NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT 2018

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

Jessica Xavier, MPH

Disclosures

Presenter(s) have no financial interest to disclose.

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Commercial Support was not received for this activity.

Learning Objectives

At the conclusion of this activity, the participant will be able to:

- Learners will be able to list innovative approaches that community based organizations (CBOs) and healthcare organizations can use to link and/or retain transgender women of color into HIV care and complementary clinical services.
- Learners will be able to describe key engagement in care outcomes from the local and multi-site evaluations.
- Learners will acquire an understanding of challenges and successes in implementing innovative programming to improve engagement in care among transgender women of color living with HIV.

Background

- In the US, transgender (‘trans’) women are disproportionately impacted by HIV
- Newly identified HIV-positive tests are as high or higher than MSM (CDC)
- Less likely to be on ART than other populations
- Greatest impact is among Trans Women of Color due to racial/ethnic HIV disparities within trans communities

Background

Trans women of color also experience barriers to HIV care including:

- Limited access to and avoidance of healthcare due to transphobic stigma and past negative experiences with providers
- Prioritizing gender transition-related health care over HIV care
- Concerns regarding adverse interactions between ART and hormone therapy

The Initiative

In 2012, the Health Resources and Services Administration (HRSA) under the Ryan White HIV/AIDS Program, Part F, Special Programs of National Significance (SPNS) Program funded a five year demonstration project initiative –

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

The Initiative

Demonstration Site Recipients included a combination of HIV clinics and community service providers:

- Chicago (2)
- Los Angeles (2)
- New York (2)
- San Francisco Bay area (3)

One Evaluation and Technical Assistance Center at University of California, San Francisco Center for AIDS Prevention Studies, teaming with the Center of Excellence for Transgender Health

The Interventions

Demonstration Projects—

- Clinical Sites:
  - Community Healthcare Network (NYC, NY)
  - Howard Brown Health (Chicago, IL)
  - San Francisco Department of Health (San Francisco, CA)
  - SUNY Downstate (NYC, NY)
  - Tri-City Health Center (SF Bay Area, CA)
- Community Sites:
  - Bienestar Human Services (Los Angeles, CA)
  - Chicago House (Chicago, IL)
  - Friends Research Institute (Los Angeles, CA)
  - Public Health Institute (Oakland CA)

Theory-based Interventions

- Social Cognitive Theory
- Social Learning Theory
- Trans-theoretical Model of Behavior Change
- Theories of Gender and Power
- Critical Race Theory
- Syndemic Theories
- Other guiding philosophies:
  - Behavioral Economics
  - Motivational Enhancement
  - Patient-Centered Medical Homes
  - Strength-Based Service Provision

Intervention Background

SPNS-funded interventions are not designed to be "stand alone" projects

Instead, they "float" on top of an organizations existing programs and structure

Combination of direct service, internal referrals, and external referrals

Activities designed to address one or more stages of the HIV care continuum

Intervention Activities

Most common (direct service or by referral):

- Community outreach
- Navigation services
- Trans-affirming health care (non-HIV)
- Trans-competent HIV medical care
- HIV testing
- Case management/Social work
- Small groups
- Other individual sessions
- Trans competency trainings
- Drop-in centers

Intervention Activities

Less frequent (direct service or by referral):

- Social network engagement
- Community advisory boards
- Motivational interviewing
- On-site medical education
- Contingency management
- Social network recruitment

Key Elements in Interventions

Culturally competent services:

- Linkages and referrals
- Advocacy
- Provision of HIV care and hormones
- Social and emotional support
- Health education
- Access and referrals to address unmet immediate needs

Supportive messages that contribute to health literacy and personal and community development

Key Elements in Intervention

Increased social support:

- Caring relationships and interactions between staff and transgender women of color
- Among intervention participants
- Between transgender women in the interventions (taking on roles of advocates and educators) and positive peers in their communities not receiving HIV care.

Engaging Transgender Women of Color Living with HIV into Healthcare

Cathy J. Reback, Ph.D.,[1,2]
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Presented at the National Ryan White Conference, Washington DC, December 2018.

Alexis Rivera
October 28, 1977 – March 28, 2012

the Alexis PROJECT

The Alexis Project was named after Alexis Rivera who died at the age of 34 from complications related to HIV. Alexis was a Latina trans woman, a community activist, a peer advocate, and a gatekeeper. Yet, even as a knowledgeable role model to so many, Alexis' own health suffered as a result of ART non-adherence and the use of gender-enhancing substances that compromised her immune system.

Background

- Trans women, particularly trans women of color, experience multiple psychosocial and structural disparities including:
  - Increased rates of homelessness, substance use disorders, sex work, victimization and violence, mental health disorders, reduced access to health care, incarceration, unsafe or medically unmonitored gender-confirming procedures, and increased stigma, discrimination and transphobia.

- The synergistic and intersectionality nature of these health disparities place trans women at increased risk for HIV, and, for trans women living with HIV, greatly impact advancement along the HIV Care Continuum.

Community Participatory Study Design

During the development of the grant application, two focus groups (N=19) were held with trans women community members. Focus group participants were asked to identify which components of a hypothetical intervention were necessary to make it responsive to the needs of trans women of color living with HIV.

Responses included:
“give us transportation,” “make sure we make it to our appointments,” “give us incentives ‘cause we need stuff,” “stimulate people to take care of themselves,” “support us,” “I want money and a ride.”

Content analysis of focus groups:
Peer Health Navigation to respond to transportation, make appointments, increase self-efficacy to take care of self, provide support
Contingency Management to respond to “give us incentives “cause we need stuff”

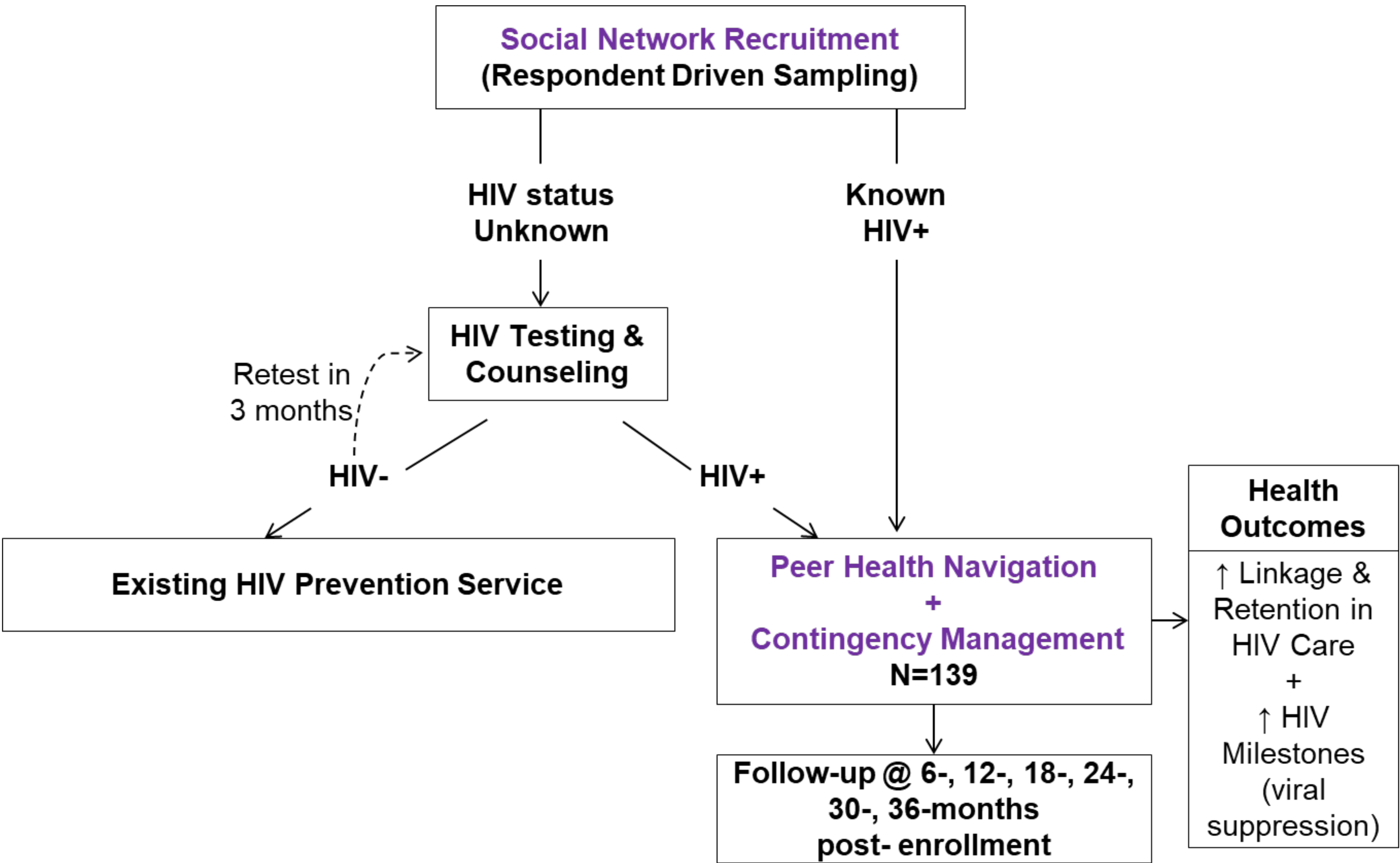
Peer Health Navigation

The PHN sessions include (1) identify the barriers to HIV care, (2) identify and link participants into other auxiliary needed services, and (3) increase participants' self-efficacy in working with HIV care providers. Peer Health Navigators do not provide counseling or psychotherapy; rather, they work with participants to successfully navigate complicated health care and social service systems.

Contingency Management

Behavioral economics is the application of contingencies to motivate individuals toward health-promoting behavior change. The escalating reinforcement schedule (a primary tenet of CM) serves to motivate behavior change. The CM intervention provides vouchers redeemable for goods or services (or purchasing the goods or services online for the participant) that promote a healthy/health-promoting lifestyle.

Study Design, N = 139



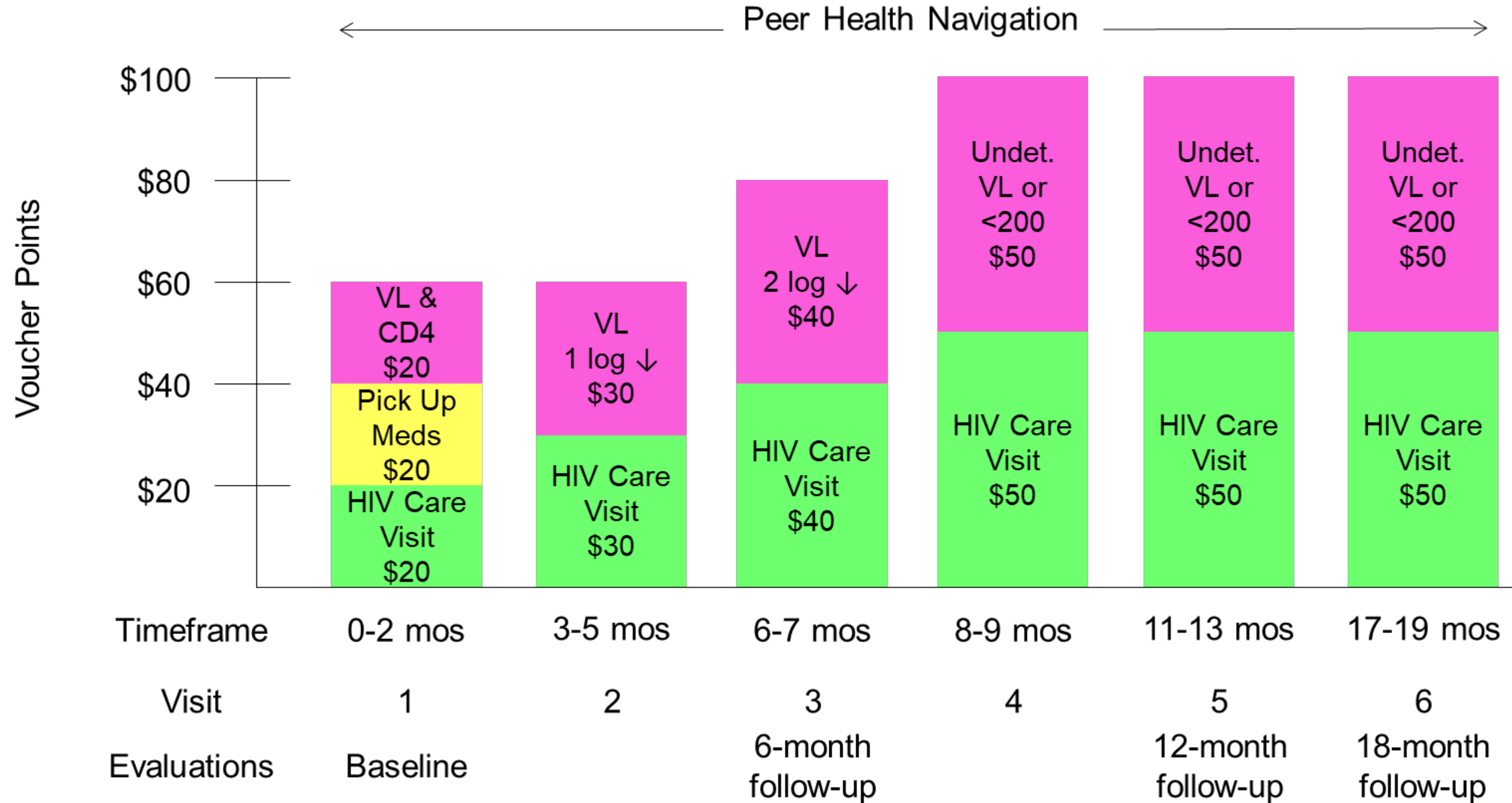
Methods

- Enrollment from February 2014 through August 2016
- Recruitment:
  - Community-wide social network recruitment and engagement methodology (i.e., Respondent Driven Sampling)
  - Venue- and street-based outreach
  - Dissemination of project flyers
  - In-reach at other programs conducted at the project site
  - In-services conducted at local agencies
  - Collaborating HIV medical care clinics
- Assessment time points and incentives:
  - Eligibility screening = $10
  - Baseline = $25
  - 6- and 12-month follow-up = $50
  - 18-, 24-, 30-, and 36-month follow-up = $100
- Computer Assisted Self Interview (CASI) assessments administered via REDCap

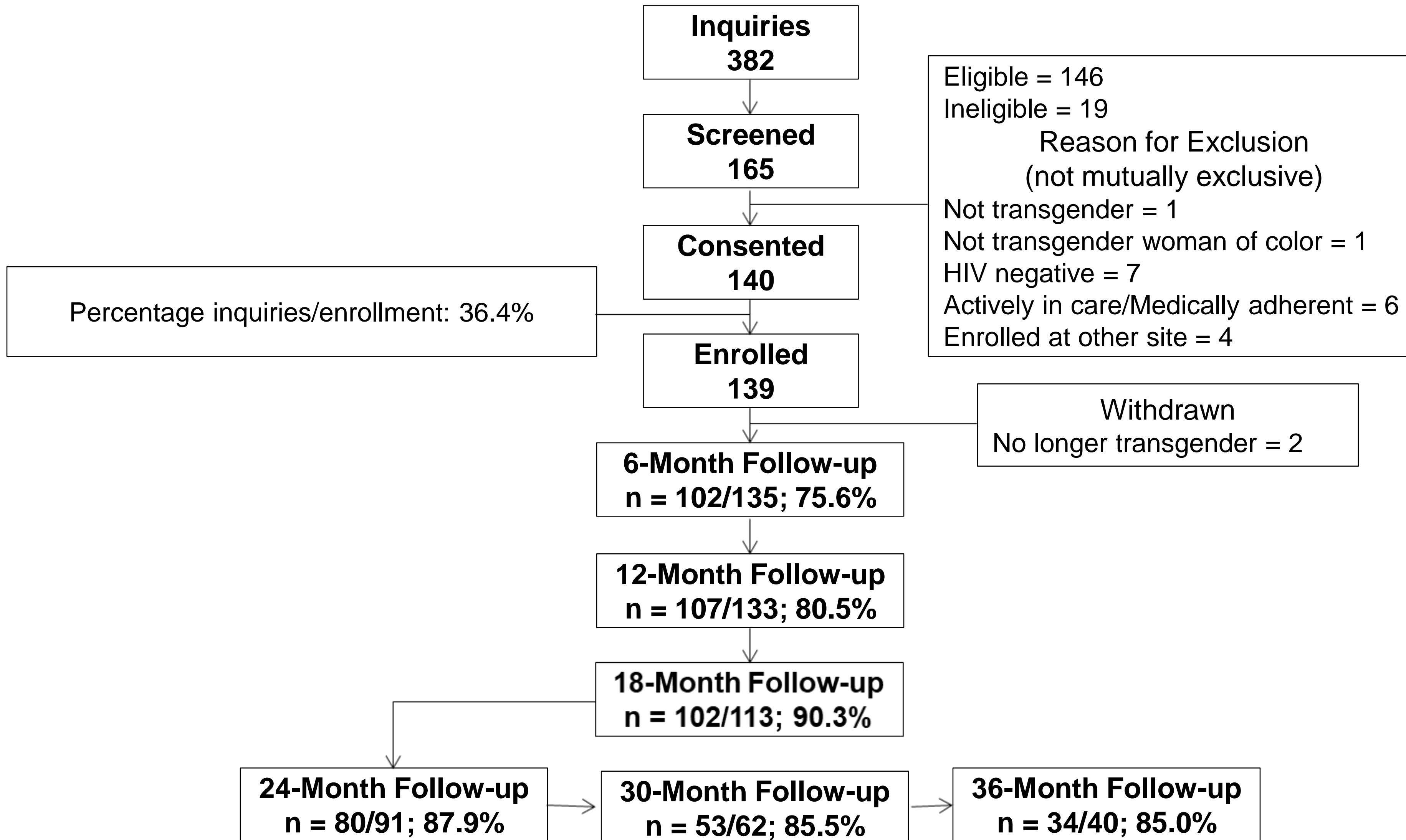
Eligibility

- Identified as a trans woman
- Assigned the male sex on her original birth certificate
- Between the ages of 18 and 65 years
- Reported her racial/ethnic identity as other than Caucasian/White
- HIV positive *and* currently not in HIV care *or* had not seen a HIV medical provider in the previous six months *or* not prescribed ART medication *or* prescribed ART medication but not always adherent.

Combined Peer Health Navigation + Contingency Management Intervention



Study Progress and Retention



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Baseline Demographics (N = 139)

Variable	n (%)
Race/Ethnicity	
Hispanic/Latina	53 (38.1%)
African American/Black	54 (38.9%)
American Indian/Alaska Native	10 (7.2%)
Asian/Pacific Islander	3 (2.2%)
Multi/Other	19 (13.7%)
Age	
Range	19 – 59 years
Mean	36.2 yrs (9.7)

Sociodemographics

Variable		n (%)
Sexual Identity		
	Heterosexual	65 (46.8%)
	Gay/bisexual	40 (28.8%)
	Lesbian	4 (2.9%)
	Other/refused	30 (21.6%)
Educational Attainment		
	≤ High School/GED	53 (38.1%)
	High School Diploma/GED	45 (32.4%)
	Some College	36 (25.9%)
	Bachelor's Degree or Higher	3 (2.1%)
Housing Status		
	Homeless/Transitional Housing	59 (42.5%)
	Housed	55 (39.5%)
	Other/DK/Refused	25 (18.0%)

Stage of HIV Care Continuum

- 11 were unaware of their HIV positive status; 7.9% new positivity rate
- Most need ART / medication non-adherent
- 32 (23.0%) had never been in care

Engagement in Care Continuum at Enrollment (not mutually exclusive)					
Unaware of HIV Status	Know HIV Status	Never in HIV Care	Dropped out of HIV Care	Need ART	On ART but non-adherent
11	128	33	36	57	71

- 118/139 (84.9%) linked to care
- Range of time from baseline assessment to linkage to care:
  - ➢ Range 0 – 467 days
  - ➢ Median = 20 days
  - ➢ Mean = 67 (SD = 103) days

Peer Health Navigation Outcomes

- Range of Peer Health Navigation sessions: 1-31 sessions; Mean 6.6 (SD = 6.5); 919 total PHN sessions

- 88.4% of the participants attended 2 or more PHN sessions

- Only 16 (11.6%) participants did not have a PHN session past their baseline session

Contingency Management Outcomes

Contingency Management Behavioral Targets									
Target	1st HIV Care Visit	Received ART Medication	Returned for VL/CD4	2nd HIV Care Visit	3rd HIV Care Visit	4th HIV Care Visit	5th HIV Care Visit	6th HIV Care Visit[a]	
Achieved	118 (84.9%)	98 (70.5%)	96 (69.1%)	79 (56.8%)	59 (42.5%)	40 (28.8%)	29 (20.9%)	16 (11.5%)	525 Achieved
Reward	$20 pts	$20 pts	$20 pts	$30 pts	$40 pts	$50 pts	$50 pts	$50 pts	$280 Pts Possible
Total	$2,360 pts	$1,960 pts	$1,920 pts	$2,370 pts	$2,360 pts	$2,000 pts	$1,450 pts	$800 pts	$15,220 Pts Earned

Contingency Management Biomedical Targets						
Target	Reduce VL ≤ 1 Log	Reduce VL ≤ 2 Logs	Undetectable VL (1)	Undetectable VL (2)	Undetectable VL (3)	
Achieved	52 (37.4%)	37 (26.6%)	19 (13.7%)	12 (8.6%)	3 (2.2%)	123 Achieved
Reward	$30 pts	$40 pts	$50 pts	$50 pts	$50 pts	$220 Pts Possible
Total	$1,560 pts	$1,480 pts	$950 pts	$600 pts	$150 pts	$4,740 Pts Earned

Contingency Management Totals:

648 Targets Achieved **Mean = 4.7 targets (SD = 3.7)** **Total = $19,960 Pts Earned**

[a]12 participants were not eligible to reach their 6th HIV care visit, due to the late date of their enrollment

Viral Load Outcome

- 83% who enrolled detectable and achieved the minimum 1 log viral load reduction advanced to full viral suppression

- 60/135 (44.4%) have achieved/maintained viral load suppression

Conclusions

- 7.9% new positivity rate
- 85% were linked to HIV care
- Almost all (88.4%) attended at least 2 PHN sessions
- Almost all (88.9%) earned a CM reward
- Increased attendance to PHN sessions was associated with significant achievement of both behavioral (coef. range 0.12-0.38) and biomedical (coef. = 0.10) HIV milestones (all $p \leq 0.01$)

Future Directions: Next Steps

- A randomized controlled trial is needed to unpack the mechanism of behavioral change of Peer Health Navigation versus Contingency Management

Thank you!

reback@friendsresearch.org

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Engaging transgender women of color living with HIV into healthcare: findings from a SPNS initiative

Dr. Luis F. Molano, Vice President of ID and LGBTQ Programs

Jessica Contreras, BA, H.I.P.P Program Manager

Community Healthcare Network, New York, NY

National Ryan White Conference, Washington DC,
December 2018

Background – T.W.E.E.T Care Project

- The program operated out of our Jamaica Health Center, located in Jamaica, Queens.
- The T.W.E.E.T Care Project provided the following services to individuals 18 years of age and older:
  a. Identify newly diagnosed transgender women of color and link them to care.
  b. Identify HIV-positive transgender women of color who are currently out of care and link them to care.
  c. Enroll identified clients into the TL-Teach Back Intervention
  d. Identify and utilize Peer Leaders,

Background – Theoretical Models

- T.W.E.E.T. is rooted in the following theoretical frameworks:
  - Social Cognitive Theory: Involves observation, imitation, reward, interaction, and sharing in learning and adopting new behaviors modeled by peers.
  - Trans-Theoretical Model: Five stages of change regarding adopting healthy behaviors— not ready to change (pre-contemplation), getting ready to change (contemplation), ready to change (preparation), changing (action), and prevention (maintenance).
  - The intervention component of TL – Teach Back comprised peer-led educational group sessions on sexual health or HIV prevention topics related to engagement in care twice a week. Specifically, each week group sessions covered an educational topic followed by group discussion in one of the following areas: 1) HIV/AIDS and sexually transmitted infections (STIs), 2) Sexual Health, 3) Gender Transitioning, 4) Wellness, and 5) Mental Health. Group sessions lasted up to 120 minutes.

Implementation Activities

- Job descriptions were developed based on the program requirements, positions included; **Program Manager, Patient Services and Retention Specialist (1-2 people), Peer Educator, Court Navigator (if applicable).** Each staff person contributed to the uniqueness of the program and patients.
- **Trans leaders** are women enrolled in the program and community advocates.
- Focus groups occurred to identify the needs of the targeted population. We wanted to design a program for Trans women based on their recommendations, what services were most important, and structure a welcoming safe environment.
- We identified and collaborated strong community partners. Local night clubs, CBO's, pharmacies, courts, police departments and legal organizations who provided pro bono work.

Transgender Leader Teach Back Intervention

- Transgender leaders has the following responsibilities:
  - Choose a topic from the teach back intervention curriculum and facilitate at least one (and up to three) group sessions;
  - Meet with a staff member for three individual coaching sessions while preparing the group session;
  - Participate in outreach activities following recruitment guidelines.
  - Refer potential client to the project;
  - Encouraged referred clients to make and keep medical appointments.

Intervention Activities

Recruitment and Retention

- Staff conducted weekly nontraditional outreach events such as visiting night clubs near known high-sex trafficking areas. Staff walked the streets handing out safer sex packages that include program materials, condoms, and lubricant.
- Staff planned special events such as celebration of Trans PRIDE, Trans Day of Remembrance, Miss Trans Latina, and holidays). Those individuals who attended weekly workshops on a consistent basis were chosen to assist in planning and running the event alongside CHN staff.
- Participants received a incentive of $25 for facilitating a group and a $25 gift card at graduation. Graduation celebrations were hosted a local establishments. Community involvement was key.

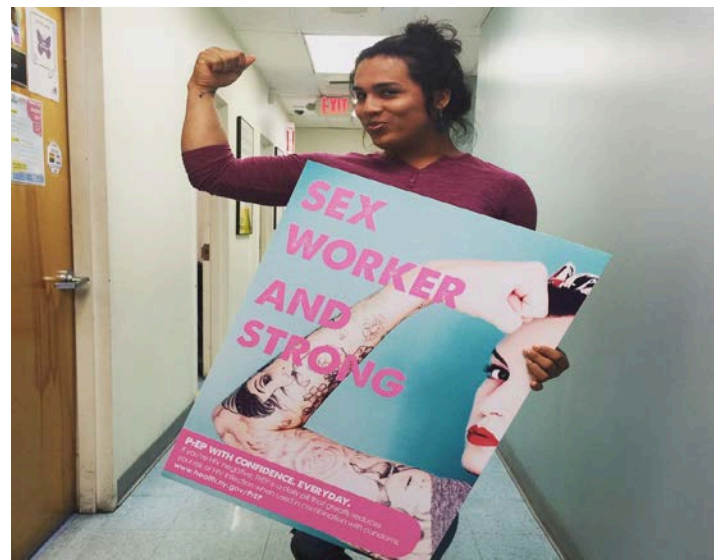
Intervention Activities cont.

- Develop online outreach modalities: Staff members diffused health education and promotion on internet-based social networks (such as **Facebook, Twitter, and Instagram).** Facebook is a great tool to use to maintain contact with participants.

- Followed up with home visits for patients who were difficult to engage due to substance use challenges

- Supportive services through CHN included assistance with name change or gender marker; referrals for gender confirmation surgeries (linked with knowledgeable and skilled providers); referral to trans-sensitive shelters or housing specialists; referral or peer support for legal problems, which included accompanying clients to court or to see a lawyer.

Empower your community



Promotional material available during recruitment activities in night clubs.

Clinical Outcomes

- From December 2013 to August 2016, 163 TW were enrolled in the TL – Teach Back intervention.
- Over the course of the 5-year intervention and seven 6-month interview waves, only 28 (17%) of the participants were lost to follow-up, yielding an 83% retention rate in HIV clinical care at the final visit.
- Approximately 39% of participants became Peer Leaders through the TL – Teach Back intervention. Ages 18 to 61.
- 93% self-identified as Hispanic or Latina
- Approximately 25% of participants had a new (past year) HIV diagnosis.
- After completing the intervention, 83% of participants went from no care to being retained in care; of these participants, 79% were virally suppressed.

Best practices

- Findings from this intervention demonstrate that becoming a Peer Leader in this trans-specific and trans-inclusive intervention was associated with improved health outcomes including suppressed viral load and an increase in CD4 count.

- A recommendation for the replication of this program is that community dialogue is essential to the success of the program.

- The Peer Leader model exemplified leadership from the community, created a safe space for TW, and increased access to needed care and services, which led to improved health outcomes.

- Part of our commitment to the execution of the project was community empowerment, so participants were able to become their own advocates and were able to disseminate and replicate the information to the rest of their peers in the community.

- Identify medical providers with extensive knowledge of trans care, comfort level to assess sexual behavior in professional manner, differentiating between medical necessity & personal curiosity.

Next steps

- Since program ended we were able to retain 70% of patients enrolled in the program.
- Weekly group sessions continue.
    a. Funding is provided by the Human Trafficking Intervention Court city grant.
- Community Healthcare Network received an High Impact Prevention AIDS Institute grant, all staff members were able to transfer and remain employed.
- During the five years, staff focused and ensured patients have:
    a. Medical Insurance
    b. Stable Housing
    c. Resources

- T.W.E.E.T Care Project Intervention was selected as a national implementation by Fenway Community Health Center, Inc. in collaboration with AIDS United, is the Evidence-Informed Interventions Coordinating Center for Technical Assistance (E2i CCTA) under a four-year HRSA/HAB cooperative agreement (August 2017 - July 2021). Three sites have been awarded funding .

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Thank you!

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 H97HA24967 SPNS Linkages and Access to Care Initiative, awarded at $300,000 per year over 5 years, with no non-governmental funds used to finance the project systems. 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.

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NATIONAL RYAN WHITE 2018 CONFERENCE ON HIV CARE & TREATMENT

Engaging transgender women of color living with HIV into healthcare

Brendan O’Connell, MSW

BIENESTAR Human Services

BIENESTAR

- A 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
- Current services provided:

HIV/STI screening ● mental health treatment ● out-patient substance abuse treatment ● linkage to care ● support groups ● HOPWA case management ● food bank ● syringe exchange ● HIV prevention programming and research

BIENESTAR

HIV in Los Angeles

- Los Angeles County:
  - over 4,000 square miles
  - 88 cities & 26 health districts
  - population: 10.2 million
  - 7,000 transgender women

- As of 2016 Los Angeles County estimates:
  - 60,946 PLWH
  - 8,654 unaware of infection
  - 43% of PLWH are Latino
  - 54% Viral Suppression for Transgender person
  - 60.1% Viral Suppression for Latino’s in LAC

TransActívate Overview

- ***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 Overview

- **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
- **Goals and Objectives**
  - Enrollment - 150 enrollees
  - Timely Linkage to Care - 85% linkage rate
  - HIV screening - 1160 Transgender tests

TransActívate Overview

- Medical Provider
  - BIENESTAR partnered with 7 Federally Qualified Health Centers (FQHC)
- Staffing
  - Linkage Coordinator/Peer Navigator
  - HIV testing counselor
  - Program Manager
- Community Trust
- Physical locations to provide the initiative across LA
- Wraparound services
- Evaluation

In commemoration of International Women's Day and HIV/AIDS Awareness Day for Women and Girl
BIENESTAR Presents:

"Angels on Earth"
Trans Health Care Conference

Saturday March 7, 2015
10:00AM to 4:00 PM

East Los Angeles Center
5326 E. Beverly Blvd.
Los Angeles, CA90022

Event will be conducted in spanish

Transform Your Life
"Be firm in your attitudes and persevering in your Ideal "

- Health care and hormone treatment
- Skill building and employment opportunities
- Immigration and legal services
- Spiritual Healing
- Mental Health

Raffles, food, incentives and more

Registration information:: (866) 590 -6411

Brenda Gonzalez Ext. 205
Sandra Esqueda Ext. 203
Erika De La Cruz Ext. 402
Silvia Valerio Ext. 107
Karla Thalia Ext. 408
Leslie Frias Ext. 210
Ava Juarez Ext. 500

Implementation

- 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 test with a (1.6 positivity rate)

HIV Care Continuum	Number of Clients
Newly Diagnosed	13
Re-Engaged in Care	20
In need of additional support	117

Findings- Demographics

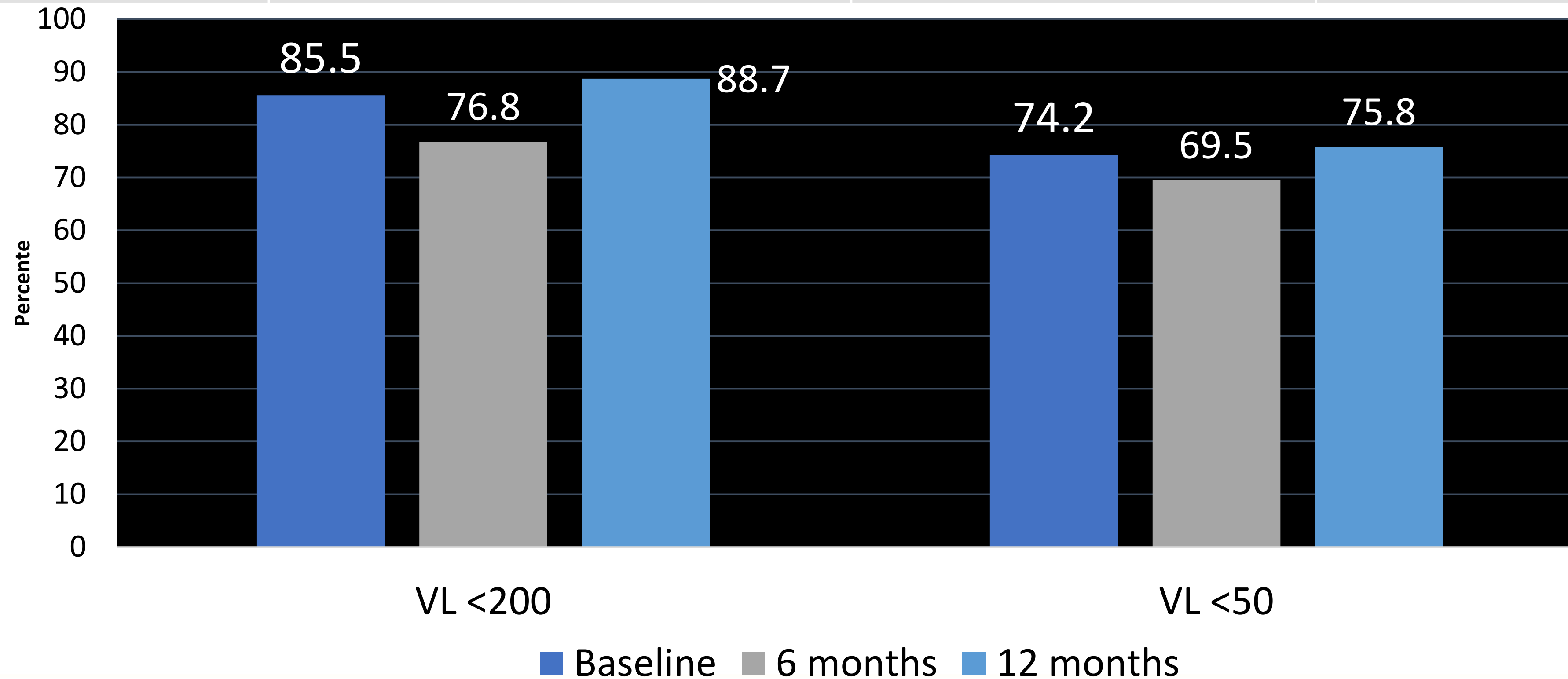
Variables	Total (%); Mean [SD]
Age	44 [8.36]
Foreign born	140 (93.3%)
Education (High school or less)	132 (88.0%)
Income level (in the past 12 months)	
Less than $2,999 ($249/month)	77 (51.3%)
$3,000 - $11,490 ($250 - $957/month)	33 (22.0%)
$11,491 ($958 /month) and above	11 (7.3%)
Don’t know or decline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

Findings- Enrollment

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/MobileTesting	8

Outcomes: Viral suppression

	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]



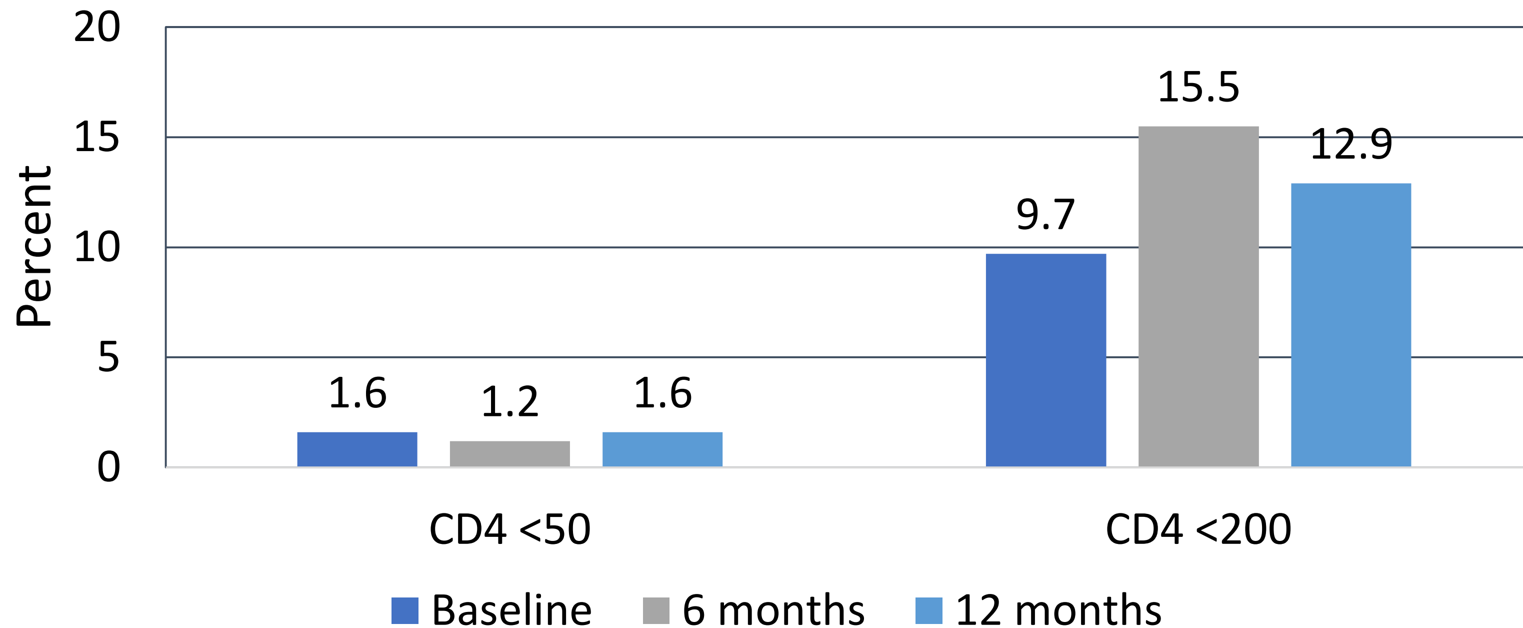
Viral Load Outcomes: Paired Comparisons

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.

Outcomes: CD4 counts

	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]



CD4 Outcomes: Paired Comparisons

CD4 Baseline to 6 months (N=54)				
	Baseline	6 month	Difference	McNemar Test p-value
CD4 <50	1 (1.9%)	1 (1.9%)	0 (0.0%)	N.S.
CD4 <200	5 (9.3%)	6 (11.1%)	1 (1.9%)	N.S.

CD4 Baseline to 12 months (N=41)				
	Baseline	12 month	Difference	McNemar Test p-value
CD4 <50	1 (2.4%)	1 (2.4%)	0 (0.0%)	N.S.
CD4 <200	6 (14.6%)	5 (12.2%)	1 (2.4%)	N.S.

Barriers to engagement

- Self-reported barriers at intake:
  - 27% some type of housing instability
  - 31% drug use (not including marijuana)
  - 30% 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

Adaptation to barriers

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

- Expanding support programming for recruitment
  - HIV-positive support groups
  - Starting Trans Health Conference
  - National Transgender Testing Day

- Modifying Social Network Strategies

BIENESTAR
CELEBRATE / CELEBRA

National Transgender HIV Testing Day April 18, 2017

Dia Nacional de la Prueba Del VIH en Mujeres Trans 18 de Abril 2017

We will conducting HIV testing All week

Estaremos haciendo pruebas de VIH toda la semana

Monday / Lunes 17
Sur LA/SF Valley
10:00AM-7:00PM

Tuesday / Martes 18
El Monte
4:00-7:00PM

Wednesday/Miércoles 19
Hollywood /East LA
10:00AM-7:00PM

Thursday / Jueves 20
Long beach / Pomona
10:00AM-7:00PM

Friday/Viernes 21
Hollywood
10:00AM-7:00PM

INCENTIVES / INCENTIVOS

BIENESTAR

INFO: (866) 590 - 6411

Lessons Learned

- Staff at the agency and medical providers must all be Trans competent
- Community trust is vital for recruitment
- Don’t be afraid to modify something if it isn’t working
- Participants will have many needs
  - Find internal and external supports
- Staff retention

Thank you!

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Outcomes of the Trans Women of Color Initiative: Linkage, Treatment, Retention and Viral Suppression

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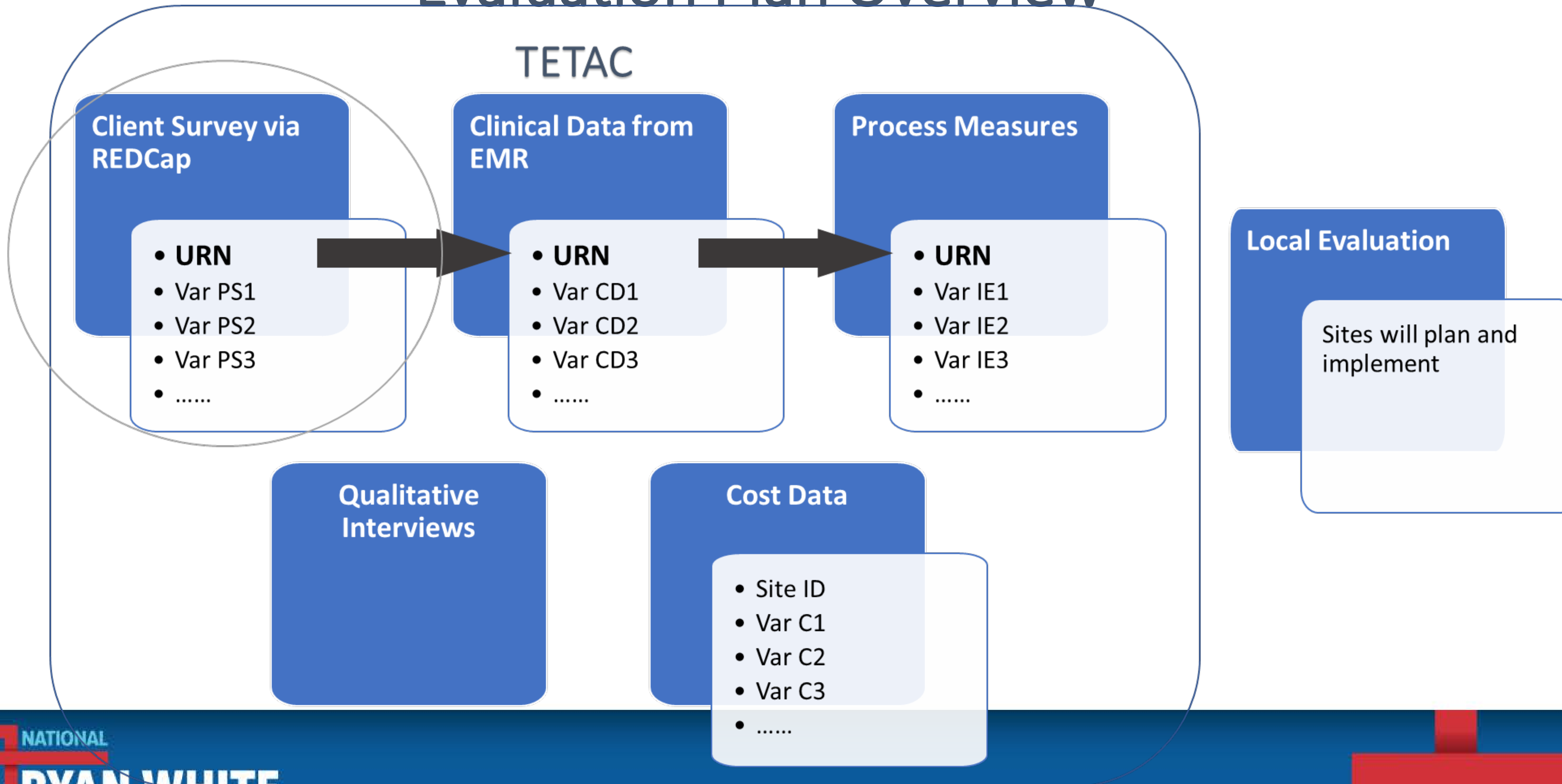
University of California, San Francisco (UCSF)

Evaluation Approach

Objective: *To conduct a cross-site evaluation to assess the relationship between intervention participation and improvement in engagement and retention in care for trans women of color living w/HIV*

- Qualitative interviews with intervention staff & participants
- Surveys with trans women of color living with HIV
- Review of medical chart data
- Cost analysis

Evaluation Plan Overview



Methods

Eligibility Criteria

- Transgender woman of color living with HIV
- Assigned male sex at birth
- Identifies as female or transgender
- At least 16 years old
- Fluent in English or Spanish

Recruitment strategies were designed by the demonstration sites and include

- Community outreach
- Networking, word of mouth
- Publicity materials
- Referrals from clinics and other service providers

Methods – Data Collection

Computerized, self-administered surveys administered using REDCap in the language of participant's choosing (English or Spanish)

Surveys at baseline and every 6 months thereafter

Data are therefore participant self-reports

Methods – Data Analysis

On baseline data from the 861participants

Sample descriptive statistics (frequencies, measures of central tendency)

Multivariate logistic regressions (odds ratios and their 95% CI are reported)

All reported results are statistically significant ($p<0.05$)

Sample Characteristics

	n	%
Ethnicity: Latina	418	49%
Race: Black	365	42%
Race: American Indian (non-Hispanic)	9	1%
Race: API (non-Hispanic)	14	2%
Additional race (non-Hispanic)	11	1%
Multi-racial (non-Hispanic)	29	3%
No response	15	2%
< Grade 12/ GED	638	74%
Employed in past 6m (PT or FT)	204	24%
Annual Income <= $11,490	649	75%
	Median	***SD***
Age (years)	36	10.9

Sample Characteristics

Gender Identity (check all)	n	%
Transgender	351	41%
Transfemale/Transwoman/Transgender Woman	338	39%
Transsexual Woman	116	13%
Female/ Woman	87	10%
Additional	6	<1%

Sample Characteristics

Engagement in Care	n	%
Primary Care, ever	662	77%
ART prescription, ever	332	39%
Primary Care, 6 & 12 months	193	22%
VL, tested in last 12 month & undetectable at last test	314	36%

Evaluation Plan Overview

TETAC

Client Survey via REDCap

- **URN**
- Var PS1
- Var PS2
- Var PS3
- ……

Clinical Data from EMR

- **URN**
- Var CD1
- Var CD2
- Var CD3
- ……

Process Measures

- **URN**
- Var IE1
- Var IE2
- Var IE3
- ……

Qualitative Interviews

Cost Data

- Site ID
- Var C1
- Var C2
- Var C3
- ……

Local Evaluation

Sites will plan and implement

Medical Chart Data

Data captured from medical chart abstraction

- Data available from eight (8) sites
- Included participants enrolled through 08/31/2015 (N=562)

Outcomes assessed every six months based on time since enrollment

- 0, 6, 12, 18 and 24 months

Patients censored if they had not reach end of follow-up window

Outcomes

Linked

- Any HIV primary care visit current or past

On Treatment

- Rx of ART within six month period

Retained

- At least one visit in each of the two prior six month periods, separated by >= 60 days

Virally suppressed

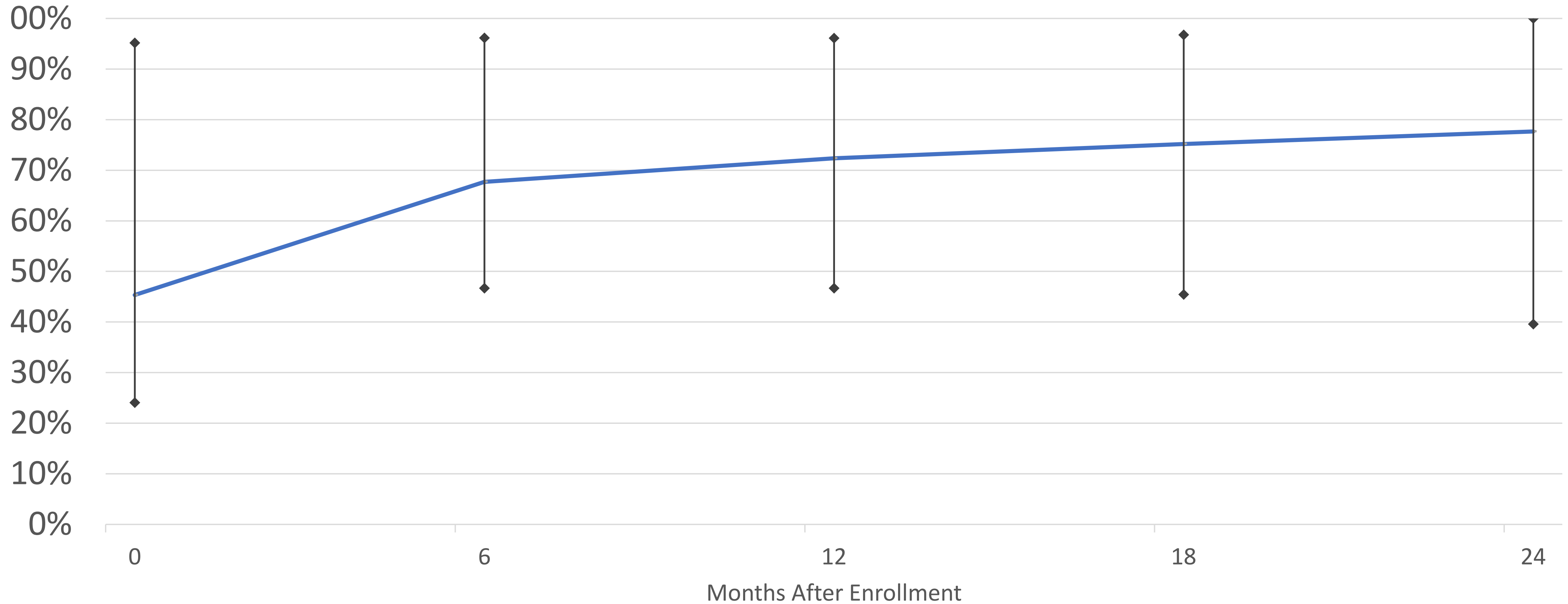
- <200 at last test within period

Analyses

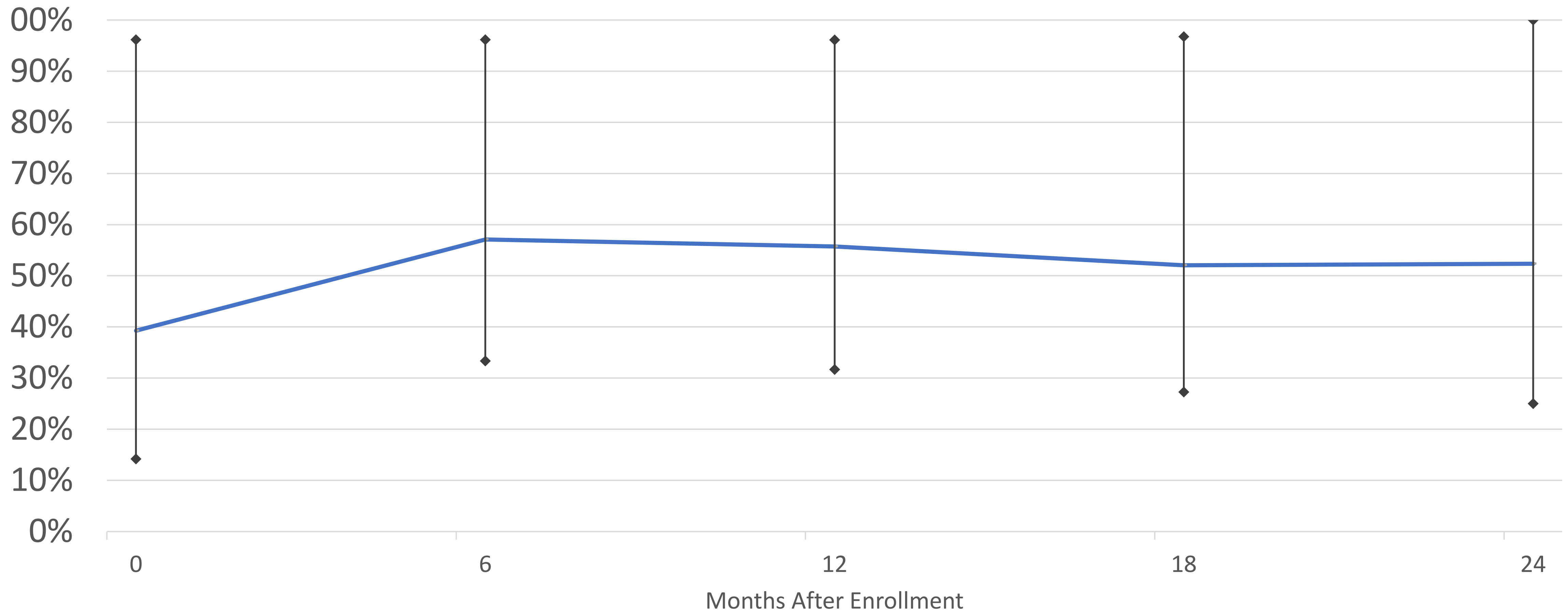
We employed models which allowed us to examine changes over time in engagement in HIV care, while controlling for the fact that women were seen multiple times throughout the interventions

- Generalized estimating equations
- Logit link and binomial distribution
- Polynomial models

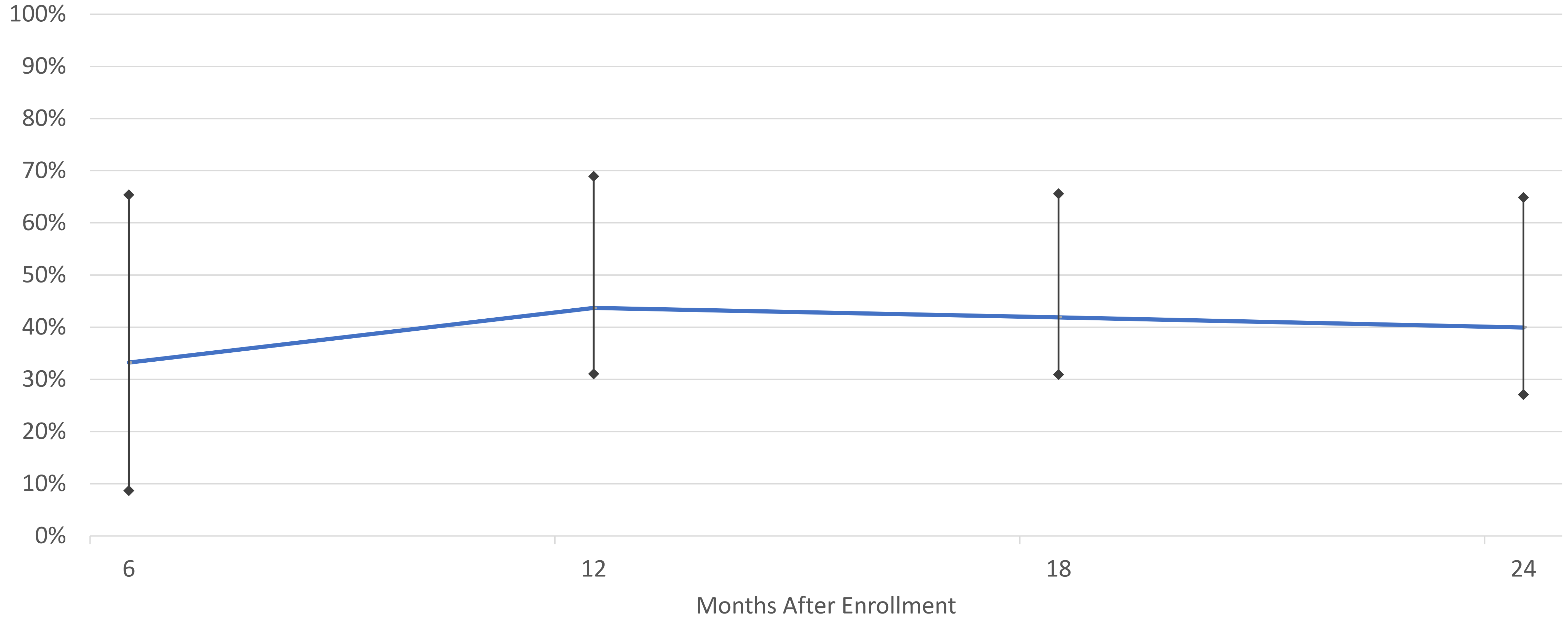
Linkage to Care (overall and range)



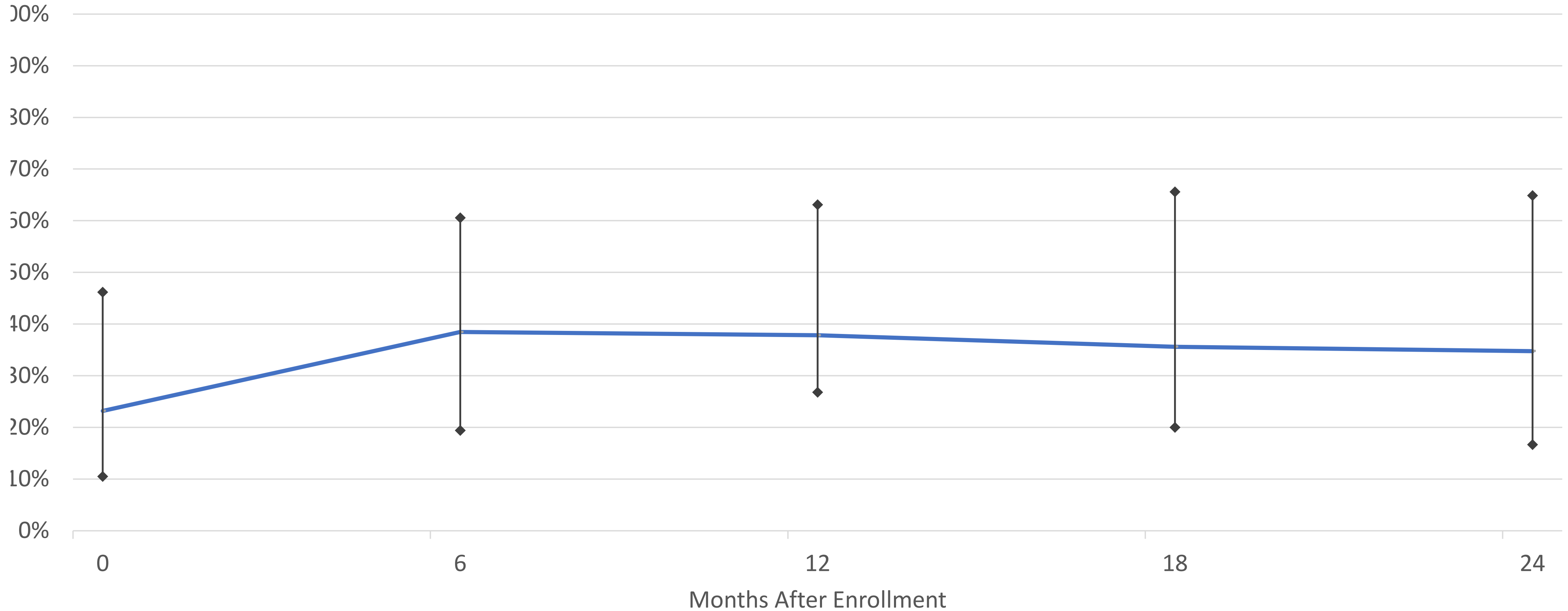
Current ART Treatment (overall and range across sites)



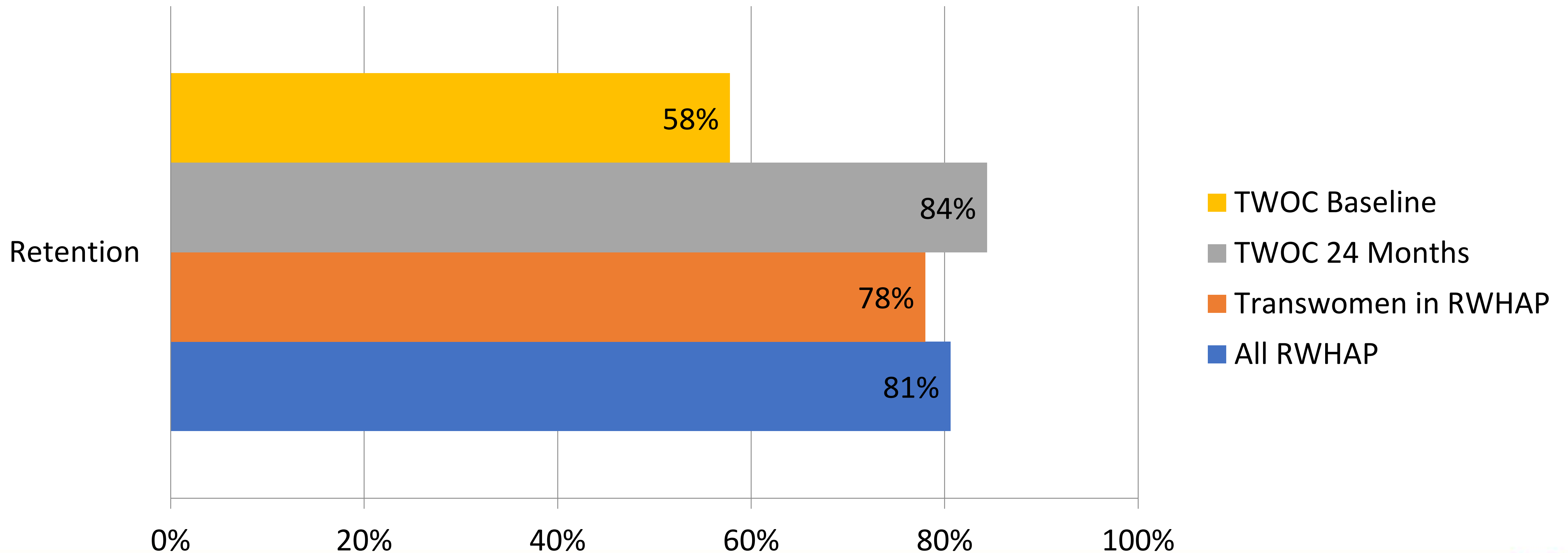
Retention in Care (overall and range across sites)



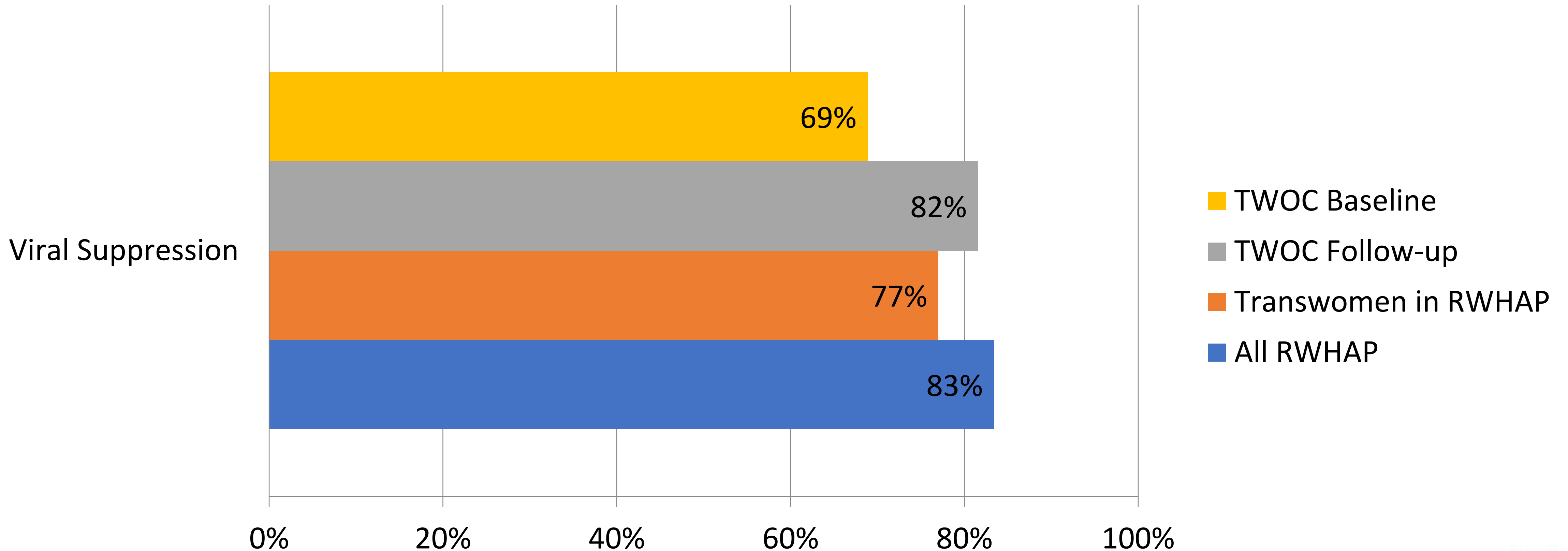
Viral Suppression (overall and range across sites)



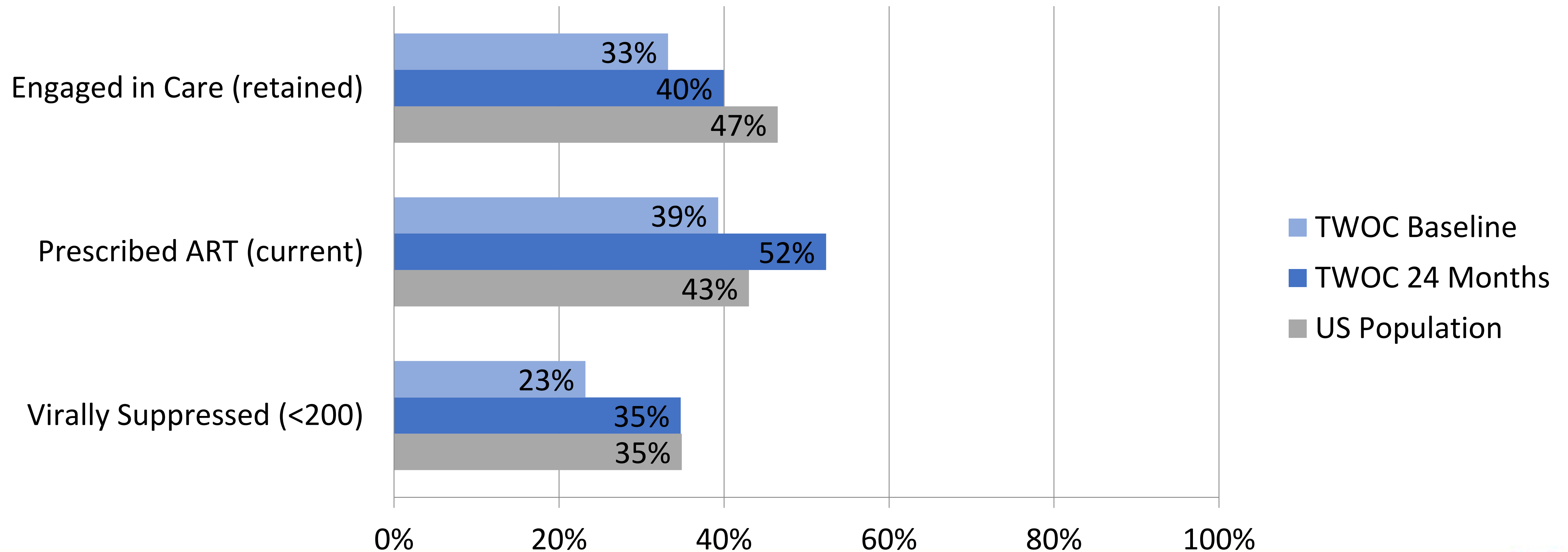
Compared to Ryan White HIV/AIDS Program (RWHAP)



Compared to Ryan White HIV/AIDS Program (RWHAP)



Compared to US Population



Conclusions

Overall, TWOC demonstration site **interventions reduced disparities** in linkage, treatment, retention and viral suppression.

Interventions that were successful at improving retention and viral suppression, include:

- **Empowering environments and activities;**
- **Transwomen in visible staff/mentoring roles;**
- **Support for self-care of staff; and**
- **Incentives to attend intervention activities and/or health services**

Disclaimer

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- All the project participants & the SPNS Transgender Women of Color Study Group

Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

http://ryanwhite.cds.pesgce.com

Intervention Manuals:

https://targethiv.org/library/spns-transgender-women-color-initiative-manual