

The ALEXIS PROJECT



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

POPULATION

- Transgender women of color living with HIV

KEY INTERVENTION EFFECTS

- Increase antiretroviral therapy (ART) initiation (having an ART prescription)
- Increase viral suppression

BRIEF DESCRIPTION

The Alexis Project utilizes social network recruitment, peer health navigation, and contingency management to increase HIV testing and engagement in HIV care. The intervention includes the following:

- Social networking for recruitment into the program
- Peer health navigators who
 - Help develop a treatment plan
 - Identify and address barriers to care
 - Directly link participants to HIV health care and other needed services (e.g., dental, mental health, substance abuse treatment, job training, legal)
 - Send appointment reminders and provide transportation to appointment(s) if needed
 - Have ongoing contact with participants, especially during the first few weeks
 - Help participants with survival needs such as housing, food, and clothing
- Escalating reinforcement rewards for meeting care goals (e.g., attending HIV care appointments and reaching and sustaining viral load milestones), which can be traded for goods or services (e.g., gift cards, bus tickets, shoes, bill payment)

DURATION: Ongoing

SETTING: Community centers (Los Angeles County, California)

STUDY YEARS: 2014 – 2016

STUDY DESIGN: One-group, pre-post

DELIVERERS: Social network recruiters, peer health navigators, project director, medical consultant

DELIVERY METHODS: Discussion, incentives, patient navigation, plan development, referrals, reminders

STUDY SAMPLE

The baseline study sample of N = 139 transgender women patients was characterized by the following:

- 39% Black or African American persons
- 38% Hispanic, Latino or Latina persons
- 14% persons who identify as another race/ethnicity
- 7% American Indian or Alaskan Native persons
- 2% Asian persons
- Median age = 36 years

Note: Percentages may not add up to 100% due to rounding and loss of data; percentages from Reback (2021).

STRUCTURAL COMPONENTS

Access – HIV health care

- Linked participants to HIV and other health services

- Increased access to HIV testing
- Capacity Building – Hiring staff
- Hired transgender women of color as peer health navigators along with additional staff to implement the program
- Capacity Building – Provider/supervisor training
- Staff received multi-tiered training upon hiring that consisted of trainings by in-house senior staff, presentations by community professionals, and field observations/role playing with senior paraprofessionals
- Social Determinants of Health – Survival
- Increased access to food, clothing, housing, hygiene products, and legal services

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

- At the 12-month follow-up, more intervention participants had received ART prescriptions than at baseline (12-month unadjusted Odds Ratios [uOR] = 1.33, 95% Confidence Interval [CI]: 1.00 - 1.77).
- At the 12-month follow-up, intervention participants were more likely to be virally suppressed than at baseline (12-month uOR = 1.61, 95% CI: 1.09 - 2.39).

CONSIDERATIONS

- Of the 139 participants enrolled, 137 participants (99%) were exposed to the entire intervention.
- The median number of hours of intervention exposure was 3.93 hours.
- The authors reported the annual cost for operating the Alexis Project was \$19,500 at the time of intervention implementation.

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>

Reback, C. J., Kisler, K. A., & Fletcher, J. B. (2021). [A novel adaptation of peer health navigation and contingency management for advancement along the HIV care continuum among transgender women of color](https://doi.org/10.1007/s10461-019-02554-0). *AIDS and Behavior*, 25(Suppl. 1), 40-51. doi: 10.1007/s10461-019-02554-0

PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.

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