



T.W.E.E.T.

An Implementation Toolkit



EVIDENCE-INFORMED
INTERVENTIONS (E2i)

HRSA

Health Resources & Services Administration

Acknowledgements

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OVERVIEW

OVERVIEW



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

Purpose

This toolkit consists of essential information and materials to help implement the T.W.E.E.T. intervention at your organization. All materials can be adapted to meet the unique needs of your local community.

Goal

- » To link and engage transgender women living with HIV into primary HIV medical care and to optimize HIV medical outcomes.

Target Population

- » Transgender women living with HIV who are newly diagnosed or who are currently not engaged in HIV care.

Description

- » T.W.E.E.T. (Transgender Women Engagement and Entry to Care) is an evidence-informed intervention that links transgender women to HIV care by empowering them to become their own advocates. peer leaders conduct outreach to other transgender women living with HIV and bring them into weekly group educational and discussion sessions on HIV and other health and wellness topics. T.W.E.E.T. staff link participants to HIV primary care and provide them with supportive services, such as name change, legal services, and referrals. Participants who complete 5 educational sessions can become peer leaders who recruit more participants, lead sessions, and provide support.

OVERVIEW



- » T.W.E.E.T. is based on 2 evidence-informed intervention methods:
 - » **Popular Opinion Leader:** a method for identifying, recruiting, training, and engaging popular opinion leaders within the community to serve as behavior change endorsers and to help others who look up to them to adopt health-seeking behaviors.¹
 - » **Teach-Back:** a method of improving a client’s understanding of health information by using plain language about a topic, and then respectfully and kindly asking the client to explain in their own words what they understood they need to do. If the client does not demonstrate complete understanding, then the information is explained and checked again.² For T.W.E.E.T., the Teach-Back method was re-titled Transgender Leaders-Teach Back (TL-Teach Back). TL-Teach Back facilitates linkage to care and retention in care through educational activities and peer modeling of behavior.

Duration

- » 5 weekly sessions; ongoing outreach, recruitment, and dissemination to the community; ongoing support services

Background

T.W.E.E.T. was developed by Community Healthcare Network’s Family Health Center in Jamaica, Queens, NY, as part of the Special Projects of National Significance Program: Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color.

T.W.E.E.T. is rooted in the following theoretical frameworks:

- » **Social Cognitive Theory:** involves observation, imitation, reward, interaction, and sharing in learning and adopting new behaviors modeled by peers.³
- » **Trans-Theoretical Model:** five stages of change regarding adopting healthy behaviors—not ready to change (pre-contemplation), getting ready to change (contemplation), ready to change (preparation), changing (action), and prevention (maintenance).⁴

OVERVIEW



Settings

- » Primary care medical facility with providers who specialize in HIV care, OR
- » Community-based organization or AIDS service organization that has a well-established linkage and referral system to HIV primary care

Staffing

Intervention leaders should come from the community being served. Staffing will depend on the unique structure of each organization, but one example includes:

- » **Program Manager:** Supervises and trains staff; establishes and maintains linkages with partner organizations; schedules follow-up sessions as appropriate; creates monthly group workshops
- » **Patient Services and Retention Specialist (1-2 people):** Helps enroll and track participants; makes referrals for legal services, medical services, and name change; attends court hearings with participants; prepares letters for work authorization; assists with insurance and housing benefits; develops service plan for each participant and follows up
- » **Peer Education Leader:** Facilitates group educational sessions; provides coaching sessions to peer leaders; creates flyers for weekly groups; tracks all peer leaders and group encounters; updates social media with program workshops and events
- » **Court Navigator:** Recommended if the participant population consists of many people who have arrest records or other complex legal needs. The court navigator attends court sessions with participants, schedules sessions to coincide with groups, provides letters to court staff, assists participant in navigating the court system; and helps to improve life outcomes and reduce the risk of getting re-arrested, such as attending doctor visits and linking to resources (e.g., legal, housing, entitlements, schooling, job readiness)

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Planning Steps

1. Hire and train staff in TL-Teach Back methods, HIV/AIDS prevention, medication management and adherence; group facilitation, outreach, and recruitment methods
2. Train HIV medical providers on gender-affirming care, if needed
 - a. Resource: www.lgbthealtheducation.org/transgender
3. Conduct two community meetings to assess needs
4. Conduct community mapping to identify potential partner organizations; meet with potential partners to establish relationships for referrals
5. Develop outreach and recruitment materials and plans
6. Find and secure a space for group educational sessions
7. Develop curriculum and materials for the 5 core TL-Teach Back sessions
8. Develop or adapt existing program feedback and tracking tools (e.g., client satisfaction, attendance)
9. Access additional training and technical assistance, as needed

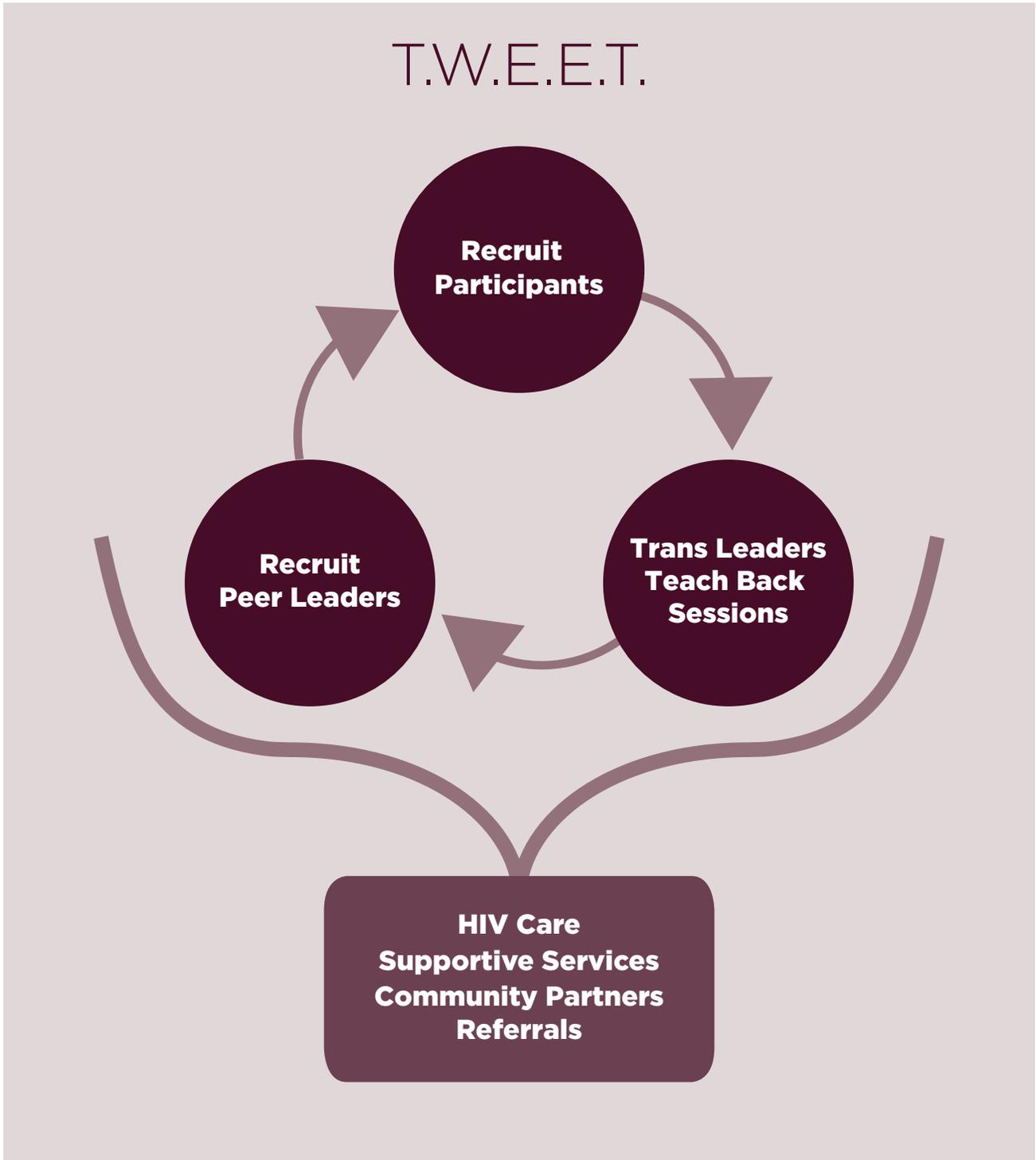
Implementation Steps

1. Conduct onsite and online outreach to recruit participants
2. Schedule and conduct TL-Teach Back sessions over 5-week periods
3. Link participants to HIV primary care
4. Provide navigation and supportive services to participants
5. Complete and review feedback and tracking tools; revise program as needed
6. Attend annual trainings on HIV prevention, medication management and adherence, motivational interviewing, administering surveys, problem-solving, and other innovative methods to enhance medical care for high-risk individuals

OVERVIEW



Main Intervention Components





ACTIVITIES

ACTIVITIES



Needs Assessment

Conducting a needs assessment prior to implementation of the intervention will build trust and improve the program. Consider organizing two community meetings to talk about the plans for the intervention and to ask about unmet needs in the local transgender community. Staff should keep “an open mind and an open heart” when asking for and responding to concerns, questions, and doubts from the meeting participants. The meetings can also serve as a way to identify and recruit intervention staff and peer leaders.

Outreach and Recruitment

To recruit transgender women in the community to participate in T.W.E.E.T., staff and peer leaders should conduct ongoing outreach efforts, including:

- » **Weekly outreach events** in nontraditional venues, such as nightclubs and streets frequented by transgender sex workers. Program information is distributed with safer sex packets (e.g., condoms and lubricant)
- » **Online recruitment** via social media and websites
- » **Special events** to recognize, e.g., Trans Pride, Transgender Day of Remembrance (November 20), and Miss Trans Latina
- » **Private message reminders** to clients about their appointments, weekly educational sessions, and upcoming events.

ACTIVITIES



Weekly TL-Teach Back Group Sessions

Peer leaders facilitate weekly TL-Teach Back group sessions that include an educational portion followed by a group discussion. Staff members can fill in when a peer leader is not available. Ideally, groups consist of 8-12 participants; however, groups can be as large as 20-25 people.

Each session focuses on 1 of 5 core topic areas that rotate weekly. Appendix A offers more details on each of the following topic areas:

1. HIV/AIDS and Sexually Transmitted Infections (STIs)
2. Sexual Health
3. Transitioning
4. Wellness
5. Mental Health

Participants can attend any session – it does not matter which topic is the focus of the week. As part of the session, participants receive support in linking to primary care services. Once a participant has completed all 5 sessions, they have the opportunity to become a peer leader.

To measure the effectiveness of each session, participants complete a pre- and post-session test. At the end of the session, the peer leader reviews the results of the tests and provides feedback to the group.

ACTIVITIES



Peer Leaders

Peer leaders are recruited among those who completed all 5 TL-Teach Back sessions. Before leading a session, they receive 3 individual coaching sessions in recruitment and group facilitation from staff members.

Peer leader responsibilities:

- » Choose a topic and facilitate at least 1, and up to 3 sessions
- » Design, plan, and run outreach activities and events
- » Recruit and refer potential participants to the intervention
- » Encourage participants to make and keep medical appointments

Peer leaders receive certificates of appreciation, a gift card, and references for paid employment. They also receive small incentives for successfully recruiting people from their own social networks.

Supportive Services

Most transgender women living with HIV need supportive services that go beyond medical needs. Consider offering the following services to support the whole client, and to maintain high retention rates:

- » Help with name and gender marker changes on identification documents
- » Onsite (or referrals for) gender-affirming hormone therapy and surgeries
- » Onsite (or referrals for) behavioral health care
- » Assistance with identity support systems
- » Assistance with applying for benefits, such as SSI, cash and food vouchers
- » Accompanying participants to appointments
- » Referrals to transgender-friendly homeless shelters and housing specialists
- » Referrals to comprehensive legal services, including immigration services
- » Help with obtaining work authorization and work permits

ACTIVITIES



Staff can also help foster a “family of choice” among T.W.E.E.T. intervention staff, peer leaders, and participants by organizing year-round social events, such as picnics at beaches and parks, meet-ups at social clubs, etc.

Community Partners

Staff should identify and form strong relationships with local businesses and community-based organizations that can refer potential participants and can provide needed services for transgender women, such as job readiness training, or a safe venue for a social gathering. To do this, staff can:

- » Conduct a community mapping to identify potential partners; or
- » Set up meetings with partner staff and volunteers to establish relationships and discuss potential collaboration and referrals.

Inclusive and Welcoming Services

To provide transgender-inclusive and welcoming care throughout your organization, providers and frontline staff should receive cultural competency training either from local trainers or from a national organization such as www.lgbthealtheducation.org.

Best practices:

- » Assess the client’s gender transition plan and aid in the planning process
- » Assess a client’s level of comfort
- » Ensure the clinic is safe for gender diverse people
- » Think about the client as a person, not as a “number” or “rare case”
- » Assess sexual behavior based on medical necessity, not curiosity
- » Remember that behavior does not equal identity
- » Create policies and procedures that reflect gender diversity



APPENDICES

APPENDICES



Topic Areas for TL-Teach Back Sessions

| Area A: HIV/AIDS and Sexually Transmitted Infections (STIs) | |
|--|---|
| Core Focus | Optional Focus |
| <ul style="list-style-type: none"> » Difference between HIV and AIDS » HIV transmission and prevention » Treatment of HIV/AIDS » Symptoms » CD4 count/viral load | <ul style="list-style-type: none"> » Pre-exposure prophylaxis and post-exposure prophylaxis » HIV life-cycle » Syphilis » Hepatitis A, B and C » Chlamydia » Gonorrhea » Herpes » HPV |
| Area B: Sexual Health | |
| Core Focus | Optional Focus |
| <ul style="list-style-type: none"> » Sexual harm reduction: oral, vaginal and anal sex » Anal health » Condom use » Survival sex | <ul style="list-style-type: none"> » Sex work » Sexual risk continuum » Sexual health myths » Serosorting |
| Area C: Transitioning | |
| Core Focus | Optional Focus |
| <ul style="list-style-type: none"> » Hormone therapy » Defining the identity process » Gender-affirming surgery (also known as “gender affirmation surgery”) » Silicone injections » Labs and serum monitoring » Insurance reimbursement | <ul style="list-style-type: none"> » Local and community resources » Non-surgical procedures » Name and gender marker change » Access to gender segregated facilities |

APPENDICES



| Area D: Wellness | |
|---|---|
| Core Focus | Optional Focus |
| <ul style="list-style-type: none"> » Communication skills » Developing self-efficacy » Self-advocacy » Cultural and professional competency » Bilateral sensitivity training | <ul style="list-style-type: none"> » Disclosing (HIV status and trans experience) » Living with HIV » Problem solving » Coping skills » Working with a case manager » Access to care and insurance » How to talk to medical providers » Annual medical check-up » Job readiness » Housing » Immigration » Back to school » Nutrition |
| Area E: Mental Health | |
| Core Focus | Optional Focus |
| <ul style="list-style-type: none"> » Depression and anxiety » Abuse » Substance use » Gender Dysphoria | <ul style="list-style-type: none"> » Relationship with sexual partners » Anger management » PTSD » Discrimination » Domestic violence » Harm reduction |

REFERENCES



1. Kelly J. Popular Opinion Leaders and HIV peer education: resolving discrepant findings, and implications for the implementation of effective community programmes. *AIDS Care* 2004;16(2):139-150.
2. Always Use Teach-back! Training toolkit. <http://www.teachbacktraining.org/>
3. Bandura A. Social foundations of thought and action: A social cognitive theory. Englewood Cliffs, NJ: Prentice-Hall; 1986.
4. Prochaska JO, Velicer WF. The transtheoretical model of health behavior change. *Am J Health Promot.* 1997;12(1):38-48.