

TRANS LIFE CARE



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

POPULATION

- Transgender women of color with HIV

KEY INTERVENTION EFFECTS

- Increased viral suppression

BRIEF DESCRIPTION

Trans Life Care (TLC) is a project of Chicago House and Social Service Agency. It aims to be a “one-stop shop” offering multiple on-site services. Key aspects of the TLC intervention include:

- Outreach (event-based and street-based)
- A drop-in center
- On-site medical, housing, employment, legal, and HIV services
- Patient navigation
- Trans-competent training for service providers
- Trans-specific services (i.e., developed for and by transgender women) delivered by staff who are transgender whenever possible

DURATION: Ongoing

SETTING: Community-based organization (Chicago, IL)

STUDY YEARS: 2013 – 2019

STUDY DESIGN: One-group, pre-post

DELIVERERS: Peer navigator, medical provider, case manager, employment specialist, legal attorney, drop-in center coordinator, HIV coordinator testing/navigation/linkage-to-care specialist

DELIVERY METHODS: Integrated care, navigation, outreach

STUDY SAMPLE

The baseline study sample of N = 120 participants was characterized by the following:

- 94% Black or African American persons
 - 5% Hispanic, Latino or Latina persons, regardless of race
 - 1% persons who identify as another race/ethnicity
- Median age = 28 years

STRUCTURAL COMPONENTS

Access – HIV medical care

- Provided navigation services to improve engagement in HIV care

Capacity Building – Provider/Supervisor training

- Conducted trans-competent training for service providers

Physical Structure – Integration of Care/Services

- Offered co-located services for multiple needs

Social Determinants of Health – Survival

- Assisted with securing housing and employment

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

- At the 12-month and 24-month follow up, viral suppression improved among intervention participants with a care visit compared to baseline (12-month follow up: unadjusted Odds Ratio [uOR] = 1.93, 95% Confidence Interval [CI]: 1.09 – 3.41; 24-month follow up: uOR = 2.41, 95% CI: 1.16 – 5.00).

CONSIDERATIONS

- Of the 120 participants, 58 (48%) were exposed to the entire intervention.
- The median number of hours of intervention exposure was 9 hours per individual.
- Of the 120 participants, 2% participated in individual sessions, 98% participated in drop-in sessions, and 2% participated in virtual sessions.
- The author reported approximate annual cost of the intervention as \$224,500 at the time of intervention implementation.

ADVERSE EVENTS

The author did not report adverse events.

FUNDING

- Health Resources and Services Administration (H97HA24965)

PRIMARY STUDY

Rebhook, 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>

PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.

Contacts

Lisa M. Kuhns, PhD, MPH

Ann & Robert H. Lurie Children's Hospital of Chicago

Email: lkuhns@luriechildrens.org

Judy Perloff

Chicago House

Email: jperloff@chicagohouse.org

Josie Paul

Chicago House

Email: jpaul@chicagohouse.org

Gregory Rebhook, PhD

University of California San Francisco

Center for AIDS Prevention Studies (CAPS) & UCSF Prevention Research Center

Email: greg.rebhook@ucsf.edu