

# Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color Initiative TransActívate

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**Brendan O'Connell, Chief Operating Officer  
Bienestar Human Services**

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# Bienestar Disclaimer

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H97HA24964 Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color Initiative, awarded at \$1,485,860 over 5 years with no non-governmental sources used to finance the project. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



## Brendan O'Connell, MSW

Brendan O'Connell is the Chief Operation Officer at Bienestar Human Services. Brendan oversees BIENESTAR's medical clinic -providing behavioral health services comprised of outpatient mental health and substance abuse treatment; prevention services -which includes HIV/HCV/STI screening, linkage to medical care, behavioral interventions, food bank, HOPWA and Harm Reduction programming. Before joining BIENESTAR Brendan worked in NYC with PLWH, the LGBTQ communities, and formerly incarcerated people, at ACRIA, The Fortune Society and the Center for Community Alternatives. In 2007 Brendan graduated from the University of Milwaukee-Wisconsin with a Bachelors of Social Work. In 2012 he completed his Masters of Social Work from Fordham University.

# Overview: Bienestar Human Services

- Grassroots, non-profit community service organization established in 1989
- Created due to a lack of and non-existent HIV/AIDS services for the Latino community
- 6 service site in Los Angeles
- Transgeneros Unidas began in 1997
- Current services provided:
  - ART/PrEP/Primary care
    - HIV/STI screening/treatment
    - Mental health treatment
    - Out-patient substance abuse treatment
    - Linkage to care
    - Support groups
    - HOPWA case management
    - Food bank
    - Harm Reduction Services
    - HIV prevention programming and research



# Overview: TransActívate

TransActívate: A comprehensive and innovative program to improve the timely entry, engagement, and retention in quality HIV care for Latina transgender women in Los Angeles County

Based on two theoretical foundations:

- Transtheoretical model
- Strength-based perspective

Key components:

- Social Network Testing (SNT)
- Social Network Engagement (SNE):
- Mobile Testing
- Motivational interviewing
- Peer Navigation
- Linkage to Care



# TransActívate



- **Goals and Objectives**

- ✓ Enrollment - 150 enrollees
- ✓ Timely Linkage to Care - 85% linkage rate
- ✓ HIV screening - 1160 Transgender tests

- **TransActívate Eligibility**

- ✓ Latina Transgender
- ✓ Newly diagnosed with HIV
- ✓ 18+ years of age
- ✓ Lives In Los Angeles County
- ✓ Aware of their HIV diagnosis but have refused care or dropped out of care
- ✓ In care but could benefit from more support

# Study Participant Demographics

Variables	Total (%) Mean [SD]
Age	44 [8.36]
Foreign born	140 (93.3%)
Education (High school or less)	132 (88.0%)
Income level (in the past 12 months)	
Less than \$2,999 (\$249/month)	77 (51.3%)
\$3,000 - \$11,490 (\$250 - \$957/month)	33 (22.0%)
\$11,491 (\$958 /month) and above	11 (7.3%)
Don't know or decline to answer	29 (19.3%)
Undocumented	36 (24.0%)
Sex work (in the past 6 months)	45 (30.0%)

# Chat Question #1:

What are some ways to build engagement with the Transgender Community?

***“Enter your responses into the chat”***



# Intervention: Implementation

- Staffing
  - 2 Linkage Coordinators/Peer Navigators
  - HIV Testing Counselor
  - Program Manager
- Community Trust
- Physical locations to provide the initiative across LA
- Wraparound services
- Evaluation
- BIENESTAR partnered with 7 Federally Qualified Health Centers (FQHC)

# Intervention: Successes

- Program enrollment timeline: January 1, 2014-August 30, 2016
- Program Enrollment: 150 enrollees
- Timely Linkage to Medical Care: 96% linkage rate
- HIV Tests: 1,075 tests with a 1.6 positivity rate

HIV Care Continuum	No. of Clients
Newly diagnosed	13
Re-engaged in care	20
In need of additional support	117

# Intervention: Challenges (1)

- Self-reported barriers at intake:
  - 27% some type of housing instability
  - 31% drug use (not including marijuana)
  - 33% sex trade
  - 94% born outside the USA
  - 9% incarceration
  - 50% violence from primary partners
- Provider related barriers:
  - Lack of medical providers at the start of the program
  - Clinical partners unable to share data of those fallen out of care
  - Three clients passed away

## Intervention: Successes (2)

List of Referral Type	# of Referrals
BIENESTAR Referral from CRCS/Housing/Case Management	14
BIENESTAR Referral from Support Group	42
Outreach	19
Promotional Material	9
Partner Organization	5
Self-Referral	7
Social Network Engagement	45
Social Network Testing	2
Storefront/Mobile Testing	8

# Intervention: Successes (3)

List of Referral Type	# of Referrals
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# Intervention: Addressing Challenges

1

## **Expanding support services**

- Creating MOU's with new clinical partners
- Developing agreements with other agencies such as legal services

2

## **Expanding support programming for recruitment**

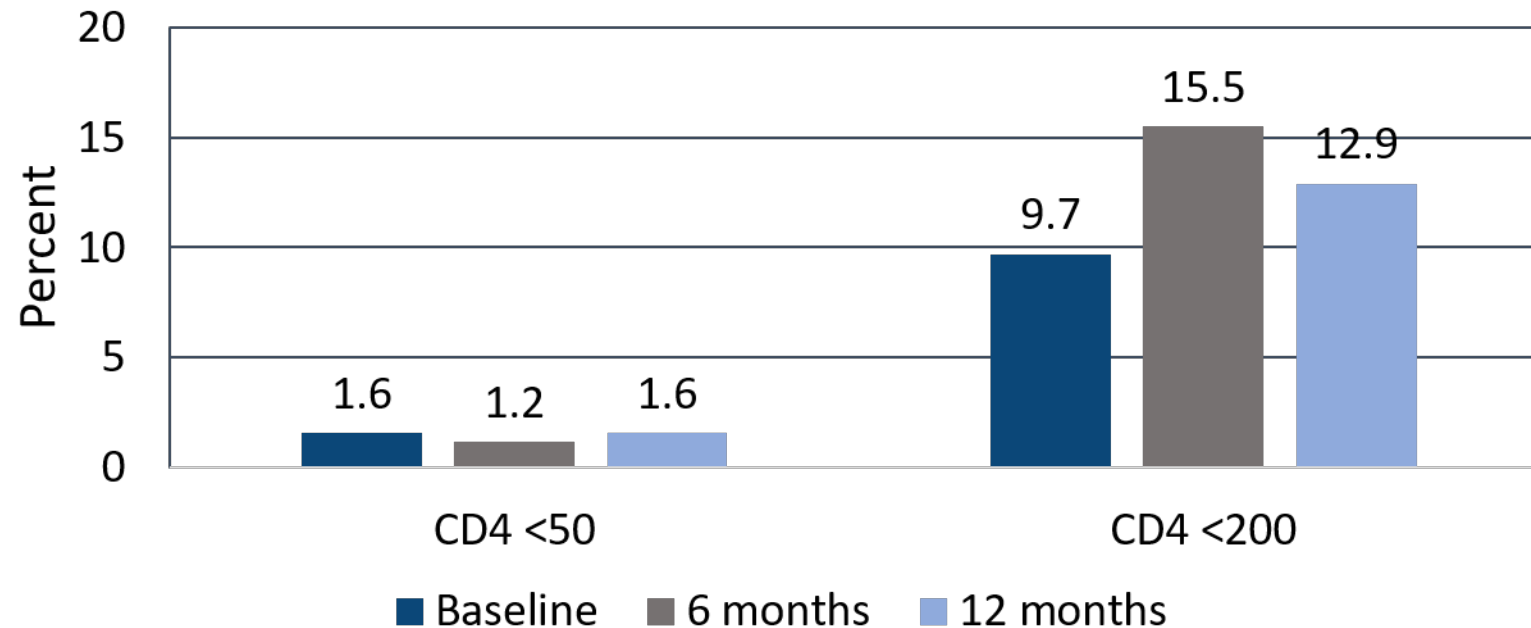
- HIV-positive support groups
- Starting Trans Health Conference
- National Transgender Testing Day

3

## **Modifying Social Network Strategies**

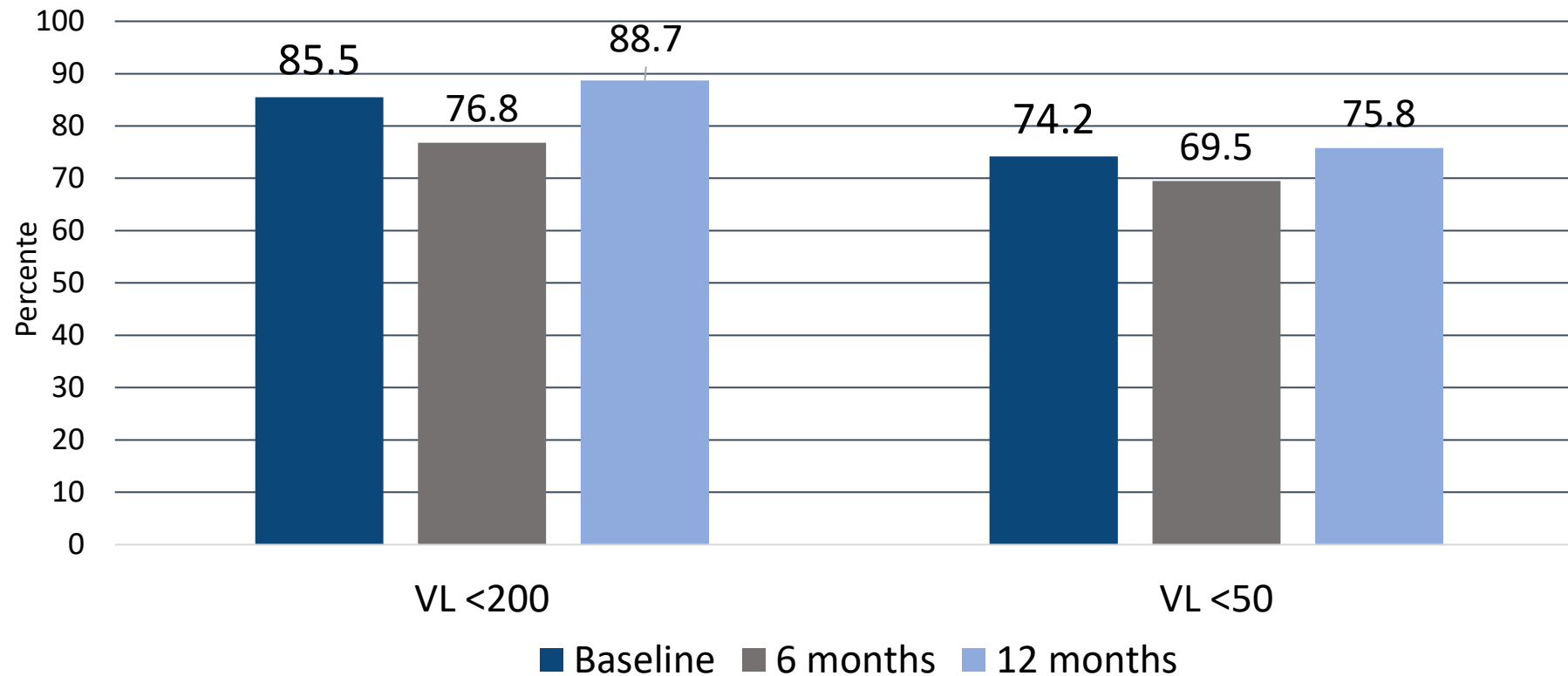
# Outcomes: CD4

	Baseline (n=62)	6 months (n=84)	12 months (n=62)
CD4: Mean [SD]	632.23 [336.94]	572.33 [332.71]	550.24 [329.48]



# Outcomes: Viral Load

	Baseline (n=62)	6 months (n=82)	12 months (n=62)
VL: Mean [SD]	26,308 [169,443]	15,780 [78,260]	1,132 [7,362]





# Outcomes: Viral Load - Paired Comparisons

## VL Baseline to 6 months (N=53)

	Baseline	6 month	Difference	McNemar Test p-value
VL <50	40 (75.5%)	39 (73.6%)	1 (1.9%)	N.S.
VL <200	45 (84.9%)	43 (81.1%)	2 (3.8%)	N.S.

## VL Baseline to 12 months (N=41)

	Baseline	12 month	Difference	McNemar Test p-value
VL <50	30 (73.2%)	32 (78.0%)	2 (4.9%)	N.S.
VL <200	35 (85.4%)	38 (92.7%)	3 (7.3%)	N.S.

## Chat Question #2

What are ways you've included peers and community members into your programming that have been effective?

**“Enter your responses into the chat”**

# Sustainability

## Successes

- Acquired CDC funding to continue linkage to care work with Transgender women
- Continued HIV-positive support group, transgender health conference and other recruitment activities
- Opportunities for publication and dissemination

## Barriers

- Reduced program staff for linkage
- Cannot provide same duration of follow-up
- Decreased communication with FQHC partners

# Some Lessons Learned

1. Community wants additional support even when doing well with medication management
2. Staff at the agency and medical providers must all be Trans competent
3. Community trust is vital for recruitment
4. Don't be afraid to modify something if it isn't working
5. Participants will have many needs
6. Find internal and external supports
7. Staff retention





# CONTACT US

Brendan O'Connell, MSW

Chief Operating Officer

Bienestar Human Services

5326 E. Beverly Blvd

Los Angeles, CA 90022

Phone: 866-590-6411 ext:124

[boconnell@bienestar.org](mailto:boconnell@bienestar.org)

Silvia Valerio

HIV Testing and Linkage Coordinator

Bienestar Human Services

180 E. Mission Blvd

Pomona, CA 91766

Phone: 866-590-6411 ext.602

[svalerio@bienestar.org](mailto:svalerio@bienestar.org)

# Contact Information (con't)

Melinda J. Tinsley, MA  
Senior Public Health Analyst  
Division of Policy & Data (DPD)  
HIV/AIDS Bureau (HAB)  
Health Resources and Services  
Administration (HRSA)  
[Mtinsley1@hrsa.gov](mailto:Mtinsley1@hrsa.gov)  
301-443-3496  
<https://hab.hrsa.gov>

Shelly M. Kowalczyk, MSPH, CHES  
IHIP Project Director  
The MayaTech Corporation  
Silver Spring, MD 20910  
[skowalczyk@mayatech.com](mailto:skowalczyk@mayatech.com)  
301-587-1600  
<https://mayatech.com>