

# TRANSACTIVATE



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

## POPULATION

- Latina transgender women with HIV

## KEY INTERVENTION EFFECTS

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

## BRIEF DESCRIPTION

*TransActivate* uses peer outreach, social network testing, and mobile testing to identify Latina transgender women with undiagnosed HIV. When transgender women test HIV positive, they are linked to HIV care with help from linkage coordinators and peer navigators trained in motivational interviewing.

The intervention consists of several core components:

- Social network testing – peers recruit transgender women from their networks for HIV testing
- Social network engagement – peers identify transgender women with HIV who are out of care, inconsistent in care, or never accessed care
- Mobile testing in the evenings, late evenings, and weekends
- Linkage to HIV care – support from linkage coordinator or peer navigator to link clients with HIV to care
- Peer navigation – help ensure clients are retained in care and guided through complex medical system

**DURATION:** Ongoing

**SETTING:** Non-profit community organization (6 offices in Los Angeles, CA)

**STUDY YEARS:** 2014 – 2016

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

**DELIVERERS:** Linkage coordinators, peer navigators, peer recruiters

**DELIVERY METHODS:** Case management, educational materials, navigation, community outreach, motivational interviewing

## STUDY SAMPLE

The baseline study sample of N = 150 participants was characterized by the following:

- 100% Hispanic, Latina or of Spanish origin persons
- Median age = 44 years of age

## STRUCTURAL COMPONENTS

Access – HIV medical care

- Increased access to HIV medical care using linkage coordinators and peer navigators

Access – HIV testing

- Increased access to HIV testing by using social network engagement, social network testing and mobile testing

Physical Structure – Service provided in non-traditional setting

- Increased access to HIV testing using mobile testing services

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

- At 12-month and 24-month follow-ups, engagement in HIV care improved among intervention participants as compared to baseline (12-month unadjusted Odds Ratio [uOR] = 2.31, 95% Confidence Interval [CI]: 1.64 - 3.24; 24-month uOR = 3.23, 95% CI: 2.06 - 5.04).
- At 12-month and 24-month follow-ups, retention in HIV care improved among intervention participants as compared to baseline (12-month uOR = 1.70, 95% CI: 1.08 - 2.68; 24-month uOR = 2.07, 95% CI: 1.14 - 3.77).
- At 12-month and 24-month follow-ups, the number of participants given ART prescriptions increased among intervention participants as compared to baseline (12-month uOR = 1.60, 95% CI: 1.22 - 2.10; 24-month uOR = 1.48, 95% CI: 1.05 - 2.09).
- At 12-month and 24-month follow-ups, intervention participants were more likely to be virally suppressed than at baseline (12-month uOR = 1.43, 95% CI: 1.09 - 1.87; 24-month uOR = 1.56, 95% CI: 1.07 - 2.26).

### CONSIDERATIONS

- Of the 150 participants enrolled, 150 participants (100%) were exposed to the entire intervention.
- The median number of hours of intervention exposure was 7.33 hours.
- Of the 150 participants enrolled, 91% participated in virtual sessions.
- The authors reported the annual cost to implement Transactivate was \$192,109 at the time of intervention implementation.

### ADVERSE EVENTS

- The author reported 3 participants as deceased during the intervention program; the cause of death was not reported.

### 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](#). *Journal of the International AIDS Society*, 25(Suppl. 5), e25991. doi: 10.1002/jia2.25991

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

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