



Replicating Evidence-Informed Interventions: Toolkit Showcase from the E2i Initiative

2022 National Ryan White Conference on HIV Care and Treatment

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Vision: Healthy Communities, Healthy People



Disclosures

Demetrios Psihopaidas and Nicole Chavis have no relevant financial interests to disclose.

Disclosure will be made when a product is discussed for an unapproved use.

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There was no commercial support for this activity.



Learning Objectives

At the conclusion of this activity, participants will be able to:

- 1. Explain how to use the E2i dissemination toolkits for implementation of evidence-informed interventions to improve health outcomes among people with HIV.**
- 2. Describe the impact of the E2i initiative on HIV care continuum outcomes, with particular attention to interventions prioritizing Black men who have sex with men (MSM) and transgender women.**
- 3. Explain factors associated with successful sustainment of evidence-informed interventions at HIV direct service organizations.**



AGENDA

- HRSA HAB Overview
- Project Overview
- E2i Coordinating Center for Technical Assistance
- E2i Evaluation of Interventions with BMSM and Transgender Women
- Experiences from E2i implementation sites
 - Clínica Translucent by Centro Ararat, San Juan, Puerto Rico
 - Henry Ford Health Center, Detroit, Michigan
- Q&A



Health Resources and Services Administration (HRSA)

Overview



Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged



HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities



Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant individuals, mothers and their families, and those otherwise unable to access quality health care

HRSA's HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.
- Funds grants to states, cities, counties, and local community-based organizations to improve health outcome and reduce HIV transmission.
 - Recipients determine service delivery and funding priorities based on local needs and planning process.
- Provided services to nearly 562,000 people in 2020—more than half of all people with diagnosed HIV in the United States.
- 89.4% of RWHAP clients receiving HIV medical care were virally suppressed in 2020, exceeding national average of 64.6%ⁱ.



Using evidence-informed interventions to improve health outcomes among people living with HIV (E2i)

RWHAP Part F – Special Projects of National Significance initiative



E2i Project Description



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- The E2i initiative was a **four-year** project to facilitate the rapid implementation and evaluation of **11 intervention strategies**.
- The **goal** was to understand whether these intervention strategies could improve outcomes for clients in **four focus areas** in Ryan White HIV/AIDS Program settings.

Evidence-Informed Interventions (E2i)



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[Evidence-Informed Interventions \(E2i\) | TargetHIV](#)

https://youtu.be/G_pRzGU4Lxg



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Division of Policy and Data

HIV/AIDS Bureau (HAB)

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Web: ryanwhite.hrsa.gov



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ryanwhite.hrsa.gov



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E2i Coordinating Center for Technical Assistance

Alex S. Keuroghlian



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Disclosures

Alex S. Keuroghlian reports royalties as editor of a McGraw Hill textbook on transgender and gender diverse health care.

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E2i Overview

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- Four-year initiative to facilitate the implementation of evidence-informed interventions to reduce HIV health disparities and improve HIV-related health outcomes in four focus areas:
 - Improving HIV health outcomes for transgender women with HIV
 - Improving HIV health outcomes for Black men who have sex with men (MSM) with HIV
 - Integrating behavioral health with primary medical care for people with HIV
 - Identifying and addressing trauma among people with HIV



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E2i Accomplishments

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- Identified **11** evidence-informed interventions in the **4** focus areas
- Selected **26** Ryan White HIV/AIDS Program (RWHAP) sites to implement the interventions
- Provided technical assistance (TA) to the RWHAP E2i implementation sites to support successful implementation
- Developed **11** multimedia intervention toolkits to promote replication of successful evidence-informed interventions



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E2i Interventions and Sites

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Transgender Women

Healthy Divas

- CAL-PEP (CA)
- Rutgers New Jersey Medical School (NJ)
- Birmingham AIDS Outreach Inc. (AL)

Transgender Women Engagement and Entry to Care Project (T.W.E.E.T.)

- CrescentCare (LA)
- Henry Ford Health System (MI)
- Centro Ararat (PR)

Black MSM

Client-Oriented New Patient Navigation to Encourage Connection and Treatment (CONNECT)

- AIDS Taskforce of Greater Cleveland (OH)

Tailored Motivational Interviewing (TMI)

- HOPE Center (GA)
- Broward House, Inc. (FL)
- University of Mississippi Medical Center (MS)

Text Messaging Intervention to Improve Antiretroviral Adherence Among HIV Positive Youth (TXTXT)

- UNIFIED-HIV Health & Beyond (MI)
- SUNY HEAT Program (NY)

Addressing Trauma

Trauma-Informed Approach & Coordinated HIV Assistance and Navigation for Growth and Empowerment (TIA/CHANGE)

- Alaska Native Tribal Health Consortium (AK)
- Chicago Women's AIDS Project (IL)

Cognitive Processing Therapy

- Western North Carolina Community Health (NC)
- Positive Impact Health Centers (GA)

Seeking Safety

- Multicultural AIDS Coalition (MA)
- The Regents of the Univ. of Calif., U.C. San Diego (CA)

Behavioral Health Integration

Collaborative Care Management (CoCM)

- La Clinica del Pueblo, Inc (DC)
- Health Emergency Lifeline Programs (MI)
- Oklahoma State University Center Health Sciences (OK)
- Our Lady of the Lake Hospital, Inc. (LA)

Integrated Buprenorphine Treatment

- Consejo de Salud de Puerto Rico Inc. dba Med Centro (PR)
- Greater Lawrence Family Health Center (MA)

Screening, Brief Intervention and Referral to Treatment (SBIRT)

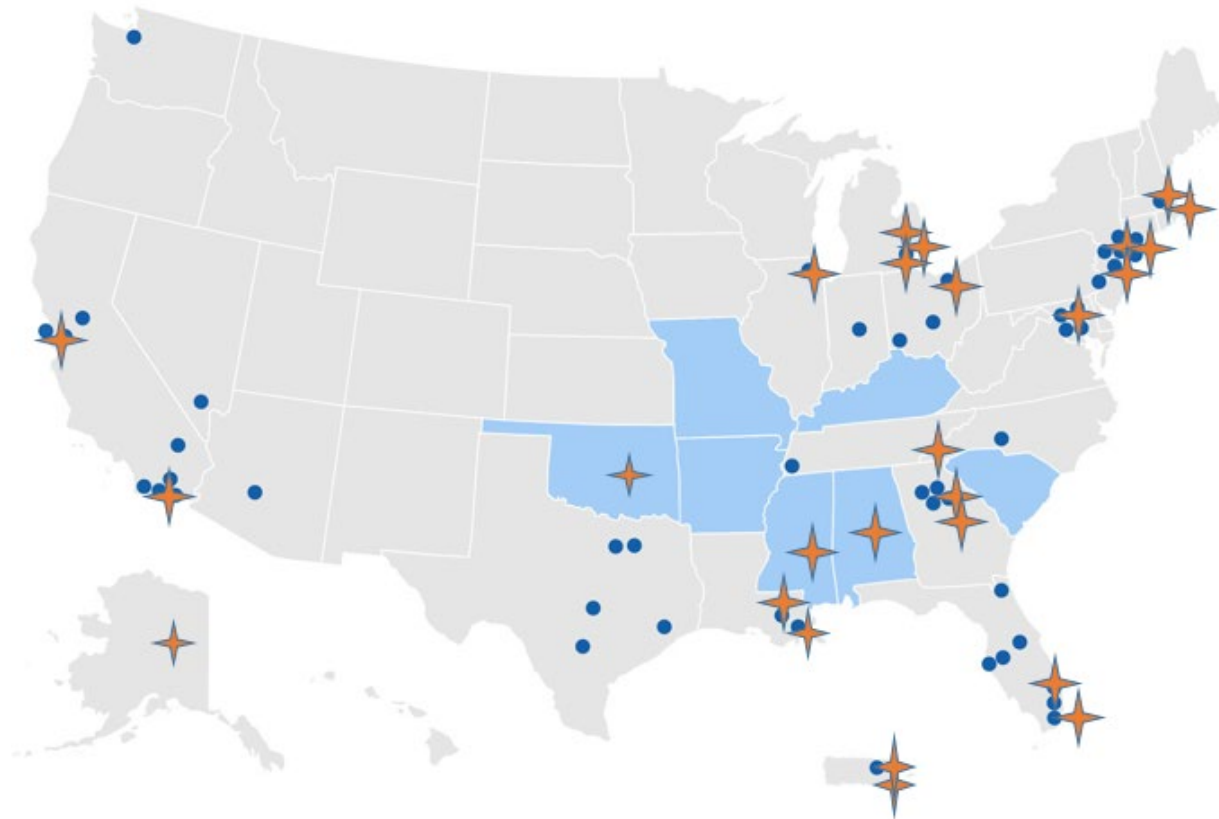
- The Poverello Center Inc. (FL)
- North Jersey Community Research Initiative (NJ)



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Geographic Distribution of E2i Sites

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★ = Intervention site; ● = the 48 counties, Washington, D.C., and San Juan, Puerto Rico where more than 50% of new HIV diagnoses occurred in 2016-2017. States shaded in blue represent states with a substantial rural burden. Adapted from: U.S. Department of Health & Human Services. Federal response: Ending the HIV epidemic. <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>



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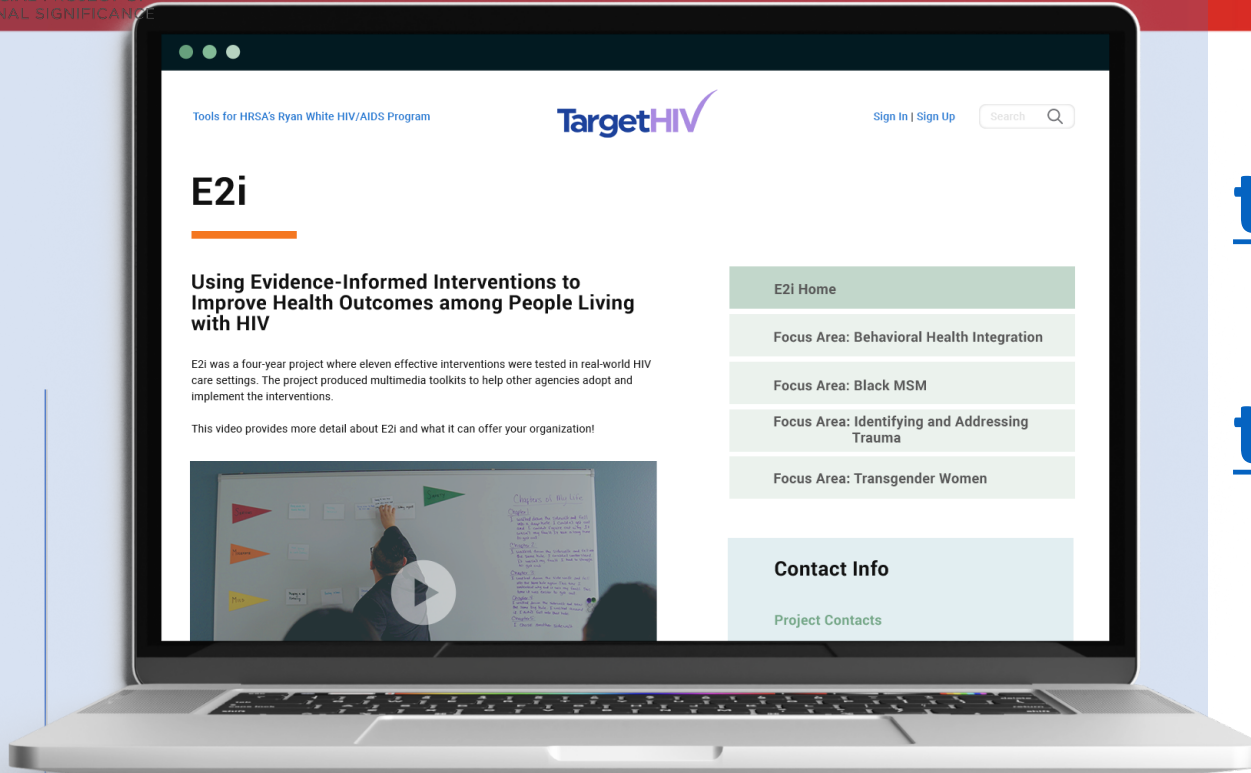
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Where?

targethiv.org/e2i

targethiv.org/bestpractices

- All about the E2i initiative
- Video trailers for focus areas and interventions
- The 11 E2i Toolkits
- Links to peer-reviewed publications



E2i's comprehensive and easy-to-use toolkits are designed to support clinical practices, community-based organizations, and other direct service providers across the Ryan White HIV/AIDS Program in adapting evidence-informed interventions for their local communities.

E2i's eleven interventions fall into four focus areas:

- Transgender women with HIV
- Black men who have sex with men (MSM) with HIV
- Integrating behavioral health with primary medical care for people with HIV
- Identifying and addressing trauma for people with HIV

About E2i

+ Overview

+ Funding Source



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E2i Toolkits

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- Highly accessible, multimedia, and interactive
- Designed to support RWHAP-funded organizations in adapting and implementing the interventions

Did you know?

Healthy Divas is one of the first interventions designed by and for transgender women with HIV.

By implementing Healthy Divas, your organization is taking a vital step toward reducing large and persistent gaps in HIV care for transgender women.

BACK

NEXT





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Implementation Guides

- Downloadable
- Step-by-step planning and implementation
- Resources, tools, and checklists
- Lessons learned from RWHAP settings
- E2i's HIV care continuum outcomes
- Program spotlights





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Site Narrative Videos

- Documentary-style videos
- RWHAP service providers share valuable strategies and lessons learned from implementing the interventions in their organizations.



Our Lady of the Lake



Henry Ford Health Center



Birmingham AIDS
Outreach



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Demonstration Videos



CPT



Project CONNECT



Healthy Divas

-
- Dramatizations of each intervention's core elements
 - Demonstrations of best practices in delivering the interventions



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eLearning Modules

- Self-paced, interactive learning modules
- Quizzes and games
- Reinforce one's understanding of each intervention's core elements.





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E2i Publications



- E2i early implementation and initial lessons learned
 - Narrative reviews of the 4 focus areas
- *AIDS and Behavior*: Special E2i Issue forthcoming

Topical Review

HIV care continuum interventions for Black men who have sex with men in the USA

Hilary Goldhammer, Kenneth H Mayer, Linda G Marc, Demetrios Psihopaidas, Nicole S Chavis, Massah Massaquoi, Sean Cahill, Erin Nortrup, Carol Dawson Rose, Janet Meyers, Kenneth H Mayer, Stacy M Cohen, Alex S Keuroghlian

Disparities persist along the HIV care continuum among Black men who have sex with men in the USA. As part of an initiative funded by the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA), we searched for recently published interventions focused on the HIV care continuum outcomes among Black MSM with HIV in the USA. Our search identified 14 interventions that were associated with at least one statistically significant outcome. Medication adherence, viral suppression, and linkage to care were the most common. More than half of the interventions were delivered in the US South. Interventions used a range of strategies to address common barriers to optimal HIV outcomes for Black MSM. Several interventions used social media, text messaging, and smartphone apps to facilitate social support, deliver HIV education, and address common barriers to optimal HIV outcomes for Black MSM. Several interventions used social media, text messaging, and smartphone apps to facilitate social support, deliver HIV education, and address common barriers to optimal HIV outcomes for Black MSM. Several interventions used social media, text messaging, and smartphone apps to facilitate social support, deliver HIV education, and address common barriers to optimal HIV outcomes for Black MSM. Several interventions used social media, text messaging, and smartphone apps to facilitate social support, deliver HIV education, and address common barriers to optimal HIV outcomes for Black MSM.

Introduction

HIV disproportionately affects Black gay, bisexual, and other men who have sex with men (MSM) in the USA.¹ Black MSM in the USA have 72 times the odds of acquiring HIV compared with the general population,² despite equal or lower HIV risk behaviours reported by Black MSM compared with White MSM.¹ Racial disparities persist along the HIV care continuum, including lower sustained viral suppression among Black MSM compared with White and Hispanic MSM.^{3,4} To reduce HIV inequities, there is a need to identify, disseminate, and replicate interventions for Black MSM that promote progression along the HIV care continuum of linkage to care, retention in care, adherence to antiretroviral therapy (ART), and viral suppression. In the only previous review of HIV interventions for Black MSM, however, Matuszewska and colleagues found

clinical outcomes in Ryan White sites, as described elsewhere.^{5,6} will be disseminated along with promote rapid replication of the HIV service organisations nationwide. We aim to shed light on the current research in this critical area.

Barriers to and facilitators of HIV care for Black MSM

HIV disparities for Black MSM are driven by structural inequities, including discrimination, bias, and stigma. These forces produce inequities in employment, education, incarceration, and community violence among Black MSM, however, Matuszewska and colleagues found

HIV Care Continuum Interventions for Transgender Women: A Topical Review

Hilary Goldhammer, SM¹; Linda G. Marc, ScD^{1,2}; Demetrios Psihopaidas, PhD, MA³; Nicole S. Chavis, MPH³; Massah Massaquoi, MPH¹; Sean Cahill, PhD^{1,4,5}; Greg Rebchook, PhD⁶; Sari Reisner, ScD^{1,2,7,8}; Kenneth A. Mayer, MD^{1,2,8,9}; Stacy M. Cohen, MPH³; and Alex S. Keuroghlian, MD, MPH^{1,8,10}

Abstract

Transgender women experience a disproportionate prevalence of HIV and barriers to medication adherence, and viral suppression. As part of a national cooperative agreement with the Health Resources and Services Administration's HIV/AIDS Bureau, we searched the literature from January 2018 to February 2021 for English-language articles on interventions designed to improve at least 1 HIV care continuum outcome among transgender women diagnosed with HIV. To be included, articles needed to identify transgender women as a priority population, report quantitative or qualitative outcomes, and describe at least 1 intervention. Of 22 interventions, of which 15 reported quantitative or qualitative outcomes and 7 interventions have incorporated a range of strategies that show promise for addressing barriers rooted in societal and cultural stigma and discrimination against transgender women. Among the interventions included meaningful community participation in the design and implementation of culturally affirming programs that serve as a gateway to HIV care and combine gender-affirming interventions with HIV care; interventions to improve behavioral health outcomes; peer-led counseling; technology-based interventions to increase access to care management and online support; and interventions to increase linkage to and retention in care, treatment adherence, and viral suppression. Although evidence-informed interventions to improve HIV health outcomes among priority populations exist, the uptake of such interventions in HIV service organizations is slow. To increase scale-up, organizations need more centralized

Keywords

Commentary

Rapid Implementation of Evidence-Informed Interventions to Improve Health Outcomes Among Priority Populations: The E2i Initiative

Linda G. Marc, ScD, MPH^{1,2}; Hilary Goldhammer, PhD^{1,6,7}; Massah Massaquoi, MPH¹; Erin Nortrup, MPH⁹; Demetrios A. Psihopaidas, MD, MPH^{1,10}

People with HIV who take antiretroviral therapy as prescribed, and achieve and maintain viral suppression, improve their health and life expectancy.¹ They also have effectively no risk of sexually transmitting the virus to an HIV-negative partner.² As of 2018, only 64.7% of people with diagnosed HIV in the United States were virally suppressed.³ To achieve national goals to end the HIV epidemic, it is critical to address barriers experienced by subpopulations with persistent gaps along the HIV care continuum of linkage to and retention in care, treatment adherence, and viral suppression.⁴ Although evidence-informed interventions to improve HIV health outcomes among priority populations exist, the uptake of such interventions in HIV service organizations is slow. To increase scale-up, organizations need more centralized



AIDS Care

Psychological and Socio-medical Aspects of AIDS/HIV

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/caic20>

Interventions for addressing trauma among people with HIV: a narrative review

Hilary Goldhammer, Linda G. Marc, Nicole S. Chavis, Demetrios Psihopaidas, Massah Massaquoi, Sean Cahill, Erin Nortrup, Carol Dawson Rose, Janet Meyers, Kenneth H. Mayer, Stacy M. Cohen & Alex S. Keuroghlian

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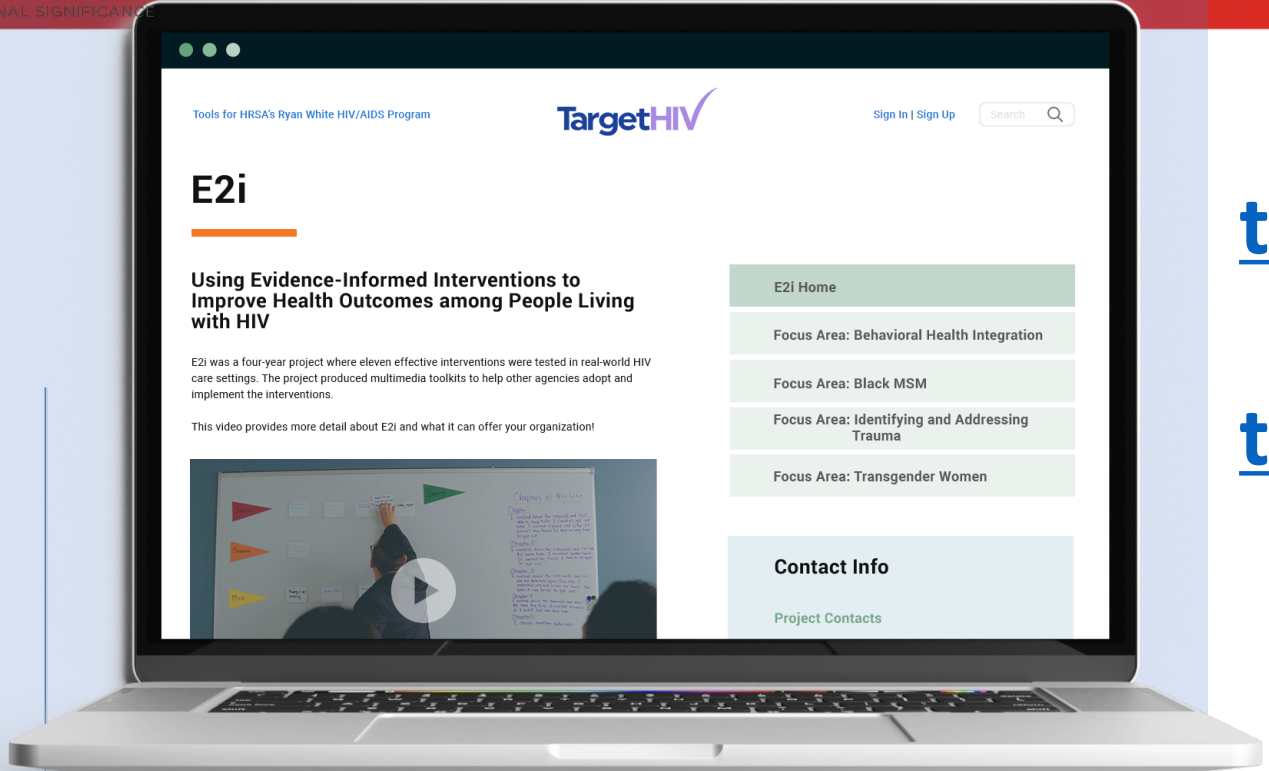
To link to this article: <https://doi.org/10.1080/09540121.2021.1984382>



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Where?



targethiv.org/e2i

targethiv.org/bestpractices

Tools for HRSA's Ryan White HIV/AIDS Program



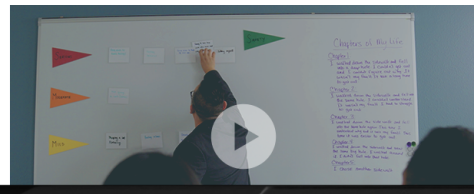
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E2i

Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV

E2i was a four-year project where eleven effective interventions were tested in real-world HIV care settings. The project produced multimedia toolkits to help other agencies adopt and implement the interventions.

This video provides more detail about E2i and what it can offer your organization!



E2i Home

Focus Area: Behavioral Health Integration

Focus Area: Black MSM

Focus Area: Identifying and Addressing Trauma

Focus Area: Transgender Women

Contact Info

Project Contacts

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E2i's eleven interventions fall into four focus areas:

- Transgender women with HIV
- Black men who have sex with men (MSM) with HIV
- Integrating behavioral health with primary medical care for people with HIV
- Identifying and addressing trauma for people with HIV

About E2i

+ Overview

+ Funding Source

E2i Evaluation of Interventions with BMSM and Transgender Women

E2i Evaluation Center - UCSF

Janet Myers, PhD, MPH – Principal Investigator

Starley Shade, MPH, PhD – Quantitative Evaluator

Mary Guzé, MPH – Lead Data Manager/Analyst

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22

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Disclosures

Janet Myers has no relevant financial interests to disclose.

Starley Shade has no relevant financial interests to disclose.

Mary Guzé has no relevant financial interests to disclose.

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Methods: Data Collection

All data collected was de-identified before submission to the Evaluation Center and submitted through a central REDCap data portal

- Enrollment and Intervention Exposure
 - Demographics: Year of birth (age), current gender, race/ethnicity
 - Activities conducted/services provided for each intervention encounter
- Medical records
 - Time periods
 - Baseline – 12 months prior to enrollment
 - Follow-up – 12 months following enrollment
 - Select data elements: ART status, HIV outpatient medical visit dates, Viral load tests/results

Methods: Analysis

- Intervention descriptions:
 - Total enrolled
 - Encounter frequency (dose) per client
 - Primary encounters: activities/services essential to the intervention as originally designed
 - Supplemental encounters: additional services provided by the interventions

Methods: HIV Care Continuum Outcomes

- **Engagement in care:** At least one visit during the measurement period
- **On ART:** Current ART prescription during the measurement period
- **Retention in care:** At least two visits separated by more than 90 days during the measurement period
- **Viral suppression (tested):** Among all clients with a viral load test during the measurement period with result <200 copies
- **Viral suppression (all):** Among all clients with medical record data during the measurement period with result <200 copies. If no test, client is assumed to not be virally suppressed

Methods: Analysis (continued)

Analyses conducted:

- Change in outcomes by focus area enrollment
- Sub-analysis for Transgender Women and Black MSM interventions
 - By enrollment in intervention
 - Intervention dose (i.e. do differences in number of encounters with intervention differentially impact HIV Care continuum outcomes)
- Assessed change in HIV Care continuums from baseline to follow-up using generalized estimating equations (GEEs) with repeated measures.
 - Generates estimated proportions for outcomes, adjusting for variation within and between clients and sites over time

Diverse Interventions

Behavioral Health

- BUP (2 sites)
- CoCM (4 sites)
- SBIRT (2 sites)

BMSM

- CONNECT (1 site)
- MI Peers (3 sites)
- TXTXT (2 sites)

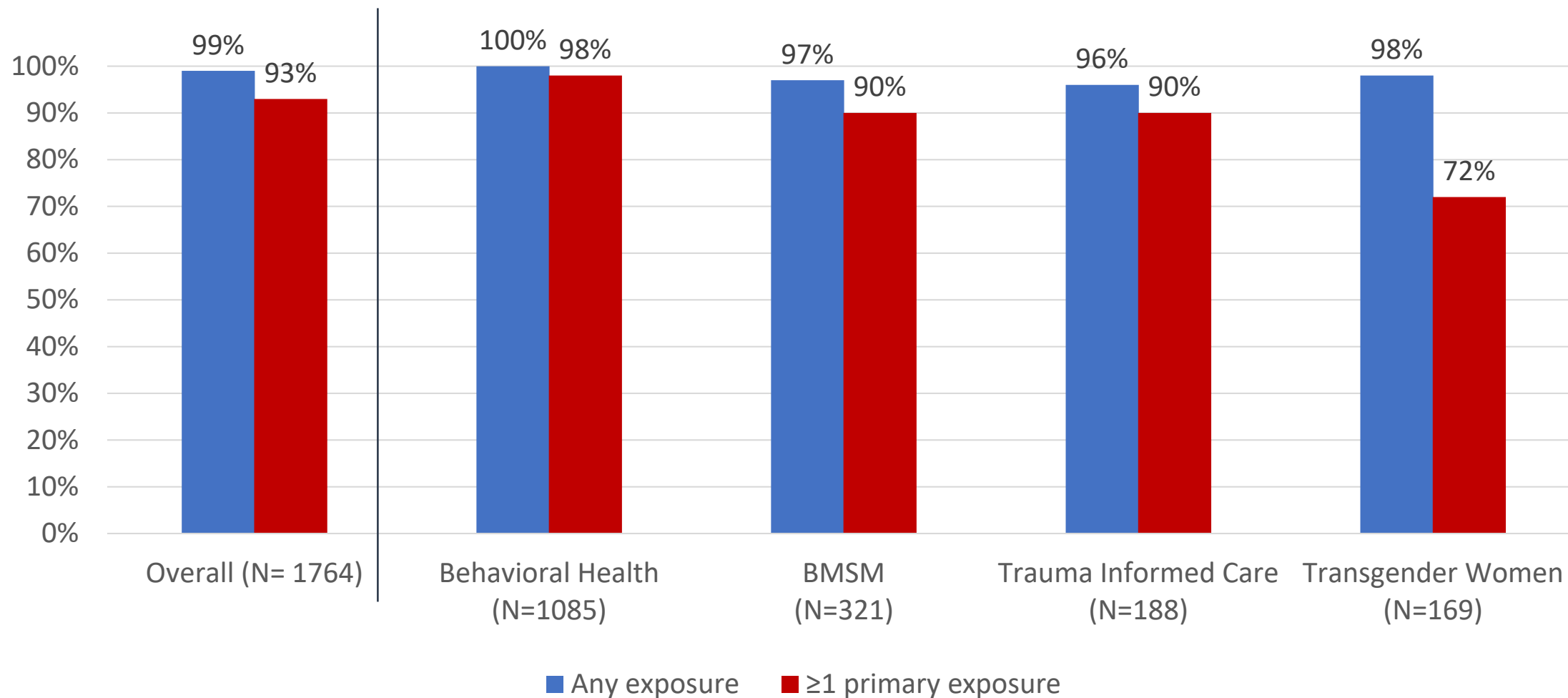
Trauma Informed Care

- CPT (2 sites)
- Seeking Safety (2 sites)
- TIA/CHANGE (1 site)

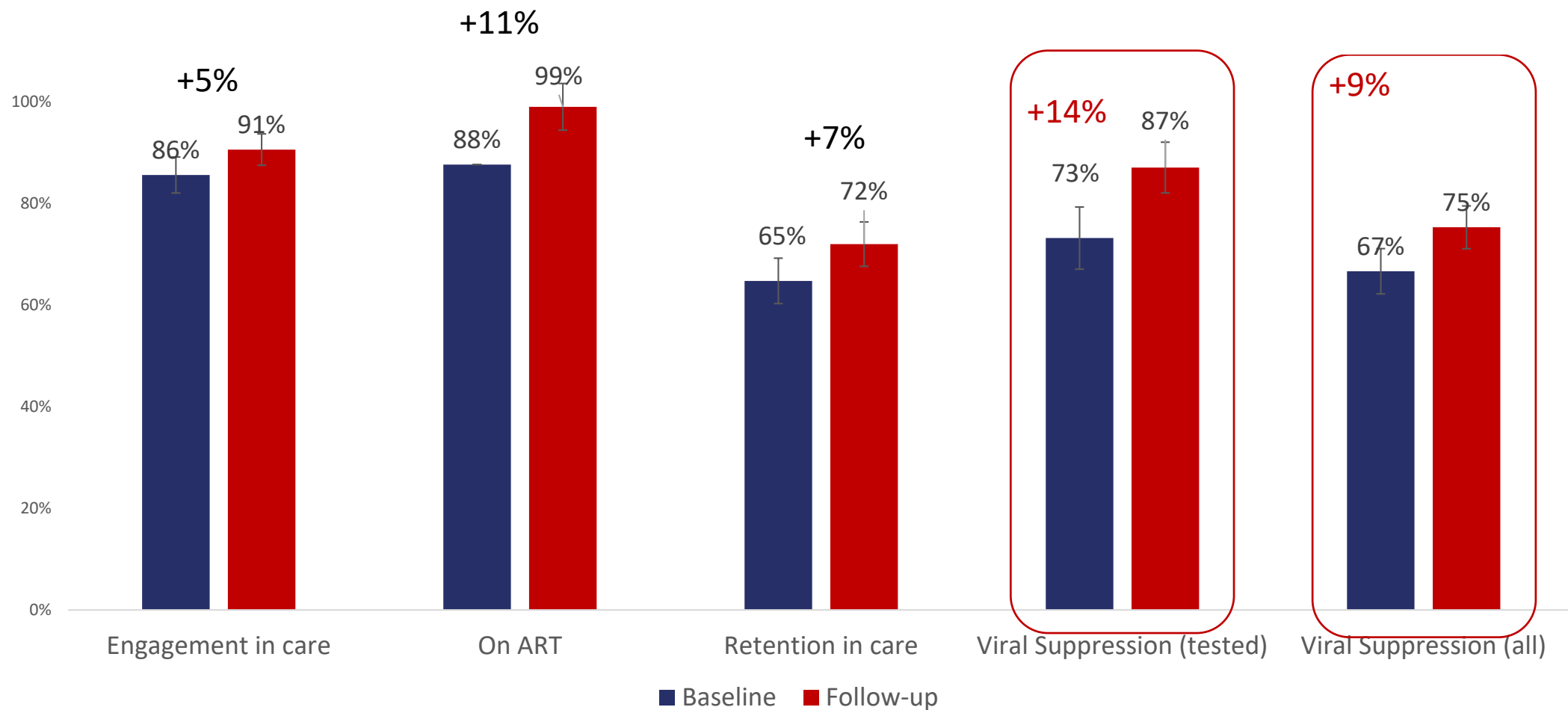
Transgender Women

- Healthy Divas (3 sites)
- TWEET (3 sites)

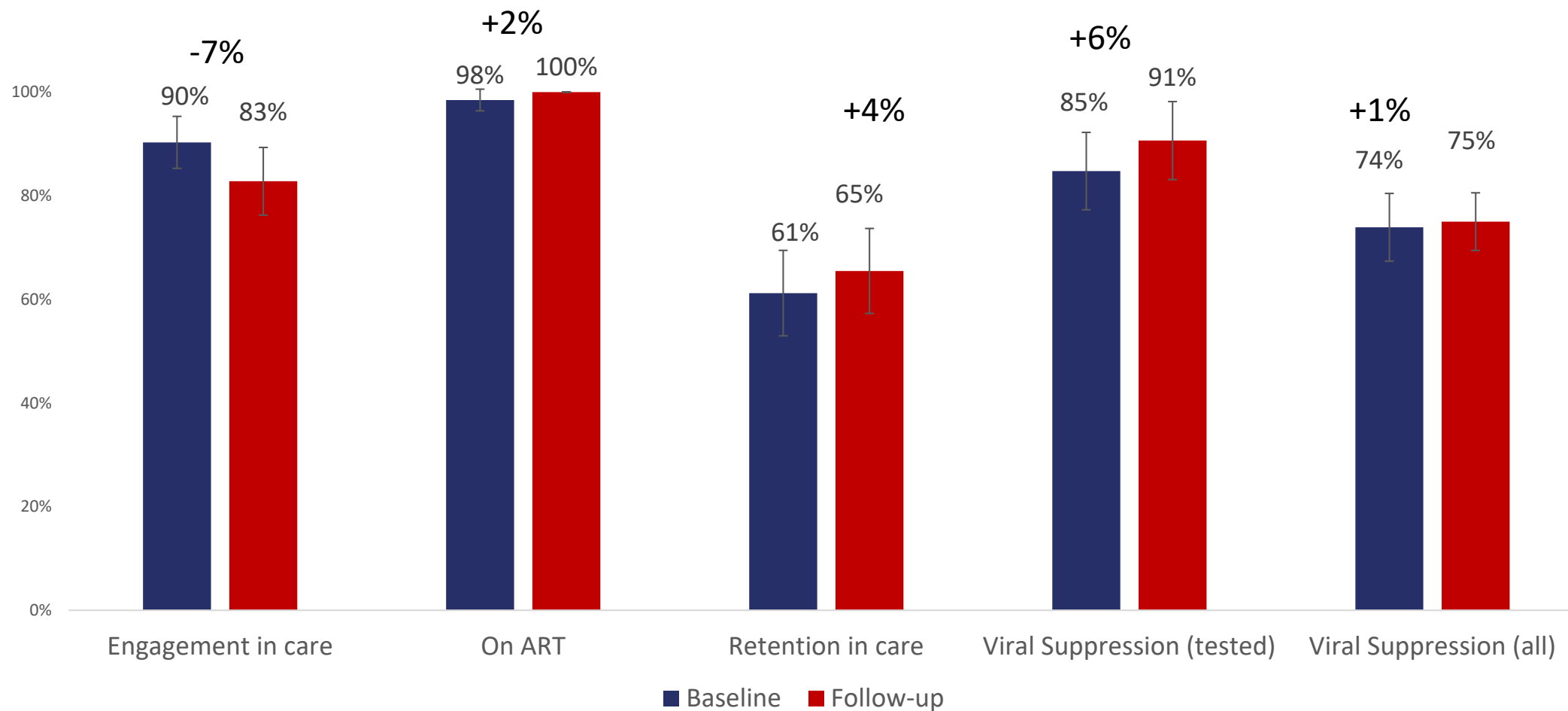
E2i Intervention Exposure



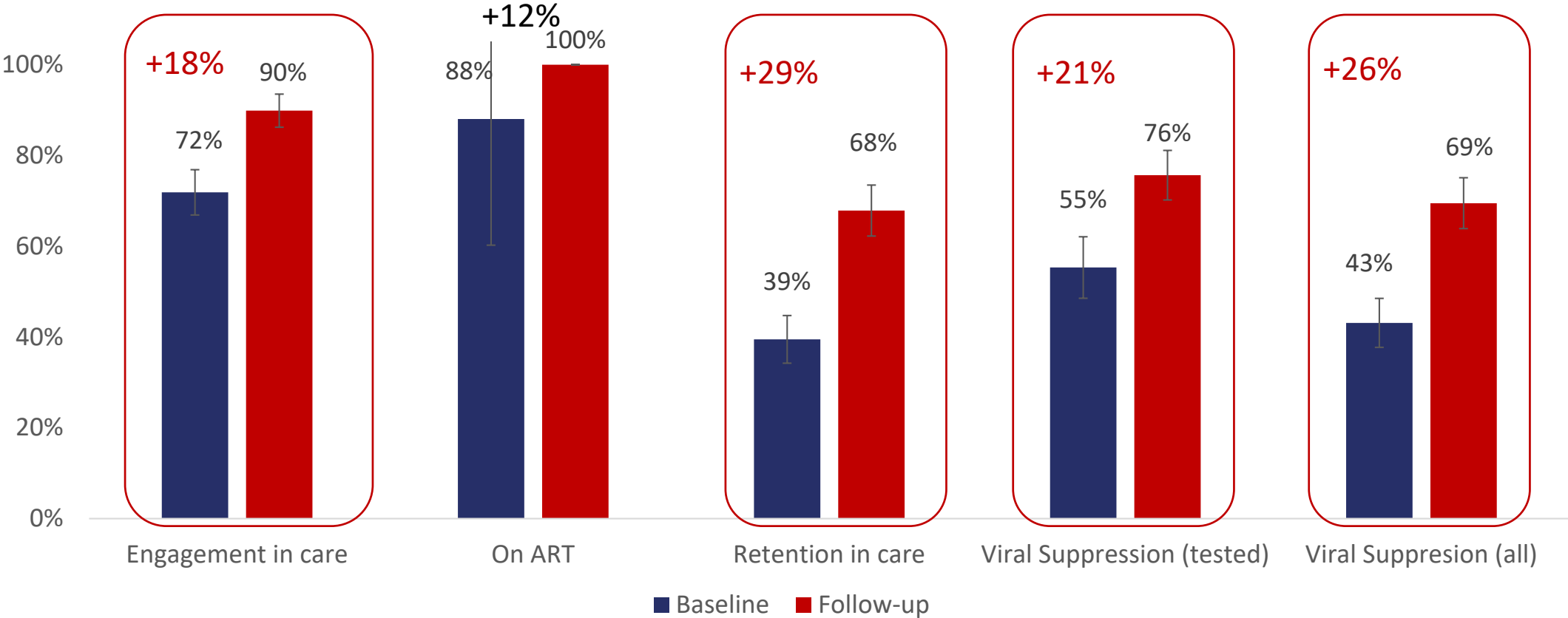
Behavioral Health: Client Outcomes



Trauma Informed Care: Client Outcomes

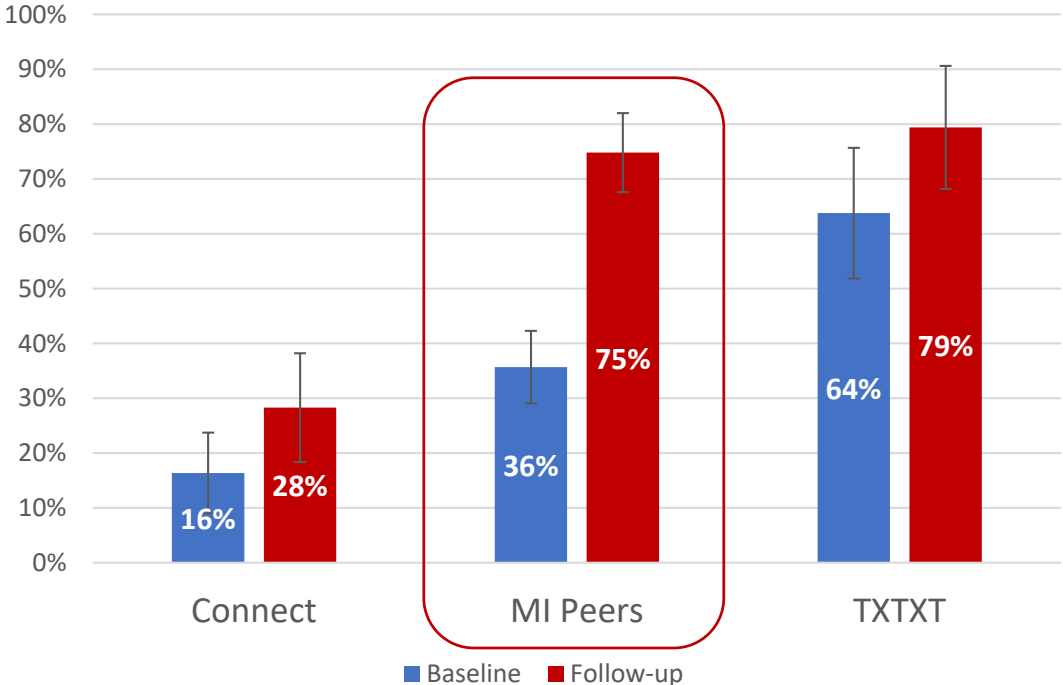


BMSM: Client Outcomes

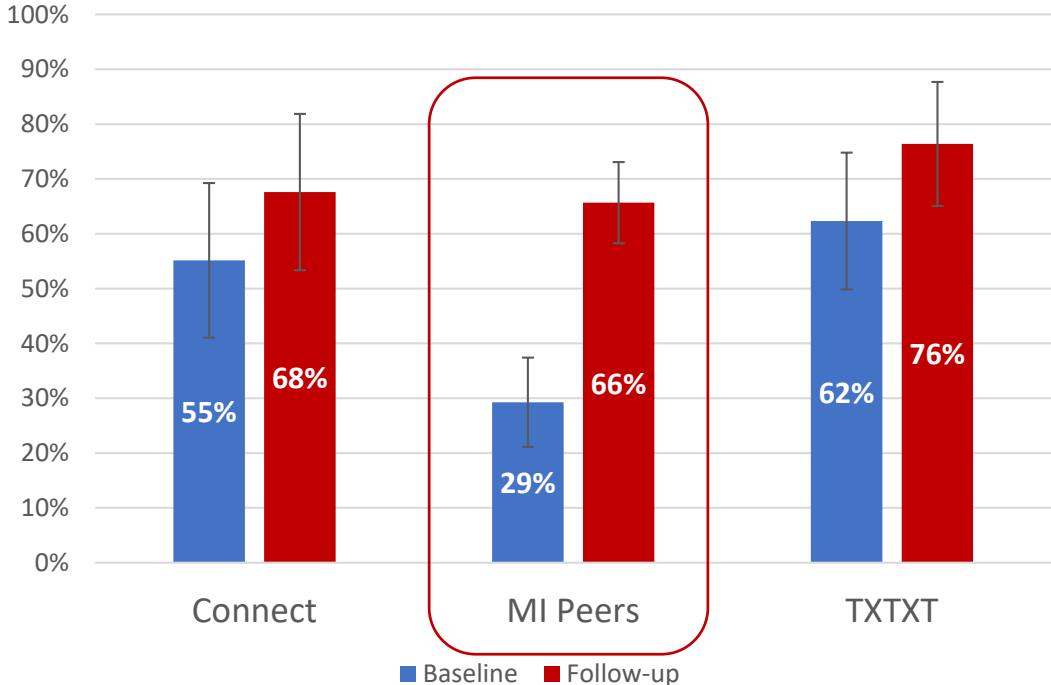


BMSM Interventions

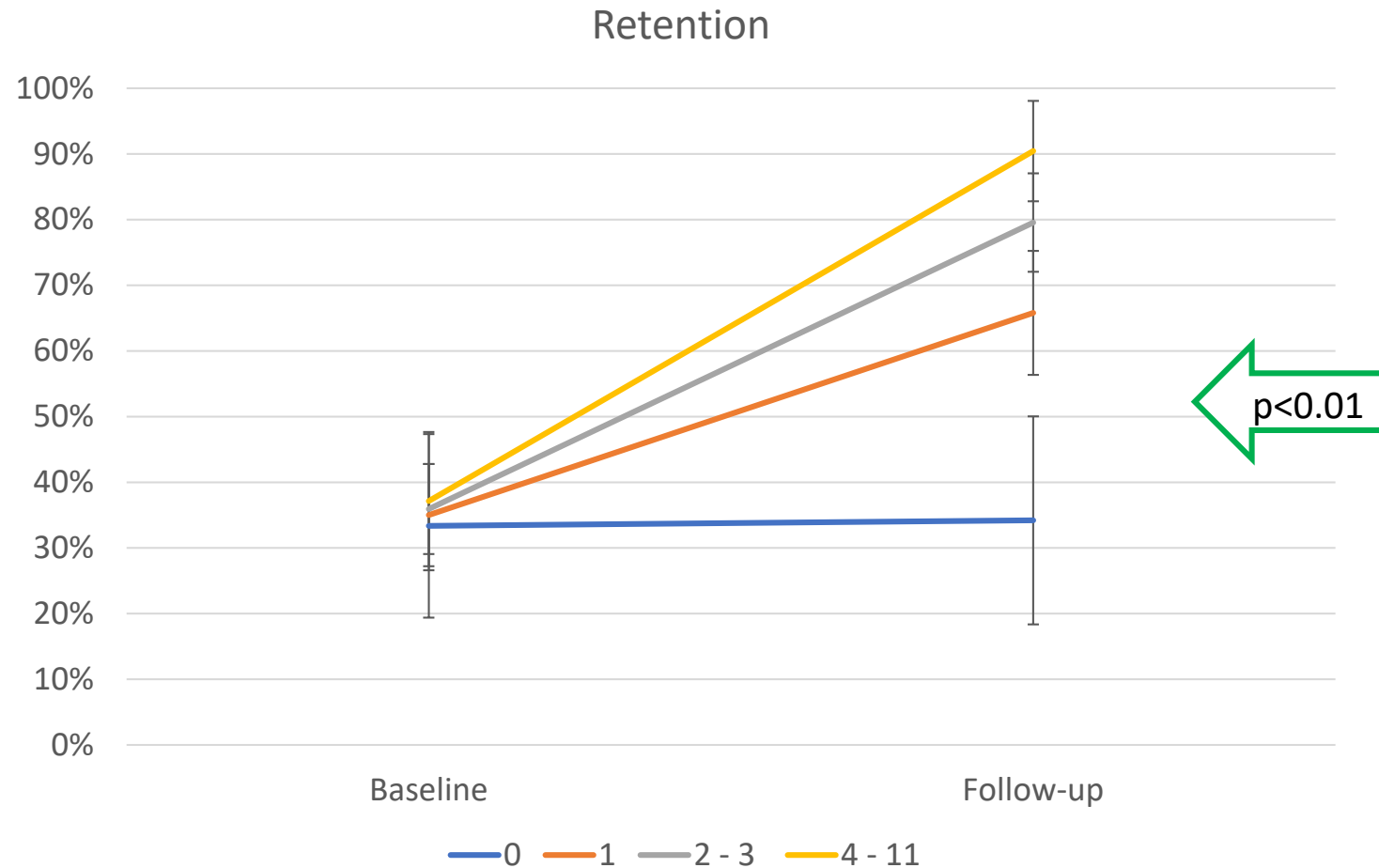
Retention in Care



Viral suppression (all)

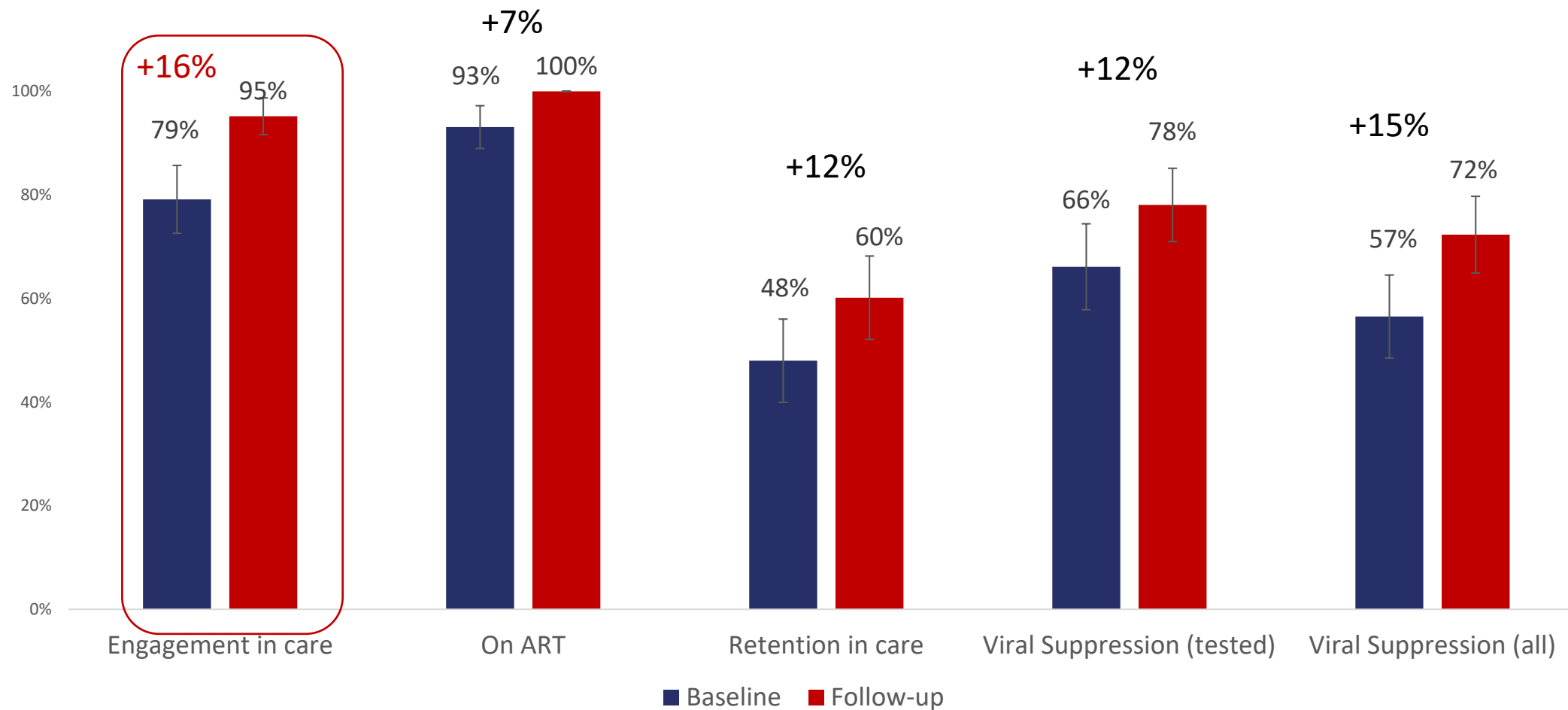


MI Peers outcomes by exposure dose



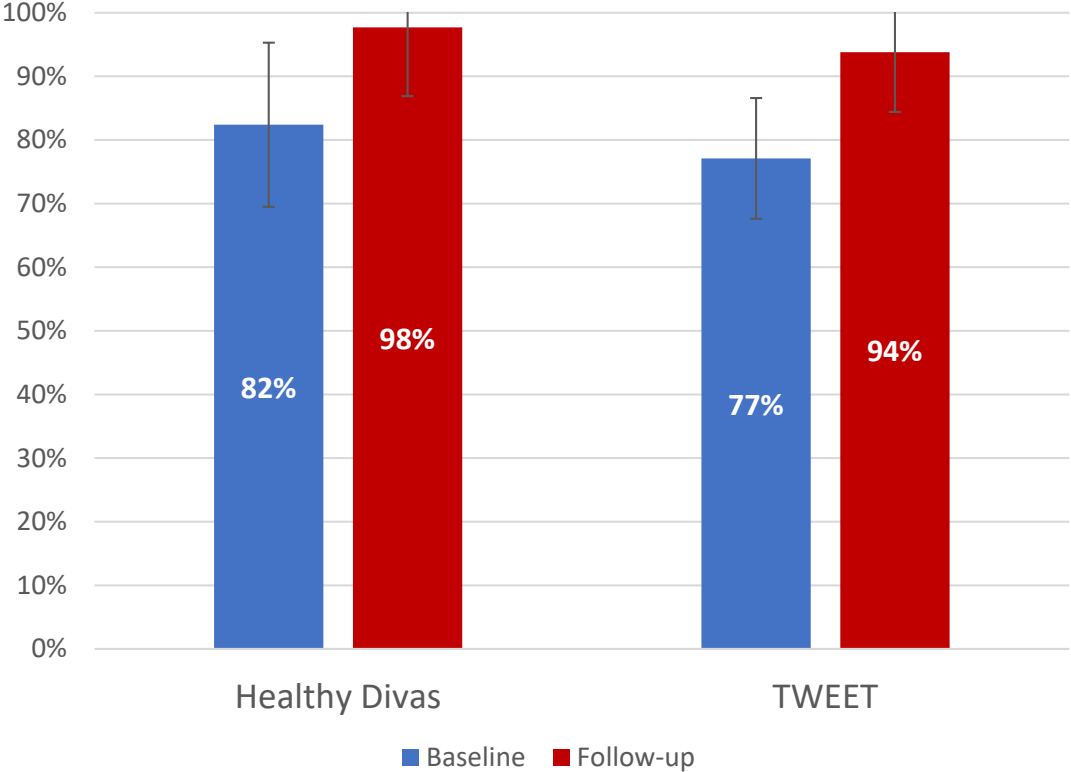
- When examined by the whole BMSM focus area, there were significant changes in engagement, retention, and viral suppression for those enrolled
 - Examining by intervention, only MI Peers had significant changes in these care continuum outcomes
 - Examining interventions by exposure dose:
 - In MI Peers more exposure is associated with greater increases in retention over time.

Transgender Women : Client Outcomes

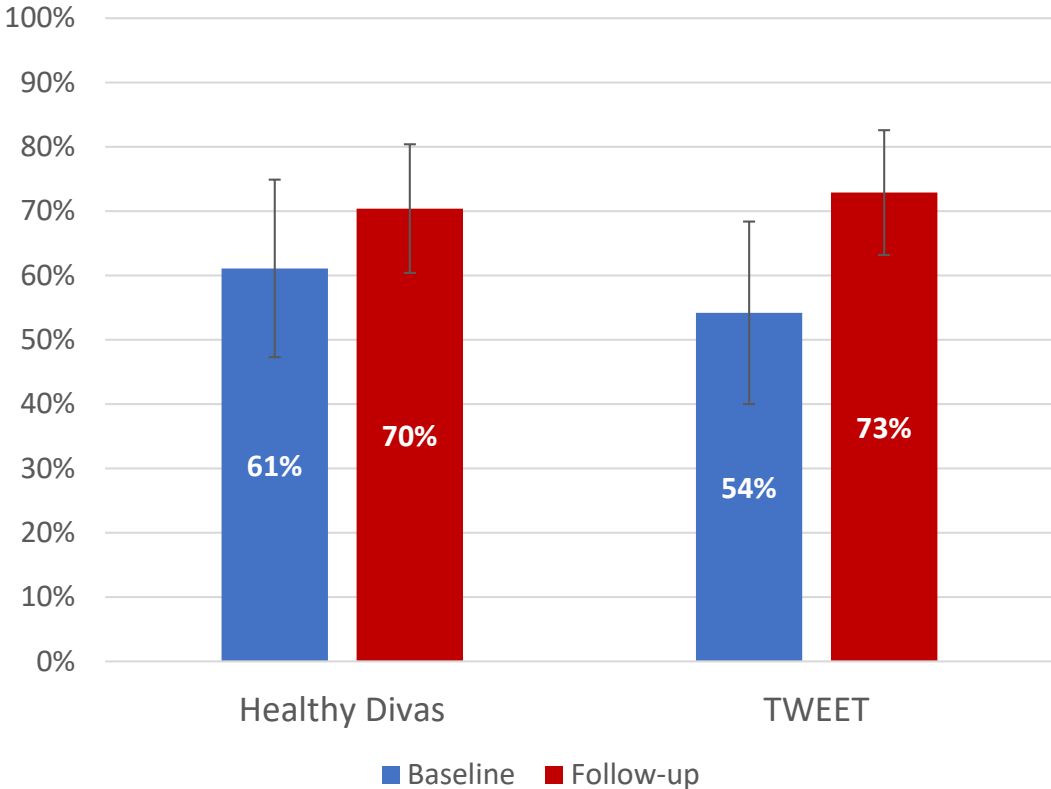


Transgender Women Interventions

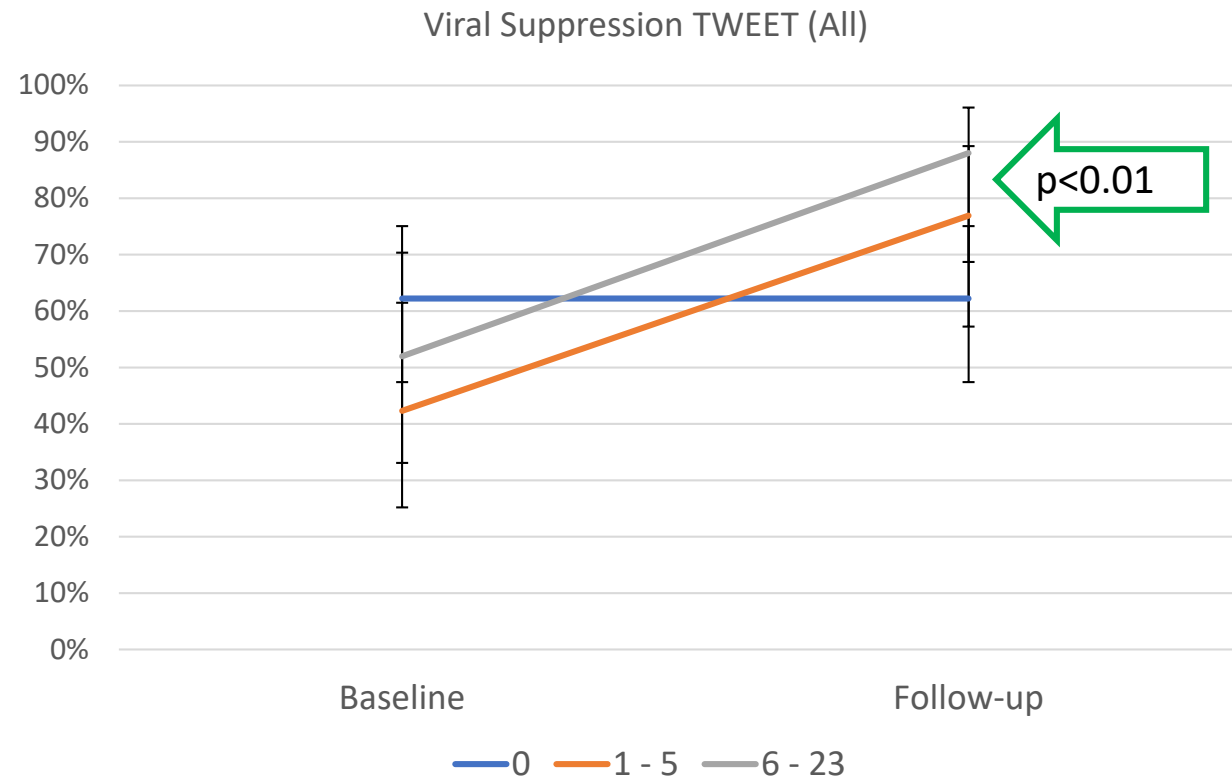
Engagement



Viral Suppression (All)



TWEET Outcomes by Primary Exposure Dose



Transgender Women Summary

- Across the transgender women focus area there was a significant change in engagement for those enrolled
 - No significant changes when examining by intervention
- Examining interventions by exposure dose:
 - TWEET participants with no primary exposure had less change in viral load suppression than those with medium or high levels of primary exposure.

E2i Client Outcomes summary

- Variability in outcomes across and within focus areas
- Ryan White sites adapt these interventions to provide additional support to their clients.
 - Demonstrated by variability in primary intervention dose
 - Current analysis does not provide evidence that more contact necessarily leads to better outcomes.
 - Only select outcomes in some interventions showed greater dose associated with better outcomes.
 - We do not have information on how sites decided who received more contact with the interventions
 - Its possible higher need clients need more support to reach the same outcomes as lower need clients

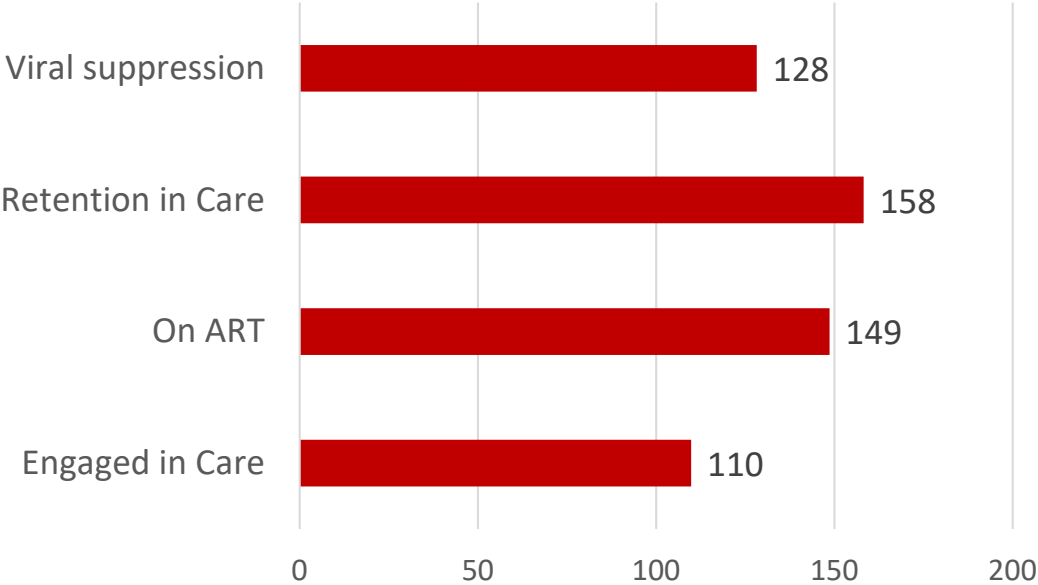
E2i Costing Methods

- Implementation sites submitted annual costs using Excel template
- Costs estimated by:
 - Resource (Personnel, Recurring goods and services, Capital equipment, Facilities)
 - Time period (Pre-implementation, Implementation, Management/Oversight)
 - Activity
 - Pre-implementation (Stakeholder engagement, Intervention development, Training)
 - Implementation (Outreach, Direct intervention, Contact attempts, Indirect intervention, Other intervention, Supervision)
- Effectiveness estimated as additional patients with suppressed viral load
 - Generalized estimating equation model
 - Number suppressed at 12 months minus number suppressed at baseline
- Cost-effectiveness
 - Cost per additional patient with suppressed viral load

Intervention costs

Complete Data available for 22 sites

Additional Patients with Each Outcome
 All Interventions



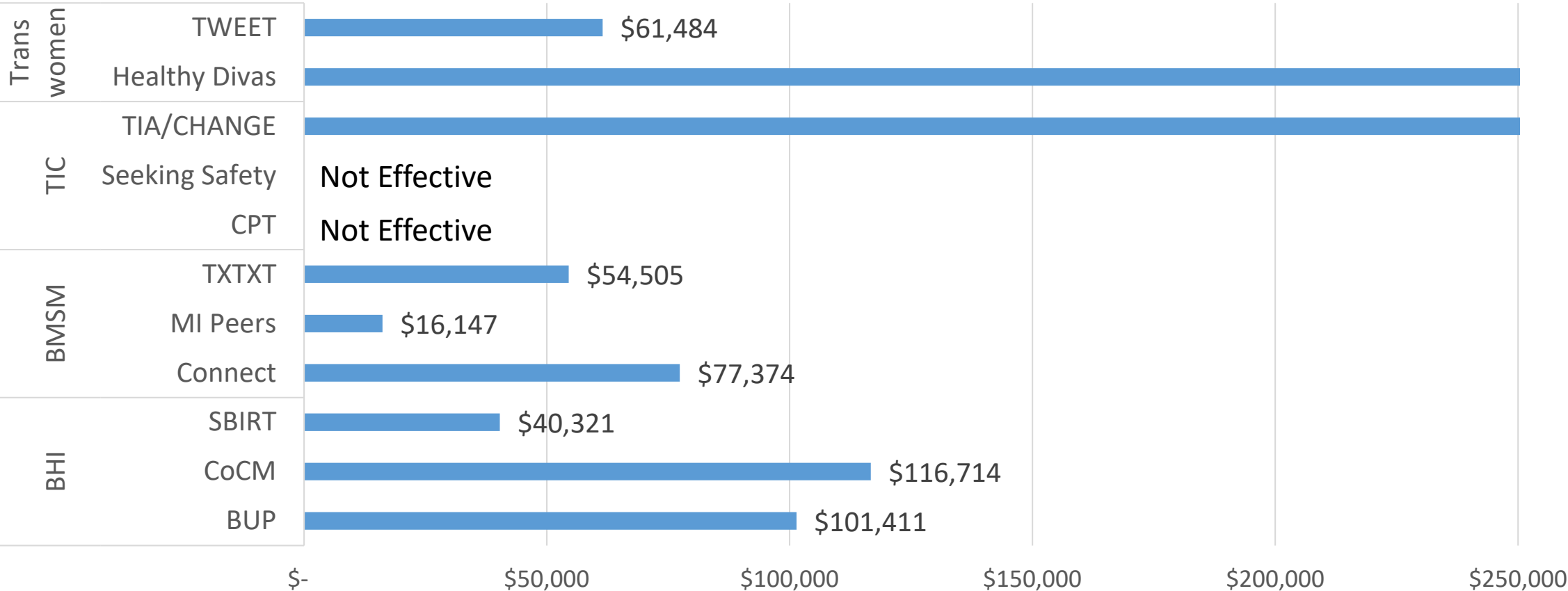
AVERAGE COST = \$459,594 PER SITE

Cost per Outcome
 All Interventions



Integration: Cost and Client Outcomes

Viral suppression



Costing summary

- Initiative wide, more patients were linked and retained in care, and virally suppressed
- On average, interventions cost <\$500,000/site
- MI-PEERS, SBIRT, TXTXT and TWEET were more cost-effective than other interventions, regarding viral suppression.

- We saw variability in outcomes within focus areas
 - BMSM and Transgender Women had change in the most continuum measures
 - Within BMSM these changes were driven by MI Peers
 - Intervention dose had some impact on Transgender Women and BMSM HIV care continuum outcomes
 - However, overall greater dose did not always lead to better outcomes across client outcomes.
- Interventions that were well-defined with distinct activities were more cost-effective
 - Integrated and system-level interventions tended to be less cost-effective
 - These types of interventions tend to have more start-up costs and may take longer to fully implement

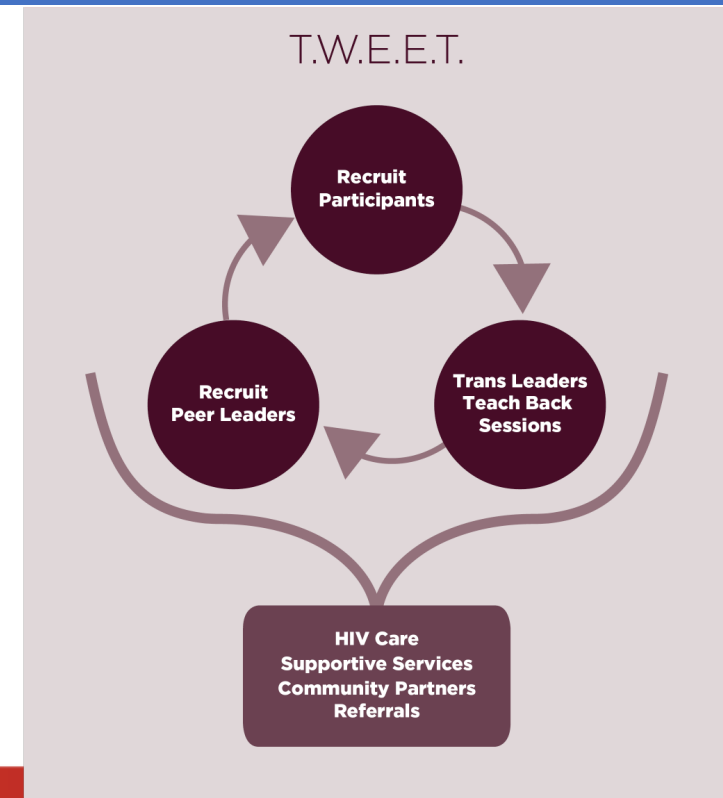


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Transgender Women Engagement and Entry to Care Project (T.W.E.E.T.)

Core Elements

- Trans-identified Peer Leaders
- 5 educational “teach-back” sessions
- Community building
- Supportive services



Clínica Translucent by Centro Ararat San Juan, Puerto Rico

Larry Zayas Rivera



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Disclosures

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There was no commercial support for this activity.



E2i Intervention Implementation Approach & Lessons Learned

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- Identify Peer Leaders that would engage participants to complete the workshops (opinion leaders, gatekeepers, respected public figures)
- Ensure the content of the curriculum would reflect the reality of our participants' life (cultural responsiveness)
- Provide our Peer Leaders with the skills to facilitate, manage and deliver the workshop curriculum in a local language so participants would easily understand the concept presented to them (ACADEMIA)
- Develop and utilize digital platform after earthquakes and COVID-19



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E2i Intervention Implementation Approach & Lessons Learned

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- Opinion leaders promoted the workshops as an event of the community rather than an educational program.
- Participants were encouraged to share personal experiences related to the topic of the curriculum; during plenary, most participants expressed they had experienced a similar event in their lives.
- Peer Leaders were trained in effective facilitation skills to successfully convey the message they were delivering. After COVID-19, Peer Leaders were given tips on how to manage groups through ZOOM app. Peer Leaders felt a sense of belonging with our staff when delivering the interventions, which led them to feel safe and supported when disclosing their status.



E2i Successes

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- Our most significant “ah ha” moment was when three participants shared their HIV status with their peers during a workshop.
- Participants referred clients to the TWEET workshops
- Participants experienced:
 - Sense of community
 - Better understanding of impact of social determinants of health
 - Awareness of risk reduction strategies
 - Importance of treatment adherence
 - Staff ability to engage diverse groups with regard to age, national origin, and health-related conditions



E2i Successes

- Further enhance the experience in medical treatment for the transgender community
- Transgender men and nonbinary population increased by default
- Medical staff has been increased to meet demand
- Staff receive ongoing education on transgender cultural responsiveness and overall health



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Integrating and Sustaining Our E2i Project

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- Centro Ararat has pledged to continue funding the intervention for two years.
- Implementation will continue to be virtual as we serve more participants throughout the island.
- T.W.E.E.T. Status Neutral Implementation



Henry Ford Health Center Detroit, Michigan

Harmony Harris



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E2i Intervention Implementation Approach & Lessons Learned

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- Location of group sessions
 - Move location to what works for clients
- Clients completing all five sessions
 - Allow clients to attend more than one cycle
- Transportation for clients
 - Provide bus tickets and Lyft rides
- Impact of COVID-19 pandemic
 - Move to virtual sessions and increased focus on remote peer navigation



E2i Successes

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- Client-level intervention
 - One-on-one interactions increased during COVID-19 pandemic -- and clients needed the support
- Increased sense of community
 - Collaborating with other CBOs for the health of our clients
- Increased organizational focus of importance of group sessions
 - Group sessions are now part of the standard services offered at our center
- Assisted women with name changes, gender marker changes and support services



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Integrating and Sustaining Our E2i Project

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- Project activities that have continued past funding period
 - Using existing development funding from the Ruth Ellis Center
 - Leveraging state-level HIV funding for tobacco cessation program
 - Funding for peer navigation staff and group activities is needed
 - Institutional buy-in has been achieved: T.W.E.E.T. goals mirror organization's mission

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