



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

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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)
- Howard Brown Health (Chicago)
- San Francisco Department of Health
- SUNY Downstate (NYC)
- Tri-City Health Center (SF Bay Area)

▶ Community Sites:

- Bienestar Human Services (Los Angeles)
- Chicago House
- Friends Research Institute (Los Angeles)
- Public Health Institute (Oakland)

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

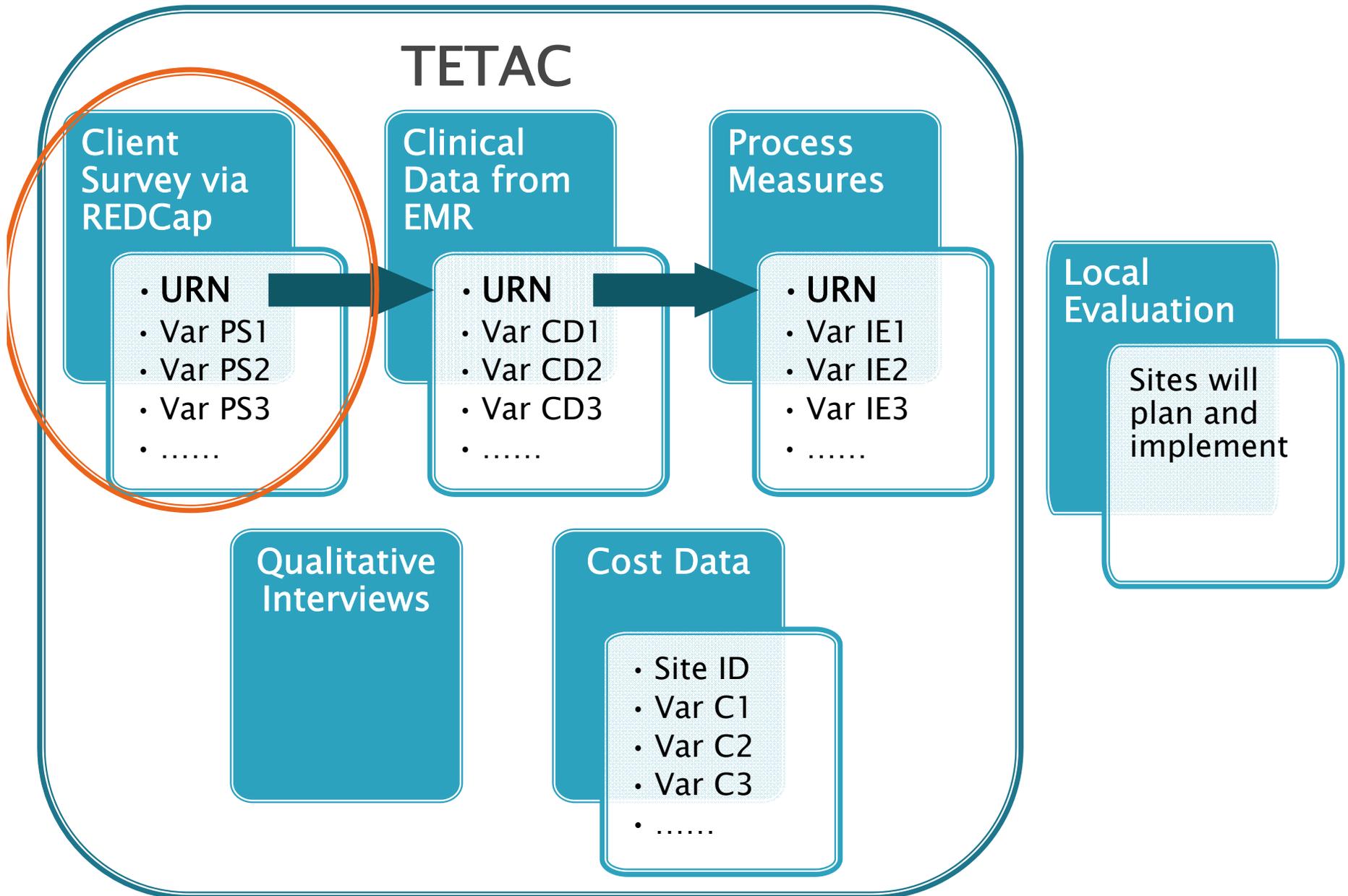
Key Elements in Intervention

- ▶ 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.

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 861 participants
- ▶ 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%
Highest education is Grade 12/ GED or less	638	74%
Employed in past 6m (part or full-time)	204	24%
Annual Income <= \$11,490	649	75%
	<i>Median</i>	<i>SD</i>
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%

A preliminary analysis of engagement in care at baseline

Predictors of “Ever been in primary care”

	aOR	95% CI	p
Age	1.03	1.02– 1.05	<.001
Latina ethnicity	1.54	1.08 – 2.20	<.05
Sex work (a main source of income)	0.68	0.47 – 0.99	<.05
Disclosed HIV status	2.11	1.39 – 3.21	<.001
Healthcare Empowerment	1.35	1.16 – 1.57	<.001
Currently on hormones	1.57	1.07 – 2.32	<.05
Incarcerated (6 months)	0.545	0.33 – 0.90	<.05

Non-significant bivariate predictors: substance use impacting care, CSA, depression, disclosing gender identity, social support, transience, lack of transportation, healthcare discrimination

Predictors of “Ever Prescribed ART”

	aOR	95% CI	p
Age	1.03	1.01 – 1.04	<.001
Disclosed HIV status	1.65	1.15 – 2.37	<.01
Healthcare empowerment	1.18	1.03 – 1.35	<.05
Exchanged sex, 6 months	1.45	1.08 – 1.94	<.05

Non-significant bivariate predictors: Latina ethnicity, substance use impacting care, CSA, sex work, depression, disclosing HIV status, social support, homelessness, transportation, healthcare discrimination

Predictors of Retention in Care (PC visits in last 6 and 12 months)

	aOR	95% CI	p
Age	1.02	1.003 – 1.04	<.05
Latina	2.01	1.41 – 2.85	<.001
Sex work (a main source of income)	0.56	0.36 – 0.87	<.05
Disclosed HIV status	1.83	1.13 – 2.95	<.05
Healthcare empowerment	1.37	1.13 – 1.66	<.01
Discrimination shelter	0.53	0.34 – 0.84	<.01
Currently on hormones	1.84	1.28 – 2.63	<.01

Non-significant bivariate predictors: Latina ethnicity, substance use impacting care, CSA, sex work, depression, disclosing HIV status, social support, homelessness, transportation, healthcare discrimination

Predictors of UVL at last test*

	aOR	95% CI	p
Age	1.02	1.002 – 1.03	<.05
Latina	1.48	1.09 – 2.02	<.05
Disclosed trans identity	2.31	1.41 – 3.78	<.01
Social support (from non-trans)	0.85	0.75 – 0.97	<.05
Homeless/unstable housing, 6 months	0.47	0.36 – 0.67	<.001
Lack of transportation	0.55	0.37 – 0.81	<.01
Healthcare empowerment	1.43	1.21 – 1.69	<.001
Currently on hormones	1.64	1.19 – 2.5	<.01

* and reported VL test in last 12 months

- 44% reported undetectable VL at last test
- **Non-significant bivariate predictors:** Latina ethnicity, substance use impacting care, CSA, sex work, depression, disclosing gender identity, social support, homelessness, healthcare discrimination

Summary: Predictors of Linkage

At baseline:

- ▶ Age, Latina ethnicity, HIV–status disclosure, healthcare empowerment, and current hormone use were positively associated with linkage to care
- ▶ Sex work being a main source of income and being incarcerated in the past 6 months were negatively associated with linkage to HIV care

Summary: Predictors of Treatment (ever prescribed ART)

At baseline:

- ▶ Age, HIV status disclosure, healthcare empowerment, and exchanging sex for necessities, were positively associated with ever having been treated for HIV

Summary: Predictors of Retention in Care

At baseline:

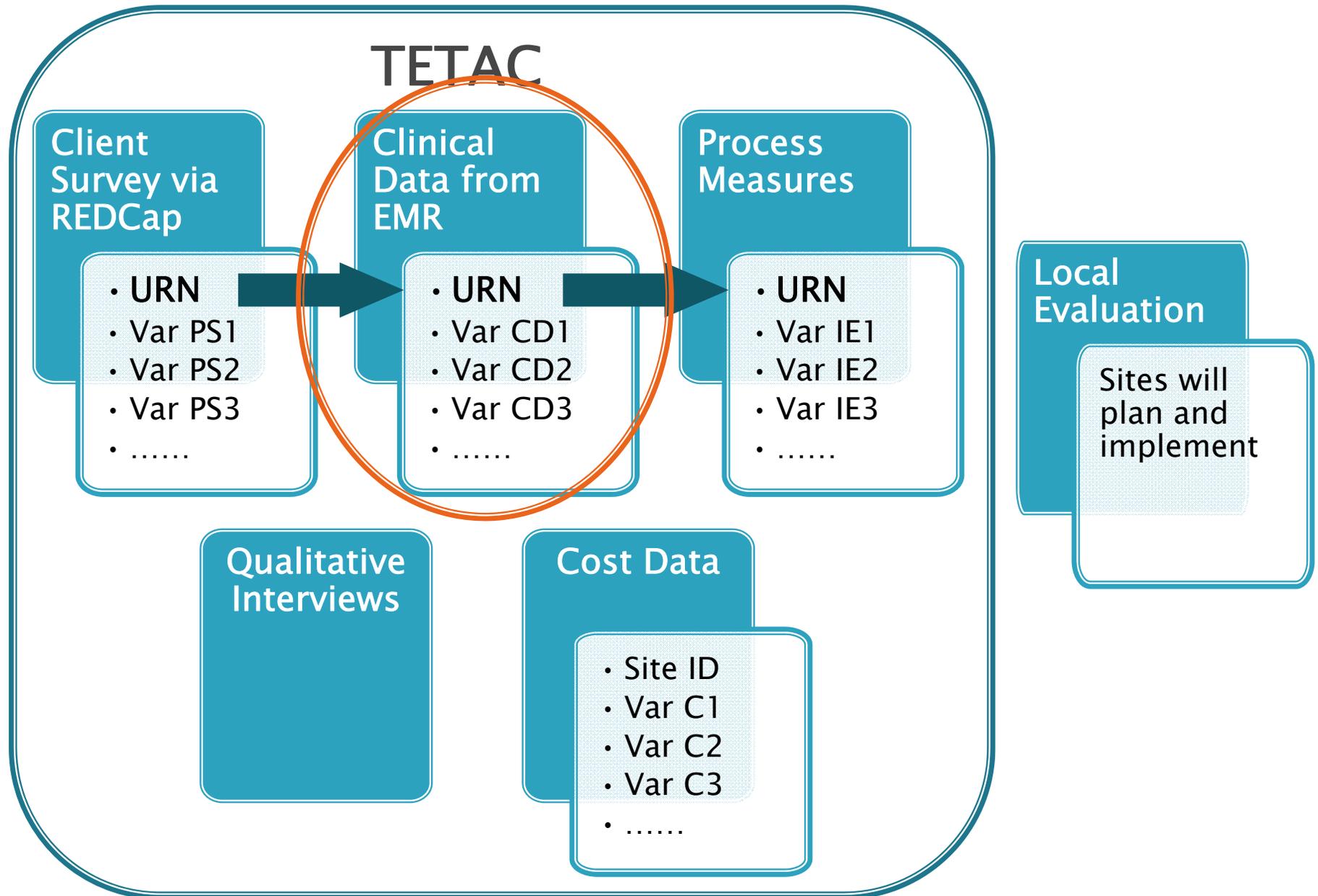
- ▶ Age, Latina ethnicity, HIV status disclosure, healthcare empowerment, and currently being on hormones were positively associated with retention in care
- ▶ Reporting sex work as a main source of income and being discriminated against in receiving shelter were negatively associated with retention in HIV care

Summary: Predictors of viral suppression at last test within the past year

At baseline:

- ▶ Age, Latina ethnicity, disclosing trans identity, healthcare empowerment and currently being on hormones were positively associated with reporting an undetectable VL
- ▶ Social support from non-trans friends, being homeless, and facing transportation barriers were negatively associated with an undetectable VL at last test

Evaluation Plan Overview



Medical Chart Data

- ▶ Data captured from medical chart abstraction
 - Data available from seven (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

Patient Characteristics

- ▶ Demonstration site
- ▶ Age – from year of birth
- ▶ Hispanic ethnicity
- ▶ Race

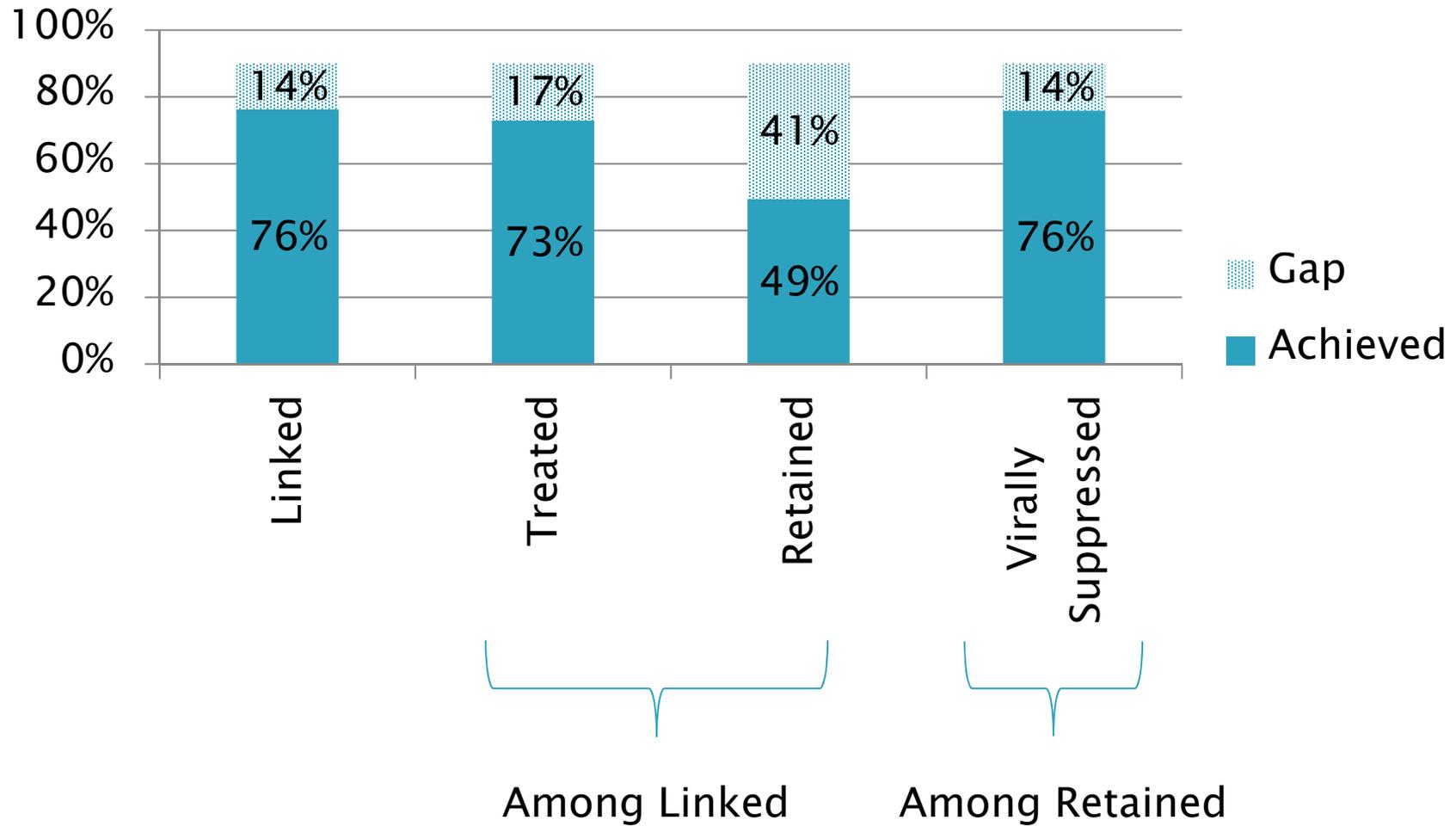
Outcomes

- ▶ **Linked**
 - Any HIV primary care visit current or past
- ▶ **Ever treatment**
 - Any Rx of ART current or past
- ▶ **On Treatment**
 - Rx of ART within six month period
- ▶ **Any visit**
 - At least one visit within six month period
- ▶ **Retention**
 - At least one visit in each of the two prior six month periods, separated by ≥ 60 days
- ▶ **Viral suppression**
 - <200 at last test within period

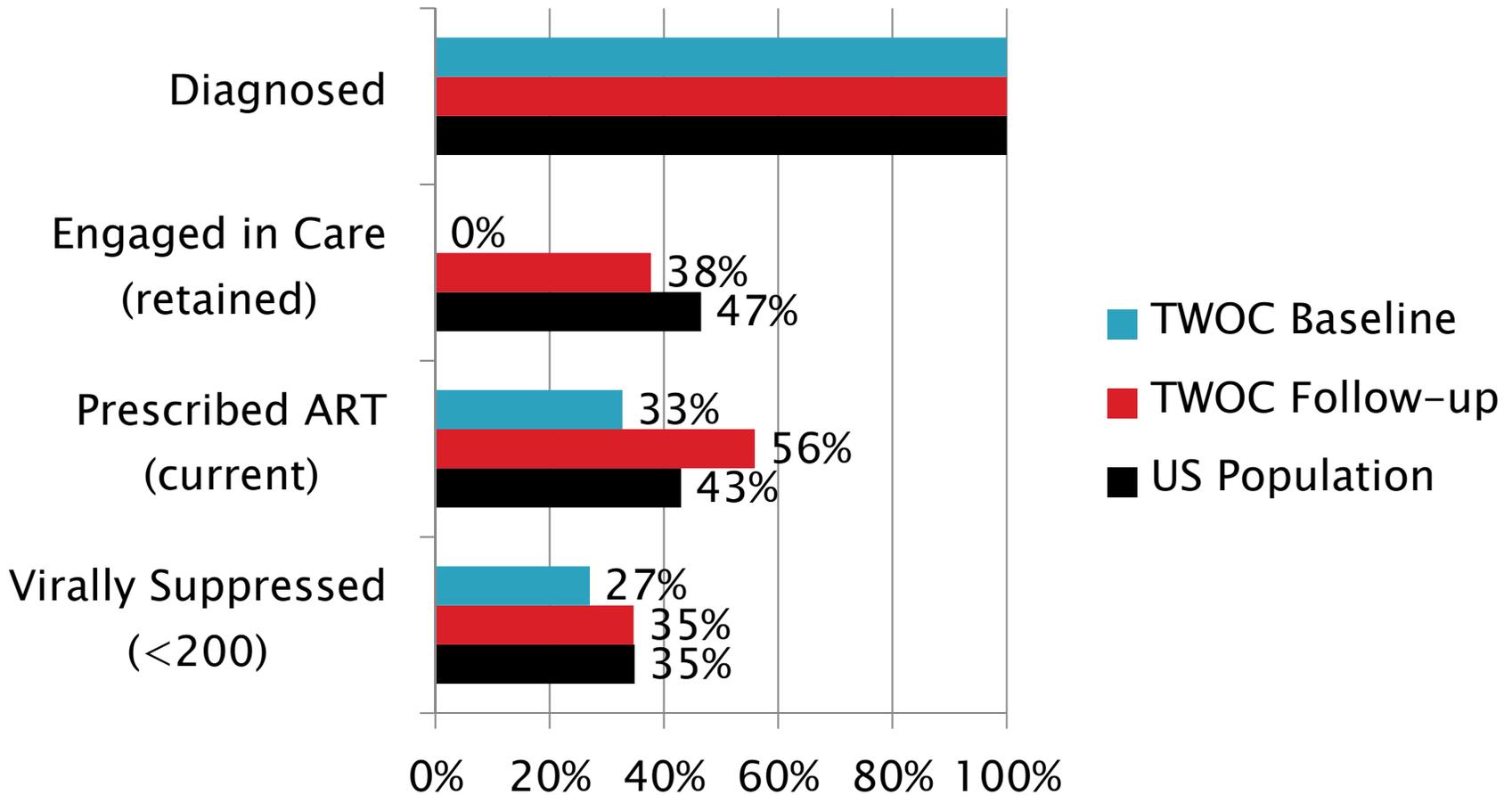
Participant Characteristics (N=489)

	Mean (s.d)	%
Age (mean)	37.6 (10.5)	
Hispanic Ethnicity (%)		55%
Race		
White		24%
African American / Black		49%
Asian		1%
Pacific Islander		1%
Native American		1%

HIV Care Continuum Outcomes at 24 months

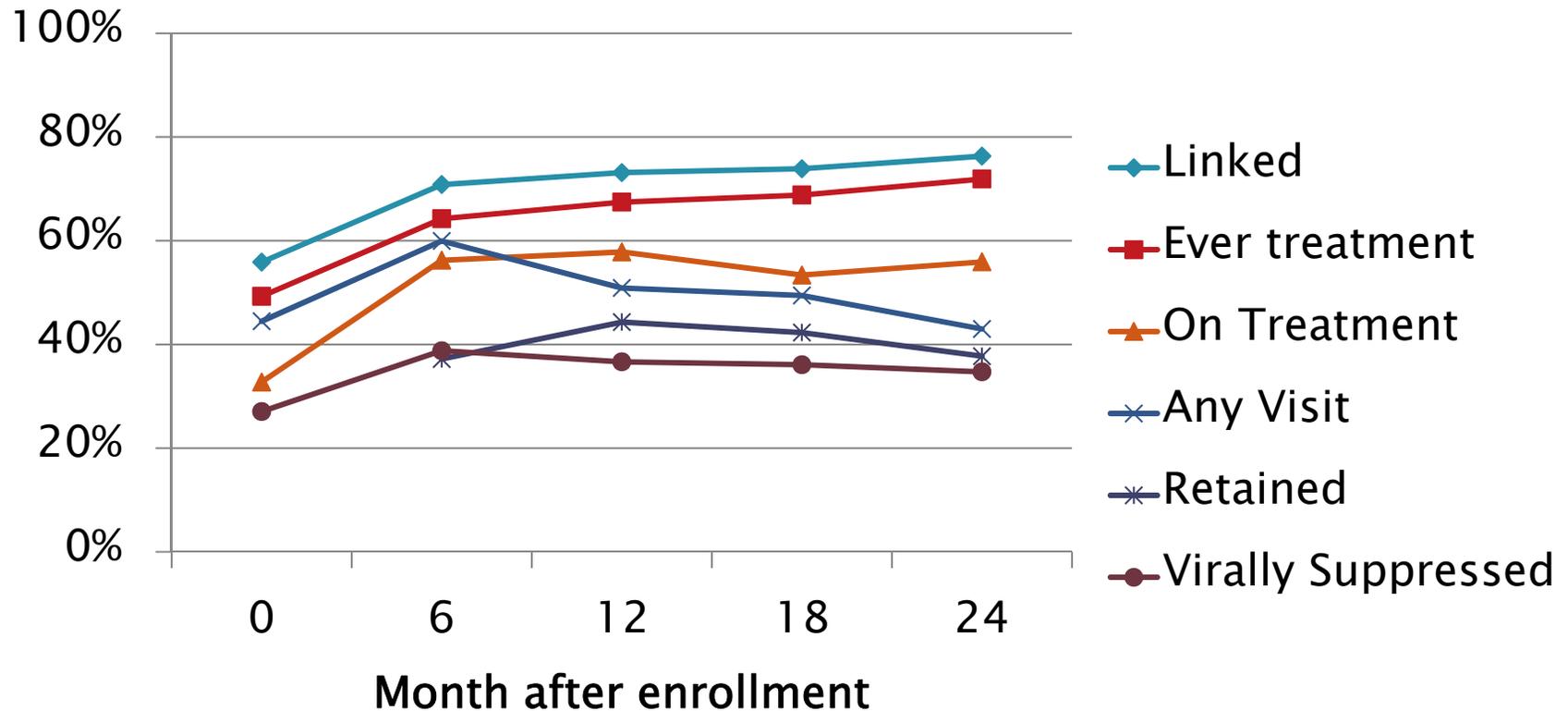


HIV Care Continuum Outcomes Compared to US Population



HIV Care Continuum Outcomes Over Time

All Women



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