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

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Disclaimer (2)

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Presentation Outline (2)

- Background
- Engagement and Retention
- Program structure
- Success and Outcomes
- Lessons Learned
Overview

- This grant was awarded to Community Healthcare Network in 2012
- A multi-site demonstration project
- Transgender Women of Color Initiative to improve timely entry, engagement, and retention in quality HIV care, for transgender women of color living with HIV
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,
   i. Peer Leaders are members of the target population that receive the requisite training in the identification, engagement, and linkage
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
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, and Columbia
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 (face book).
  - 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.
Successes and Challenges
Community Partners

Successes
● 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 Projects’ 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

- 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.
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
Supportive Services

- Legal is an important key component to the intervention.
  a. Staff were able to connect with not-for-profit legal agencies that assisted with:
     i. free name changes
     ii. legal representation for loitering or misdemeanor charges.

- Asylum
- Work authorization
- T and U visa application
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.
Best Practices

- Assess sexual behavior in a professional manner, differentiating between medical necessity and curiosity.
- Discuss safety in the clinical setting.
- Provide behavioral health referrals if needed.
- Discuss survival sex, HIV, and its transmission.
- Assess transition plan and aid in the planning process.
- Remember that behavior does not equal identity.
- Think about the patient as a person not as another number or rare case.
- Create corresponding policies and procedures.
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 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:

- 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.
- Establishing 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 (2)

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