

Transgender Women Engagement and Entry To Care Project (T.W.E.E.T.)

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Disclosures

Presenter(s) has no financial interest to disclose.

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Learning Objectives

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

1. Identify resources developed to support the implementation and replication of successful models of HIV care.
2. Describe three innovative models of care for addressing vulnerable populations disproportionately affected by HIV.
3. Discuss how these models have contributed to improved health outcomes for PLWH.

Background

- The program operated out of CHN's 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:
 - Identify newly diagnosed transgender women of color and link them to care
 - Identify HIV-positive transgender women of color who are currently out of care and link them to care
 - Enroll identified clients into the TL-Teach Back Intervention
 - Identify and utilize Peer Leaders
 - Peer Leaders are members of the target population that receive the requisite training in identification, engagement, and linkage

Engagement & Retention

Exceeded Target Participation Rate Of 150 Patients

- 163 HIV-positive transgender women were successfully enrolled by the end of the project
- Participants ranged in age from 24-55 years old, with an average age of 35 years old
 - 30% identified as African American
 - 65% identified as Hispanic
 - 9% identified race/ethnicity as “other”
- Patients from: Mexico ● Ecuador ● Peru ● Dominican Republic ● Puerto Rico
El Salvador ● Honduras ● Columbia

Program Structure

Staff

- Project Investigator (PI)
- Program manager
- Patient Services Specialist
- Retention Specialist
- Peer Educator

Location

- Facility should include a conference room big enough to hold 10-20 people
- Equipment: computer modem connected to TV or projector to display PowerPoint's.
- Budget for incentives: light snacks, transportation (metro cards), gift cards for Peer Leaders

Program Implementation

The staff took an aggressive approach to engagement and retention

- Consistently followed up with each patient
 - Weekly check-ins via phone and messages through social media (Facebook)
 - Individual level intervention sessions during medical visit (monthly & quarterly)
- Followed up with home visits for patients who were difficult to engage due to substance use challenges
- Brief discussions in the street –meet the people where they are
- Condom give-away program
- Reassurance that we are here to help

Supportive Services

- Legal is an important key component to the intervention
 - Staff were able to connect with not-for-profit legal agencies that assisted with:
 - free name changes
 - legal representation for loitering or misdemeanor charges
- Asylum
- Work authorization
- T and U visa application

Successful Outcomes

Comprehensive Medical Care

Primary Care Services Include:

- HIV Care
- ART Adherence
- Dental ● Podiatry ● Nutrition
- Hormone Therapy
- Health Homes Coordination

Preliminary Clinical Outcomes

- 83% (135/163) were either in active care or had pending appointments
- 17% (28/163) were either non-compliant or lost to follow-up due to substance abuse, depression and/or other social factors
- 79% (107/135) participants who were either in active care or had pending appointment reached viral load suppression
- >4% rate of sexually transmitted infections

Successes and Challenges

Community Partners

Success

- The LGBT community had a strong presence in the Jackson Heights, Queens area
- The night club establishments were supportive of the T.W.E.E.T Care Project's mission

Challenges

- Police raids, unjust false arrest, violence, physical, sexual abuse, and harassment.
- Tenants not being accepting of trans-community renting apartments in the community.

Successes and Challenges

Intervention TL Teach Back

Success

- Participants felt empowered to give back to the community and have an important role
- Graduations had a high turn-out

Challenges

- Program reached maximum capacity, space became a concern
- During group sessions, conversations became intense and judgmental

Lessons Learned

- Community dialogue is fundamental to the response to HIV
 - Must understand the needs and respond to the concerns, questions, and doubts from the community
 - “Keep an open mind and an open heart”
- Essential that participants feel that they are part of the initiative and the impact it makes
- Promote Community Empowerment: Participants were able to become their own advocates and were able to disseminate and replicate the information to their peers within the community
- Important to create more programs that are trans-specific, trans-inclusive and trans-directed

Sustainability

- Since program ended we were able to retain 70% of patients enrolled in the program
- Weekly group sessions continue
 - Funding is provided by the Human Trafficking Intervention Court city grant
- Community Healthcare Network received a 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:
 - Medical Insurance
 - Stable Housing
 - Resources

Recommendations/Key Takeaways

- Community assessment including gate keepers, places of congregation and target population.
- Community leadership must include members of the target population who will contribute to local demographic and community knowledge.
- Develop a strong resource tool with outside providers such as legal, housing, mental health, and substance use facilities.
- Create a planning committee for social activities to maintain participant engagement and retention.
- Identify a space that provides a safe environment to all participants.
- Establish a team that is motivated by the same focus is important to implement an intervention of this magnitude.
- Ensure support and buy-in from leadership which includes:
 - Senior Management
 - Medical Providers
 - Frontline Staff

Resources

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Community Healthcare Network

<http://www.chnnyc.org/>

Center of Excellence for Transgender Health

<http://transhealth.ucsf.edu/>

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<http://ryanwhite.cds.pesgce.com>