

# T.W.E.E.T. CARE PROJECT

## (Transgender Women Engagement and Entry to Care Project)

Evidence-Informed for the Structural Interventions Chapter

Evidence-Informed for the Linking and Retention in HIV Care Chapter



### POPULATION

- Transgender women of color who have a new HIV diagnosis or have a previous HIV diagnosis and are out of HIV care

### KEY INTERVENTION EFFECTS

- Increased engagement in HIV care
- Increased retention in HIV care
- Increased antiretroviral therapy (ART) initiation (having an ART prescription)
- Increased viral suppression

### BRIEF DESCRIPTION

*T.W.E.E.T.* uses several strategies to reach and engage transgender women in HIV care:

- Outreach and recruitment
  - Nontraditional outreach events by trained peers at nightclubs that included handing out program materials, condoms, and lubricant
  - Social media networking (Facebook, Twitter, Instagram) to remind persons of events and appointments
  - Planning special events to celebrate transgender persons
- Referrals to HIV testing, medical assessments, and comprehensive and specialty services
- Group education and discussion sessions, facilitated by trained peers, on HIV and other sexually transmitted infections, sexual health, transitioning, wellness, and mental health
- Assistance with benefits and name changes
- Referrals for trans-affirming surgeries, legal services, trans-sensitive shelters, and housing specialists

**DURATION:** Ongoing

**SETTING:** Community Health Care Network Family (New York City, New York)

**STUDY YEARS:** 2013 – 2017

**STUDY DESIGN:** One-group, pre-post

**DELIVERERS:** Program manager, patient services specialist, retention specialist, peer educator, court navigator

**DELIVERY METHODS:** Education, peer communication, group discussion

### STUDY SAMPLE

The baseline study sample of N = 162 transgender women was characterized by the following:

- 89% Hispanic, Latino or Latina persons, regardless of race
  - 4% Black or African American persons
  - 3% Persons who identify as another race/ethnicity
- Median age = 37 years

Note: Percentages may not add up to 100% due to rounding and loss of data

### STRUCTURAL COMPONENTS

Capacity Building – Hired Staff

- Select participants are coached as peer leaders who then conduct group sessions and are encouraged and referred for employment

## Social Determinants of Health – Survival

- Referrals to services (e.g., legal services for name changes, work authorizations, obtaining visas, political asylum, and referral to trans-sensitive shelter/housing).

### KEY INTERVENTION EFFECTS (see **Primary Study** for all outcomes)

- At the 12-month and 24-month follow-up, intervention participants had greater engagement in HIV care than at baseline (12-month unadjusted Odds Ratio [uOR] = 3.62, 95% Confidence Interval [CI]: 1.54 - 8.50; 24-month uOR = 3.85, 95% CI: 1.30 – 11.40).
- At the 12- month and 24-month follow-up, intervention participants had received more ART prescriptions than at baseline (12-month uOR = 3.02, 95% CI: 2.11 – 4.31; 24-month uOR = 3.91, 95% CI: 2.49 – 6.13).
- At the 12-month and 24-month follow-ups, retention in HIV care improved among intervention participants as compared to baseline (12-month uOR = 5.42, 95% CI: 2.78 – 10.57; 24-month uOR = 11.28, 95% CI: 4.78 – 26.65).
- At the 12-month and 24-month follow-up, intervention participants were more likely to be virally suppressed as compared to baseline (12-month uOR = 2.67, 95% CI: 1.90 – 3.75; 24-month uOR = 2.51, 95% CI: 1.64 – 3.85).

### CONSIDERATIONS

- The author reported the approximate annual cost of the intervention as \$266,000 at the time of intervention implementation.
- Of the 162 participants enrolled, 152 (94%) were exposed to the entire intervention.
- The median number of hours of intervention exposure was 5.17 hours per individual.
- Of the 162 participants, 81% participated in individual sessions, 65% participated in group sessions, and 80% participated in virtual sessions.

### ADVERSE EVENTS

The author did not report adverse events.

### FUNDING

- Health Resources and Services Administration (U90HA24973)

### PRIMARY STUDY

Rebchook, G. M., Chakravarty, D., Xavier, J. M., Keatley, J. G., Maiorana, A., Sevelius, J., Shade, S. B., & the SPNS Transgender Women of Color Study Group. (2022). [An evaluation of nine culturally tailored interventions designed to enhance engagement in HIV care among transgender women of colour in the United States](https://doi.org/10.1002/jia2.25991). *Journal of the International AIDS Society*, 25(Suppl. 5), e25991. <https://doi.org/10.1002/jia2.25991>

**PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.**

#### Contact information

**Luis Freddy Molano, MD**  
Community Healthcare Network

**Email: [fmolano@chnnyc.org](mailto:fmolano@chnnyc.org)**

**Gregory Rebchook, PhD**  
University of California San Francisco  
Center for AIDS Prevention Studies (CAPS) &  
UCSF Prevention Research Center  
**Email: [greg.rebchook@ucsf.edu](mailto:greg.rebchook@ucsf.edu)**