



TransActivate

Intervention Implementation Guide

Acknowledgements

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TransActivate

This guide examines the TransActivate intervention focused on improving timely entry, engagement, and retention in quality HIV care for Latina transgender women. Many Latina transgender clients have multiple barriers to care—from legal concerns to lack of transportation and unstable or unsafe housing. For many, HIV is not a top concern and treatment is not a priority. The TransActivate intervention uses a strengths-based approach and transtheoretical model and showcases persistent, creative, and systematic methods to overcome barriers to engagement and retention in care.

Bienestar Human Services (Bienestar) is a community-based organization that provides HIV services to the Latino/a/x community across Los Angeles (LA) County. The organization has been working with the transgender community for over 20 years. All Bienestar staff are bilingual and 16 percent are transgender women, which helps to foster trust among clients. With funding from a Ryan White HIV/AIDS Program (RWHAP) Part F: Special Projects of National Significance (SPNS) Program initiative, Bienestar developed TransActivate which engages linkage coordinators/peer navigators to help clients reach their goals of entering and staying in medical care.

This guide includes key components of the TransActivate intervention, outlines the capacity required by organizations to conduct this work, and includes replication steps to support others in their implementation efforts. Finding replicable interventions that meet Ending the HIV Epidemic in the U. S. (EHE) initiative goals and supporting clients along the stages of the HIV care continuum are key to future programmatic and client success in HIV care.¹



Ending the HIV Epidemic in the U.S. Pillar: Treat



HIV Care Continuum Stage:

Linkage and Retention



Priority Population: Latina transgender women



Setting: AIDS Service Organization (ASO)



ACHIEVEMENTS

The TransActivate intervention engages Latina transgender women in HIV primary care and supportive services. Between 2014 and 2016, Bienestar enrolled 150 clients in TransActivate. During that time:

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



About SPNS

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services (HHS), is the primary federal agency for improving healthcare to people who are geographically isolated, economically or medically vulnerable. The Ryan White HIV/AIDS Program (RWHAP) Part F: Special Projects of National Significance (SPNS) Program is administered by HRSA's HIV/AIDS Bureau (HAB). The RWHAP SPNS Program supports the development of innovative models of HIV care and treatment to quickly respond to emerging needs of clients served by the RWHAP. RWHAP SPNS advances knowledge and skills in the delivery of healthcare and support services for people with HIV who have not been successfully maintained in care. Through its demonstration projects, RWHAP SPNS evaluates the design, implementation, utilization, cost, and health-related outcomes of treatment models while promoting the dissemination and replication of successful interventions.







Funding Source

The featured intervention was initially funded through the RWHAP Part F: SPNS "Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color, 2012-2017" initiative. The primary focus of this initiative was to identify and successfully engage and retain in care transgender women of color who were at high risk of HIV infection or were infected with HIV but were unaware of their HIV status, were aware of their HIV infection but had never been engaged in care, were aware but had refused referral to care, or had dropped out of care.

To learn more about the initiative, visit: <https://ryanwhite.hrsa.gov/about/parts-and-initiatives/part-f-spns/previous-spns-initiatives/spns-initiative-enhancing-engagement-retention-quality-hiv-care-transgender-women>

Getting Started

The table below provides a general overview of the TransActivate intervention so readers can assess the necessary steps required for replication. This intervention facilitates linkage to and retention in HIV care for Latina transgender women.

INTERVENTION AT-A-GLANCE	
Step 1 	Identify Clients Identify Latina transgender women with HIV who are undiagnosed, have not engaged in care, are sporadically engaged in care, or have dropped out of care, through referrals.
Step 2 	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 good will and support within your community. Engage community partners to ensure your capacity to meet the needs of and provide options for clients.
Step 3 	Conduct HIV Testing or Confirm HIV Diagnosis Leverage existing HIV testing resources (e.g., at your organization, through a mobile testing van) to diagnose or confirm a positive test prior to enrollment in the intervention.
Step 4 	Assess Client Readiness to Engage in Care A Linkage Coordinator/Peer Navigator meets one-on-one with each client to assess readiness to enter into HIV primary care.
Step 5 	Link Client to Care Clients identified as Latina transgender women with HIV and ready for care are actively linked by a Linkage Coordinator/Peer Navigator to a participating clinic. Clients identified as not yet ready to be linked to care continue to meet with a Linkage Coordinator/Peer Navigator to address barriers to care.
Step 6 	Assist Clients in Navigating the Healthcare System Upon engagement in care, a Linkage Coordinator/Peer Navigator 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.



RESOURCE ASSESSMENT CHECKLIST

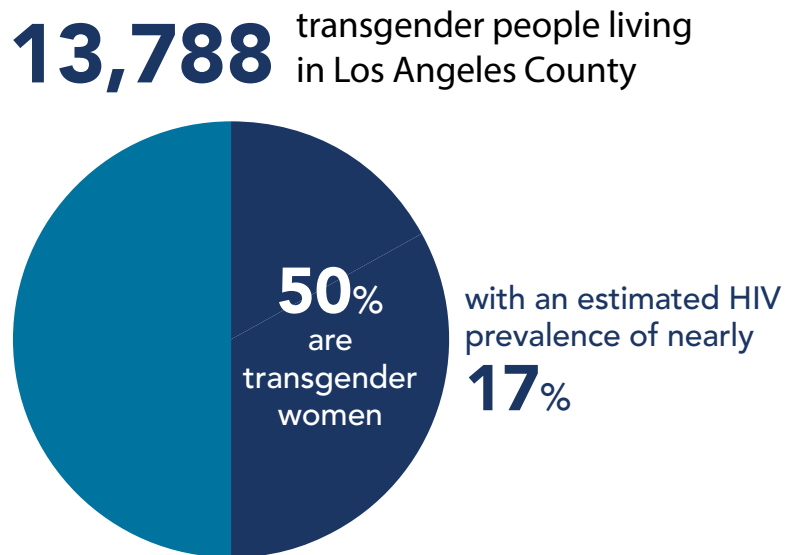
Prior to implementing the TransActivate intervention, organizations should walk through a resource assessment (or readiness) checklist to assess their ability to conduct this work. If organizations do not have the recommended readiness, they are encouraged to develop their capacity so that they can successfully implement the TransActivate intervention. Questions to consider include:

- Are you able to provide culturally responsive services?
- Is your organization recognized by the transgender community, and do you have experience working with Latina transgender women? If not, are you able to partner with an organization that does or are you willing to undergo training to gain awareness of the unique needs facing Latina transgender women? (This will help secure buy-in with partner organizations and the community at-large).
- Does your organization have ready access to the target population or do you partner with another organization that does?
- Do you have in-house or co-located HIV testing services? (Though not required, Bienestar's experience is that clients who must be referred out for HIV testing are less likely to undergo testing.)
- Are you able to partner with primary care clinics that have experience working with transgender women and can provide culturally responsive services? If so, are you able to identify a point person at each clinic who will assist clients referred through your intervention?
- Does your organization currently have Linkage Coordinators/Peer Navigators or other staff who work with clients on a peer level? Do they have experience working with or interacting with transgender women? Do they have a strong social network of transgender women? (All will help in recruiting and engaging transgender women in the intervention).
- Does your staff or organization have any experience with harm reduction and Motivational Interviewing? If not, are they able to be trained in these counseling techniques? *Harm reduction refers to strategies and ideas aimed at reducing negative consequences while Motivational Interviewing is a goal-oriented, client-centered counseling approach that facilitates behavior change.**
- Do you have access to a private physical space that Linkage Coordinators/Peer Navigators can use when meeting with clients?

*To learn more about Motivational Interviewing, visit the Motivational Interviewing Network of Trainers at: <http://www.motivationalinterviewing.org>.

Setting the Stage

It is documented that HIV prevalence among transgender individuals is high in comparison to other populations and, in relation to their population size, they are among those most impacted by the disease in the U.S.² According to the Los Angeles Division of HIV and STD Program's (DHSP) most recent estimate, there are 13,788 transgender people living in Los Angeles County; approximately 50 percent of whom are transgender women with an estimated HIV prevalence of nearly 17 percent.³



Despite the high risk for HIV infection, rates of HIV testing among transgender women are alarmingly low. A CDC study suggests that HIV testing rates among transgender women (10 percent in a year, 35.6 percent ever) are comparable to those of cisgender heterosexual men and women—groups who are at far lower risk for HIV infection.⁴ This finding is consistent with evidence showing that many transgender women with HIV are not aware of their HIV status. Pooled HIV prevalence based upon studies reporting laboratory-confirmed HIV status was, for transgender women, 27.7 percent. HIV prevalence among transgender women based upon self-reported HIV status was 11.8 percent.⁵

Multiple factors put transgender women at risk for HIV infection and transmission including stigma, discrimination, social rejection, mental health, higher rates of incarceration, violence, poverty, homelessness, and unemployment.² In addition, transgender people experience significant difficulties when attempting to access all types of health care.² Many avoid care until their needs become acute, due to fears of discrimination, provider insensitivity, and lack of knowledge about transgender health.²

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Bienestar is a nonprofit community service organization dedicated to enhancing the health and wellbeing of the Latino/a/x community and other communities experiencing poverty in Los Angeles County through HIV/AIDS education and prevention and the provision of direct social support services. It was established in 1989 in response to the lack of HIV/AIDS services for Latino/a/x gay, lesbian, bisexual, and transgender persons. Bienestar uses a culturally relevant peer-to-peer model to empower its clients to improve their physical and mental health.

Bienestar applied for and received a grant to participate in the SPNS “Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color” Initiative. With support of SPNS, Bienestar launched the TransActivate intervention in response to the unique needs of Latina transgender women in Los Angeles.

I think that was a real paramount thing—just knowing that Bienestar was a safe space. We have support groups, we’ve had a lot of other interventions, we have a long history of working with the transgender community as well as offering other needed services. We do housing services and have a food bank for people living with HIV. So, not only do we understand linkage to care and the barriers around that process, but I think it was going beyond that and understanding that, for some people, their HIV isn’t their primary concern.

—Brendan O’Connell, MSW
Director of Programs and Services

Description of Intervention Model



CHALLENGE ACCEPTED

The Challenge: To improve the timely entry, engagement, and retention in quality HIV care for Latina transgender women in Los Angeles County.

Bienestar provides services out of six offices located throughout Los Angeles: Hollywood, East Los Angeles, Pomona, San Fernando Valley, Long Beach, and South Los Angeles. The TransActivate intervention is provided out of each office. Trained Linkage Coordinators/Peer Navigators facilitate linkage to care, provide ongoing support, and build internal motivation and self-efficacy for the Latina transgender women participating in the TransActivate intervention. TransActivate is a partnership with the Los Angeles LGBT Center, AIDS Healthcare Foundation (AHF), JWCH Institute, and the Children’s Hospital of Los Angeles.

Because Latina transgender women in Los Angeles County experience several, often concurrent, patient-level, provider-level, and structural-level barriers to accessing and engaging in HIV care, TransActivate takes a multi-faceted approach to addressing barriers to care.

Framework

TransActivate is rooted in the Transtheoretical Model of Behavior Change and a strengths-based perspective. Linkage Coordinators/Peer Navigators draw on perspectives and techniques from both theoretical frameworks and apply them to their work with clients. A behavioral change theory is a combination of, “interrelated concepts, definitions, and propositions that present a systematic view of events or situations by specifying relations among variables, in order to explain or predict the events or situations.”⁶ By grounding an intervention in theory, the component parts are intentionally sequenced to build off of one another to facilitate a change in health behavior.

The Transtheoretical Model of Behavior Change uses Stages of Change to lead to behavior change.⁷ The Stages of Change framework explains an individual’s readiness to change and provides strategies at six levels of behavior change: 1) precontemplation, 2) contemplation, 3) determination, 4) action, 5) relapse, and 6) maintenance to move the individual into adopting the new health behavior.⁷ The Transtheoretical Model of Behavior

Change builds off of the Stages of Change by adding 10 processes for overcoming barriers, reducing internal resistance to change, and commitment to a new health behavior. These processes include: consciousness raising, dramatic relief, self re-evaluation, environmental re-evaluation, self-liberation, helping relationships, counter conditioning, reinforcement management, stimulus control, and social liberation. The model also includes decisional balance (the benefits and costs of changing) and self-efficacy (confidence in the ability to change health behavior and temptation to engage in unhealthy behavior) as core constructs.

A Strengths-based Perspective is a social work theory that emphasizes peoples' self-determination and strengths in changing behavior. Linkage Coordinators/Peer Navigators assess clients' unique strengths and resources—such as knowledge, capacities, skills—and assists them in identifying how they can leverage these resources to overcome problems and achieve goals.⁸

Intervention Steps:

- 1** *Determine your organization's role and formalize a referral process.* First, determine if your organization and/or community partner sites will be providing medical care to clients. This is an important first step so that once internal staff are trained, they can hit the ground running. If selecting clinics outside of your own, ensure they have
- 2** *Hire and train staff.* Conduct staff training on the intervention components as well as the Transtheoretical Model of Behavior Change, Strengths-based Perspective, Social Network Testing, Social Network Engagement, harm reduction, Motivational Interviewing, and cultural-responsiveness. Grounded in the Transtheoretical Model of Behavior Change, Motivational Interviewing helps people modify their attitudes and behaviors and can be used to address a range of issues. TransActivate staff are trained in Motivational Interviewing to help clients resolve their ambivalence about accessing or remaining engaged in care.
- 3** *Build trust in the community.* A significant factor in successfully implementing this intervention is being able to build trust within the community. Ensuring that community partners foster a safe and inviting space is key to making sure clients feel comfortable. Bienestar has established community partnerships to enhance recruitment for TransActivate and provide medical and support

experience working with transgender women or are willing to undergo training to ensure they are sensitive to the unique needs of this population. Once partner clinics have been selected, formalize the referral process for linking clients to medical care at these clinics. If possible, identify a single point person at each clinic who will assist clients with scheduling appointments or addressing any other questions or concerns.

services. Bienestar actively promotes its program to obtain referrals from other agencies, strengthen established partnerships, and build new partnerships in the community.

4

Prioritize and recruit clients. Bienestar conducts outreach at various venues such as bars and night clubs to continuously identify and recruit clients. Staff meet regularly with business owners and other stakeholders in the community to raise awareness of the intervention and promote the intervention at support groups and community events to recruit clients.

TransActivate relies on Social Network Testing (SNT) as a strategy to enlist people with HIV and people without HIV who are more vulnerable to HIV acquisition to recruit people from their social, sexual, and drug-use networks for HIV testing. The primary goal of SNT for this intervention is to identify and link transgender women with undiagnosed HIV to medical care and prevention services. To identify SNT recruiters, Bienestar representatives approach transgender women with and without HIV and share a brief description of the program's purpose, the role of SNT recruiters, potential benefits of the program for them as SNT recruiters and the network associates they recruit for testing, and potential risks they might encounter by participating.

Bienestar representatives coach SNT recruiters on how to approach associates

about getting tested, whether to disclose their own HIV status, how to respond to network associates' questions about HIV transmission risks, and how and where network associates can get tested. Recruiters are provided an incentive for enrolling a network associate and receive a larger incentive after their referred client is active in the program for six months. This helps boost enrollment. In addition, Bienestar offers incentives for those enrolled through social network engagement.

Similar to SNT strategies, Bienestar also uses Social Network Engagement (SNE) to enlist people with HIV and people without HIV who are more vulnerable to HIV acquisition to recruit from their social, sexual, and drug-use networks to identify people with HIV who have fallen out of care, are accessing care infrequently, or have never accessed care. Recruiters with HIV enlisted for SNT can also be enlisted for SNE. Bienestar coaches SNE recruiters to discuss linkage and engagement in care with their network associates with HIV.

5

Conduct HIV testing or confirm HIV diagnosis. Establish accessible HIV testing for clients to confirm HIV status. Clients can be tested for HIV at one of the agency's six locations or by way of Bienestar's mobile testing unit that provides HIV testing in the early evenings, late evenings, and weekends, making it extremely convenient for clients to get tested when they are frequenting their regular venues.

6 *Connect clients with a Linkage Coordinator/Peer Navigator.* The peer navigation component of the TransActivate intervention was designed to guide clients through Los Angeles County's complex medical system and facilitate their utilization of services to retain them in HIV care and increase their quality of life. Once a client has a confirmed HIV diagnosis, a navigator assesses the client's emotional state and helps determine the readiness of the client to enter medical care and establish their goals. While Linkage Coordinators/Peer Navigators encourage the client to enter care as soon as possible, they do not try to coerce the client to do so if the client is ambivalent, resistant, or otherwise not ready. Instead, navigators address whatever needs the client is prioritizing at the time. Navigators discuss barriers to care (e.g., unstable housing, lack of transportation) with clients and create a plan for addressing those barriers. Once those barriers are removed, they work with the client to determine the best clinic for her to receive care, schedule her first appointment, prepare her for what to expect at the appointment, and explain medical terms and procedures of which she may not be familiar. They often attend the client's first clinic appointment and offer to accompany her to subsequent visits. If she declines, they follow up with her about the visit and answer any questions. If she was not able to see a provider during the first appointment, they offer to attend the second appointment with her.

7 *Assist clients in navigating the healthcare system.* TransActivate is a "high touch" intervention, meaning that Linkage Coordinators/Peer Navigators are consistently in touch with clients, whether via in-person meetings, phone calls, or texting, to build trusting relationships. Specific services provided by Linkage Coordinators/Peer Navigators include clinical appointment coordination and accompaniment; appointment coordination and accompaniment to social and other services at Bienestar and partner agencies; coaching clients to prepare them for their appointments; translation assistance; and the provision of HIV-related education and information. Linkage Coordinators/Peer Navigators model behavior to help the client talk with medical staff, overcome fear of confronting challenges with care, be proactive, and advocate for herself. In addition, Linkage Coordinators/Peer Navigators promote behavior change through encouraging communication with medical staff, connecting behaviors with specific outcomes, exploring positive and negative consequences of behaviors affecting health, and correcting misunderstandings about health information. They help clients navigate the healthcare system for up to 18 months to ensure they are comfortable and able to sustain care on their own.



STAFFING REQUIREMENTS & CONSIDERATIONS FOR REPLICATION



Staffing/Organizational Capacity

Staff requirements and competencies needed to successfully implement the TransActivate intervention include the following:

- *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 to eliminate barriers to care (e.g., assists client with securing housing, actively refers client to substance use disorder services). The Linkage Coordinator/Peer Navigator links client to care via partner clinic (e.g., identifies clinic with client, schedules appointment for client) and prepares the client for the clinic visit(s) (e.g., assists with paperwork, arranges transportation). The Linkage Coordinator/Peer Navigator attends clinic visit(s) with the client, follows up/debriefs with client after visit(s), answers any questions regarding the visit, advocates for the client when necessary, and provides HIV education and resources.

Linkage Coordinator/Peer Navigator staff needs are dependent on the number of clients participating in the intervention. Ideally, each Linkage Coordinator/Peer Navigator should manage 40–50 clients. If an organization does not have or is not able to hire dedicated Linkage Coordinator/Peer Navigators, this role could potentially be filled by other staff, such as outreach workers, who are able to work with clients on a peer-to-peer level and have a strong social network of other transgender women of color.

- *HIV Testing Counselor*: Provides HIV testing and counseling in a variety of settings.



Staff Characteristics






Core competencies of staff include:

- Experience working with Latina transgender women
- Cultural and linguistic competency serving Latina transgender women
- Ability to build trust with Latina transgender women
- Ability to respond to and answer questions from Latina transgender women in a timely manner, including during “off” hours
- Understanding of Motivational Interviewing and Behavior Change/Stages of Change
- Have lived experience with HIV or as part of the transgender community

Staff should undergo the following trainings and certifications:

- Basic I: HIV Test Counselor Certification
- Basic II: HIV Test Counselor Certification
- Motivational Interviewing
- Social Network Engagement
- Peer Navigation

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TransActivate Intervention Logic Model				
 Resources	 Activities	 Outputs	 Outcomes	 Impact
Funding Physical space Onsite HIV testing services Mobile HIV testing services Linkage Coordinators/ Peer Educators Program Manager Bienestar staff Community partnerships	HIV testing through mobile testing, social network testing, and outreach Assess client barriers to care Address/remove barriers to care Facilitate client linkage to care Facilitate client linkage to other social services Assist client facilitation of healthcare system Provide HIV education/resources to client	Latina transgender women with HIV identified through mobile testing, social network testing, and outreach Client barriers to care identified and addressed Clients linked and engaged to medical care and other social services	Increased knowledge of HIV status Higher rates of viral suppression Improved health outcomes Lower risk of transmitting HIV to others	Improved engagement in care Reduction in HIV morbidity and mortality among Latina transgender women Reduction in HIV transmissions by Latina transgender women

Replication Tips for Intervention Procedures and Client Engagement

This section provides tips for readers interested in replicating the intervention and, where applicable, examples for further context. Successful replication of the TransActivate intervention involves the following:



Ensure enough time to plan the intervention before implementation. Ensure you have adequate time to train key staff, develop standard protocols and evaluation tools, identify and solidify community partnerships, develop promotional materials, and gather feedback from your community advisory board (CAB).



Clarify roles and responsibilities with clinics. Clarifying roles and responsibilities will help build relationships with providers who may initially be reluctant to support a new linkage/navigation program that they believe is duplicative of their work. Establish a Memorandum of Understanding (MOU) outlining the roles and responsibilities of respective parties.



Understand motivators. During Motivational Interviewing sessions, Bienestar found that hormone replacement therapy (also known as gender-affirming hormone therapy) was a motivator for many clients and was an incentive for them to see a provider.



Hire the right staff. Linkage Coordinators/Peer Navigators are integral to this intervention. Ideally, Linkage Coordinators/Peer Navigators should have specific experiences and qualifications to give clients the feeling that the Linkage Coordinators/Peer Navigators have “walked in her shoes.” Linkage Coordinators/Peer Navigators should:

- Be a part of, have experience in, or familiarity with the Latina transgender women community. Hiring someone from the Latina transgender women community or someone who is known to the community goes a long way in establishing trust among clients.
- Be knowledgeable about and sensitive to a wide range of HIV-related topics, transgender-related topics, and other issues affecting clients—from unstable housing to immigration challenges.
- Have lived experience with HIV.
- Be knowledgeable about available resources and services to establish a strong referral network for addressing clients’ needs.
- If possible, be a certified HIV Tester. This will allow Linkage Coordinators/Peer Navigators to deliver HIV tests in non-clinical settings.

Securing Buy-in

Bienestar has built and sustained longstanding effective partnerships with social service organizations throughout Los Angeles County and is well-recognized among Latina transgender women as a leader in Latino/a/x LGBT health. Before attempting an intervention that relies so heavily on relationships and trust, it is imperative that organizations seeking to replicate this intervention first establish a positive relationship within the community and continue to nurture that relationship through the intervention and beyond.



Overcoming Implementation Challenges

Bienestar encountered several challenges in implementing the TransActivate intervention including:

- **Limited substance use disorder treatment.** Multiple TransActivate clients struggle with substance use disorder. While some Bienestar offices offer outpatient treatment, it is not available at all offices. Several clients needed to be referred out for this reason alone. In addition, Bienestar does not have in-house resources for people who require higher levels of care. In retrospect, Bienestar would have developed MOUs with substance use treatment providers and would have trained staff on working with clients who have a substance use disorder.
- **Lack of legal support.** Some TransActivate clients need legal support. In response, Bienestar refers these clients to a partner organization who assists with immigration and other legal issues. Bienestar began holding several International Women's Health Days each year, which include forums on topics such as immigration and reporting violence or hate crimes. In addition, Bienestar invited the Los Angeles LGBT Center to its offices twice monthly to give legal advice. In retrospect, Bienestar would have included legal assistance as a formal component of the TransActivate intervention. 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 would be willing to provide legal services offsite 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 have to visit different clinics when their housing changes. In retrospect, Bienestar would have created new relationships with additional housing agencies to secure additional beds for clients.
- **Paperwork overload.** The paperwork clients are required to complete to be seen at partner clinics can be overwhelming and has led to a lot of frustration. This has been resolved by having the clinic specify exactly what is needed before the first appointment. Linkage Coordinators/Peer Navigators can then help clients complete and gather their paperwork prior to their first clinic visit.

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- **Provider reluctance.** Another challenge Bienestar faced was reluctance of providers in the community to support a new linkage/navigation program because they believed that it was duplicative of their work. To help address this, Bienestar used clear communication and transparency about the intervention and identified a champion within each partner site to showcase ways the intervention could complement—rather than compete with—existing services.
- **Referral issues.** Partner clinics ran into issues referring clients, in part due to HIPPA restrictions. As a result, Bienestar shifted its focus to recruiting clients through outreach and social networks. To address this challenge, Bienestar reached agreements with clinics so that clients agreed at intervention enrollment to let Bienestar contact them if they dropped out of care.
- **Lack of sensitivity training.** Although every effort was made to partner with sensitive clinics, clients still reported feeling uncomfortable in certain clinics. For example, staff at one clinic did not call clients by their preferred names or pronouns. TransActivate staff often needed to advocate on behalf of clients. 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.
- **Range of clinical partners.** Bienestar found it necessary to have multiple clinical partners because of the strengths and weaknesses of each, to meet the specific needs of each client. For example, some clinics or centers may struggle to retain medical providers or may have long waiting periods for medical appointments, which can create frustration among clients. It is important to note that some clients did not feel comfortable going to certain organizations based off of previous experiences. To help address this, Linkage Coordinators/Peer Navigators identified the clinic that was the best fit for each client based on her specific needs.
- **Grief.** Three TransActivate clients died during the course of 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.

Promoting Sustainability

Bienestar was able to secure additional funding through the Centers for Disease Control and Prevention (CDC) to continue the TransActivate intervention. Funding requirements have necessitated shortening the intervention from 18 to three months.

Replicating sites without new funding streams may be able to leverage existing outreach workers, patient navigators, or peers. Another strategy is to expand the focus of existing or ongoing interventions to additionally target transgender women. Casting a wider net will allow the intervention to reach more people and is sometimes necessary to maximize resources.

TRANSACTIVATE: BY THE NUMBERS

Between 2014 and 2016, Bienestar enrolled **150** clients in TransActivate. At the time of enrollment:

9% had a new diagnosis of HIV



14% had a previous HIV diagnosis but were out of care



78% were in care but needed more support



76% were ages 40 or older



70% identified as Mexican, Mexican American or Chicano/a



23% identified as being from another Hispanic, Latino, or Spanish origin



Self-reported barriers included:

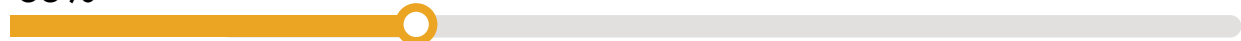
27% experienced housing instability



31% experienced drug use (not including marijuana)



33% were involved in sex trade



94% were born outside the USA



9% experienced incarceration



50% experienced violence from primary partners



1,075 HIV tests were performed, with a **1.6%** positivity rate



96% of clients with a new diagnosis of HIV or who had fallen out of care received timely linkage to care

Clients with viral suppression (i.e., less than 200 copies/ml) increased from **85.5%** at baseline to **88.7%** at a 12-month follow-up

Conclusion

The TransActivate intervention uses peer navigation to facilitate engagement in HIV care by accompanying clients to medical appointments, addressing barriers to engagement, modeling behavior, increasing knowledge related to behaviors affecting health, and providing referrals for services to help participants address life challenges. TransActivate also includes outreach and uses the social networks of Latina transgender women for recruiting program participants.

By utilizing persistent, creative, and systematic methods, TransActivate clients showed improved engagement and retention in HIV treatment and care.



OTHER AVAILABLE RESOURCES

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

<https://ryanwhite.hrsa.gov/about/parts-and-initiatives/part-f-spns/previous-spns-initiatives/spns-initiative-enhancing-engagement-retention-quality-hiv-care-transgender-women>

The Transgender Women of Color Initiative: Implementing and Evaluating Innovative Interventions to Enhance Engagement and Retention in HIV Care: Journal Supplement from SPNS Transgender Women of Color Initiative:

www.ncbi.nlm.nih.gov/pubmed/28075641

Center of Excellence for Transgender Health, University of California San Francisco:

<http://transhealth.ucsf.edu/trans?page=lib-00-00>

Engaging Hard-to-Reach Populations: Outreach. (Webinar):

<https://careacttarget.org/library/engaging-hard-reach-populations-outreach>

Innovative Approaches to Engaging Hard-to-Reach Populations Living with HIV/AIDS into Care: Tools from the Integrating HIV Innovative Practices Program Training Manual and Curriculum:

<https://careacttarget.org/ihip/engagement>

Best Practices Compilation: TransActivate:

https://targethiv.org/intervention/transactivate?utm_source=bpURL

Additional Replication Resources

Integrating HIV Innovative Practices (IHIP):

<https://targethiv.org/ihip>

Best Practices Compilation:

<https://targethiv.org/bestpractices/search>

HIV Care Innovations:

<https://targethiv.org/library/hiv-care-innovations-replication-resources>

Need Help Getting Started?

If you are interested in learning more about this intervention or other interventions featured through the Integrating HIV Innovative Practices project or want to request technical assistance, please email: ihiphelpdesk@mayatech.com

Subscribe to our Listserv

To receive notifications of when other evidence-informed and evidence-based intervention materials, trainings, webinars, and TA are available through the Integrating HIV Innovative Practices project, subscribe to our listserv at: <https://targethiv.org/ihip>

Tell Us Your Replication Story!

Are you planning to implement this intervention? Have you already started or know someone who has? We want to hear from you. Please reach out to SPNS@hrsa.gov and let us know about your replication story.

Endnotes

¹ Centers for Disease Control and Prevention. (2021). *About ending the HIV epidemic initiative*. Centers for Disease Control and Prevention. <https://www.cdc.gov/endhiv/about.html#:~:text=The%20U.S.%20Department%20of%20Health,HIV%20prevention%20and%20treatment%20strategies>

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³ Husted, C.E. (2016). Los Angeles county comprehensive HIV plan (2017-2021). *Los Angeles County Commission on HIV and LAC Department of Public Health*. <http://publichealth.lacounty.gov/dhsp/Reports/Publications/LAC-Comprehensive-HIV-Plan2017-2021.pdf>

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⁵ Stutterheim, S.E., Van Dijk, M., Wang, H., & Jonas, K. J. (2021). The worldwide burden of HIV in transgender individuals: An updated systematic review and meta-analysis. *PloS One*, 16(12), e0260063. <https://doi.org/10.1371/journal.pone.0260063>

⁶ Glanz K, Rimer, B.K., & Viswanath K. (2008). *Health behavior and health education: Theory, research, and practice*. Jossey-Bass. Edition 4, 26. <http://transformationalchange.pbworks.com/f/HealtBehavior-Education.pdf>

⁷ Prochaska, J.O., & Velicer, W.F. (1997). The transtheoretical model of health behavior change. *American Journal of Health Promotion*. 12(1), 38–48. <https://doi.org/10.4278/0890-1171-12.1.38>

⁸ Saleebey, D. (2006). The strengths perspective in social work practice: extensions and cautions. *Social Work*, 41(3), 296–305. <https://pubmed.ncbi.nlm.nih.gov/8936085/>