



TransActivate

This fact sheet contains highlights from a Ryan White HIV/AIDS Program (RWHAP) recipient on the *TransActivate* intervention, designed to link Latina transgender women with HIV services and increase retention in care.

INTERVENTION OVERVIEW: TransActivate uses a strengths-based approach to overcome barriers to engagement and retention in HIV primary care and supporting services for Latina transgender women.

PRIORITY POPULATION: Latina transgender women.

ORGANIZATIONAL SETTING: Bienestar, Community-Based Social Services Organization (Los Angeles County).

FUNDING SOURCE(S): Health Resources and Services Administration's (HRSA) RWHAP Part F: Special Projects of National Significance (SPNS) "Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color" Initiative.

INTERVENTION PURPOSE/GOAL: This intervention aims to improve timely entry, engagement, and retention in quality HIV care for Latina transgender women.

INTERVENTION SUCCESSES: TransActivate served a total of 150 clients. Of the 150 intervention participants:

- 1,075 HIV tests were performed, with a 1.6% positivity rate.
- 96% of clients with a new diagnosis of HIV, or who had disconnected from care, received timely linkage to care.
- Clients reaching viral suppression (i.e., less than 200 copies/ml) increased from 85.5% at baseline to 88.7% at a 12-month follow-up.

SUSTAINABILITY: Bienestar secured additional funding through the Centers for Disease Control and Prevention (CDC) to continue the intervention. Practitioners wishing to implement a similar intervention, potentially without new funding streams, should plan for and strategize a sustainability plan that includes the following components:

- Leverage existing outreach workers, patient navigators, or peers.

- Expand the focus of existing or ongoing interventions to include transgender women.
- Cast a wider net to allow the intervention to reach more people and maximize resources.



INTERVENTION CORE ELEMENTS:

Identify Clients. Identify Latina transgender women with HIV who are undiagnosed, have not engaged in care, are sporadically engaged in care, or have disconnected from care, through referrals.

Build Trust in the Community and Build Community Connections. Create a safe place for clients who may have had negative experiences with organizations in the past. Build a reputation of goodwill and support within your community.

Conduct HIV Testing or Confirm HIV Diagnosis. Leverage existing HIV testing resources to diagnose or confirm a positive test prior to enrollment in the intervention.

Assess Client Readiness to Engage in Care. A Linkage Coordinator/Peer Navigator (LC/PN) meets one-on-one with each client to assess their readiness to enter HIV primary care.

Link Client to Care. Clients identified as Latina transgender women with HIV and ready for care are actively linked by a LC/PN to a participating clinic. Clients identified as not yet ready to be linked to care continue to meet with a LC/PN to address barriers to care.

Assist Clients in Navigating the Healthcare System.

Upon engagement in care, a LC/PN continues to support the client in effectively navigating the healthcare system and taking charge of their health. This support is provided for up to 18 months, before clients graduate from the intervention.



INTERVENTION STAFFING:

- **Program Director:** Recruits staff needed for the program to run smoothly and successfully, monitors the program, and provides financial oversight.
- **Program Manager:** Oversees daily coordination and documentation of TransActivate activities and serves as the liaison with community partners, including clinicians.
- **Linkage Coordinator/Peer Navigator:** Recruits and conducts outreach for the intervention. Conducts the initial client assessment to determine client readiness for the intervention and creates a plan based on this assessment. Links clients to care and prepares the client for the clinic visit(s). Attends clinic visit(s) with the client, follows up/debriefs with client after visit(s), advocates for the client when necessary, and provides HIV education and resources.
- **HIV Testing Counselor:** Provides HIV testing and counseling in a variety of settings.



IMPLEMENTATION CHALLENGES:

Limited substance use disorder treatment. Multiple TransActivate clients struggle with substance use disorder (SUD). While some Bienestar offices offer outpatient treatment, it is not available at all offices. In addition, Bienestar does not have in-house resources for people who require higher levels of care. Developing Memorandums of Understanding (MOUs) with SUD providers and training staff on working with clients who have a SUD would be advantageous.

Lack of legal support. Including legal assistance as a formal component of the TransActivate intervention is recommended. Multiple clients wished they would

have been able to receive legal counseling through TransActivate, rather than having to be referred to a partner organization. In-house legal services are not always feasible for organizations, so replicating sites may want to consider whether a partner organization is willing to provide legal services onsite on a designated day.

Housing instability. Housing is a major barrier in retaining TransActivate clients in care. Although Bienestar works with partner agencies to address clients' housing needs, TransActivate clients often must visit different clinics when their housing changes. Replication should include creating new relationships with additional housing agencies to secure additional housing for clients (transitional and permanent).

Provider reluctance. Providers may be reluctant to support a new linkage/navigation program in the community because it seems duplicative of their work. To address this, Bienestar used clear communication and transparency about the intervention and identified a champion at each partner site to showcase how the intervention could complement—rather than compete with—existing services.

Referral issues. Partner clinics ran into issues referring clients, in part due to Health Insurance Portability and Accountability Act (HIPAA) restrictions. As a result, Bienestar shifted its focus to recruiting clients through outreach and social networks. Bienestar reached agreements with clinics so that clients agreed at intervention enrollment to let Bienestar contact them if they disconnected from care.

Lack of sensitivity training. Although every effort was made to partner with clinics that were culturally sensitive and gender-affirming, clients still reported feeling uncomfortable in certain clinics. This underscored the need to reinforce efforts to partner with clinics that have the capacity to serve transgender women and the need for intervention staff and partner agencies to undergo sensitivity training.

Grief. Three TransActivate clients died during the intervention, which emotionally affected staff and caused turnover. Bienestar began monthly clinical supervisions to allow Linkage Coordinators/Peer Navigators to discuss issues with which they were struggling, including grief.

RESOURCES:

TransActivate Original Intervention Overview and Materials: https://targethiv.org/intervention/transactivate?utm_source=bpURL

TransActivate Implementation Manual: https://targethiv.org/sites/default/files/supporting-files/SPNS_TransActivate_2018.pdf

HRSA IHIP TransActivate Intervention Implementation Guide: https://targethiv.org/sites/default/files/media/documents/2023-09/IHIP_TransActivate_Implementation_Guide.pdf