

# Factors Influencing Engagement in HIV Care in a Sample of Transgender Women of Color from Four US Cities

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# The Initiative

In 2012, the Health Resources and Services Administration (HRSA) under the Special Programs of National Significance (SPNS) funded

- Transgender Evaluation and Technical Assistance Center (TETAC)
- Plus 9 demonstration sites nationwide
- Tasked with developing, implementing, and evaluating model interventions to improve engagement and retention in HIV care among transgender women of color

# Demonstration sites

A combination of HIV clinics and community service providers:

- **Chicago** (2) Howard Brown and Chicago House
- **Los Angeles** (2) Friends and Bienestar
- **New York** (2) SUNY and CHN
- **San Francisco Bay Area** (3) APIWC, PHI and Tri City Community Healthcare Center

# Methods

- Participants at demonstration sites completed computerized surveys at baseline and then every 6 months
  - Medical records, intervention exposure, qualitative interviews, and costing data are also part of the overall evaluation strategy
- Survey assessed a range of demographic, structural, psychosocial, HIV care, and gender-related healthcare variables
- Baseline data collection is on-going, so all results are preliminary

# Baseline Demographics

	Frequency	% of N=756
Latina Ethnicity	341	(45.1%)
Gender ('Check all that apply'):		
Female/ Woman	77	(10.2%)
Trans female/ Trans woman/ Transgender Woman	295	(39.0%)
Transsexual Woman	96	(12.7%)
Transgender	310	(41.0%)
Additional	5	(0.7%)

# Baseline Demographics

Race	Frequency	% of N=756
Black/ African American	372	(49.2%)
American Indian or Alaska Native	22	(2.9%)
Asian, Pacific Islander categories combined	30	(4.0%)
White	119	(15.7%)
'Additional' (unlisted)	60	(7.9%)
Mixed Race	36	(4.8%)
Don't Know/ Declined	118	(15.6%)

# Hormone Use at Baseline

	Frequency	% of N=756
Ever taken	530	(70.1%)
Taken in past 6 months	349	(46.1%)
Currently taking	331	(43.7%)
Currently taking hormones <u>and</u> ART	127	(16.8%)



## Hormone Use Methods (in previous 6 months)

	Frequency	% of N=756
Orally (pills)	229	(30.3%)
Injection	205	(27.1%)
Patch	17	(2.3%)
Cream/pellets	5	(1.0%)
Don't Know/ Declined	6	(1.0%)

## Source of Hormone Acquisition (in previous 6 months)

	Frequency	% of N=756
HIV healthcare provider	250	(33.1%)
Another healthcare provider	51	(6.8%)
Another source	53	(7.0%)
Don't Know	19	(2.5%)

# Hormones and ART

- Among those who used hormones in previous 6 months and are currently on ART (N=127):
  - 30 (23.6%) had not taken ART for its potential effect on hormone therapy
  - 15 (11.8%) had not taken hormones as prescribed because of its potential effect on ART
- 308 (40.7%) said that they did NOT think that ART has a negative effect on how well hormones work

# Silicone use

208 (27.5%) had ever had silicone injections/  
pumping

- 45 of these participants had done so in the previous 6 months
- 7 reported sharing silicone injecting equipment in the previous 6 months

# A preliminary analysis of engagement in care at baseline

# ART and HIV Care (%)

City	N	HIV Care, Ever	ART Recommended	ART Ever Prescribed	ART Ever taken	Currently on ART
<b>NYC</b>	150	81.3	63.3	34.0	28.7	27.3
<b>Chicago</b>	197	76.6	55.3	46.7	43.7	39.6
<b>Bay Area</b>	160	73.1	53.8	36.3	34.4	26.9
<b>LA</b>	249	77.5	55.4	36.1	35.3	30.9
<b>Total (N)</b>	<b>756</b>	<b>583 (77.1%)</b>	<b>428 (56.6%)</b>	<b>291 (38.5%)</b>	<b>272 (36%)</b>	<b>239 (31.6%)</b>

# Predictors of 'Received HIV PC in past 6 months'

	aOR	95% CI	p
Age	1.02	1.001 – 1.04	<.05
Latina ethnicity	1.72	1.18 – 2.50	<.01
Sex work (past 6m)	0.53	0.34 – 0.83	<.01
Disclosed HIV status	1.30	1.13 – 1.49	<.001
Homeless (past 6m)	0.65	0.44 – 0.96	<.05
Healthcare Empowerment	1.39	1.16 – 1.67	<.001

- Baseline data; N=725; Mean age = 37 years
- 44% Latina; 50% African American
- 36% reported current HIV care
- **Non-significant predictor variables:** substance use impacting care, CSA, depression, disclosing gender identity, social support, transience, lack of transportation, healthcare discrimination

# Predictors of Current ART

	aOR	95% CI	p
Age	1.03	1.01 – 1.04	<.01
Disclosed transgender status	1.24	1.10 – 1.39	<.001
Moved 2 or more times (past 6m)	0.60	0.37 – 0.98	<.05
Healthcare empowerment	1.30	1.09 – 1.56	<.01

- 31% reported currently being on ART
- **Non-significant predictor variables:** 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	1.01 – 1.04	<.05
Disclosed HIV status	1.27	1.11 – 1.46	<.001
Moved 2 or more times (past 12m)	0.63	0.42 – 0.94	<.05
Lack of Transportation	0.48	0.33 – 0.71	<.001
Healthcare empowerment	1.25	1.06 – 1.48	<.01

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

# Summary: Predictors of Current HIV Care

At baseline:

- Age, Latina ethnicity, HIV-status disclosure, and healthcare empowerment were positively associated with current HIV care
- History of sex work and homelessness in the past 6 months were negatively associated with current HIV care

# Summary: Predictors of Current ART

At baseline:

- Age, transgender identity disclosure, and healthcare empowerment were positively associated with current ART
- Transience in the past 6 months was negatively associated with current ART

# Summary: Predictors of Undetectable VL

At baseline:

- Age, HIV-status disclosure, and healthcare empowerment were positively associated with reporting an undetectable VL
- Transience in the past 12 months and reporting transportation barriers were negatively associated with an undetectable VL at last test

# Conclusions

- Providing culturally competent, high-quality healthcare to trans women of color living with HIV is a priority.
- Programs may want to pay special attention to the needs of:
  - Younger trans women
  - Homeless/unstably housed trans women
  - Trans women involved in sex work
- Addressing transportation barriers and increasing healthcare empowerment may be helpful strategies to facilitate engagement in care.

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