PHI: THE PRINCESS PROJECT

PUBLIC HEALTH INSTITUTE:
THE PRINCESS PROJECT

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CONTENTS

Local Epidemiology 83

Program Description 84

Program Planning and Development 91

Intervention Outcomes 95

Lessons Learned 99

Intervention Appendix 100

Princess Project aims to enhance engagement and retention in quality HIV care through implementing innovative outreach and intervention programs in collaboration with the Public Health Institute (PHI), East Bay AIDS Center (EBAC), Community Advisory Board (CAB), HIV/AIDS service organizations (ASOs), Public Health Departments, health and social service agencies, and targeted transgender community members in Oakland/Alameda County, California. Our project team provides culturally and transgender-sensitive community outreach, HIV/AIDS prevention services, support groups, and gender transition feminization medical services (e.g., electrolysis and laser hair removal). In addition, we provide referrals to comprehensive HIV care, which may increase adherence to HIV treatment, as well as improve retention in health services for African American transgender women who are living with HIV.

LOCAL EPIDEMIOLOGY

HIV Incidence and Prevalence:

Despite a lack of valid and reliable national surveillance data on HIV/AIDS prevalence and incidence among transgender people, local data have shown high HIV sero-prevalence and risk behaviors among transgender women. The Alameda County Office of AIDS Administration (OAA) reported a cumulative total of 3,426 AIDS and 2,013 HIV cases as of December 31, 2008 and 430 newly diagnosed AIDS cases in Alameda County from Jan 1, 2007 to December 31, 2008.[1] These AIDS cases were dominated by African Americans (46.5%). The 2010 Oakland TGA (Transitional Grant Areas) Needs Assessment reported only 0.9% of the cumulative AIDS cases (n=31) were transgender persons.[2] Similarly, the San Francisco Department of Public Health (SFDPH)

1 Alameda County Public Health Department, Harder&Company Community Research. 2010 Oakland Transitional Grant Area HIV/AIDS Health Services Needs Assessment 2010.

2 Alameda County Public Health Department, Harder&Company Community Research. 2010 Oakland Transitional Grant Area HIV/AIDS Health Services Needs Assessment 2010.

reported 399 cumulative AIDS cases among transgender women.[3] However, these numbers are unreliable and under-reported because a transgender category in AIDS cases was not introduced until 1996 in SFDPH and transgender women tended to be categorized as MSM. Also, these surveillance data on HIV/AIDS cases do not match the results of a recent meta-analysis on the HIV prevalence among transgender women in the U.S.; which ranged from 0.5% to 60%, with an estimated prevalence of 28% (CI=25% to 31%).[4]

We conducted a study that revealed high HIV sero-prevalence [46.5% of African American, 24.8% of Latina, 18.4% of Caucasian, and 13.2% of Asian and Pacific Islander (API) participants] based on a sample of 573 transgender women in San Francisco and Oakland.[5,6,7] Our study is the only one, to our knowledge, which has investigated HIV risk behaviors among African American transgender women in Oakland and identified a high HIV prevalence (46.6%) among 123 study participants.[8] Transgender women are categorized as one priority population at high risk for HIV in the Alameda County OAA Needs Assessment report. Our study also revealed that 49% had engaged in sex work in the past 6 months; 29%, 10%, and 16% had engaged in unprotected receptive anal sex (URAS) with primary, casual, and commercial sex partners in the past 30 days, respectively; 60% drank alcohol, 58% used marijuana, 11% snorted cocaine, 12% used methamphetamines, and 37% used ecstasy in the past 30 days. Compared with African American transgender women in San Francisco, those in Oakland reported significantly higher risk behaviors, such as URAS with commercial sex partners and ecstasy use. In addition, African American transgender women in Oakland revealed significantly higher unmet needs, in terms of basic assistance and mental health and other health care services.[9]

PROGRAM DESCRIPTION

ORGANIZATION

Public Health Institute (PHI), incorporated in 1964, is an independent non-profit organization dedicated to promoting health, well-being, and quality of life for people in California and elsewhere (see www.phi.org). A number of community-based health promotion projects funded by federal and state governments and

3 San Francisco Dept of Public Health. HIV/AIDS epidemiology annual report 2009. 2010.

4 Herbst JH, Jacobs ED, et al. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. AIDS Behav. Jan 2008;12(1):1-17

5 Nemoto T, Iwamoto M, et al. Racial Differences in HIV Risk among Transgender Women. Presented at: 136th American Public Health Association Annual Meeting2008; San Diego, CA.

6 Nemoto T, Iwamoto M, et al. Racial and ethnic differences in HIV risk behaviors among transgender women in the U.S. Presented at Int'l AIDS Conference 2008; MexicoCity, Mexico

7 Nemoto T, Boedeker B, et al. Social and Cultural Contexts of HIV Risk Behaviors among High Risk Transgender Women. Sexually Transmitted Infections. Under review.

8 Nemoto T, Iwamoto M, et al. A Tale of Two Cities: Access to Care and Services among African American Transgender Women in Oakland and San Francisco. American Public Health Association 2010; Denver, CO.

9 Nemoto, T., Cruz., T., Iwamoto, M., Sakata.M. (2015). A Tale of Two Cities: Access to Care and Services Among African-American Transgender Women in Oakland and San Francisco. LGBT Health, 2(3), 235-42.

private foundations have been conducted at PHI through the collaboration of researchers, service providers, policy makers, community stakeholders, and consumers. The quality programs and projects of PHI improve the health of people and communities and inform the development of public policy. In our project's targeted area, Oakland/Alameda County, a few service agencies provide HIV primary care and treatment services to transgender women of color. The East Bay AIDS Center (EBAC) has been providing HIV counseling and testing and HIV primary care at Alta Bates Summit Hospital, as well as referrals to needed ancillary services for people who live with HIV. EBAC has also been providing PrEP for MSM and other high-risk populations in Oakland. Our project team initiated the Mariposa Project in collaboration with Health Right 360. The Mariposa Project recruited high-risk transgender women of color in San Francisco and Alameda County into a comprehensive counseling program to reduce substance abuse and HIV risk behaviors, as well as the Transgender Recovery Program at Health Right 360. Our project team, Health Intervention Projects for Under-served Populations (HIPUP), has established supportive and referral networks for clients among local CBOs, hospitals, and service agencies specific to the Princess Project (e.g., AIDS Healthcare Foundation, AIDS Project of East Bay, Highland Hospital, Trans Thrive/API Wellness Center, Tom Waddle Health Clinic, Tri-City Health Center, and San Francisco General Hospital). We have established a Community Advisory Board (CAB) for the Princess Project. HIPUP is well respected by local transgender communities and has made a significant impact on improving health, well-being, and human rights for transgender people in the Bay Area. The team's dissemination efforts through publications and presentations have also contributed to research and knowledge about interventions to improve health for transgender people. Our project office (Butterfly Nest) is located in downtown Oakland and is the site for delivering intervention activities, health promotion workshops, and support groups for transgender clients.

PROJECT STAFF

Project Director. The Project Director provided leadership for the Princess project; developing the protocol, monitoring interventions; collecting, maintaining, and reporting data; conducting staff training, evaluation and dissemination; assuring human subjects protection, and securing ongoing funding for the project.

Motivational Enhancement Intervention (MEI) Supervisor. The MEI supervisor assisted the Project Director in developing the MEI protocols and curricula for the Princess Project; as well as providing training for transgender Health Educators on the fidelity of curricula, human subjects issues; outreach, scheduling, and implementing MEI; providing referral services, crisis intervention, and incidence reporting.

Clinical Advisor. The clinical advisor provided "transitioning feminization medical care" (e.g., electrolysis, waxing, and laser hair removal) for the Princess Project to attract African American transgender women who had not utilized HIV/AIDS care and prevention and other services.

Project Coordinator/Evaluator. The PC/Evaluator assisted the Project Director with evaluation, maintenance, and reporting; performance evaluation of MEI, dissemination of project findings, and training of transgender staff for data collection, maintenance, and reporting to UCSF/TETAC (Transgender Evaluation Technical Assistance Center).

Transgender Health Educator. Under the supervision of the PC/Evaluator, the Transgender Health Educator conducted outreach, recruitment, MEI sessions, follow-up sessions (e.g., monitoring HIV primary care and other services), baseline and follow-up assessments, and reported data to Ms. Iwamoto.

Four Transgender Health Educators. provided culturally sensitive transgender specific services for African American transgender women in Alameda County. All of these project staff provided services for the Princess Project spanning multiple years over the life of the project.

THEORETICAL BASIS FOR MEI

MEI, the theoretical basis for the intervention, is aimed to increase adherence to HIV medication and improve retention in HIV care and other services; as well as to facilitate well-being and quality of life and provide continuous monitoring and follow-up of client status in the program. MEI or Motivational Enhancement Therapy is one of the National Registry of Evidence-Based Programs and Practices (NREPP https://www.nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=347) and a well-established substance abuse treatment program that has shown effectiveness for racial and ethnic minorities and for different types of problems (e.g., alcohol and drug abuse, smoking, diabetes management, and hypertension) at various treatment and non-treatment settings.[10] The theoretical rationale for MEI is that mobilizing motivation for change is a key for addressing substance abuse and other health problems. Research studies have shown that the individual level of motivation is a strong predictor of reduction and cessation of substance use and of maintenance of abstinence. Motivation-enhancing techniques, such as motivational interviewing,[11] are associated with increased participation and retention in treatment and treatment outcomes, such as reduction and abstinence and better social adjustment.[12,13,14,15,16] MEI is a client-centered therapy building a therapeutic relationship between clinicians and clients with respect for clients' autonomy and self-efficacy and empowerment. MEI has been mainly used for substance abuse treatment, however recently MEI has been utilized for substance use and HIV risk reduction, HIV

10 Miller WR, Panel C. Enhancing Motivation for Change in Substance Abuse Treatment. Rockville, MD: U.S. Department of Heath and Human Services; 1999.

11 Miller WR, Rose GS. Toward a theory of motivational interviewing. Am Psychol. Sep 2009;64(6):527-537.

12 Connors GJ, Walitzer KS, et al. Preparing clients for alcoholism treatment. J Consult Clin Psychol. 2002;70(5):1161-1169.

13 Carroll KM, Ball SA, et al. Motivational interviewing to improve treatment engagement and outcome in individuals seeking treatment for substance abuse. Drug Alcohol Depend. 2006;81(3):301-312.

14 Fish D, et al. Sober housing and motivational interviewing.JPrimPrev.2007;28(3-4):281-293.

15 Carroll KM, Libby B, et al. Motivational interviewing to enhance treatment initiation in substance abusers. Am J Addict. Fall 2001;10(4):335-339.

16 Mitcheson L, et al. Pilot cluster-randomised trial of adjunctive motivational interviewing to reduce crack cocaine use in clients on methadone maintenance. EurAddictRes.2007;13(1):6-10.

testing promotion, and improvement of HIV medication adherence.[17,18,19,20,21,22,23] We chose MEI for the Princess Project because of its effectiveness in increasing adherence to treatments and reducing substance abuse and HIV risk behaviors; as well as its principles emphasizing self-motivation, self-efficacy, and empowerment; all of which are of presumed benefit to high-risk African American transgender women who are consistently exposed to racial discrimination and transphobia.

KEY COMPONENTS OF THE PRINCESS PROJECT

The Princess project is based on evidence-based theories and adaptation of our previous HIV prevention intervention projects and has three major components: outreach, intervention, and building and sustaining capacity.

Outreach

- Conduct community outreach to identify high risk African American transgender women in Alameda County
- Facilitate enrollment of eligible transgender women into the Princess Project, utilizing motivational interviewing technique
- Recruit participants using referral coupons
- Recruit through social networks using the Internet
- Identify and recruit participants through a network of collaborating medical, social, and other service providers (in-reach method)

Intervention

- Provide comprehensive MEI delivered by transgender health educators (See figure below). Participants in the Princess Project complete the baseline assessment. Immediately after the assessment, they participated in the first MEI session. After the first session, they were asked to schedule the following 2 MEI sessions in a month. After completion of the 3rd MEI session, they completed monthly MEI

17 Carey MP, et al. Using information, motivational enhancement, and skills training to reduce the risk of HIV infection for low-income urban women. Health Psychol. 2000;19(1):3-11.

18 Kiene SM, Barta WD. A brief individualized computer-delivered sexual risk reduction intervention increases HIV/AIDS preventive behavior. J Adolesc Health. 2006;3:404-410.

19 Yahne CE, Miller WR, et al. Magdalena Pilot Project. J Subst Abuse Treat.2002;23(1):49-53.

20 Naar-King S, Wright K, et al. Healthy choices. AIDS Educ Prev. 2006;18(1):1-11.

21 Foley K, Duran B, et al. Using motivational interviewing to promote HIV testing at an American Indian substance abuse treatment facility. J PsychoactiveDrugs.2005;37(3):321-329.

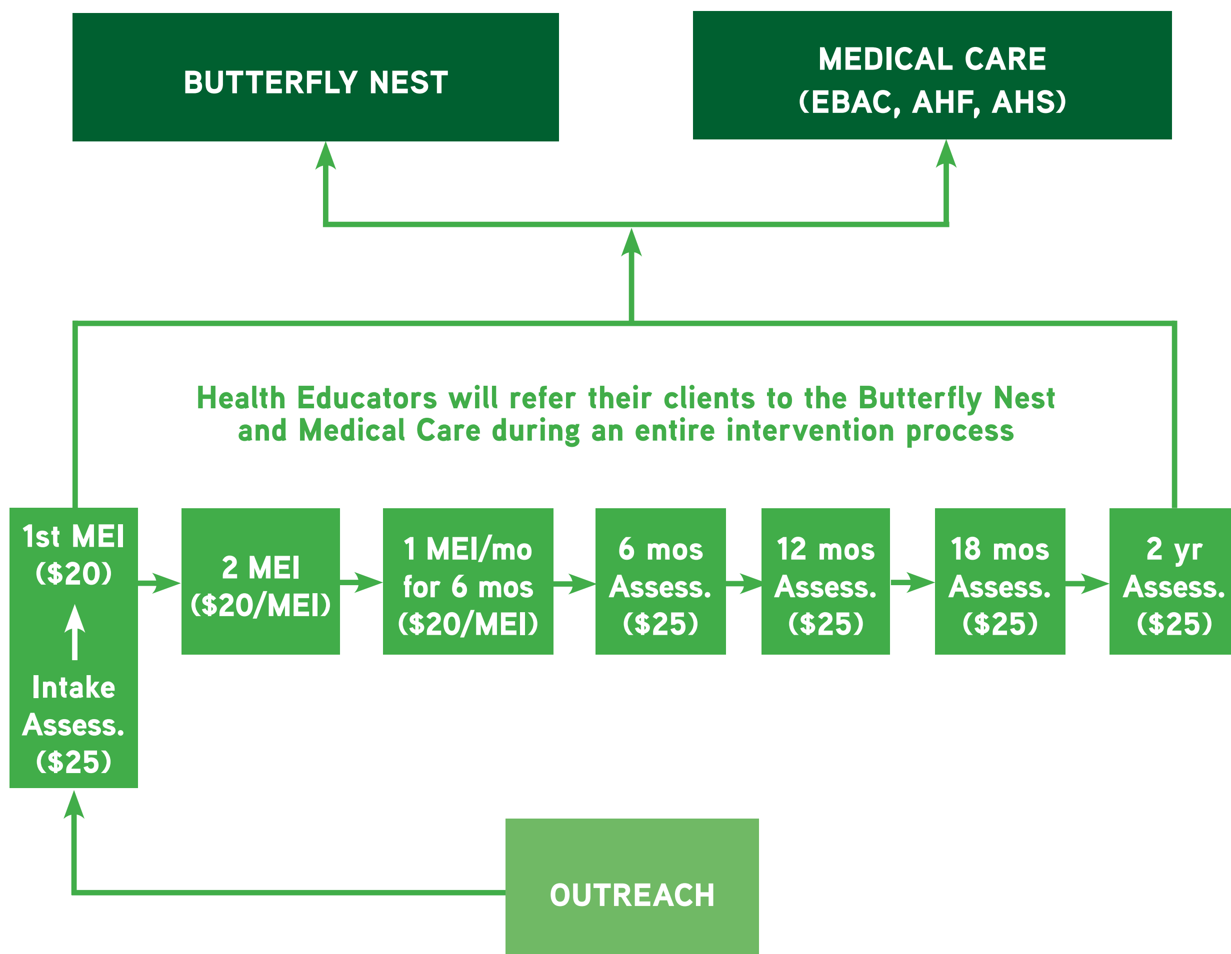
22 Parsons JT, Golub SA, et al. Motivational interviewing and cognitive-behavioral intervention to improve HIV medication adherence among hazardous drinkers. J Acquir Immune Defic Syndr. 2007;46(4):443-450.

23 Alemagno SA, Stephens RC, et al. Brief motivational intervention to reduce HIV risk and to increase HIV testing among offenders under community supervision. J Correct Health Care. Jul 2009;15(3):210-221.

sessions during the following 6 months (total 6 MEI sessions). They also completed 6-month follow-up assessment from baseline. Follow-up assessments were conducted every 6 months for up to 2 years. Participants were given gift cards as incentives ($20 for each MEI session and $25 for each assessment).

- Provide comprehensive in-hand referrals to needed services at EBAC and the collaborating agencies (e.g., mental health and substance abuse treatment, housing, and employment)
- Monitor and retain clients in MEI; monitor quality of HIV care and other necessary services based on prompt process evaluation and feedback.
- Provide a weekly support group at the Butterfly Nest to increase retention and follow-up with participants.

Figure 1: Participants Flowchart



BUILDING AND SUSTAINING COMMUNITY CAPACITY

The Princess Project was developed in collaboration with the targeted African American transgender communities and aimed to sustain community capacity after the project ended.

- Operate the Butterfly Nest in collaboration with community members
- Provide support groups for the project participants and their significant others
- Provide health promotion workshops for the participants and community members
- Collaborate with the CAB members who monitor all project activities, including human subject protection
- Seek to sustain the Princess Project after HRSA's support ends in collaboration with CAB, community members; and local, State, and national government agencies

PROGRAM PLANNING AND IMPLEMENTATION

We have fully utilized the inputs and resources of our team's expertise and experience in the field of HIV/AIDS care and prevention and other services for transgender communities, as well as institutional support from PHI. The enthusiasm and commitment in the targeted transgender communities are vital resources for successfully implementing the Princess Project. The activities and interventions include community outreach with multiple methods to recruit African American transgender women living with HIV. Through referrals and outreach to the collaborating agencies (in-reach methods), those who are HIV positive, but have never enrolled in or dropped out of HIV care were identified by our Health Educators and were enrolled in the Princess Project and provided with MEI to increase adherence and retention in HIV primary care and other services. We have utilized the Butterfly Nest where health promotion workshops and support groups have been held. HIV testing and counseling, HIV prevention programs, HIV/STI/HCB treatment and other medical care, including gender transition medical care services have been provided by the collaborating local service agencies. Under the supervision of the Project Director, the Evaluator developed local measures to conduct process and outcome evaluation to examine the efficacy and impact of the Princess Project. We have disseminated project findings and experience through community forums and professional meetings and sought funding to sustain the Princess project after HRSA support ends. The Princess Project has made a significant impact on improving health and well-being among participants and their partners, as well as in transgender communities in Alameda County that have been historically neglected in HIV/AIDS care and prevention services, despite their high HIV prevalence and incidence.

INPUTS/RESOURCES

- African American transgender Health Educators' and the CAB members' enthusiasm and commitment to enhancing the community capacity
- Our project team's extensive experience in providing substance abuse and HIV prevention programs for transgender communities in the Bay area
- Collaborating CBOs' community-oriented, comprehensive, and culturally competent service and support programs for African American communities in Alameda County
- Collaborating health service agencies' HIV primary and other medical care services (e.g., transitioning medical care services) specific to transgender women
- CABs and already functional and efficient collaboration networks for HIV primary care and other services

ACTIVITIES/INTERVENTIONS

- **Outreach:** Utilize multiple methods (e.g., community outreach using referral coupons, social network using the Internet, and in-reach methods)
- **MEI:** Provide assessment and intensive MEI sessions to increase clients' retention in HIV care and other services, improve quality of life, and increase protective behaviors against HIV transmission and re-infection
- **Service Linkage:** Provide prompt and individualized referrals to HIV primary care and other services at the collaborating agencies
- **Evaluation and Feedback:** Collect local and SPNS measures, evaluate data, and provide feedback to Health Educators and project team
- **Community Involvement:** Monitor cultural and transgender sensitivity and community acceptance of the project by CAB
- **Safe Community Space:** Create the Butterfly Nest where participants and community members come to relax, take workshops, and participate in support groups.
- **Dissemination:** Disseminate project experience and results of process and outcome evaluation through community forums and professional meetings, and sustain the Princess Project in collaboration with CAB and local, state, and national agencies.

PROGRAM PLANNING AND DEVELOPMENT

START-UP STEPS

- **Staff Hiring**

  In year 01, we completed hiring of all project staff, including Project Coordinator/Evaluator, Health Educators, and Project Assistant. All Health Educators were members of the transgender community and had extensive experience in providing services to the communities. Having front-line staff who were members of the community and have been active in their community was essential to implement project.

- **Initial Training**

  Our MEI Supervisor had provided MEI training sessions for Health Educators in terms of the MEI curriculum, motivational interviewing techniques, behavioral change plan, and incorporating baseline survey results into MEI sessions. At the 2-day MEI training (2-3 hours per day), the Health Educators learned about the techniques of Motivational Interviewing through role playing - how to efficiently deliver MEI techniques, such as reflection, open questions, developing and acknowledging discrepancies, rolling with resistance, feedback, engaging in ambivalence, and supporting self-efficacy. Other critical trainings were also provided.

  - Protection of human subjects and confidentiality
  - HIV progress and treatment training by Consultant
  - Health concerns related to hormone use among transgender by Consultant

- **MEI Curriculum Development**

  In early FY2, the MEI curriculum was finalized. All project team members met numerous times to share ideas and modified the curriculum to improve its appropriateness and sensitivity to transgender women who are living with HIV. The curriculum focused on ways to motivate participants to increase access to and retention in HIV primary care, as well as skills to handle life issues surrounding HIV care. We made the curriculum user-friendly, including check boxes, sample phrases, and progress tables that the Health Educators could easily monitor the progress of clients during MEI sessions.

- **Opening of the Butterfly Nest (storefront office):**

  Although establishing the Butterfly Nest was substantially delayed due to the prolonged financial review process within our agency, we were able to open the space to public in mid-FY2. The Butterfly Nest is easily accessible by public transportation (located in downtown Oakland), which facilitates participants to come to the space. The Butterfly Nest played an essential role in implementing and

attaining the project goals and objectives through various activities (e.g., MEI sessions, assessments, and support groups).

- **Developing MOUs and Partnerships:**

  We established collaborative working relationships with health clinics and CBOs that provide services for transgender women living with HIV in Alameda County. For our project (non-clinic site), the collaboration was essential to expand our capacity to provide better services and effective implementation of the project (e.g., recruitment, referrals, and follow-up). We were able to have frequent communication with clinical social workers to assist clients who tended to miss the medical appointments by escorting them to the clinic. In addition, through the collaboration, we were able to smoothly refer our clients to collaborating clinics and other necessary services in a timely manner to enhance their HIV care (e.g., substance abuse treatment, legal, and housing services, etc). Below is a list of agencies with which we had established MOUs: East Bay AIDS Center; Tri-City Health Center; AIDS Health Foundation; Asian Health Services. Other collaborators (without MOUs) included: HealthRIGHT 360; East Bay Community Legal Center; Summit Merit University, Nursing Program; Trans Employment Program; TransLife at San Francisco AIDS Foundation; Transgender Law Center; AIDS Project of East Bay; TransHealth at Asian and Pacific Islander Wellness Center

Community Advisory Board (CAB)

The CAB members consisted of transgender community members and staff of social service agencies that provide services for transgender people in the Bay Area (e.g., San Francisco Department of Public Health, St. James Infirmary, Asian and Pacific Islander Wellness Center, Bay Area Youth Centers, Hi Fi, Transgender Law Center, City College of San Francisco, Transgender Employment Services, and HealthRIGHT360). There was careful consideration about selecting the CAB members who had experience and knowledge about transgender communities in the East Bay and HIV primary care for African American transgender women. We held CAB meetings quarterly to prepare for the project implementation. We provided updates on the project progress, obtained feedback from the CAB members about project materials and outreach plans.

IMPLEMENTATION AND MAINTENANCE

Modification Made to the Original Plan

- **Inclusion Criteria Change:** We expanded our inclusion criteria to include any transgender women of color who are living with HIV, regardless of their utilization of HIV primary care in order to enhance linkage and retention to HIV primary care.
- **Intervention Design Revision:** We originally considered including HIV-negative trans women of color in the program; however, by anticipating challenges in recruitment and retention due to the

participants' transient lifestyle, we decided to only focus on participants who were living with HIV in order to increase retention in the Princess Project and enhance adherence to HIV primary care.

- **Respondent Driven Sampling (RDS) Methods:** We originally planned to use RDS to recruit participants, but then reconsidered this decision due to feasibility concerns. Therefore, we decided to eliminate RDS and implemented multiple types of outreach, such as direct community outreach, utilization of social networks and internet, and referrals from collaborating CBOs.
- **Subcontractor:** Originally, we planned to collaborate with a local AIDS service agency that provides HIV testing and care in Oakland. The agency also used to have a transgender program that provided health promotion and support groups for African American transgender women. After about one year of collaboration with the agency, we realized that the collaboration efforts in recruitment and implementation of the intervention programs did not efficiently work to achieve the project goals and objectives. Unfortunately, we came to a conclusion to terminate the subcontract agreement with the agency. We subcontracted with another AIDS service agency in FY2 for delivering HIV primary care and other services to clients in the Princess Project who were living with HIV.
- **Referral Coupons:** In FY3, we added a "referral coupon system". Participants could refer up to three transgender women living with HIV to the Princess Project and receive a $20 gift card for each successful referral for a transgender woman who completed the intake assessment.
- **Clinic Visit Incentives:** In FY3, we added "clinic visit incentive" in our intervention to increase access to care for those out of care clients. During the 1st 3 MEI sessions, the Health Educators worked with clients to set up a medical appointment at the collaborating health clinic and prepared for the 1st clinic visit using MEI techniques. When clients successfully visited the clinics chaperoned by the Health Educators, they received a $50 gift card for completing the clinic visit for HIV care (including medical check-up and blood work). Through MEI sessions, the Health Educators assisted clients to keep future appointments and adhere to their prescribed medications.

BARRIERS AND FACILITATORS TOWARDS IMPLEMENTATION

- **Identifying new clients:** The Health Educators and project team members sought the collaboration with new venues and agencies throughout the project years (e.g. attending various community events and actively encouraging our clients to distribute the referral coupons for their eligible transgender friends). Although fewer clients utilized the referral coupon than we expected, we found that those referred clients were less connected with the transgender community and did not frequent places where the Health Educators conducted outreach. The referral coupon system for the recruitment worked well to recruit "hidden" or "hard-to-reach" participants.
- **Stigma toward revealing HIV status:** We found that stigma toward revealing HIV positive status exists strongly in the targeted African American transgender community. The Health Educators

emphasized the confidentiality issues to clients and took time to build trusting relationships; however, we encountered several cases in which clients hesitated about revealing their HIV positive status. To overcome this barrier, we added a referral coupon system; we thought that knowing that their friends had actually enrolled in the project would ease this anxiety regarding HIV positive status.

- **MOU establishment:** Our initial meetings with clinic staff to discuss collaboration proceeded smoothly. However, the process to obtain the authorized signatures on the contract (MOU and subcontract agreement) took an extremely long time. For one agreement, it took almost 2 years to finalize. Due to the prolonged process, we were not able to establish MOUs with large county operated hospitals.
- **Retention in HIV Care and Intervention Programs:** We have observed that many unmet basic needs in our clients' lives tend to be a barrier to access to care or trigger them to fall off from care. Among our clients, unstable housing and substance use were commonly seen as obstacles to adhere to ART medication, as well as retention in HIV primary care. During the MEI sessions, the Health Educators helped the clients identify these obstacles, actively provided referrals and skills to eliminate the obstacles, and helped them to re-engage in care following the MEI curriculum.
- **Turnover of Project Staff:** We have experienced project staff turnover during the 5-year project period. Turnover was a huge setback to our project team to lose staff who were trained, experienced, and well-connected with clients. In most cases, the incidence of staff-turnover was promptly handled by appointing transgender staff who were working for our other projects and had experience and knowledge about HIV prevention and care for transgender communities in the targeted area. The Project Coordinator also worked to ensure a smooth transition. She guided the Health Educators to complete the ongoing intervention sessions before the Health Educators resigned and guided them to inform all their clients that newly appointed Health Educators would contact them for the follow-up assessments. Although it was inevitable that project activity was slowed down due to staff turnover, we were able to minimize the impact on the project implementation.

ONGOING TRAINING, STAFF DEVELOPMENT AND RETENTION

- **MEI Consultation Monthly Meeting:** The MEI Supervisor provided monthly consultation meetings with the Health Educators throughout the project period. The monthly consultation meetings provided opportunities to refresh the MEI techniques and discuss any issues or concerns while providing MEI sessions.
- **Staff Retention Strategies:** To prevent staff turnover, the project management team continuously supported project staff (Health Educators and Project Assistant) and closely monitored their workload to reduce stress. MEI Supervisor also continuously hosted monthly consultation meetings with Health Educators and addressed their possible burnout issues. Additionally, the management team provided staff opportunities to grow as professionals (e.g., learning presentation skills at conferences, etc).

INTERVENTION OUTCOMES

RECRUITMENT AND FOLLOW-UP COMPLETION

Year	Baseline (40)	3 MEI	3 Monthly MEI	6 MO	12 MO	18 MO	24 MO	30 MO	36 MO
FY2	37	21	7	10	7	8	7	10	2
FY3	10	6	1	1	0	0	1	1	-
FY4	16	7	5	8	3	-	-	-	-
Total	**63 (53%)**	**34 (54%)**	**13 (21%)**	**19 (30%)**	**10 (16%)**	**8 (13%)**	**8 (13%)**	**11 (17%)**	**2 (3%)**

** As of January 31, 2017. 6 duplicated clients with other SPNS sites are included in total 63 participants above (2 in year 02, 3 in year 03; 1 in year 04)

34 out of 63 clients (54%) completed 3 required MEI sessions

13 out of 63 clients (21 %) completed 3 additional monthly MEI session

- 1,496 outreach contacts during the project recruitment period

  (0 in year 01; 834 in year 02, 183 in year 03; 479 in year 04); Preparation period in year 01; no outreach was conducted

- Throughout the project year, our Health Educators provided 280 MEI sessions.
- Our Health Educators provided 3,856 total hours with clients outside of intervention, such as accompanying clients to service agencies (outside hours was tracked since FY3).

LINKAGE TO CARE AND SERVICES

- 33 out of 63 participants recruited had never enrolled in or had previously dropped out of HIV primary care at the intake
- 11 participants enrolled in HIV primary care though the Princess Project

While we had been encouraging clients to access or re-engage with care, we often observed that many unmet basic needs in the clients' lives were a barrier to access to care or triggered them to fall

off from care. As a part of the strategy in increasing access/re-engagement with care, the Health Educators actively provided referrals for clients to appropriate and necessary services during the MEI intervention sessions. Throughout the project years, the Health Educators made 78 referrals as indicated below. Out of 78 referrals, 26 referrals successfully connected clients to services.

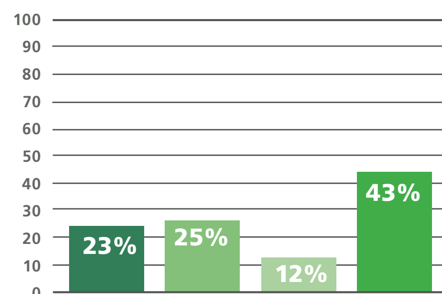
Referrals by Venue	# of Referrals made
Resource/Drop-In	37
HIV Primary Care	11
Housing	10
Substance Use	5
Legal Assistant	3
Mental Health	2
Food Assistance	2
Other (Employment, etc)	4

Characteristics of our Clients

The demographic information here is based on 60 transgender women.

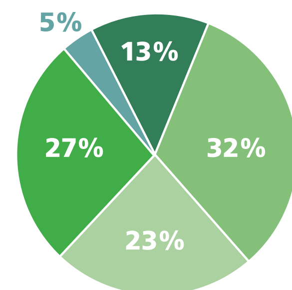
Gender Identity*

- Female/Woman **23%**
- Transfemale/Transwoman/Transgender Woman **25%**
- Transsexual Woman **12%**
- Transgender **43%**



Age

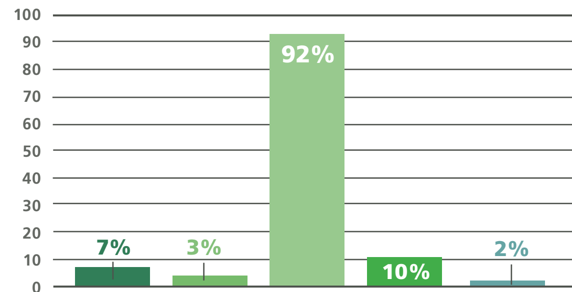
- 20-29yrs **13%**
- 30-39yrs **32%**
- 40-49yrs **23%**
- 50-59yrs **27%**
- 60-69yrs **5%**



Note: * = mutual exclusive responses

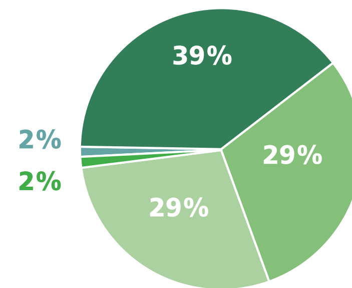
Race*

- Hispanic **7%**
- White **3%**
- African American **92%**
- American Indian **10%**
- Asian **2%**



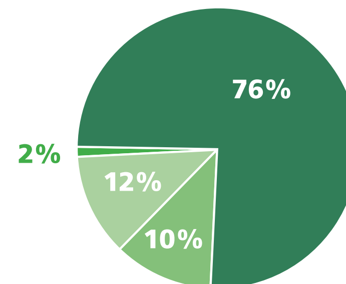
Education (n=59)

- Less than High School Degree **39%**
- High School Diploma/GED **29%**
- Some college **29%**
- Bachelor's Degree **2%**
- Graduate Degree **2%**



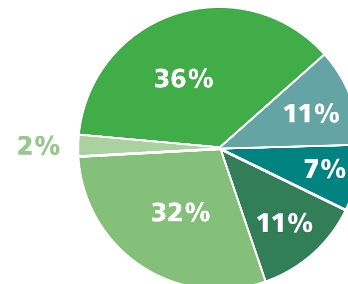
Relationship Status (n=59)

- Single **76%**
- Living together **10%**
- In a relationship, not living together **12%**
- Other **2%**



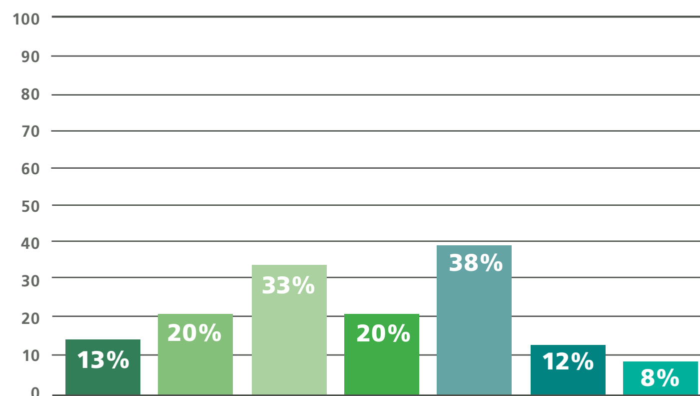
Annual Income (n=44)

- Less than $600 **11%**
- $600-$2,999 **32%**
- $3000-$5,999 **2%**
- $6,000 - $11,490 **36%**
- $11,491-$15,282 **11%**
- $15,283-$35,999 **7%**



Income Sources (past 6months)*

- Part/Full time Job **13%**
- Selling Drugs **20%**
- Sex Work **33%**
- Panhandling **20%**
- SSI/SSDI **38%**
- Spouse/Partner **12%**
- Other Family Member **8%**



Foreign Born 2%

LONG-TERM OUTCOMES/IMPACT

Data analysis is ongoing, and we plan to evaluate the effect of the Princess Project comparing the outcome variables at baseline with those at 6-month follow-up (e.g., enrollment in HIV primary care, viral load, CD4 count, substance use and sexual risk behaviors, and psychosocial outcomes). We will examine the following outcome variables:

- Improved quality of life and health and well-being among clients enrolled in MEI: quality of life measures, CD-4 count, viral load, and other medical and sociocultural measures (e.g., transphobia, self-esteem, social support, and depression)
- Increased protective behaviors against HIV re-infection and transmission and health promotion behaviors among participants
- Increased HIV/AIDS awareness and knowledge about HIV care and other health care services among clients, their partners, and community members through support groups and community activities
- Increased the capacity of African American transgender communities and service providers in Alameda Co.
- Increased participation in transgender community activities among clients and their partners

APPROXIMATE INTERVENTION ANNUAL COSTS

Average annual intervention costs, including personnel effort (FY1 to FY4): **$307,610**

(Personnel: $774,659, Travel: $8,361, Other Cost: $4,981)

LESSONS LEARNED

Implementation of Intervention at Non-clinic/Non-CBO sites: Since we are a non-clinic/non-CBO site, we don't provide direct services to clients. Therefore, we had to actively seek other ways to find clients and design our program to attract them.

Partnership with other agencies: As described in the previous section, collaboration with other clinics and service providers was one of the key components of our intervention activities, allowing us to expand our recruitment capacity and efficiently provide linkage to care services. We made the Butterfly Nest accessible to the Transgender Law Center every 4th Tuesday as a legal clinic. They provided basic information about laws that affect transgender people (e.g., employment, health care, civil rights, family law, identity document changes, etc). If needed, they provided referrals to attorneys. Since this service was provided right before our support group, it was a great incentive and attracted our participants to participate in both legal counseling and support groups.

Support Group: Our weekly support group played a critical role to implement our intervention project. We hosted the support group for transgender women every Tuesday between 6-6:30 pm at the Butterfly Nest. Facilitation rotated among the Health Educators every week, and each Health Educator planned activities for their assigned support group (e.g., organizing guest speakers, craft class, and workshop, etc.) and advertised the support group well in advance. Our Medical Consultant facilitated the discussion group on every 3rd Tuesday of the month based on the attendees' health related questions. Approximately 5-8 transgender women attended each group, on average. Support groups were a good outreach venue. The Health Educators actively invited their clients to join the weekly support group. When they came, the Health Educators talked to them and conducted brief check-ins and reminded them of the next appointment. If time allowed, the Health Educator conducted ongoing MEI intervention sessions before the group. Moreover, clients often came to the group with their friends so the Health Educator had an opportunity to introduce the project to their friends. Our support group has been a great place to maintain a connection with participants. Moreover, we observed that our support group has established a safe place for transgender community members to talk about their concerns and network with other transgender women.■

INTERVENTION APPENDIX

Illustration 1: Princess Project Outreach Flyer

The PRINCESS Project

Pathway to Retention in Care and Promoting a Healthy Lifestyle

The PRINCESS Project is seeking
African American Transgender Women
for a health promotion project!

- **The HRSA-funded* PRINCESS Project aims to increase access to and retention in quality HIV care for African American transgender women living with HIV.**
- **If you live, work, play, or go to school in Alameda County.**

EARN UP TO $305

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