver food, provide essential items, and offer emotional support. In addition, they continued to build community by running group messages and updates on a private social media page.

"I'm a member of the community, but I didn't know so many trans women would gravitate toward us. T.W.E.E.T. has really changed and benefitted people. Younger and older gravitate together."

—Ruth Ellis Center peer navigator

Program Integration

T.W.E.E.T. has been fully integrated into the organization's existing work and is considered a program priority by Ruth Ellis Center leadership. The T.W.E.E.T. team collaborates on a bi-weekly schedule with the drop-in staff and another community program for transgender women at the center. To maintain the group sessions and peer navigation elements of the T.W.E.E.T. intervention after E2i funding concludes, the Ruth Ellis Center received National Institutes of Health funding for a smoking cessation program, which they have integrated into their TL-Teach Back sessions. This additional funding has enabled the Ruth Ellis Center to hire the peer navigators as full-time employees, rather than part-time contractors.

Contact Information

Ruth Ellis Center

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APPENDICES

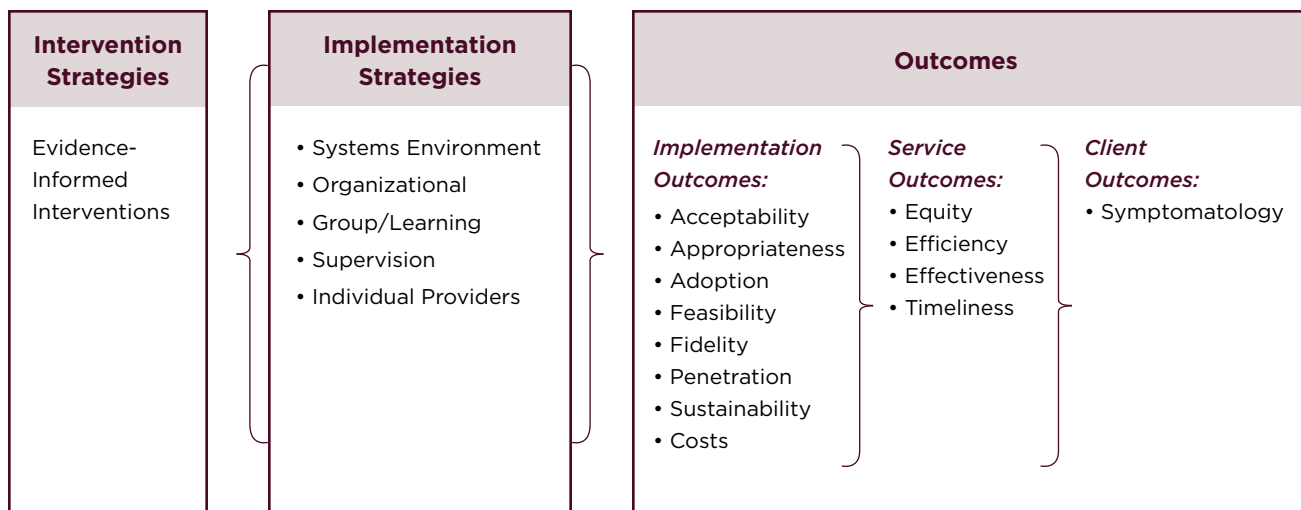


APPENDIX A. IMPLEMENTATION SCIENCE AND EVALUATION: FRAMEWORK AND METHODS

The Center for AIDS Prevention Studies (CAPS) at the University of California San Francisco conducted the evaluation of the E2i program implementation. The evaluation used the Proctor Model Framework for Implementation Research.⁹ This approach suggests that program assessment should include an understanding of the process of implementation and its impact on all people and systems that are involved in the implementation:

1. The core elements of the program (intervention strategies).
2. The efforts to put the program into place (implementation strategies).
3. How the program is viewed by the people involved (implementation outcomes).
4. How the program is delivered (service outcomes).
5. The impact on the participants (client outcomes).

The E2i Proctor Model



⁹ Proctor E, Silmere H, Raghavan R, et al. Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. *Adm Policy Ment Health*. 2011;38(2):65-76.

Six types of information were gathered over the three years of program implementation. These include:

Organizational Assessment: Every six months the program director completed a survey. This survey had questions about the organization (e.g., number of patients, types services provided, and staffing). It also included questions about program delivery and staff views of the program.

Proctor Concepts

- » Implementation strategies (systems environment, organizational, group/learning, supervision)
- » Implementation outcomes (acceptability, appropriateness, adoption, feasibility, fidelity, penetration, sustainability, costs)

Document Review: Evaluators reviewed documents that were created during implementation and technical assistance activities. Documents were created by either the sites themselves or by Fenway/AIDS United and included grant applications, site visit reports, quarterly reports, monitoring call notes, cohort call notes, and presentations in meetings.

Proctor Concepts

- » Implementation Strategies (systems environment, organizational, group/learning, supervision, individual providers, individual patients)
- » Implementation Outcomes (acceptability, appropriateness, adoption, feasibility, fidelity, penetration, sustainability)

Observations: Sites participated in two Learning Session Meetings each year. Evaluators took notes on discussions and presentations. These notes focused on barriers and facilitators to implementation.

Proctor Concepts

- » Implementation Strategies (systems environment, organizational, group/learning, supervision, individual providers, individual patients)

Costing Data: Program managers and financial administrative staff completed two cost workbooks. One was for the three-month preparation/planning period and the first year of program implementation. The other was for the second year. These included personnel and expenses paid for by E2i and in-kind donations.

Proctor Concepts

- » Implementation Outcomes (costs)

Intervention Exposure: Information was collected on participants who enrolled between September 2018 and December 2020. Demographic information was collected on enrollment forms. Intervention exposure forms were collected whenever staff had program-related interactions with participants. These forms included information like the date of the interaction, the staff person who had contact, type of interaction, activities completed, and outcomes of the activities.

Proctor Concepts

- » Service Outcomes (fidelity, penetration, equity, efficiency, effectiveness, timeliness)

Medical Records: Medical records were collected on participants for the 12 months before enrollment in the program and for the 12 months after enrollment in the program. The information was specific to HIV-related medical care, such as appointment dates, prescription of ART, viral load test dates and results.

Proctor Concepts

- » Client Outcomes (symptomatology)

Quantitative Analysis: Organizational assessment data was used to describe organization characteristics and readiness for implementation based on Proctor Concepts. Client level enrollment and intervention exposure data was analyzed using descriptive statistics to understand client demographics, proportions of clients receiving intervention services, and frequencies of exposures. When appropriate, proportion of clients completing the intervention was included. Repeated measures modeling methods were used to assess changes in HIV Care Continuum outcomes for clients enrolled in the intervention. This compared data from 12 months prior to enrollment to 12 months following enrollment. Costing data was analyzed to provide information on cost of intervention implementation per client enrolled.

Qualitative Analysis: Documents and observations were thematically analyzed using the Proctor Concepts. The intervention was the primary unit of analysis.



APPENDIX B. GENERAL BEST PRACTICES FOR PLANNING TO IMPLEMENT AN INTERVENTION STRATEGY

The following are general recommendations for planning to implement an intervention strategy in an HIV service organization.

Create a Planning Team

- » Assemble a team of staff “champions” who are invested in the success of the intervention; who will meet regularly to drive planning, implementation, and sustainability; and who will remain committed to overcoming hurdles and moving implementation forward.
- » Consider how to meaningfully involve at least one peer (a person with HIV who also represents the priority population) in the planning and implementation of the intervention (see [*AIDS United’s resources on meaningful involvement of people with HIV*](#)).
- » Hold weekly team meetings or daily “huddles” (i.e., short meetings at the beginning of the day to review client status and discuss recruitment and retention issues, etc.).

Engage Leadership and Staff

Implementing a new service into an established program may require changes in routines, job duties, and administrative procedures. It is essential to obtain buy-in and a firm commitment from the entire organization as early in the planning process as possible.

Meet with executive leadership to discuss:

- » How the intervention will support the organization’s mission and goals
- » The benefits of the intervention for clients and the organization as a whole
- » The resources needed to implement the intervention
- » The organizational systems and procedures that will be affected by implementation
- » The importance of leadership communicating their commitment to the intervention to all staff
- » How the intervention team will regularly share the status of the intervention with regard to planning, implementation, enrollment, and client outcomes

Meet with staff members directly and indirectly affected by the intervention to discuss:

- » The benefits of the intervention for clients and the organization as a whole
- » How staff can help with recruitment and referrals
- » Suggestions for outreach and implementation processes
- » How the intervention team will regularly share the status of the intervention with regard to planning, implementation, enrollment, and client outcomes

Assess Community Needs

Early in the planning process, organizations should consider conducting an informal or formal needs assessment to better understand the needs of the priority population(s) and how to best tailor the intervention to their needs. Engaging with the local community also helps to establish trust and grow your referral networks.

Community needs assessment strategies include:

- » Holding forums, interviews, or focus groups with community leaders, residents, clients, and providers from other local agencies to ask for their input on the intervention:
 - What are the priority populations' major barriers to engaging in HIV care (e.g., stigma, confidentiality, competing needs)? How might we adapt the intervention to address these barriers?
 - What are facilitators to engaging in HIV care? How might we adapt the intervention to incorporate these facilitators?
 - What can we do to make the intervention appealing and accessible?
 - How can we work together to enroll new clients?
- » Review existing client data on visit frequency, medication adherence, HIV viral load, and CD4 counts. What trends do you see that will help determine recruitment and eligibility?

Train All Staff in Stigma Reduction

When implementing an intervention for people with HIV, it is important to train **all organizational staff** in reducing stigma, enhancing cultural humility, using a trauma-informed approach to care, and providing affirming, culturally-responsive care to all people with HIV, including Black, Indigenous, and other people of color, and including lesbian, gay, bisexual, queer, transgender and gender diverse people. Training and resources are available from [TargetHIV, AIDS Education and Training Center Program](#), and the [National LGBTQIA+ Health Education Center](#).

Conduct a Pilot Test

Prior to full implementation, it can sometimes help to conduct a pilot test under “real world” conditions to evaluate the feasibility and acceptability of the process flow, forms, and procedures.

- » Consider pilot testing with one provider’s client panel or with only new clients.
- » Use a [validated quality improvement method](#) to guide your pilot test.
- » After the pilot, communicate to all staff the results of the pilot: what worked, what did not work, and what changes were made to improve operations.



APPENDIX C. T.W.E.E.T. “GO LIVE” WORKSHEET

Purpose

The purpose of the “Go Live” Worksheet is to:

1. Guide organizations in carrying out the intervention’s planning steps and activities
2. Monitor progress in meeting implementation goals

Instructions

The team that is leading the intervention should identify a team member to complete this worksheet over time. Use the worksheet to:

- » Develop and drive team meeting agendas
- » Document decisions made by the team
- » Track progress towards goals

Name of organization	
Name (Who is completing this worksheet?)	
Intervention goals	<ul style="list-style-type: none"> • To engage transgender women with HIV into HIV medical care • To improve quality of life and HIV-related health outcomes for transgender women
Core elements	<ol style="list-style-type: none"> 1. Peer Leaders 2. TL-Teach Back Sessions 3. Community Building 4. Engagement in Care and Supportive Service
Eligible population	Transgender women with HIV who are: <ul style="list-style-type: none"> • Newly diagnosed, • Currently not engaged in care, or • At risk of falling out of care.
Planning Steps	
Planning team (Who is on the planning team?)	1.
	2.
	3.
	4.
	5.
Geographic catchment area(s) (From which communities will you recruit clients?)	1.
	2.
	3.
Language(s) (In what languages will you deliver the intervention?)	1.
	2.

Engaging stakeholders (What strategies will you use to gain "buy-in" and feedback?)	1. Organizational leadership:	
	2. Relevant staff:	
	3. Local community members:	
	4. Clients:	
Recruitment and outreach (What are your recruitment strategies?)	1.	
	2.	
	3.	
	4.	
	5.	
Intervention staff (Who will do what?)	Role/Task	Staff Responsible
	Outreach/recruitment	
	Eligibility screening	
	Enrollment	
	Needs assessment	
	Scheduling sessions	
	Facilitating sessions	
	Establish community partnerships	
	Develop curriculum	
	Linkage to supportive services	

<p>Staff training requirements (Check each box when completed)</p>	<p><input type="checkbox"/> Train peers on HIV infection and treatment basics</p> <p><input type="checkbox"/> Train peers on TL-Teach Back methods and facilitation skills</p> <p><input type="checkbox"/> Train all staff on cultural humility and providing culturally affirming care for the priority population</p>
<p>Staff training plan (When, where, and how will staff be trained?)</p>	
<p>Incentives (What incentives, if any, are you giving participants?)</p>	
<p>Enhanced personal contact (How will you maintain communication with clients?)</p>	
<p>Tools (What tools will you use? e.g., enrollment forms, referral forms, client satisfaction and feedback forms)</p>	1.
	2.
	3.
<p>Referrals (Who will you partner with for services not offered by your organization?)</p>	1.
	2.
	3.
	4.

<p>T.W.E.E.T. Process flow (Describe or draw the process from recruitment/referral to TL-Teach Back sessions to completion of Peer Leader training and facilitation. Consider: who, when, what, and where)</p>	
<p>Sustainability (What are you doing to make your program sustainable?)</p>	
<p>SMART goals (What are your Specific, Measurable, Achievable, Relevant, Time-Bound goals?)</p>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5.



APPENDIX D. T.W.E.E.T. TL-TEACH BACK SESSIONS: TOPIC AREAS

Area A: HIV/AIDS and Sexually Transmitted Infections (STIs)	
Main Focus	Optional Focus
<ul style="list-style-type: none">• Difference between HIV and AIDS• HIV transmission and prevention• Treatment of HIV/AIDS• Symptoms• CD4 count/viral load	<ul style="list-style-type: none">• Pre-exposure prophylaxis and post-exposure prophylaxis• HIV life-cycle• Syphilis• Hepatitis A, B, and C• Chlamydia• Gonorrhea• Herpes• HPV
Area B: Sexual Health	
Main Focus	Optional Focus
<ul style="list-style-type: none">• Sexual harm reduction: Oral, vaginal, and anal sex• Anal health• Condom use• Survival sex	<ul style="list-style-type: none">• Sex work• Sexual risk continuum• Sexual health myths• Serosorting
Area C: Gender Affirmation (Transitioning)	
Main Focus	Optional Focus
<ul style="list-style-type: none">• Hormone therapy• Defining the identity process• Gender-affirming surgery (also known as “gender affirmation surgery”)• Silicone injections• Labs and serum monitoring• Insurance reimbursement	<ul style="list-style-type: none">• Local and community resources• Non-surgical procedures• Name and gender marker change• Access to gender segregated facilities
Area D: Wellness	
Main Focus	Optional Focus
<ul style="list-style-type: none">• Communication skills• Developing self-efficacy• Self-advocacy• Cultural and professional competency• Bilateral sensitivity training	<ul style="list-style-type: none">• Disclosing (HIV status and transgender experience)• Living with HIV• Problem solving• Coping skills• Working with a case manager• Access to care and insurance• How to talk to medical providers• Annual medical check-up• Job readiness• Housing• Immigration• Back to school• Nutrition



Area E: Mental Health	
Main Focus	Optional Focus
<ul style="list-style-type: none">• Depression and anxiety• Physical and emotional abuse• Substance use• Gender dysphoria	<ul style="list-style-type: none">• Relationship with sexual partners• Anger management• Post-traumatic stress disorder (PTSD)• Discrimination• Domestic violence• Harm reduction



APPENDIX E. T.W.E.E.T. CLIENT-LEVEL IMPLEMENTATION CHECKLISTS

Purpose

The purpose of the client-level implementation checklists is to:

- » Guide staff to deliver the intervention as intended
- » Track and reflect on what activities were and were not completed
- » Monitor fidelity: supervisors can review the checklists to see how closely staff are delivering the intervention as intended, and provide feedback on fidelity

Instructions

Client Enrollment Form and Supportive Services Checklist

Complete one checklist for each client. The checklist can be completed during the interaction (to serve as a guide) and/or shortly after the session.

TL-Teach Back Group Session Checklists – Self-Report & Rater

- » For self-report: The group session facilitator should use the checklist that matches the session being conducted. The facilitator only needs to complete one checklist for each group session (and not one checklist for each client). The checklist can be completed during the session (to serve as a guide) and/or shortly after the session.
- » For rater: A supervisor or co-facilitator who is present at a group session should complete the checklist that matches the session being conducted. The rater only needs to complete one checklist for each group session (and not one checklist for each client). The checklist can be completed during and/or shortly after the session.

Date: _____ Staff: _____ Client ID: _____

Enrollment Checklist

Screen the client for eligibility to enroll in T.W.E.E.T.

- | Yes | No | |
|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Identifies as a transgender woman |
| | | AND |
| <input type="checkbox"/> | <input type="checkbox"/> | New diagnosis of HIV or |
| <input type="checkbox"/> | <input type="checkbox"/> | Currently not engaged in HIV care or |
| <input type="checkbox"/> | <input type="checkbox"/> | At risk of falling out of HIV care or |

If eligibility screening is not done or is incomplete, explain why below:

Date: _____ Staff: _____ Participant ID: _____

Start time: _____ End time: _____

Activities

Please leave a checkmark (✓) beside activities that are completed.

Legal Needs

- Help with name and gender marker changes on identification documents
- Help with obtaining work authorization and work permits
- Refer clients to comprehensive legal services, including immigration services

Social Needs

- Assist with identity support systems
- Assist with applying for benefits (e.g., SSI, cash vouchers, food vouchers)
- Refer clients to transgender-friendly homeless shelters and housing specialists

Health Needs

- Provide onsite or refer clients for gender-affirming hormone therapy and surgeries
- Provide onsite or refer clients for behavioral health care

Additional comments:

Date: _____ Start time: _____ End time: _____

Facilitator(s): _____ Form completed by: _____

Client IDs: _____, _____, _____, _____, _____, _____, _____,

_____, _____, _____, _____, _____, _____, _____, _____

TL-Teach Back Session: HIV/AIDS and Sexually Transmitted Infections (STIs)

Are the following activities completed?

Core Focus

Yes No

 Explain the *difference between HIV and AIDS*

 Ask participants to explain the *difference between HIV and AIDS* in their own words

 Explain *HIV transmission and prevention*

 Ask participants to explain *HIV transmission and prevention* in their own words

 Explain *treatment of HIV/AIDS*

 Ask participants to explain *treatment of HIV/AIDS* in their own words

 Explain *HIV/AIDS symptoms*

 Ask participants to explain *HIV/AIDS symptoms* in their own words

 Explain *CD4 count and viral load*

 Ask participants to explain *CD4 count and viral load* in their own words

 Ask participants to explain how having an undetectable viral load prevents transmission of HIV to sexual partners

Engagement in Care and Wrap-Up

Yes

No

Encourage participants to engage in HIV primary care

Discuss how participants can receive additional support

Have participants complete a client feedback form or ask for verbal feedback on the session

If an activity is not completed, explain why below:

Optional Focus

Below are optional topics that facilitators can choose to discuss if time permits.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Explain <i>pre-exposure prophylaxis (PrEP)</i> and <i>post-exposure prophylaxis (PEP)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Ask participants to explain <i>PrEP and PEP</i> in their own words
<input type="checkbox"/>	<input type="checkbox"/>	Explain <i>HIV life-cycle</i>
<input type="checkbox"/>	<input type="checkbox"/>	Ask participants to explain <i>HIV life-cycle</i> in their own words
<input type="checkbox"/>	<input type="checkbox"/>	Explain <i>syphilis</i>
<input type="checkbox"/>	<input type="checkbox"/>	Ask participants to explain <i>syphilis</i> in their own words
<input type="checkbox"/>	<input type="checkbox"/>	Explain <i>hepatitis A, B, and C</i>
<input type="checkbox"/>	<input type="checkbox"/>	Ask participants to explain <i>hepatitis A, B, and C</i> in their own words
<input type="checkbox"/>	<input type="checkbox"/>	Explain <i>chlamydia</i>
<input type="checkbox"/>	<input type="checkbox"/>	Ask participants to explain <i>chlamydia</i> in their own words
<input type="checkbox"/>	<input type="checkbox"/>	Explain <i>gonorrhea</i>
<input type="checkbox"/>	<input type="checkbox"/>	Ask participants to explain <i>gonorrhea</i> in their own words
<input type="checkbox"/>	<input type="checkbox"/>	Explain <i>herpes</i>
<input type="checkbox"/>	<input type="checkbox"/>	Ask participants to explain <i>herpes</i> in their own words
<input type="checkbox"/>	<input type="checkbox"/>	Explain <i>human papilloma virus (HPV)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Ask participants to explain <i>human papilloma virus (HPV)</i> in their own words

TL-Teach Back

Below are the important aspects of the TL-Teach Back approach. How well did the facilitator:

	Can be better		Did okay		Did well
	1	2	3	4	5
Use plain language to explain the topics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask participants to explain in their own words in a respectful manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions/Reflections on how to improve the TL-Teach Back approach:

Community Building

Below are the important aspects of community building. How much did the participants:

	Not at all		A little		A lot
	1	2	3	4	5
Appear to enjoy being with one another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appear to be making friends in the group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share their experiences and personal problems with one another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide emotional support to one another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide one another with helpful information or advice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions/Reflections on how to enhance community building among the participants:

Date: _____ Start Time: _____ End Time: _____

Facilitator(s): _____ Form completed by: _____

Client IDs: _____, _____, _____, _____, _____, _____, _____,
_____, _____, _____, _____, _____, _____, _____, _____

TL-Teach Back Session: Sexual Health

Are the following activities completed?

Core Focus

Yes

No

Explain *sexual harm reduction* for oral, vaginal, and anal sex

Ask participants to explain *sexual harm reduction* in their own words

Explain *anal health*

Ask participants to explain *anal health* in their own words

Explain *condom use*

Ask participants to explain *condom use* in their own words

Explain *survival sex*

Ask participants to explain *survival sex* in their own words

Linkage to Care and Wrap-Up

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Encourage participants to engage in HIV primary care |
| <input type="checkbox"/> | <input type="checkbox"/> | Discuss how participants can receive additional support |
| <input type="checkbox"/> | <input type="checkbox"/> | Have participants complete the post-session assessment (if using) |
| <input type="checkbox"/> | <input type="checkbox"/> | Review the results of the assessments and provide feedback to the group |

If an activity is not completed, explain why below:

Optional Focus

Below are optional topics that facilitators can choose to discuss if time permits.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Explain <i>sex work</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Ask participants to explain <i>sex work</i> in their own words |
| <input type="checkbox"/> | <input type="checkbox"/> | Explain <i>sexual risk continuum</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Ask participants to explain <i>sexual risk continuum</i> in their own words |
| <input type="checkbox"/> | <input type="checkbox"/> | Explain <i>sexual health myths</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Ask participants to explain <i>sexual health myths</i> in their own words |
| <input type="checkbox"/> | <input type="checkbox"/> | Explain <i>serosorting</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Ask participants to explain <i>serosorting</i> in their own words |

TL-Teach Back

Below are the important aspects of the TL-Teach Back approach. How well did the facilitator:

	Can be better		Did okay		Did well
	1	2	3	4	5
Use plain language to explain the topics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask participants to explain in their own words in a respectful manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions/Reflections on how to improve the TL-Teach Back approach:

Community Building

Below are the important aspects of community building. How much did the participants:

	Not at all		A little		A lot
	1	2	3	4	5
Appear to enjoy being with one another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appear to be making friends in the group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share their experiences and personal problems with one another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide emotional support to one another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide one another with helpful information or advice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions/Reflections on how to enhance community building among the participants:

Date: _____ Start Time: _____ End Time: _____

Facilitator(s): _____ Form completed by: _____

Client IDs: _____, _____, _____, _____, _____, _____, _____,
_____, _____, _____, _____, _____, _____, _____, _____

TL-Teach Back Session: Transitioning

Are the following activities completed?

Core Focus

Yes

No

Explain *hormone therapy* and the difference between gender-affirming hormone therapy and hormone replacement therapy

Ask participants to explain *gender-affirming hormone therapy* in their own words

Explain *the identity process*

Ask participants to explain *the identity process* in their own words

Explain *gender-affirming surgery*

Ask participants to explain *gender-affirming surgery* in their own words

Explain *silicone injections*

Ask participants to explain *silicone injections* in their own words

Explain *labs and serum monitoring*

Ask participants to explain *labs and serum monitoring* in their own words

Explain *insurance reimbursement*

Ask participants to explain *insurance reimbursement* in their own words

Engagement in Care and Wrap-Up

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Encourage participants to engage in HIV primary care |
| <input type="checkbox"/> | <input type="checkbox"/> | Discuss how participants can receive additional support |
| <input type="checkbox"/> | <input type="checkbox"/> | Have participants complete the post-session assessment (if using) |
| <input type="checkbox"/> | <input type="checkbox"/> | Review the results of the assessments and provide feedback to the group |

If an activity is not completed, explain why below:

Optional Focus

Below are optional topics that facilitators can choose to discuss if time permits.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Explain <i>local and community resources</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Ask participants to explain <i>local and community resources</i> in their own words |
| <hr/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Explain <i>non-surgical procedures</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Ask participants to explain <i>non-surgical procedures</i> in their own words |
| <hr/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Explain <i>name and gender marker change</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Ask participants to explain <i>name and gender marker change</i> in their own words |
| <hr/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Explain <i>gender-segregated facilities</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Ask participants to explain <i>gender-segregated facilities</i> in their own words |

TL-Teach Back

Below are the important aspects of the TL-Teach Back approach. How well did the facilitator:

	Can be better		Did okay		Did well
	1	2	3	4	5
Use plain language to explain the topics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask participants to explain in their own words in a respectful manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions/Reflections on how to improve the TL-Teach Back approach:

Community Building

Below are the important aspects of community building. How much did the participants:

	Not at all		A little		A lot
	1	2	3	4	5
Appear to enjoy being with one another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appear to be making friends in the group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share their experiences and personal problems with one another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide emotional support to one another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide one another with helpful information or advice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions/Reflections on how to enhance community building among the participants:

Date: _____ Start Time: _____ End Time: _____

Facilitator(s): _____ Form completed by: _____

Client IDs: _____, _____, _____, _____, _____, _____, _____,
_____, _____, _____, _____, _____, _____, _____, _____

TL-Teach Back Session: Wellness

Are the following activities completed?

Core Focus

Yes

No

Explain *communication skills*

Ask participants to explain *communication skills* in their own words

Explain *self-efficacy*

Ask participants to explain *self-efficacy* in their own words

Explain *self-advocacy*

Ask participants to explain *self-advocacy* in their own words

Explain *cultural and professional competency*

Ask participants to explain *cultural and professional competency* in their own words

Explain *bilateral sensitivity training*

Ask participants to explain *bilateral sensitivity training* in their own words

Engagement in Care and Wrap-Up

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Encourage participants to engage in HIV primary care |
| <input type="checkbox"/> | <input type="checkbox"/> | Discuss how participants can receive additional support |
| <input type="checkbox"/> | <input type="checkbox"/> | Have participants complete the post-session assessment (if using) |
| <input type="checkbox"/> | <input type="checkbox"/> | Review the results of the assessments and provide feedback to the group |

If an activity is not completed, explain why below:

Optional Focus

Below are optional topics that facilitators can choose to discuss if time permits.

Yes No

 Explain *disclosing (HIV status and trans experience)*

 Ask participants to explain *disclosing* in their own words

 Explain *living with HIV*

 Ask participants to explain *living with HIV* in their own words

 Explain *problem-solving*

 Ask participants to explain *problem-solving* in their own words

 Explain *coping skills*

 Ask participants to explain *coping skills* in their own words

 Explain *working with a case manager*

 Ask participants to explain *working with a case manager* in their own words

 Explain *access to care and insurance*

 Ask participants to explain *access to care and insurance* in their own words

 Explain *how to talk to medical providers*

 Ask participants to explain *how to talk to medical providers* in their own words

 Explain *annual medical check-up*

 Ask participants to explain *annual medical check-up* in their own words

 Explain *job readiness*

 Ask participants to explain *job readiness* in their own words

Yes No

 Explain *housing options*

 Ask participants to explain *housing options* in their own words

 Explain *immigration issues*

 Ask participants to explain *immigration issues* in their own words

 Explain *back-to-school options*

 Ask participants to explain *back-to-school options* in their own words

 Explain *nutrition options*

 Ask participants to explain *nutrition options* in their own words

TL-Teach Back

Below are the important aspects of the TL-Teach Back approach. How well did the facilitator:

	Can be better		Did okay		Did well
	1	2	3	4	5
Use plain language to explain the topics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask participants to explain in their own words in a respectful manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions/Reflections on how to improve the TL-Teach Back approach:

Community Building

Below are the important aspects of community building. How much did the participants:

	Not at all		A little		A lot
	1	2	3	4	5
Appear to enjoy being with one another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appear to be making friends in the group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share their experiences and personal problems with one another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide emotional support to one another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide one another with helpful information or advice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions/Reflections on how to enhance community building among the participants:

Date: _____ Start Time: _____ End Time: _____

Facilitator(s): _____ Form completed by: _____

Client IDs: _____, _____, _____, _____, _____, _____, _____,
_____, _____, _____, _____, _____, _____, _____, _____

TL-Teach Back Session: Mental Health Activities

Are the following activities completed?

Main Focus

Yes

No

Explain *depression and anxiety*

Ask participants to explain *depression and anxiety* in their own words

Explain *abuse*

Ask participants to explain *abuse* in their own words

Explain *substance use*

Ask participants to explain *substance use* in their own words

Explain *gender dysphoria*

Ask participants to explain *gender dysphoria* in their own words

Engagement in Care and Wrap-Up

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Encourage participants to engage in HIV primary care |
| <input type="checkbox"/> | <input type="checkbox"/> | Discuss how participants can receive additional support |
| <input type="checkbox"/> | <input type="checkbox"/> | Have participants complete the post-session assessment (if using) |
| <input type="checkbox"/> | <input type="checkbox"/> | Review the results of the assessments and provide feedback to the group |

If an activity is not completed, explain why below:

Optional Focus

Below are optional topics that facilitators can choose to discuss if time permits.

Yes No

 Explain *relationship with sexual partners*

 Ask participants to explain *relationship with sexual partners* in their own words

 Explain *anger management*

 Ask participants to explain *anger management* in their own words

 Explain *post-traumatic stress disorder (PTSD)*

 Ask participants to explain *post-traumatic stress disorder (PTSD)* in their own words

 Explain *discrimination*

 Ask participants to explain *discrimination* in their own words

 Explain *domestic violence*

 Ask participants to explain *domestic violence* in their own words

 Explain *harm reduction*

 Ask participants to explain *harm reduction* in their own words

TL-Teach Back

Below are the important aspects of the TL-Teach Back approach. How well did the facilitator:

	Can be better		Did okay		Did well
	1	2	3	4	5
Use plain language to explain the topics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask participants to explain in their own words in a respectful manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions/Reflections on how to improve the TL-Teach Back approach:

Community Building

Below are the important aspects of community building. How much did the participants:

	Not at all		A little		A lot
	1	2	3	4	5
Appear to enjoy being with one another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appear to be making friends in the group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share their experiences and personal problems with one another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide emotional support to one another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide one another with helpful information or advice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions/Reflections on how to enhance community building among the participants:
