



Healthy Divas

E2i Implementation Guide

An evidence-informed intervention, adapted for the Health Resources and Services Administration's Ryan White HIV/AIDS Program, that focuses on empowering transgender women with HIV to accomplish personalized gender affirmation and HIV health goals through peer-facilitated counseling sessions.

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EXECUTIVE SUMMARY

Healthy Divas is an evidence-informed intervention developed by HIV experts in collaboration with community members to improve health outcomes among transgender women with HIV. Healthy Divas enhances the personal strengths and resilience of transgender women with HIV, empowers them to accomplish individualized goals related to gender affirmation through peer-facilitated counseling sessions, and helps reduce their barriers to care.

This Implementation Guide was developed for *Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)*, which tested Healthy Divas within Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) settings and evaluated its impact. Additional easy-to-use implementation tools, tips, and resources to support replication of Healthy Divas in the RWHAP and other HIV service organizations can be found in the [***Healthy Divas E2i Toolkit***](#).



INTRODUCTION TO THE IMPLEMENTATION GUIDE



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What is Healthy Divas?

Healthy Divas is an intervention that empowers transgender women with HIV to identify and accomplish individualized health care goals related to gender affirmation and HIV. In Healthy Divas, a peer counselor delivers six one-on-one sessions that provide information, support, and skill building for transgender women with HIV. The intervention also includes a group workshop co-facilitated by a peer counselor and health care providers with expertise in transgender health care and HIV care. In addition, Healthy Divas staff support clients in becoming engaged in health care and supportive services.

Purpose of the Implementation Guide

The purpose of this Implementation Guide is to provide essential information and tools necessary for understanding, planning, and delivering Healthy Divas in the Ryan White HIV/AIDS Program (RWHAP) and other HIV service organizations. This Guide is part of the [Healthy Divas E2i Toolkit](#), a comprehensive collection of helpful resources for implementing Healthy Divas.

Implementation Guide Background

This Guide was developed under the RWHAP Part F Special Projects of National Significance (SPNS) *Program entitled Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)*, a four-year initiative (2017-2021) funded by the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA HAB) of the U.S. Department of Health and Human Services. E2i was designed to improve HIV health outcomes for people with HIV who experience persistent gaps along the HIV care continuum, such as engagement in care, retention in care, adherence to antiretroviral therapy (ART), and viral suppression. Transgender women with HIV are among the priority populations most in need of interventions that promote high quality and culturally-tailored services.

The E2i initiative chose to pilot the implementation of Healthy Divas because of its demonstrated efficacy in improving health outcomes for Black and Latina transgender women with HIV. Through a competitive request for proposals, three HIV service delivery organizations in the HRSA RWHAP were selected to implement Healthy Divas between 2018 and 2020. These RWHAP sites reported implementation and client outcome data to a team of evaluators who then analyzed these data. The stories, experiences, and evaluation outcomes of these three sites are integrated and highlighted throughout this Guide.

The E2i Implementation Sites

FIGURE 1. Locations of the three sites that implemented Healthy Divas through the E2i initiative.



Birmingham AIDS Outreach (Birmingham, Alabama)

- Community-based organization
- RWHAP Part B recipient
- >1,500 clients with HIV a year
- 40 employees provide HIV services
- Most common services accessed by clients with HIV: healthcare referral (97%), health education (95%), food bank (75%)

California Prostitutes Education Project (Oakland, California)

- Community-based organization
- RWHAP subrecipient
- >225 clients with HIV a year
- 20 employees provide HIV services
- Most common services accessed by clients with HIV: health education (85%), outreach (70%), health care referral (67%)

Rutgers New Jersey Medical School Infectious Diseases Practice (Newark, New Jersey)

- Hospital providing HIV care
- RWHAP Parts A and C recipient
- >1,600 clients with HIV a year
- 8 employees provide HIV services
- Most common non-medical services accessed by clients with HIV: health education (93%), medical case management (88%), other professional services (e.g., legal services) (72%)

Implementation Science Evaluation

E2i used an implementation science approach to evaluate Healthy Divas in the three implementation sites. The evaluation aimed to answer the following questions:

- » “What does it take to implement Healthy Divas in HIV service organizations?”
- » “To what extent is successful implementation related to better HIV outcomes for the clients?”

E2i evaluators collected Healthy Divas client data from the three sites throughout the initiative to measure engagement in care, prescription of ART, retention in care, and viral suppression. They also collected and reviewed site staff surveys, client encounter forms, site visit reports, and meeting notes in order to learn more about the key factors for: successful implementation, challenges encountered by the interventionists, and adaptations made to meet the needs of local settings and priority populations. The major findings from the evaluation are reported throughout this Guide. For additional detail on the theoretical approach and methods, see [*Appendix A*](#). See also the [*Healthy Divas E2i Toolkit*](#) for additional evaluation findings reported in manuscripts.



HEALTHY DIVAS OVERVIEW



HEALTHY DIVAS OVERVIEW

Goals

- » The primary goal of Healthy Divas is to empower transgender women with HIV to identify and accomplish individualized health care goals related to gender affirmation and HIV.
- » Healthy Divas also addresses engagement and retention in HIV care and treatment as well as adherence to ART in order to improve viral suppression among transgender women with HIV.

Intervention Description

Healthy Divas provides information, support, and skills-building for transgender women with HIV through six one-on-one sessions with a peer counselor and one group workshop with other transgender women. The group workshop is co-facilitated by a peer counselor and health care providers with expertise in transgender health care and HIV care.

Priority Population

- » Many transgender women with HIV can benefit from Healthy Divas.
- » Organizations may choose to focus recruitment efforts on transgender women who need support in becoming or staying engaged in care, or who struggle with taking ART as prescribed.



Healthy Divas Enrollment at the E2i Sites

73 transgender women

30–46 years old

82% Black

Rationale

Transgender women experience a high burden of HIV infection. A recent analysis of data from seven major U.S. cities found that 42% of transgender women tested positive for HIV. Black/African American, Indigenous, and Hispanic/Latina transgender women are particularly affected by HIV.¹

¹ Centers for Disease Control and Prevention. HIV Infection, Risk, Prevention, and Testing Behaviors Among Transgender Women—National HIV Behavioral Surveillance 7 U.S. Cities, 2019–2020. HIV Surveillance Special Report 27; April 2021.

Because of stigma and discrimination, transgender women experience a disproportionate number of barriers to accessing health care and achieving health care goals compared to other adults.² Interventions that support transgender women in overcoming individual and structural barriers to care are needed.

Intervention Background

Healthy Divas was initially developed by the Center of Excellence for Transgender Health at the University of California San Francisco and with input from transgender community members. The Healthy Divas initiative, funded by the National Institutes of Health, found the intervention to be effective in reducing external barriers and enhancing personal strengths and resilience among Black/African American and Latina transgender women with HIV. The intervention is based on the following frameworks:

- » **Gender Affirmation Model**, which is the process of receiving positive social recognition and support for one's gender identity and expression. Gender Affirmation can also include medical and legal processes related to gender transition.
- » **Health Care Empowerment Model**, which asserts that people “experience improved health outcomes when they are informed, committed, collaborative, and engaged in their health care, and when they are able to tolerate uncertainty of future health outcomes.”³

² Sevelius JM, Patouhas E, Keatley JG, Johnson MO. Barriers and facilitators to engagement and retention in care among transgender women living with human immunodeficiency virus. *Ann Behav Med*. 2014;47(1):5-16.

³ Sevelius J, Chakravarty D, Neilands TB, et al. Evidence for the model of gender affirmation: The role of gender affirmation and healthcare empowerment in viral suppression among transgender women of color living with HIV. *AIDS Behav*. 2021;25(Suppl 1):64-71.

Duration

- » Healthy Divas is designed to be delivered over a three-month period.

Settings

Healthy Divas can take place in:

- » Primary care settings that provide HIV care, or
- » Community-based organizations and AIDS service organizations that link directly to HIV primary care.

Staffing

Healthy Divas staffing will vary based on the unique structure of each organization.

Core staff

At minimum, Healthy Divas requires:

- » **Peer counselor(s):** Transgender women who facilitate the Healthy Divas individual sessions and group workshop. Peer counselors may also provide health care navigation, referrals and linkage to other services, and recruitment and outreach services. The number of peer counselors needed will depend on anticipated enrollment and additional job duties assigned to the counselors.
- » **HIV care provider(s):** Answers questions and guides clients about HIV treatment and care during the group workshop.
- » **Gender-affirming care provider(s) (can be the same person as the HIV provider):** Answers questions and guides clients about hormone therapy and other gender-affirming treatments and services during the group workshop.
- » **Clinical supervisor(s):** Supports peer counselors in addressing issues that arise during sessions, such as maintaining boundaries with clients, addressing secondary/vicarious trauma, and other issues relevant to counseling clients.

Although completing Healthy Divas within three months is ideal, the E2i sites found that some clients needed more time. Reasons for needing more time included:

- *Conflicting work schedules and other personal commitments*
- *Challenges related to mental health and substance use*
- *Transportation issues*
- *Wanting to establish trust and rapport first*
- *Needing a break after an especially intense and emotional session*

The E2i sites recommend flexibility in timing to optimize participation in Healthy Divas.

The E2i sites that implemented Healthy Divas included two community-based organizations and one large university-based HIV clinic.

Additional recommended staff

Peer counselors can coordinate with existing organizational staff members to support Healthy Divas clients. These staff members may include:

- » **Case managers:** Help Healthy Divas clients with referrals to ancillary support services such as housing, food assistance, insurance coverage, substance use counseling, and mental health counseling. Peer counselors may be trained to fulfill this role.
- » **Community health workers:** Conduct outreach, recruitment, and retention activities.

The E2i sites understood the need to identify peer counselors who could gain the trust of the local community of transgender women. These sites put dedicated effort into hiring peers with relevant experience and education, and who had leadership roles in the local transgender community. Finding the right peer counselor proved difficult and took extra time for one of the sites.

The E2i site peer counselors (also referred to as peer educators, facilitators, or navigators) had additional responsibilities beyond facilitating Healthy Divas sessions. They also provided clients with health education, health care navigation, and tailored referrals to other services.

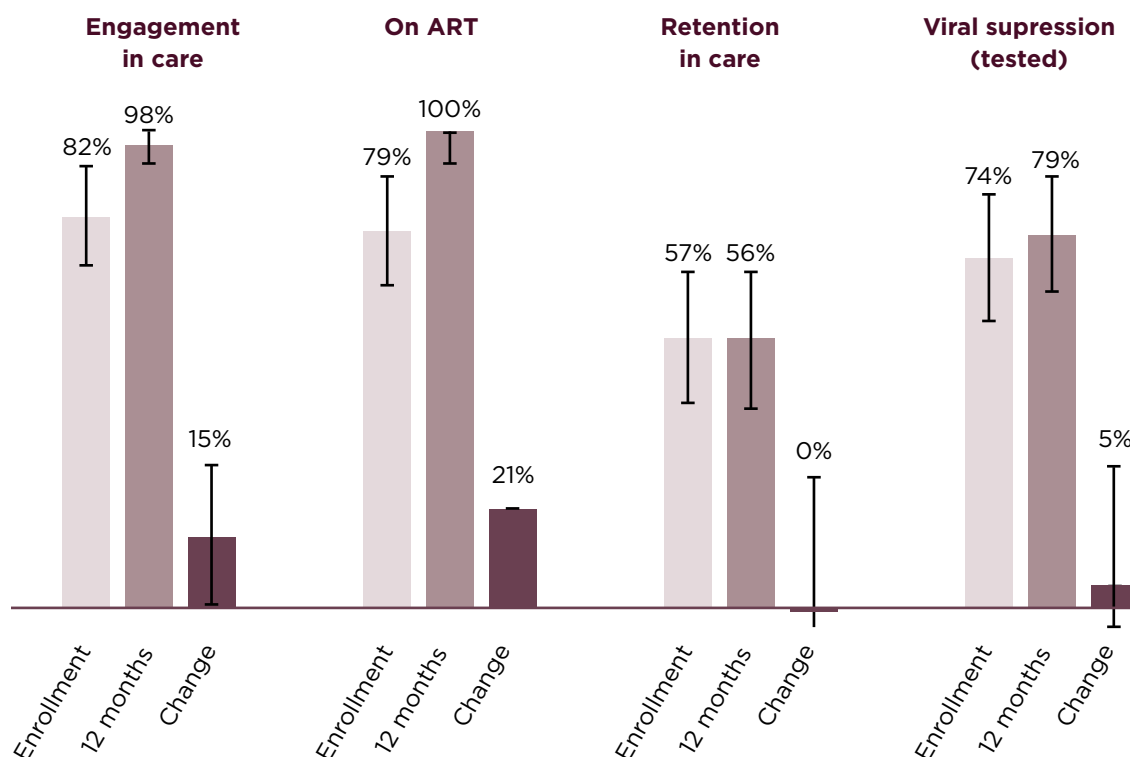


E2i EVALUATION:

HEALTHY DIVAS HIV CARE CONTINUUM OUTCOMES

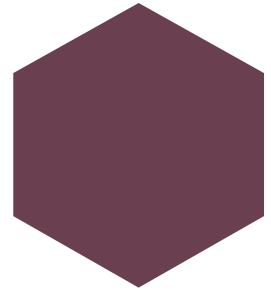
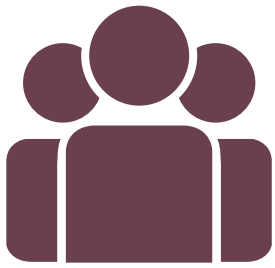
- ◆ **Enrollment:** During a 12 to 18 month period, 73 transgender women with HIV enrolled in Healthy Divas across the three E2i sites. Each site enrolled between 14 and 31 clients. The enrolled clients were between the ages of 30 to 46 years. The majority (82%) identified as Black; 11% identified as Latina.
- ◆ **Outcomes:** E2i measured HIV care continuum outcomes for each client at time of enrollment and 12 months later. Among the clients enrolled in Healthy Divas, both engagement in HIV care and having an ART prescription improved significantly. We did not observe significant changes in retention in care among enrolled clients or viral suppression among those with viral load tests.

FIGURE 2. HIV care continuum outcomes among the 73 transgender women enrolled in Healthy Divas as part of the E2i initiative.



Note: E2i used the following HRSA definitions for HIV care continuum outcomes:

- **Engagement in care** = At least one primary HIV care visit in the previous 12 months
- **On ART (adherence)** = Having been prescribed ART in the past 12 months
- **Retention in care** = At least two HIV care visits in the past 12 months
- **Viral suppression** = Having an HIV viral load test in the past 12 months AND having a result of less than 200 copies/mL at the last viral load test



CORE ELEMENTS



CORE ELEMENTS

Core elements are the “active ingredients” essential to achieving an intervention strategy’s desired outcomes. It is critical to follow the core elements when implementing an intervention in an HIV service organization; otherwise, the intervention may not work as intended.⁴ All other activities can be adapted to fit the unique circumstances of an organization. However, adaptations should not compete with or contradict the core elements of Healthy Divas. **Healthy Divas has four core elements:**



1. Trans-Identified Peer Counselor

Peer counselors, who are transgender women themselves, play a crucial role in engaging other transgender women in Healthy Divas.



2. Six Individual Sessions

Healthy Divas clients participate in six individual sessions with a peer counselor. Sessions focus on:

- A personal health care vision
- Individual strengths
- Assertive communication
- Support networks
- Successes and challenges
- Future health goals



3. Group Workshop

Healthy Divas clients participate in one group workshop with other transgender women clients. The group can take place any time between the client’s first and last individual sessions. During the workshop, clients receive information from, and have their questions answered by, a gender-affirming medical provider and an HIV provider. If the organization has access to a provider who has expertise in both HIV care and gender-affirming care for transgender women, a single provider can fill this role.



4. Engagement in Care and Supportive Services

In addition to the individual sessions and group workshop, Healthy Divas clients receive help with becoming engaged in health care and supportive services. It is critical for organizations to prepare, maintain, and update a list of resources and referrals that are known to welcome and include transgender people. This list should include:

- HIV care programs and services
- Gender-affirming care programs and services
- Supportive services, such as housing assistance, employment agencies, legal services, food banks, mental health counseling, substance use disorder treatment, and primary and gender-affirming (transition-related) medical care.

All three E2i sites provided access to legal support and resources for transgender clients who wanted to change the name and gender marker on their government-issued identity documents (e.g., driver’s license). For many transgender people, being able to make these changes is critical to their safety and well-being.

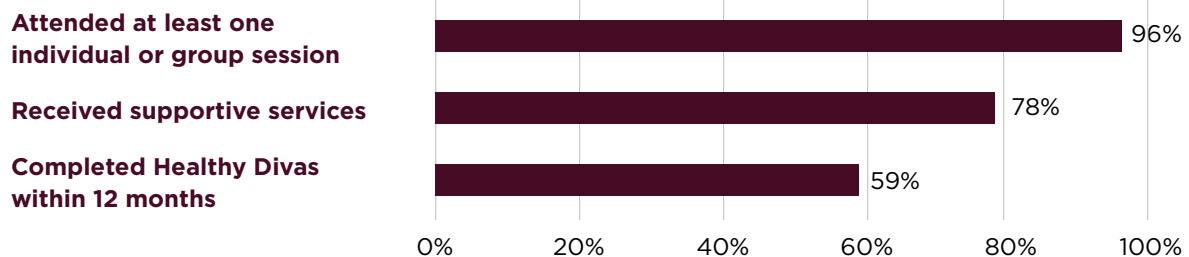
⁴Psihopoulos D, Cohen SM, West T, et al. Implementation science and the Health Resources and Services Administration’s Ryan White HIV/AIDS Program’s work towards ending the HIV epidemic in the United States. PLoS Med. 2020;17(11):e1003128.



E2i EVALUATION:

HEALTHY DIVAS PARTICIPATION OUTCOMES

FIGURE 3. Participation outcomes among the 73 transgender women enrolled in Healthy Divas as part of the E2i initiative.



- ◆ **Attendance:** Among the 73 clients enrolled in Healthy Divas, 70 (96%) participated in at least one individual or group session.
- ◆ **Number of sessions:** The median number of sessions attended by Healthy Divas clients was 9. The reason for a high median number of sessions is because several of the clients repeated sessions.
- ◆ **Additional supportive services:** About three out of every four clients received additional supportive services.
- ◆ **Completion:** More than half of the clients (about 43) completed Healthy Divas within one year of enrollment. All sites defined completion as attending at least six individual sessions and one group workshop.



E2i EVALUATION:

HEALTHY DIVAS IMPLEMENTATION OUTCOMES

To learn more about how Healthy Divas was viewed by the leadership and staff members at the E2i sites, E2i collected data from the people implementing the intervention. The data included: (1) an organizational survey completed by site leadership once during the planning period, and every six months during implementation; and (2) review of site documents created during implementation, including site visit reports, meeting notes, and cost workbooks (see [Appendix A](#)).

Measure (definition)	Results at the E2i sites
Acceptability: how well staff and leadership find the intervention suits the organization's goals	All sites found Healthy Divas very acceptable throughout the duration of E2i. Each site believed that the intervention was a good fit for their organization's mission and goals.
Adoption: the intention, initial decision, or action to implement the intervention	All sites reported consistently high adoption over time.
Appropriateness: the compatibility of the intervention to address a particular issue or problem	All sites reported that Healthy Divas was highly appropriate and filled a service need at their organization.
Feasibility: the extent to which the intervention can be successfully carried out	Feasibility varied among sites. One site considered Healthy Divas highly feasible for the duration of the initiative. The two other sites considered it moderately feasible.
Fidelity: the degree to which a site felt able to (a) implement the intervention as it was intended by the program developers, and (b) monitor progress	Fidelity varied among sites. Two sites were able to have a full implementation team and could therefore assess fidelity, while one site experienced more difficulties mid-way through implementation, likely due to staff turnover.
Penetration: the integration of the intervention within the organization	Penetration varied among sites. One site quickly integrated Healthy Divas activities into their organizational operations and services. The other two sites gradually increased integration of Healthy Divas. Integration was facilitated by training agency staff about the needs of transgender women and thus creating more institutional buy-in.
Cost: the costs associated with planning and implementation, such as: personnel, training, supplies, incentives, and outreach activities	Costs include both direct and in-kind expenses. The average expenditures for each site were: • <i>Planning period:</i> \$42,685 • <i>Recruitment:</i> \$2,180 per client enrolled • <i>Implementation activities:</i> \$6,464 per client enrolled • <i>Supervision and management of intervention:</i> \$2,905 per client enrolled Costs per client would be lower in settings where more transgender women could be recruited into the intervention. For sites with low recruitment numbers, it may be more cost-effective to add Healthy Divas to an existing peer staff member's role, rather than hire for a full-time position.



PLANNING AND IMPLEMENTATION ACTIVITIES



PLANNING AND IMPLEMENTATION ACTIVITIES

The following section provides recommended activities for planning and implementing Healthy Divas. For helpful tools, see:

Appendix B: General Best Practices for Planning to Implement an Intervention Strategy

Appendix C: Healthy Divas “Go Live” Worksheet

Identify and Train Staff

To identify peer staff for Healthy Divas, your organization can do the following:

- » Identify existing staff or hire one or more new staff as peer counselors. Peers should be transgender women who have excellent communication and community engagement skills, knowledge of HIV care, and the capacity to facilitate individual and group sessions.

Peer counselors will need to develop comfort with and skills in:

- Basic information on HIV infection and treatment
- Individual and group facilitation skills
- Building trust with clients
- Delivering the Healthy Divas

Sessions and Worksheets in the **Peer Facilitator's Manual**

- » Identify the HIV care and gender-affirming care provider(s) who will co-facilitate the group workshops.

Professional development and training are important for peers, as this may be their first professional work experience. The E2i sites found the following training topics to be very useful for peers:

- *Self-Care and resiliency*
- *Restorative and healing justice*
- *Facilitation skills*
- *HIV "101"*

*Organizations that offer training and resources on these topics include **Black Emotional and Mental Health Collective (BEAM)** and **AIDS United**.*

Develop an Outreach and Recruitment Plan

To identify potential clients for Healthy Divas, your organization can do the following:

In-reach:

- » Generate lists of existing clients who access other services at your organization and meet your enrollment criteria, and develop a strategy and scripts to approach and recruit these clients.

Outreach:

- » Develop promotional materials to increase awareness of your organization and Healthy Divas. See sample recruitment materials in ***Appendix D.***
 - » Host events (e.g., job fairs, social gatherings, meals) and distribute materials during special events for the LGBTQIA+ community, including Pride month, Transgender Day of Remembrance, and Miss Trans Latina.
 - » Conduct outreach at nightclubs, House and Ball events, and on streets frequented by transgender sex workers. When doing outreach at night, remember to go in pairs and bring documentation stating where you work.
 - » Post flyers and talk to people at pharmacies, HIV testing sites, and other community agencies that provide services to people with HIV who may not be in care.
 - » Post friendly messages about Healthy Divas on websites, listservs, and social media.
- **Consider these questions** when developing an outreach plan: What social media platforms are used by transgender women in the community? Where do they congregate in person? Where can you post flyers and hand out brochures? What kinds of messages and images appeal to the transgender women in your community?
 - **Incentives:** Consider offering non-cash transferrable incentives, such as small gift cards to local stores, for attending Healthy Divas sessions and group workshop.
 - **Community referrals:** Develop strong partnerships with community organizations to create bi-directional referrals systems. Partners may include housing agencies, food assistance programs, health departments and other HIV testing sites, criminal justice partners, mental health and substance use treatment and counseling agencies, and other community-based organizations.
 - **Support groups:** Holding regular support groups for transgender women can help facilitate recruitment into Healthy Divas. Peer counselors can conduct outreach to the women in the groups.

Aside from Healthy Divas, each of the E2i sites ran a support group for transgender women of any HIV status. These groups included clients who participated in Healthy Divas and could speak to its value.

Customize Materials

Your organization may adapt or create new Healthy Divas outreach and recruitment materials, and may customize certain materials from the *Peer Facilitator's Manual*. Adaptable materials include:

- » Session Worksheets
- » Client feedback forms

Identify Space

Look for space(s) to conduct individual and group workshops that are:

- » Comfortable
- » Safe
- » Near areas where transgender women live or work
- » Within easy access to parking and public transportation
- » Private
- » Welcoming and affirming for clients

Design a Process Flow

- » The Healthy Divas workflow can be flexible based on your organization's programs, resources, and staffing.
- » Collaborate with all relevant staff to clarify the roles of team members: who is doing what, when, where, and how.
- » Ask for input and feedback from all staff at your organization affected by the process flow.

Anticipate and Address Barriers to Session Attendance

Transgender women face multiple barriers to participating in their Healthy Divas sessions. They may live far away, lack transportation, or have jobs that do not allow flexible hours. To overcome barriers to attending Healthy Divas sessions, consider the following strategies:

- » Ask peers and community leaders the best times and locations to offer sessions
- » Hold sessions immediately before or following a client's medical or laboratory appointments
- » Deliver sessions to clients in their homes
- » Identify safe spaces to meet in the community, such as a park, bus stop, or food bank
- » Offer virtual sessions by phone or computer
- » Provide transportation or vouchers for a car service so clients can pay for and feel safe traveling to the sessions.

To increase client engagement, the E2i sites suggest the following:

- *Build trust and rapport before launching into the first session.*
 - *Always listen to the client and validate what the client says and feels.*
 - *Make weekly personal contact with clients through phone calls or messaging, especially if a client misses a session.*
 - *Let clients know upfront that they do not need to do or say anything that makes them uncomfortable. For example, they can choose to not answer a question; they can write down their answers if they do not wish to speak; and they can postpone an activity until they feel ready.*
-

Develop a Sustainability Plan

Sustainability refers to the ability to maintain programming and its benefits over time. A helpful resource for building capacity for sustainability is the **Program Sustainability Framework and Assessment Tool** developed by the Center for Public Health Systems Science at the Brown School, Washington University in St. Louis.

This tool helps program planners achieve the following:

1. Understand the factors that influence a program's capacity for sustainability
2. Assess the program's capacity for sustainability
3. Review results from the Assessment
4. Plan to increase the likelihood of sustainability by developing an Action Plan

Achieving sustainability typically involves applying for grants and accessing available reimbursement options. Some state Medicaid programs cover peer services, although certifications and restrictions vary by state. Possible RWHAP service categories to cover Healthy Divas include: treatment adherence, non-medical case management, and health education/risk reduction. RWHAP-funded organizations can receive technical assistance on health coverage options from the [Access, Care, and Engagement Technical Assistance \(ACE TA\) Center](#).

Deliver Healthy Divas using the Peer Facilitator's Manual

- » To deliver Healthy Divas, peer counselors use the [Peer Facilitator's Manual](#), available on pages 35–72. The manual includes all instructions, activities, and worksheets.
- » Peer counselors may also find it helpful, especially when working with their first few clients, to use the **Healthy Divas Client-Level Implementation Checklist** ([Appendix E](#)). The checklist guides counselors to follow each Healthy Divas activity, and provides an opportunity to reflect on activities that did not go as planned. Supervisors can also use the checklist to help the counselors maintain fidelity to the intervention.



E2i EVALUATION: HEALTHY DIVAS ADAPTATIONS

During implementation, the E2i sites made changes to the original Healthy Divas intervention to address the specific needs of their clients.

- ◆ **Additional time to complete Healthy Divas:** Although Healthy Divas was designed to be completed in three months, many of the clients could not attend all sessions within that time period. To adapt to this need, all of the E2i sites allowed clients to take longer to complete the sessions. One of the sites allowed clients to take up to a year. When the amount of time that passed in-between sessions was long, clients would either repeat a session, or spend time reviewing material from previous sessions.
- ◆ **Repeating the group workshop:** At all E2i sites, Healthy Divas clients who had completed the intervention were invited to attend group workshops again if they wished, but they would not receive an incentive for participation in that group.
- ◆ **Group workshop content:** At one site, the content of the group workshop varied according to the topics of interest to clients.



E2i EVALUATION: CHALLENGES, SUCCESSES, AND LESSONS LEARNED

The E2i sites that implemented Healthy Divas encountered barriers and facilitators to achieving their implementation goals. Here is a summary of lessons learned. Additional information about the sites' experiences can be found in the Program Spotlights below.

- ◆ **Peer counselors:** Healthy Divas works best when facilitated by transgender women who are skilled at establishing rapport and who can relate to the needs and life experiences of the participants.
- ◆ **Institutional buy-in through staff training:** To achieve engagement in Healthy Divas across the organization, it is important to build staff awareness of transgender women and their health needs. An effective way to grow awareness is for Healthy Divas program staff to organize and run trainings on transgender health for all agency staff.
- ◆ **Integration of services:** To integrate Healthy Divas into an organization: (1) offer the program as a standard of care for all clients who are transgender women with HIV; (2) determine how the program can be woven into an existing navigation or other services; or (3) offer the program as a bridge to accessing other services.
- ◆ **Recruitment and retention:** Finding, recruiting, and retaining transgender women into Healthy Divas can be challenging for several reasons:
 - Transgender women often face competing work demands, housing instability, and behavioral health issues that impact their capacity to enroll in Healthy Divas or complete all sessions.
 - HIV stigma, mistrust of health care providers, and fear of disclosing their HIV status can also keep transgender women from wanting to participate.
 - Small populations of transgender women with HIV in the local area limits recruitment numbers.
 - For the E2i sites, low recruitment led to difficulties with organizing and scheduling group workshops with enough participants.
- ◆ **Staff turnover:** When staff leave, workflow can be disrupted, and intervention implementation delayed. Organizations should plan for back-up procedures to minimize issues caused by staff turnover.
- ◆ **Group workshop scheduling conflicts:** Busy medical providers may have difficulty fitting group workshops into their schedules. Organizations should try to schedule groups as far in advance as possible to accommodate provider schedules.
- ◆ **Virtual sessions:** Transgender women may have limited access to private spaces and to computers, phones, Wi-Fi, and other technology necessary to participate virtually in Healthy Divas sessions. On the other hand, virtual delivery can increase convenience for those with sufficient access to technology.



E2i PROGRAM SPOTLIGHTS

PROGRAM SPOTLIGHT

Birmingham AIDS Outreach



Organizational Background

Birmingham AIDS Outreach (BAO), a recipient of RWHAP Part B funding, enhances the quality of life for people with HIV, at risk of acquiring HIV, and the whole LGBTQIA+ community through outreach, prevention education, primary care, gender-affirming hormone therapy, and supportive services. Located in Birmingham, Alabama, BAO serves all of Jefferson County as well as several other nearby counties.

Implementation Goals and Context

Healthy Divas is operated by BAO's Transgender Health Education and Affirmation Learning (T-HEAL) program. Through the Healthy Divas program, BAO aims to promote care engagement, emotional support, healthy lifestyles, and access to supportive services for the underserved population of transgender women with HIV in the surrounding communities. From the beginning, BAO understood the need to identify peer counselors (referred to as facilitators) who could gain the trust of the highly stigmatized and marginalized local community of transgender women. After reviewing hundreds of resumes, BAO hired two full-time peer facilitators who had relevant experience and education, and who had leadership roles in the local transgender community.

The peer facilitators lead outreach and recruitment, administer Healthy Divas sessions, build community partnerships, and provide linkage and case management. They also co-facilitate the Healthy Divas group workshops along with a physician and nurse from BAO's primary care center. Peer facilitators meet weekly with their supervisor to discuss recruitment numbers, budget expenditure, barriers, and strategies.



Recruitment and Delivery

Client recruitment for Healthy Divas relies on referrals from internal BAO staff, especially case managers, and from outside community partners with whom BAO has strong, established relationships. Clients also hear about the program via word-of-mouth and from T-HEAL's many outreach events, such as a Make-Over Day and the Mini Ball. During the COVID-19 pandemic, face-to-face outreach events were replaced with virtual game nights and movie watch parties. Healthy Divas attendance is incentivized with non-cash transferrable gift cards and meals during group workshops. All clients also receive gas and bus vouchers to help with getting to appointments.

BAO has a long-standing partnership with the University of Alabama School of Medicine's 1917 Clinic to refer their clients for HIV medical care. Currently, the onsite physician at BAO is developing expertise in HIV care and hopes to provide more direct HIV care to clients. Healthy Divas clients also receive access to legal name change support, BAO's gender-affirming care providers, housing and utility assistance providers, and a food pantry. In response to needs identified by the Healthy Divas clients, BAO started adding new services, including a clothing closet and computer lab.

Adaptations and Innovations

- » **Timing of sessions:** If transportation or scheduling is a barrier for a Healthy Divas client, peer facilitators offer to hold sessions every other week rather than weekly, and will travel to a client's place of living. Sometimes they give clients more than a week between sessions in order to heal after a more intensive session.
- » **"T-HEAL Tea Time" support group:** As an adjunct to Healthy Divas, T-HEAL created a monthly "Tea Time" support group for all transgender people in the community. The groups help to facilitate recruitment for the intervention, provide ongoing support to Healthy Divas clients after they complete their sessions, and create an opportunity for transgender people of any HIV status to come together for support.
- » **Financial assistance:** BAO acquired funding to cover Healthy Divas clients' copays or out-of-pocket fees related to gender-affirming hormone therapy at BAO's primary care medical center, thus enhancing the ability of clients to meet their health care goals.



- » **COVID-19 pandemic:** During lockdowns associated with the COVID-19 pandemic, BAO successfully transitioned to virtual delivery of Healthy Divas, although it took time to figure out how to support clients with limited access to phones, Internet, or data services. Despite efforts to retain clients during the pandemic, not all clients stayed enrolled. Smaller caseloads, however, allowed peer facilitators more time to focus on each client's needs. The pandemic also helped BAO discover the value of doing mental health check-ins with staff and adjusting work hours to prevent burnout.

Program Integration

BAO gained strong institutional buy-in for Healthy Divas by communicating to all staff the value of prioritizing the needs of transgender women with HIV. Healthy Divas remains a standard service for now, but BAO will require new funding from the Centers for Disease Control and Prevention or other sources to cover associated staffing after E2i funding ends.

"Through Healthy Divas, we have increased our direct support to clients, and clients have become more active advocates for their own health and well-being." —BAO peer facilitator

Lessons Learned

- » **Competing programs:** Unexpectedly, another local program for transgender women launched concurrently with Healthy Divas, causing a potential overlap in clients and services. To help reconcile this issue, BAO invited an outside, neutral facilitator to a meeting with the other organization, which helped both parties form a mutually agreeable and productive collaboration.
- » **Small group workshops:** BAO decided to hold more than one group workshop a cycle in order to keep the number of participants smaller (under six clients). Smaller groups allow more clients to have their questions answered.
- » **Community partnerships:** BAO found that their partnerships with other community organizations were instrumental for successful recruitment and service linkage.

Contact Information

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PROGRAM SPOTLIGHT

California Prostitutes Education Project



Organizational Background

California Prostitutes Education Project (CAL-PEP) is dedicated to providing individually tailored, nonjudgmental HIV health education, and to linking clients to care, treatment, and supportive services. In addition to focusing on outreach with sex workers, CAL-PEP serves the communities most affected by HIV in Alameda, San Francisco, and Contra Costa counties, California. These communities include all people with HIV, youth, people with substance use disorders, Black/African American and Latina women, men who have sex with men, transgender women, previously incarcerated individuals, and the broader Black/African American community of people experiencing homelessness. CAL-PEP is a direct subrecipient of RWHAP funding.

Implementation Goals and Context

CAL-PEP offers Healthy Divas under their umbrella program WEALTH (Women Embracing and Accessing Life-Long Transitional Health), which provides a continuum of care and services for transgender women regardless of HIV status. CAL-PEP chose to implement Healthy Divas in order to help increase the self-esteem, self-value, and self-empowerment of Black/African American transgender women with HIV. Healthy Divas is delivered by two peer counselors who represent the transgender community being served. In addition to delivering Healthy Divas sessions and acting as role models, one peer counselor is a case manager, and the other peer counselor is responsible for outreach and recruitment.



Recruitment and Delivery

The CAL-PEP WEALTH team has partnered with local medical service providers to help identify and seamlessly refer clients to the Healthy Divas program. In addition, the team recruits clients through social media and CAL-PEP's existing services and programs, such as HIV testing services and street outreach in areas heavily populated by transgender women. To incentivize participation in Healthy Divas, CAL-PEP offers transportation vouchers and non-cash redeemable gift cards to clients.

As part of Healthy Divas, CAL-PEP WEALTH developed partnerships with several local agencies in order to link participants to essential services, such as affirming primary and HIV care, gender-affirming hormone therapy and surgical referrals, substance use disorder treatment, mental health care, benefits counseling, employment, housing, and community re-entry services from correctional facilities.

The peer counselors use a flexible approach to the timing of delivering Healthy Divas. Clients are encouraged to engage in self-exploration and goals at their own pace. The counselors attempt to re-connect with these clients over a set period of time to assess their readiness to participate. They also take time to build rapport with clients at the beginning of the intervention, if needed, and allow clients to come every other week instead of weekly. On the other hand, if a client demonstrates an intense interest in Healthy Divas, the counselors allow that client to receive sessions twice a week. The counselors report that most clients have found greater sources of internal strength as well as external support and services through their participation in Healthy Divas.

Adaptations and Innovations

- » **Legal services:** The CAL-PEP WEALTH team provides support and resources for transgender clients who want to change the name and gender marker on their government-issued identity documents (e.g., driver's license). For many transgender people, being able to make these changes is critical to their safety and well-being.
- » **COVID-19 pandemic:** At the beginning of the COVID-19 pandemic, the peer counselors needed to address clients' immediate housing, food, and behavioral health concerns before being able to resume Healthy Divas sessions. By linking clients into needed services and switching over to Zoom and phone sessions, the counselors were eventually able to engage clients back into Healthy Divas. However, clients have experienced ongoing challenges with accessing and using the technology for telehealth, and counselors have found it more difficult to engage personally with clients via telehealth.



Lessons Learned

- » **Retention strategies:** The peer counselors have found that having the Healthy Divas group workshop occur early in a client's participation helps with client engagement. They also have found that older clients who had been in other CAL-PEP programs were more able to complete all Healthy Divas sessions compared to younger clients, especially younger clients who had mental health and substance use disorders. Building rapport right away, the counselors report, is the best way to keep the client engaged—always validate a client and “hear them.”
- » **Helping clients talk about sensitive information:** CAL-PEP trains all staff in how to build trust and prepare clients for disclosure and discussion of sensitive information. At the very beginning of the Health Divas sessions, the peer counselors let their clients know that they do not need to answer any questions that make them uncomfortable. For sensitive information, sometimes the counselors suggest that clients write down their answers rather than speak, if that seems easier, or they offer to put aside an activity until a future session if the client is not yet ready to engage.

Program Integration

Healthy Divas is fully integrated into CAL-PEP's organizational structures. Healthy Divas at CAL-PEP not only helps clients access HIV care but has also “opened the door” for clients to engage in CAL-PEP's other services, especially mental health and substance use disorder counseling and treatment. CAL-PEP continues to maintain high institutional buy-in of Healthy Divas because staff recognize the importance of prioritizing this community. As agency staff witness positive

changes among the clients who participate in Healthy Divas, program buy-in has increased even more. Although CAL-PEP has served the transgender women community for a long time, Healthy Divas presented an opportunity to further increase awareness and training for other staff about transgender experience, thus enhancing the entire organization's capacity to serve the transgender community. CAL-PEP has secured funding to continue implementing an adaptation of the Healthy Divas intervention, which will allow CAL-PEP to offer Healthy Divas to all women of transgender experience, regardless of their HIV status.

“With the old school approach of case management, when you're just focusing on detox, medications...it's almost like you're a drill sergeant. Affirming case management is a much better approach. It is a healing approach. I never would have known about that if it weren't for Healthy Divas. Healthy Divas is a godsend.” —CAL-PEP peer facilitator

Contact Information

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PROGRAM SPOTLIGHT

Rutgers New Jersey Medical School Infectious Diseases Practice



Organizational Background

Located on the campus of University Hospital in Newark, New Jersey, the Rutgers New Jersey Medical School Infectious Diseases Practice (NJMS-IDP) is an HIV primary care center providing a range of clinical services and case management for more than 1,500 people with HIV. In addition to clinical services, the NJMS-IDP also offers robust HIV testing and research programs. A recipient of funding from RWHAP Parts A and C (Early Intervention Services), NJMS-IDP serves the greater Newark area, a population disproportionately impacted by HIV.

Intervention Goals and Context

In 2015, NJMS-IDP recognized a gap in gender-affirming services for transgender people in the community. After engaging in community-led discussions with local transgender women, the NJMS-IDP team made the commitment to increase services for transgender women in the Newark area. NJMS-IDP launched Healthy Divas in 2018 with the goals of enhancing community outreach to connect more transgender women into care and support their healthy gender affirmation. To implement the program, they hired a full-time Healthy Divas peer health educator to provide counseling sessions that guide clients through their personal health care goals and connect them to care. The peer educator coordinates with a community outreach worker to recruit and retain clients, and receives clinical supervision from the program director.



Recruitment and Delivery

The NJMS-IDP team searches medical records and holds staff huddles and meetings to find eligible clients for Healthy Divas. They also depend on word of mouth, social media, and partnerships with community-based organizations to facilitate outreach. In addition, clients are recruited from NJMS-IDP's social support group for transgender women of any HIV status. The support group is a stigma-free, status neutral space to discuss topics related to gender-affirming care, medical care, and HIV prevention and treatment.

To support the gender affirmation process of their clients, NJMS-IDP actively coordinates with the Rutgers/University Hospital surgical program as well as the adolescent medicine department. Because mental health care is critical for many transgender women, NJMS-IDP also promoted a social worker into the role of Healthy Divas clinical supervisor. In this role, the social worker also provides counseling, therapy, mental health referrals, and surgery support letters. In addition, case managers and other clinicians at NJMS-IDP are available to provide support services as needed, including assistance for transportation, food vouchers, and referrals and guidance for legal name and gender marker changes on government-issued documents.

To encourage enrollment and engagement, Healthy Divas provides clients with complimentary snacks and personal items such as handheld mirrors. When recruitment slowed down, the team increased the value of incentives and transportation vouchers based on feedback from early enrollees. Program staff have noted a high level of engagement among enrolled clients, and clients graduate from the program with a greater sense of community and engagement in medical services.

Adaptations and Innovations

- » **Assessment of gender affirmation:** The NJMS-IDP team incorporated a pre- and post-gender affirmation survey into the intervention to assess the impact of Healthy Divas on the participant's general life satisfaction. An interim analysis performed in January 2020 indicated an improvement in three areas on the survey scale: physical and emotional intimacy, psychological functioning, and gender-related well-being and general life satisfaction.
- » **Clinical elective on transgender mental health for medical residents:** NJMS-IDP developed a program that enabled a medical resident to see transgender clients under the supervision of a faculty psychiatrist once every other week.



- » **COVID-19 pandemic.** A transition to virtual Healthy Divas sessions was made in accordance with the state and organization public health COVID-19 response guidance. Having virtual sessions allowed for more flexibility. The NJMS-IDP team also provided participants with pandemic care packages of cleaning supplies, masks, and hand sanitizer.
- » **Extending the program.** Graduates of Healthy Divas feel a sense of loss when completing the program. To address this, staff stay in touch with former participants and refer them for additional programs or support services.

“Having someone who looks like them, talks like them, and understands their ambitions gives the clients a role model and gives them hope.”

—NJMS-IDP peer health educator

Program Integration

The NJMS-IDP team has successfully integrated Healthy Divas into its workflow and have achieved institutional buy-in by providing in-house training to frontline staff on how the Healthy Divas program complements, supports, and empowers all programs and clinical services that serve transgender women. Healthy Divas staff continue to provide ongoing training for team members within the clinic and across the organization and have designed and shared T-shirts, masks, and gender pronoun buttons to promote an inclusive and gender-affirming environment.

Lessons Learned

- » **Community buy-in:** Healthy Divas staff report that ongoing community engagement fosters trust and belonging in the clinic’s spaces. One way in which NJMS-IDP builds relationships with the community is by hosting a transgender women’s support group. Not only do the women in the group learn from and support one another, but they also have the opportunity to talk with and get to know NJMS-IDP health care professionals. In addition, building a trusting relationship with participants at the initial Healthy Divas visit is key to keeping clients retained and engaged.
- » **Peer educator training:** To foster the growth and development of peer educators, NJMS-IDP supervisors have provided intensive on-the-job training and clinical supervision.

Contact information

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HEALTHY DIVAS PEER FACILITATOR'S MANUAL

Developed and written by Jae Sevelius, PhD, David Olem, MFT, Luis Gutierrez-Mock, MA MPH, Breonna McCree, Danielle Castro MA, MFT, Mallory Johnson PhD, Akira Jackson



SESSION 1: LET'S BE REAL!

Total Time: 45–65 mins

Activity 1: Welcome; Setting Expectations (5–10 mins)

Introduce the goals of the Healthy Divas intervention and explain the topics that will be covered during the 6 individual sessions and the 1 group session.

Ask the participant what she hopes to get out of the intervention.

Discuss the following policies and expectations:

- » Confidentiality
- » Absences/cancellations/punctuality for individual and group sessions
- » Participation if under the influence of substances
- » Stipend, if any

Ask the participant if she anticipates any barriers to participation. Discuss possible solutions to barriers.

Activity 2: Assessment (20–35 mins)

Use [Worksheet 1A: Health Care History and Life Context Form](#) to guide a conversation with the participant about the following: experiences with the health care system and current primary care provider; details about HIV diagnosis, medication history, and any substance use disorder history; and questions about housing, community connectedness, spirituality, and how the participant copes with stress. If possible, have the participant fill the worksheet out in advance of the first session and then review it with her during the session. This will save time.

Activity 3: Envisioning a Healthy Diva (5–10 mins)

In collaboration with the participant, complete [Worksheet 1B: My Personal Health Vision](#). In this exercise, you will help the participant identify a vision of a healthy future self, as well as steps to reaching this vision. Make sure the participant thinks about and includes HIV care and antiretroviral medication adherence in the vision).

Activity 4: Setting Goals (15–20 mins)

Help the participant identify personal goals that relate to their vision of a healthy self. These goals are meant to be worked on at home, between each of the sessions. Explain that the goals should be attainable and realistic—that is, things over which the participant has control. Each goal should also be:

- » manageable
- » challenging, while still attainable
- » specific
- » measurable
- » the participant's and not the facilitator's

For example: Instead of setting a goal to get a new job, set a goal to send out [X] number of resumes per week.

Record the goals on ***Worksheet 1C: Personal Goals***. If the participant cannot yet come up with 6 goals (one for each session), that is okay. She will have an opportunity to set a new goal at the end of each session. Have the participant focus on trying to accomplish the first goal before the next session.

Activity 5: Wrap Up (5 mins)

Ask the participant to identify one gender-affirming positive event in her life. Using the script in ***Worksheet 1D: Gender Affirmation Exercise***, ask the participant to describe the details of this event and how it made her feel. Explore together how the event can be a motivator to stay healthy.



SESSION 2: BE FIERCE! PERSONAL STRENGTHS AND RESILIENCY

Total Time: 45–60 mins

Activity 1: Check-In (10–15 mins)

Review what has happened in the participant's life since the last session. How has the participant been feeling? Are there any issues that have come up? How does the participant feel about the last session?

Discuss progress toward the goal that was articulated at the last session. Did the participant make progress toward meeting the goal? If the goal was not met, what were some of the barriers? Is something getting in the way of achieving the goal? If so, how can those barriers be overcome?

Discuss HIV medication adherence with the participant. Were there periods when the participant was more successful in adherence to antiretroviral medications? What were the circumstances around missed doses? Has the participant taken any steps to improve treatment adherence?

Explain that this session will focus on strengths and motivators, and how these can help the participant meet her goals.

Activity 2: Strengths Identification (10–15 mins)

Guide the participant in completing *Worksheet 2A: Personal Strengths and Motivators*. The participant will list personal strengths that have helped her overcome challenges related to social stigma. Discuss these strengths with the participant.

Have the participant review *Worksheet 2B: Strengths List*, and then have her describe what strengths she has that help her stay healthy. Help the participant identify personal motivators. What keeps her going in difficult times?

Activity 3: Strengths and Goals (10–15 mins)

Work with the participant to link the personal strengths and motivators that she has identified to her goals (the ones listed on *Worksheet 1C: Personal Goals*). How can her strengths help her to meet her personal health care goals? Looking back over the past week or so, did she accomplish something that she set out to do? If so, how did her strengths and motivators assist her in accomplishing this goal?

Activity 4: Group Workshop Expectations (10 mins)

Prepare the participant for the Group Workshop by explaining the format and topics. Also, discuss workshop expectations:

- » Show up on time
- » Come sober
- » Listen to and adhere to requests of facilitators
- » Respect differences of opinion
- » Stay awake
- » Stay until the workshop is over
- » Problem solve any potential barriers to successfully attending and participating

Ask for the best way to remind the participant of workshop date and time.

Complete **Worksheet 2C: Workshop Questions and Concerns List** which lists and discusses potential barriers to staying healthy and taking HIV medications.

Activity 5: Wrap-Up (5–10 mins)

Review goal for the next session on the **Worksheet 1C: Personal Goals**. Revise the goal if needed, and discuss potential facilitators and barriers to achieving the goal.

Ask the participant to identify one gender-affirming positive event in her life. Using the script in **Worksheet 1D: Gender Affirmation Exercise**, ask the participant to describe the details of this event and how it made her feel. Explore together how the event can be a motivator to stay healthy.



SESSION 3: GET IT? ASSERTIVE COMMUNICATION

Total Time: 45–75 mins

Activity 1: Check-In (10–15 mins)

Review what has happened in the participant's life since the last session. How has the participant been feeling? Are there any issues that have come up? How does the participant feel about the last session?

Discuss progress toward the goal that was articulated at the last session. Did the participant make progress toward meeting the goal? If the goal was not met, what were some of the barriers? Is something getting in the way of achieving the goal? If so, how can those barriers be overcome?

Activity 2: Assessment (10–15 mins)

Discuss the participant's experience asking for what she needs. What are some of the challenges with communicating with her health care provider (doctor or nurse)? Are there challenges unique to gender-affirming health care? Are there challenges unique to HIV care? Explore how the difference in power between a health care provider and a client may cause a client to feel nervous or anxious when speaking with the provider.

Activity 3: Communication Practice (10–15 mins)

Share [Worksheet 3A: Assertive Communication \(Handout\)](#), and [Worksheet 3B: Active Listening \(Handout\)](#), with the participant. Discuss strategies for staying calm and present during provider visits. At this point you may introduce a breathing exercise to assist with staying calm in stressful situations. You can also role-play a situation where the participant asks her provider for something.

Activity 4: Removing Barriers to Effective Communication

(15–20 mins)

Choose one barrier to effective communication with a health care provider and help the participant overcome the barrier:

- » Discuss the specifics of the communication challenge (who, what, where, why)
- » Discuss possible solutions
- » Discuss what might be the “best/most appropriate” solution
- » Explore why this is the best solution
- » Develop an action plan to improve communication with the health care provider

Activity 5: Wrap-Up (5–10 mins)

Review goal for the next session on the **Worksheet 1C: Personal Goals**. Revise the goal if needed, and discuss potential facilitators and barriers to achieving the goal.

Ask the participant to identify one gender-affirming positive event in her life. Using the script in **Worksheet 1D: Gender Affirmation Exercise**, ask the participant to describe the details of this event and how it made her feel. Explore together how the event can be a motivator to stay healthy.



SESSION 4: KEEPING IT TOGETHER! UTILIZING SUPPORT

Total Time: 45–60 mins

Activity 1: Check-In (10–15 mins)

Review what has happened in the participant's life since the last session. How has the participant been feeling? Are there any issues that have come up? How does the participant feel about the last session?

Discuss progress toward the goal that was articulated at the last session. Did the participant make progress toward meeting the goal? If the goal was not met, what were some of the barriers? Is something getting in the way of achieving the goal? If so, how can those barriers be overcome?

Activity 2: Assessment (10–15 mins)

Review the participant's Personal Health Care Vision, exploring successes and challenges, and examining periods when the participant was successful in adherence to HIV medications, and periods when she missed doses. The participant describes steps she has taken, if any, to improve her adherence to HIV medications.

Activity 3: Support (15–20 mins)

Help the participant identify her current support network. Acknowledge how relationships with others can be a source of support but also cause stress. Ask the participant to describe the role social support plays in her life, including which relationships are barriers to her health and her ability to meet her goals, and ways in which individuals in her life may contribute to her stress level.

Also explore how experiences with transphobia, stigma and related trauma may have influenced the participant's life in regard to self-reliance and allowing others to support her.

If relevant, explore the impact of current or past substance use on relationships and patterns of support. Also consider the impact of people in the participant's life who use substances.

Have the participant use **Worksheet 4A: Social Support** to explore three kinds of support: emotional, informational, and tangible (e.g., a ride to the airport, borrowing money, a place to stay). The participant will identify individuals who provide these three kinds of support and who are in her Inner Circle, In Between Circle, and Outer Circle. The participant also identifies gaps in her support network, especially in relation to her health care needs.

Have the participant use **Worksheet 4B: Health and Support** to list challenges to achieving her Personal Health Care Vision and the type of support needed to help with each challenge. She can then try to list a person or organization who could help her overcome that challenge.

Activity 4: Wrap-Up (5–10 mins)

Review goal for the next session on the **Worksheet 1C: Personal Goals**. Revise the goal if needed, and discuss potential facilitators and barriers to achieving the goal.

Ask the participant to identify one gender-affirming positive event in her life. Using the script in **Worksheet 1D: Gender Affirmation Exercise**, ask the participant to describe the details of this event and how it made her feel. Explore together how the event can be a motivator to stay healthy.



SESSION 5: WORK IT OUT! CELEBRATE SUCCESSES AND WORK THROUGH CHALLENGES

Total Time: 45–70 mins

Activity 1: Check-In (10–15 mins)

Review what has happened in the participant's life since the last session. How has the participant been feeling? Are there any issues that have come up? How does the participant feel about the last session?

Discuss progress toward the goal that was articulated at the last session. Did the participant make progress toward meeting the goal? If the goal was not met, what were some of the barriers? Is something getting in the way of achieving the goal? If so, how can those barriers be overcome?

Activity 2: Assessment (10–15 mins)

Review the participant's Personal Health Care Vision, exploring successes and challenges, and examining periods when the participant was successful in adherence to HIV medications, and periods when she missed doses. The participant describes steps she has taken, if any, to improve her adherence to HIV medications.

Activity 3: Celebrating Successes (10–15 mins)

Ask the participant to reflect on what has improved in her life since she started the Healthy Divas intervention by considering the following questions:

- » Has anything changed in terms of how she actively engages with her health care, especially her HIV care?
- » What goals have been met?
- » What has been accomplished in the Healthy Divas sessions so far?
- » What has been difficult?
- » What has not improved?

It's important to keep track of and celebrate successes. Experiencing positive emotions can help an individual deal with stress. Help the participant amplify at least one success and identify a plan to continue to notice and celebrate successes.

Activity 4: Working through Challenges (10–15 mins)

Help the participant problem solve continued barriers and challenges to improving health. Discuss the specifics of the challenge and explore possible solutions. The participant can identify what she thinks is the “best/most appropriate solution,” and then explore with you why this is the best solution.

Activity 5: Wrap-Up (5–10 mins)

Review goal for the next session on the **Worksheet 1C: Personal Goals**. Revise the goal if needed, and discuss potential facilitators and barriers to achieving the goal.

Ask the participant to identify one gender-affirming positive event in her life. Using the script in **Worksheet 1D: Gender Affirmation Exercise**, ask the participant to describe the details of this event and how it made her feel. Explore together how the event can be a motivator to stay healthy.



SESSION 6: HEALTHY DIVA! FUTURE HEALTH

Total Time: 45–65 mins

Activity 1: Check-In (10–15 mins)

Review what has happened in the participant's life since the last session. How has the participant been feeling? Are there any issues that have come up? How does the participant feel about the last session?

Discuss progress toward the goal that was articulated at the last session. Did the participant make progress toward meeting the goal? If the goal was not met, what were some of the barriers? Is something getting in the way of achieving the goal? If so, how can those barriers be overcome?

Activity 2: Assessment (10–15 mins)

Review the participant's Personal Health Care Vision, exploring successes and challenges, and examining periods when the participant was successful in adherence to HIV medications, and periods when she missed doses. The participant describes steps she has taken, if any, to improve her adherence to HIV medications.

Activity 3: Review (20–25 mins)

Review the topics covered in the intervention. Ask the participant to identify how she has used the skills she learned in the following areas:

- » Setting attainable goals
- » Using strengths to meet goals
- » Communicating with providers
- » Finding and using emotional, tangible, and informational supports
- » Celebrating successes
- » Working through challenges
- » Envisioning the future

Activity 4: Wrap Up (5–10 mins)

Spend time with the participant to set goals for future engagement in health care that are manageable, challenging, specific, and measurable. The participant should identify one positive future outcome related to her health, and explore the meaning of that outcome with you.



GROUP WORKSHOP: IT'S ALL ABOUT US!

Total Time: 90–120 mins

Group workshop goals:

- » Increase knowledge of HIV and medication options
- » Increase knowledge of gender-affirming care and HIV care
- » Learn and practice strategies for communicating effectively with health care providers
- » Practice relaxation strategies

The peer facilitator leads the group workshop along with at least one medical provider. In most instances there are two medical providers, one who specializes in HIV care, and one who specializes in transgender health care. If a medical provider has expertise in both types of health care, one provider may be sufficient.

Ideally the group workshop occurs between individual sessions 2 and 3 for each participant; however, this may not be possible, and is therefore not required.

Activity 1: Introduction and Assessment of Participant Concerns and Questions (15–20 mins)

The peer facilitator explains the agenda for the group session and discusses the ground rules for participation, such as confidentiality and respecting differences.

The facilitator then asks participants to generate a list of questions and concerns related to HIV medication and care, and gender-affirming health care. These questions will be addressed by a medical provider in the next two activities (“Activity 2” and “Activity 3”). Questions could include side effects, interactions between hormones and HIV medications, HIV stigma, disclosure of HIV status, or other topics. This list can be written on a blackboard or whiteboard. The medical providers should take notes and ask clarifying questions.

Activity 2: HIV Medication Overview (15–20 mins)

A medical provider gives a brief presentation about current HIV treatment options and guidelines, and addresses questions generated by the participants. Facilitators manage the time and balance participant involvement in discussions.

Activity 3: Gender Treatment Overview (15–20 mins)

A medical provider gives a brief presentation about current gender-affirming health care options and guidelines, and addresses the questions generated by the participants. Peer facilitators manage the time and balance participant involvement in discussions.

Break (10 mins)

Activity 4: Maximizing a Successful Collaboration with Providers (15–20 mins)

The medical provider discusses experiences related to client communication and provides strategies for participants. Topics for discussion include:

- » Preparing for a provider visit
- » Making a list of questions
- » What to do if you don't understand why the provider wants you to do something, or you don't agree with the request

During the discussion, the peer facilitator manages the time and balances participant involvement in discussions, making sure everyone is participating and that one or two individuals are not dominating the conversation excessively. Facilitators ask clarifying questions and write pertinent resources on the board.

Activity 5: Relaxation Exercise (5–10 mins)

The peer facilitator leads participants through a progressive relaxation exercise (see [**Sample Relaxation Exercise Script**](#)). After the exercise, the facilitator leads a brief discussion of the experience of doing the exercise.

Activity 6: Wrap Up (15–30 mins)

The peer facilitator reviews the content of the workshop, and helps each participant revise her Personal Health Care Vision. Together they explore these questions:

- » Has anything changed about what it would look like to be as engaged in your health care as you could be?
- » What would have to be different?
- » Has anything changed about what your overall health looks like in regard to your transition-related goals? HIV goals?

The peer facilitator helps each participant make a list of short-term and long-term objectives regarding her transition-related goals.

The peer facilitator thanks participants and asks participants to complete the **Workshop Feedback Form**.



GROUP SESSION: RELAXATION EXERCISE

Sample Script:

We have been talking a lot about different strategies for calming ourselves when we are feeling stressed or overwhelmed. Before the break, we were talking about how it can be stressful and sometimes hard to stay calm and present when visiting with your care providers or during other medical visits. I know some people even check out altogether when at the doctor's office. One strategy that can be helpful is simply doing a deep breathing or relaxation exercise. We would like to take a moment before wrapping up the workshop to take everyone through one.

Take a moment to notice how you are feeling right now. Are you nervous? Calm? Comfortable? Thinking about the ride home? Now, hopefully, you will let us take you through this brief exercise....

Start by concentrating on your breathing. Breathe in...and out. Deeply in...and slowly out. In...out.

Keep breathing slowly like this. You can slow your breathing even further by counting. Breathe in to the count of 4...hold to the count of 3...and breathe out to the count of 5...

Breathe in...2...3...4...hold...2...3...exhale...2...3...4...5...

Breathe in...hold...breathe out...breathe in...and out... Keep breathing...letting your breath slow comfortably.

You are learning the relaxation skill of slowing your breathing. You can actually feel yourself calming down as you breathe slowly and calmly. This calm breathing helps you focus, and be alert and relaxed. You are learning how to relax under pressure.

Continue to breathe slowly, and every so often, just notice your breathing, and focus on allowing your breathing to slow down.

Now concentrate on your muscles. You may find that you are holding tension in your muscles. Pay particular attention to your shoulders, hands, and jaw.

Consciously lower your shoulders. Let your shoulders relax and allow the muscles to loosen. This act of relaxing your shoulders allows you to become calm because it places your body in a relaxed, easy position instead of a tense one.

Notice your hands, and let your hands be open, loose, and relaxed. Let your arms rest by your sides, letting go of all tension and just relaxing. You are learning how to relax under pressure.

Focus on your jaw. Allow your jaw to rest loosely, so your teeth are not touching. Let your mouth be loose and relaxed.

Mentally scan your body now, noticing any areas that are tense. When you notice tension, concentrate on relaxing that area. Allow your muscles to give up the tension they have been holding. Allow your body to relax. You are learning how to relax under pressure.

Now concentrate on your thoughts. Imagine each affirmation that follows, and believe each one to be true. You may want to repeat each phrase silently in your mind. You are learning how to relax under pressure.

I am calm.

I am relaxed.

I know how to relax easily. I relax whenever I want to.

I handle situations with ease. I am prepared.

I am focused. I am strong. I am confident.

I am so deeply relaxed. I am so calm and serene.

I concentrate easily on the task at hand.

Every time you are under pressure, remember to do the three relaxation techniques you have just practiced:

Calm breathing. Relax your muscles. Calm your thoughts.

You can relax any time you need to, and the relaxation will help you to concentrate and keep your brain functioning at its best.



WORKSHOP FEEDBACK FORM

Date of Workshop: _____

Overall: Please let us know what you thought about the workshop:

- » Overall experience of the workshop
- » Likes/dislikes
- » What information was useful
- » Was content relevant/useful
- » Areas of improvement

Provider: What were your impressions of the Medical Provider (Name _____)?

- » Overall impression
- » Presentation style: like/dislike
- » What was helpful
- » What info was missing
- » How accessible/responsive was panelist
- » Ability to balance meds vs. no meds
- » Remaining questions
- » Areas of improvement
- » Provider's take home message



Provider: What were your impressions of the Medical Provider (Name _____)?

- » Overall impression
- » Presentation style: like/dislike
- » What was helpful
- » What info was missing
- » How accessible/responsive was panelist
- » Ability to balance meds vs. no meds
- » Remaining questions
- » Areas of improvement
- » Provider's take home message

Facilitator:

- » How was the pace
- » Did content get covered adequately
- » Areas/info missing or left out
- » Ability to direct and facilitate discussions
- » Keeping the time
- » Allowing equal opportunities for all to participate
- » Managing participants needs and accommodations
- » Utilizing provider panelist
- » Utilizing peer panelist

Additional comments:



WORKSHEET 1A: HEALTH CARE HISTORY AND LIFE CONTEXT FORM

We know that many trans women living with HIV are not doing as well as others with HIV. We are really interested in understanding what some of the unique challenges are for you so we can find ways to help.

Health Care History

In general, how would you describe your experiences interacting with the health care system?

Do you currently have a health care provider? Please circle: yes / no

If no: When was the last time you met with a health care provider?

How did you find your provider(s)?

Do you have one provider or several providers for different needs?

Is your provider currently providing you with HIV specific care? Please circle: yes / no

How long have you been working with your provider(s)?

How would you describe your relationship with your provider(s)?



What do you like about your provider(s)?

How often do you schedule with your provider(s)?

How often do you make it to your appointments?

When was your last visit?

What has been your experience with your provider(s) around meeting your gender goals?

Have you had to educate your provider(s) about transgender health care; if so, how did you feel about needing to do that?

Do you feel your provider(s) are supportive of your transition?

What barriers have you experienced in getting your health/medical needs met?

Have stigma and/or discrimination impacted your health care? If so, in what ways?



HIV History

Part of the purpose of this intervention is to tie HIV to many different aspects of you, including any gender-related goals you have.

Tell me about when you tested positive for HIV: What were the circumstances of your being tested? Were you surprised at the results?

What were the days like immediately after testing positive?

What impact (if any) did becoming positive have on your gender goals/treatment?

How would you describe your health right now?

Do you keep up with your CD4 and viral load numbers? What was your last T-cell count? What was your viral load?



Medication History

What's your history with hormone therapies or other gender-related treatments?

Have you experienced any complications from any of these treatments?

How have they impacted your opinion about treatment?

Do you always take your hormones on schedule?

What helps you remember to take your hormones?

Are you currently taking HIV medications? Please circle: yes / no

Have you ever taken HIV medications? Please circle: yes / no

If no, Why did you decide not to take medications?

What does your doctor recommend?



Worksheet 1A: *Health Care History and Life Context Form*

What is your understanding of who should be on HIV medications and when?

Do you have any thoughts or concerns about starting medications? If yes:

When did you start taking HIV medications?

How did you decide to start taking meds?

Who was involved in that decision?

How easy or difficult was it?

What are the medications you are currently taking for HIV?

Are you experiencing any side effects?

How often do you miss taking your HIV medications on schedule?

How often do you take breaks from taking your HIV medications?



Substance Use

How much alcohol do you currently drink?

What recreational or street drugs do you use, if any?

How often?

Past use?

What impact do you feel the alcohol or drug(s) has on your health?

Beliefs and Support

What's your current housing situation?

Who's helpful in your life?

Who knows about your HIV status?



What communities do you feel connected to?

Describe your spiritual beliefs and personal philosophies:

Describe ways in which you cope with stress or when feeling overwhelmed (i.e., meditation, music, substance use, shopping, and etc.):

What would it look like to be as engaged in your health care as you could be?

What would have to be different?

Do you feel you can bring all aspects of yourself to that/those communities?



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



WORKSHEET 1C: PERSONAL GOALS

Session 1 Goal:

Session 2 Goal:

Session 3 Goal:

Session 4 Goal:

Session 5 Goal:

Session 6 Goal:



WORKSHEET 1D: GENDER AFFIRMATION EXERCISE

Think back to an event or memory of something that you may have experienced related to feeling positive about yourself as a trans woman/woman (in your gender). Maybe it was reaching a milestone towards your gender goals? Or, something that was said or done where you felt validated or accurately reflected? Or maybe even something you did for yourself that made you feel good about yourself?

As you think about this event or experience, be aware of any changes in your body, the way you feel emotionally, and/or any changes in your level of stress.

As you continue to think about this event or experience, ask yourself: Where were you? Who else was with you? What were you doing at the time?

Take a few moments just to enjoy the feelings that come up for you. Take a few deep breaths and allow your body to relax.



This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



WORKSHEET 2B: STRENGTHS LIST

Dignified	Realistic	Moderate	Cheerful
Inventive	Trusting	Responsible	Clear-Thinking
Prudent	Independent	Honest	Competitive
Tenacious	Pleasant	Painstaking	Competent
Intelligent	Steady	Spunky	Clever
Progressive	Versatile	Sociable	Introspective
Alert	Forceful	Analytical	Zany
Daring	Modest	Forgiving	Discreet
Emotional	Quiet	Loving	Kind
Loyal	Helpful	Supportive	Purposeful
Reflective	Outgoing	Consistent	Thorough
Trustworthy	Sincere	Assertive	Intellectual
Imaginative	Formal	Motivated	Precise
Persevering	Natural	Individualistic	Tactful
Stable	Robust	Cooperative	Witty
Verbal	Healthy	Confident	Dominant
Ambitious	Original	Poised	Leisurely
Curious	Sharp-Witted	Bold	Quick
Artistic	Frank	Strong	Thoughtful
Courageous	Obliging	Broadminded	Informal
Energetic	Self-Confident	Warm	Practical



Worksheet 2B: Strengths List

Mature	Friendly	Cool	Strong-Minded
Relaxed	Open-Minded	Accurate	Wise
Unaffected	Self-Controlled	Considerate	Academic
Humorous	Generous	Aggressive	Adventurous
Patient	Opportunistic	Flexible	Adaptable
Spontaneous	Sensible	Deliberate	Determined
Uninhibited	Gentle	Efficient	Eager
Fair-Minded	Good-Natured	Logical	Light-Hearted
Methodical	Optimistic	Tolerant	Quiet
Reliable	Organized	Wholesome	Unassuming
Sensitive	Industrious	Understanding	Serious
Polite	Far-Sighted	Capable	Reserved
Meticulous	Conservative	Likable	Calm
Businesslike	Active	Unexcitable	Easygoing
Affectionate	Firm	Charming	Resourceful
Mild	Careful	Tough	Cautious
Conscientious	Rational	Attractive	



WORKSHEET 2C: WORKSHOP QUESTIONS AND CONCERNS LIST

Staying Healthy	Medications



WORKSHEET 3A: ASSERTIVE COMMUNICATION (HANDOUT)

1. Use “I” statements
2. Ask for what you want - respectfully
3. Say why it is important

Example 1:

“I think I need a new medication. Even though this one is supposed to work best, it is making me feel nauseous all day.”

Example 2:

“I would like it if you called me Alexis instead of Ms. Jones. When you say Ms. Jones, it sounds too formal. Thank you.”



WORKSHEET 3B: ACTIVE LISTENING (HANDOUT)

1. Avoid interrupting
2. Say what you heard
3. Check if you got it right

Example:

Doctor: I am going to write you a script for 30mg once a day in the morning for the first month. Then we'll check back to see how you're feeling and if we need to up the dose to 60mg.

Client (actively listening): So you are saying that I will get a prescription to take 30mg a day for a month, and then I come back and get another prescription?

Doctor: That's right. And take it in the morning. When you check out, make sure you get an appointment in 4 weeks so we can check on your medication.

Client: Okay, I will take the pill in the morning and will ask the receptionist for an appointment in 4 weeks. Thanks.

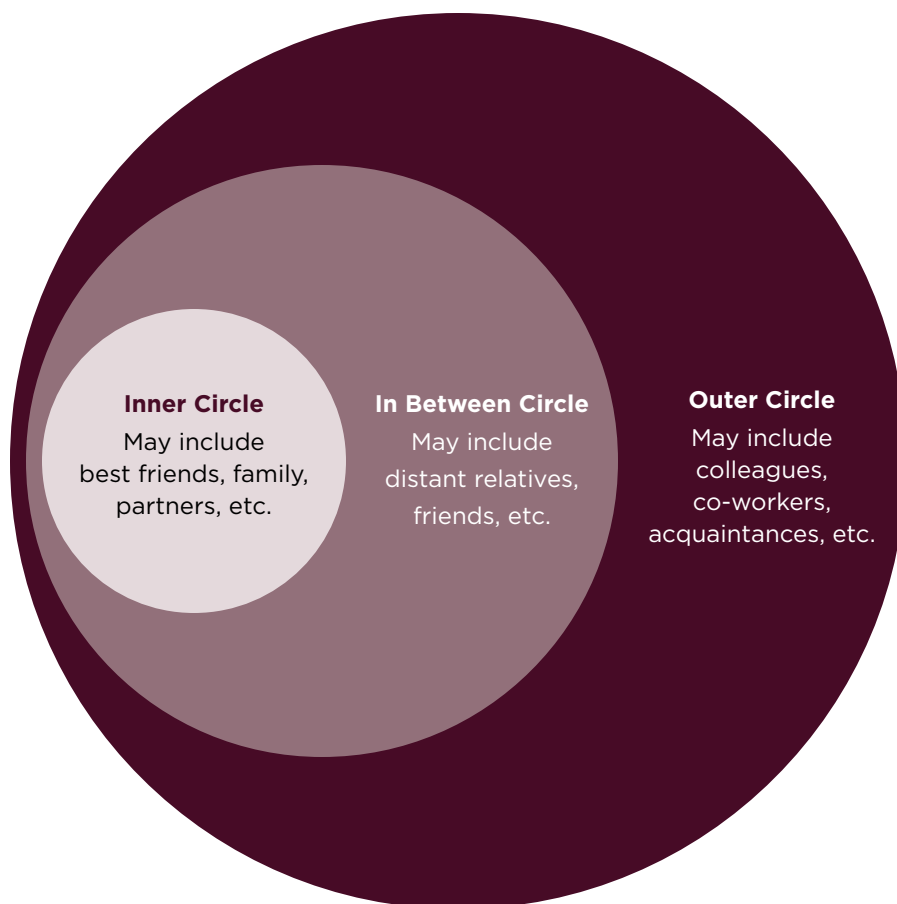


WORKSHEET 4A: SOCIAL SUPPORT

Social support means the people, groups, and organizations that you seek out for support for your health, your HIV care, and your life in general.

There are three different types of support:

1. **Emotional Support** – People you can express your feelings, thoughts, and concerns to regarding your health and HIV treatment, or people you can relate to.
2. **Informational Support** – People or organizations with useful information about health and HIV treatment.
3. **Tangible Support** – People and places that give you things you need to stay healthy.





Worksheet 4A: *Social Support*

Where do you go for support when dealing with health/housing/day-to-day living concerns?

Where do you go for up-to-date treatment information?

Who in your life knows what it's like to live with HIV?

Who do you turn to for support when dealing with transphobia?

Who do you turn to when you need help with money?



WORKSHEET 4B: HEALTH AND SUPPORT

Health Challenge	Type of Support Wanted (tangible, emotional, informational)	Person/People (Who can best give that support?)



APPENDICES

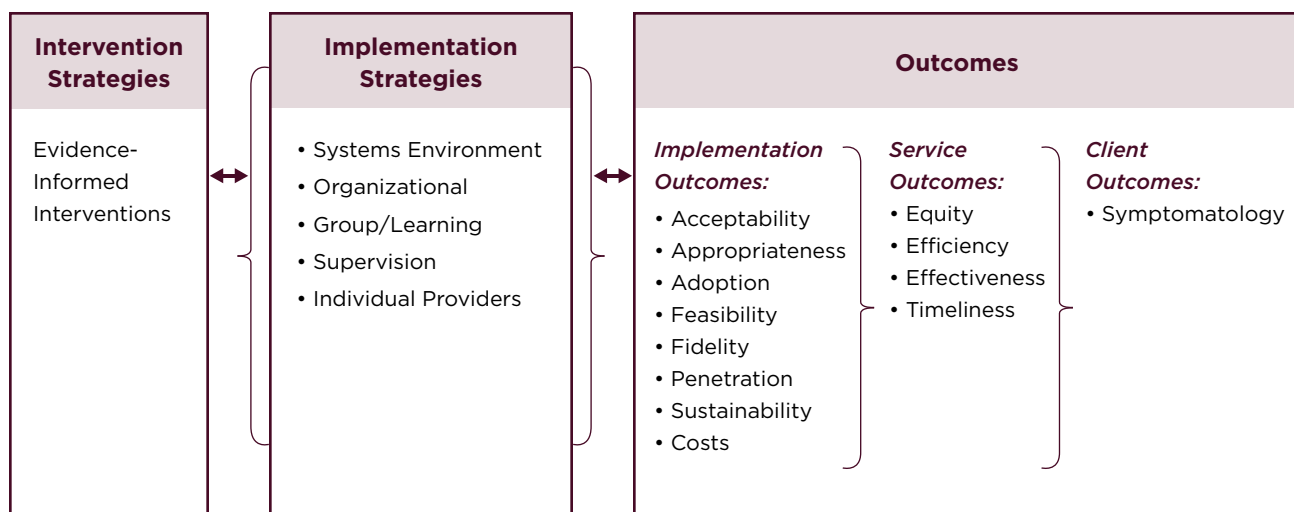


APPENDIX A. IMPLEMENTATION SCIENCE AND EVALUATION: FRAMEWORK AND METHODS

The Center for AIDS Prevention Studies (CAPS) at the University of California San Francisco conducted the evaluation of the E2i program implementation.⁵ The evaluation used the Proctor Model Framework for Implementation Research. This approach suggests that program assessment should include an understanding of the process of implementation and its impact on all involved people and systems:

1. The core elements of the program (intervention strategies).
2. The efforts to put the program into place (implementation strategies).
3. How the program is viewed by the people involved (implementation outcomes).
4. How the program is delivered (service outcomes).
5. The impact on the participants (client outcomes).

The E2i Proctor Model



⁵ Proctor E, Silmere H, Raghavan R, et al. Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. *Adm Policy Ment Health*. 2011;38(2):65-76.

Six types of information were gathered over the three years of program implementation. These include:

Organizational Assessment: Every six months the program director completed a survey. This survey had questions about the organization (e.g., number of clients, types services provided, and staff). It also included questions about program delivery and staff views of the program.

Proctor Concepts

- » Implementation strategies (systems environment, organizational, group/learning, supervision)
- » Implementation outcomes (acceptability, appropriateness, adoption, feasibility, fidelity, penetration, sustainability, costs)

Document Review: Evaluators reviewed documents that were created during implementation and technical assistance activities. Documents were created by either the sites themselves or by Fenway/AIDS United and included grant applications, site visit reports, quarterly reports, monitoring call notes, cohort call notes, and presentations in meetings.

Proctor Concepts

- » Implementation Strategies (systems environment, organizational, group/learning, supervision, individual providers, individual clients)
- » Implementation Outcomes (acceptability, appropriateness, adoption, feasibility, fidelity, penetration, sustainability)

Observations: Sites participated in two Learning Session Meetings each year. Evaluators took notes on discussions and presentations. These notes focused on barriers and facilitators to implementation.

Proctor Concepts

- » Implementation Strategies (systems environment, organizational, group/learning, supervision, individual providers, individual clients)

Costing Data: Program managers and financial administrative staff completed two cost workbooks. One was for the three-month preparation/planning period and the first year of program implementation. The other was for the second year. These included personnel and expenses paid for by E2i and in-kind donations.

Proctor Concepts

- » Implementation Outcomes (costs)

Intervention Exposure: Information was collected on participants who enrolled between September 2018 and December 2020. Demographic information was collected on enrollment forms. Intervention exposure forms were collected whenever staff had program-related interactions with participants. These forms included things like the date of the interaction, the staff person who had contact, type of interaction, activities completed, and outcomes of the activities.

Proctor Concepts

- » Service Outcomes (fidelity, penetration, equity, efficiency, effectiveness, timeliness)

Medical Records: Medical records were collected on participants for the 12 months before enrollment in the program and for the 12 months after enrollment in the program. The information was specific to HIV-related medical care, such as appointment dates, prescription of ART, viral load test dates and results.

Proctor Concepts

- » Client Outcomes (symptomatology)

Quantitative Analysis: Organizational assessment data was used to describe organization characteristics and readiness for implementation based on Proctor Concepts. Client level enrollment and intervention exposure data was analyzed using descriptive statistics to understand client demographics, proportions of clients receiving intervention services, and frequencies of exposures. When appropriate, proportion of clients completing the intervention was included. Repeated measures modeling methods were used to assess changes in HIV Care Continuum outcomes for clients enrolled in the intervention. This compared data from 12 months prior to enrollment to 12 months following enrollment. Costing data was analyzed to provide information on cost of intervention implementation per client enrolled.

Qualitative Analysis: Documents and observations were thematically analyzed using the Proctor Concepts. The intervention was the primary unit of analysis.



APPENDIX B. GENERAL BEST PRACTICES FOR PLANNING TO IMPLEMENT AN INTERVENTION STRATEGY

The following are general recommendations for planning to implement an intervention strategy in an HIV service organization.

Create a Planning Team

- » Assemble a team of staff “champions” who are invested in the success of the intervention; who will meet regularly to drive planning, implementation, and sustainability; and who will remain committed to overcoming hurdles and moving implementation forward.
- » Consider how to meaningfully involve at least one peer (a person with HIV who also represents the priority population) in the planning and implementation of the intervention (see [*AIDS United’s resources on meaningful involvement of people with HIV*](#)).
- » Hold weekly team meetings or daily “huddles” (i.e., short meetings at the beginning of the day to review client status, discuss recruitment and retention issues, etc.).

Engage Leadership and Staff

Implementing a new service into an established program may require changes in routines, job duties, and administrative procedures. It is essential to obtain buy-in and a firm commitment from the entire organization as early in the planning process as possible.

Meet with executive leadership to discuss:

- » How the intervention will support the organization’s mission and goals
- » The benefits of the intervention for clients and the organization as a whole
- » The resources needed to implement the intervention
- » The organizational systems and procedures that will be affected by implementation
- » The importance of leadership communicating their commitment to the intervention to all staff
- » How the intervention team will regularly share the status of the intervention with regard to planning, implementation, enrollment, and client outcomes

Meet with staff members directly and indirectly affected by the intervention to discuss:

- The benefits of the intervention for clients and the organization as a whole
- How staff can help with recruitment and referrals
- Suggestions for outreach and implementation processes
- How the intervention team will regularly share the status of the intervention with regard to planning, implementation, enrollment, and client outcomes

Assess Community Needs

Early in the planning process, organizations should consider conducting an informal or formal needs assessment to better understand the needs of the priority population(s) and how to best tailor the intervention to their needs. Engaging with the local community also helps to establish trust and grow your referral networks.

Community needs assessment strategies include:

- » Holding forums, interviews, or focus groups with community leaders, residents, clients, and providers from other local agencies to ask for their input on the intervention:
 - What are the priority populations' major barriers to engaging in HIV care (e.g., stigma, confidentiality, competing needs)? How might we adapt the intervention to address these barriers?
 - What are facilitators to engaging in HIV care? How might we adapt the intervention to incorporate these facilitators?
 - What can we do to make the intervention appealing and accessible?
 - How can we work together to enroll new clients?
- » Review existing client data on visit frequency, medication adherence, HIV viral load, and CD4 counts. What trends do you see that will help determine recruitment and eligibility?

Train All Staff

When implementing an intervention for people with HIV, it is important to train all organizational staff in reducing stigma, enhancing cultural humility, using a trauma-informed approach to care, and providing affirming, culturally-responsive care to all people with HIV, including Black, Indigenous, and other people of color, and including lesbian, gay, bisexual, queer, transgender and gender diverse people. Training and resources are available from [TargetHIV](#), [AIDS Education and Training Center Program](#), and the [National LGBTQIA+ Health Education Center](#).

Conduct a Pilot Test

Prior to full implementation, it can sometimes help to conduct a pilot test under “real world” conditions to evaluate the feasibility and acceptability of the process flow, forms, and procedures.

- » Consider pilot testing with one provider’s client panel or only with new clients.
- » Use a [validated quality improvement method](#) to guide your pilot test.
- » After the pilot, communicate to all staff the results of the pilot: what worked, what did not work, and what changes were made to improve operations.



APPENDIX C. HEALTHY DIVAS “GO LIVE” WORKSHEET

Purpose

The purpose of the “Go Live” Worksheet is to:

1. Guide organizations in carrying out the intervention’s planning steps and activities
2. Monitor progress in meeting implementation goals

Instructions

The team that is leading the intervention should identify a team member to complete this worksheet over time. Use the worksheet to:

- » Develop and drive team meeting agendas
- » Document decisions made by the team
- » Track progress towards goals

Name of organization	
Name (Who is completing this worksheet?)	
Intervention goals	• To optimize engagement and retention in HIV care and treatment • To improve adherence to HIV medications
Core elements	1. Trans-identified peer counselor 2. Six individual sessions 3. Group workshops 4. Engagement in care and supportive service
Eligible population	Transgender women with HIV who are not linked to or engaged in care, and/or are not adherent to HIV medications.
Planning Steps	
Planning team (Who is on the planning team?)	1.
	2.
	3.
	4.
	5.
Geographic catchment area(s) (From which communities will you recruit clients?)	1.
	2.
	3.
Language(s) (In what languages will you deliver the intervention?)	1.
	2.

Engaging stakeholders (What strategies will you use to gain “buy-in” and feedback?)	1. Organizational leadership:	
	2. Relevant staff:	
	3. Local community members:	
	4. Clients:	
Recruitment and outreach (What are your recruitment strategies?)	1.	
	2.	
	3.	
	4.	
	5.	
Intervention staff (Who will do what?)	Role/Task	Staff Responsible
	Outreach/recruitment	
	Screening/enrollment	
	Community liaison	
	Scheduling and reminders	
	Peer to facilitate individual sessions	
	Peer to facilitate group workshops	
	Gender-affirming provider	
	Primary care provider	

Staff training requirements (Check each box when completed)	☐ Inform all staff about Healthy Divas ☐ Train peer counselor(s) to deliver Healthy Divas ☐ Train peer counselor(s) in the medical, social, and psychological aspects of HIV ☐ Train peer counselor(s) on facilitating individual and group workshops ☐ Train all staff on cultural humility and providing culturally affirming care for transgender women
Staff training plan (When, where, and how will staff be trained?)	
Enhanced personal contact (How will you maintain communication with clients?)	
Incentives (What incentives, if any, are you giving participants?)	
Customization (What forms will you customize?)	
Tools (What tools will you use? e.g., enrollment forms, referral forms, client satisfaction and feedback forms)	1.
	2.
	3.
Referrals (Who will you partner with for services not offered by your organization?)	1.
	2.
	3.
	4.



Process flow (Describe or draw the process from recruitment/referral through individual and group workshops. Consider: who, when, what, and where)	
Sustainability (What are you doing to make your program sustainable? Have you looked into reimbursement for peer services?)	
SMART goals (What are your S pecific, M easurable, A chievable, R elevant, T ime-Bound goals?)	1.
	2.
	3.
	4.
	5.



APPENDIX D. SAMPLE RECRUITMENT MATERIALS



Healthy Divas

Are you...

**a transgender woman?
living with HIV?
at least 18 years old?**

You may be eligible to participate in a 3-month intervention that includes 6 individual sessions and 1 group workshop. Participation includes an initial assessment, brief monthly check-ins, and 4 follow-up assessments all at the study site in Newark. You may earn up to \$250 for your participation.

For more information, to find out if you are eligible and to learn how to get involved call us at XXX.XXX.XXXX or

email@sampleemailaddress.edu

Rutgers New Jersey Medical School

Stay healthy, fabulous, & fierce!

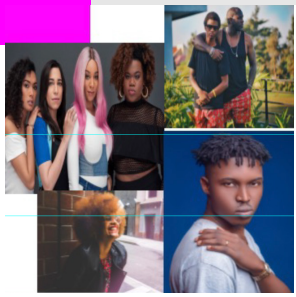
Transgender Health

- Hormones the healthy way
- HIV treatment
- PrEP and PEP
- Surgery referrals
- Research
- HIV testing

Check out Healthy Divas Our new program for HIV positive women to amplify health, gender affirmation, and life skills.

Rutgers IDP
140 Bergen Street
D level
Newark, NJ 07103

For more info:
Name
XXX-XXX-XXXX



Recruitment materials designed by Rutgers New Jersey Medical School Infectious Diseases Practice, Newark, NJ and recreated by Fenway Health for this publication



APPENDIX E. HEALTHY DIVAS CLIENT-LEVEL IMPLEMENTATION CHECKLISTS

Purpose

The purpose of the client-level implementation checklists is to:

- » Guide staff to deliver the intervention as intended
- » Track and reflect on what activities were and were not completed
- » Monitor fidelity: supervisors can review the checklists to see how closely staff are delivering the intervention as intended, and provide feedback on fidelity

Instructions

Peer counselors who are delivering Healthy Divas should use the checklist that matches the session being conducted. The checklist can be completed during the session (to serve as a guide) and/or shortly after the session.

The checklists may be adapted to meet the needs of your organization.

Date: _____ Staff: _____ Client ID: _____

Enrollment Checklist

Please leave a checkmark (✓) in the selected boxes.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | Screen for client's eligibility: |
| ☐ | ☐ | • Transgender woman with HIV |
| ☐ | ☐ | • Not linked to HIV care |
| ☐ | ☐ | • Not engaged in HIV care |
| ☐ | ☐ | • Not adherent to HIV medication |
| ☐ | ☐ | Provide a brief overview of Healthy Divas |
| ☐ | ☐ | Collect contact information (phone number, email, mailing address) |

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | Schedule six weekly individual sessions |
| | | • Every _____ (day) at _____ (time) |
| | | • First session is on: _____ (date) at _____ (time) |

If any item on this list is not done or is incomplete, explain why below:

Other comments:



Date: _____ Staff: _____ Client ID: _____

Start time: _____ End time: _____

Session 1: Implementation Checklist

Are the following activities completed?

Part 1: Welcome and Setting Expectations

Yes	No	
☐	☐	Introduce goals of Healthy Divas
☐	☐	Explain topics that will be covered during the individual sessions and group workshop
☐	☐	Ask participant what she hopes to get out of the intervention
☐	☐	Discuss the following policies and expectations:
☐	☐	• Confidentiality
☐	☐	• Absences/cancellations/punctuality
☐	☐	• Participation if under the influence of substances
☐	☐	• Stipend
☐	☐	Ask participant if she anticipates any barriers to participation
☐	☐	• If any, discuss possible solutions to barriers

Part 2. Assessment

Yes	No	
☐	☐	Have participant fill out <u>Worksheet 1A: Health Care History and Life Context Form</u>
☐	☐	Review worksheet together and have a conversation about:
☐	☐	• Experiences with health care system and current primary care provider
☐	☐	• Details about HIV diagnosis
☐	☐	• Medication history
☐	☐	• Substance use disorder history
☐	☐	• Housing
☐	☐	• Community connectedness
☐	☐	• Spirituality
☐	☐	• How participant copes with stress

Part 3: Envisioning a Healthy Diva

☐	☐	Complete <u>Worksheet 1B: My Personal Health Vision</u> together with participant
☐	☐	Help participant identify a vision of a healthy future self
☐	☐	Ensure participant includes HIV care and medication adherence in her vision
☐	☐	Help participant identify steps to reach her vision



Part 4: Setting Goals

Yes

No

☐☐

Help participant identify her first personal goals

☐☐

Explain that goals should be:

☐☐

- Worked on at home, between each session

☐☐

- Attainable, realistic, manageable

☐☐

- Specific and measurable

☐☐

- The participant's and not the peer facilitator's

For example, "If you're not taking your medication every day then your goal could be to take your medication tomorrow, and try again the next day."

☐☐

Record the goal on **Worksheet 1C: Personal Goals**

☐☐

Keep the worksheet in a file for participant for future sessions

Part 5: Wrap-Up

☐☐

Use the script in **Worksheet 1D: Gender Affirmation Exercise** to help participant identify one gender-affirming positive event in her life

☐☐

Explore together how this gender-affirming positive event can be a motivator to stay healthy

If an activity is not completed, explain why below:

Other comments:

Date: _____ Staff: _____ Client ID: _____

Start time: _____ End time: _____

Session 2: Implementation Checklist

Are the following activities completed?

Part 1: Check-In

Yes

No

☐☐

Review what has happened in the participant's life since the last session

☐☐

Discuss progress towards the goal that was articulated in the last session

☐☐

Discuss HIV medication adherence

☐☐

Explain that this session will focus on strengths and motivators, and how these can help her meet her goals

Parts 2 and 3: Strengths Identification and Goals

Yes	No	
☐	☐	Guide participant in completing <u>Worksheet 2A: Personal Strengths and Motivators</u>
☐	☐	Discuss participant's strengths
☐	☐	Have participant review <u>Worksheet 2B: Strengths List</u>
☐	☐	Get participant to describe strengths she has that helped her stay healthy
☐	☐	Help participant identify personal motivators
☐	☐	Work with participant to link her personal strengths and motivators to her goal on <u>Worksheet 1C: Goal Setting</u>

Part 4: Group Workshop Expectations

☐	☐	Explain group workshop format and topics to participant
☐	☐	Discuss group workshop expectations:
☐	☐	• Show up on time
☐	☐	• Come sober or be able to participate fully
☐	☐	• Listen to and adhere to facilitators' requests
☐	☐	• Respect differences of opinion
☐	☐	• Stay awake
☐	☐	• Stay until the workshop is over
☐	☐	Help participant identify potential barriers in successfully attending and participating in group workshop
☐	☐	Problem solve the potential barriers
☐	☐	Ask participant for the best way to remind her of group workshop date and time
☐	☐	Have participant complete <u>Worksheet 2C: Workshop Questions and Concerns List</u> to identify potential barriers to staying healthy and taking HIV medications

Part 5: Wrap-Up

Yes

No

☐☐

Set goal for the next session on **Worksheet 1C: Personal Goals**

☐☐

Discuss potential facilitators and barriers to achieving the goal

☐☐

Use the script in **Worksheet 1D: Gender Affirmation Exercise** to help participant identify one gender-affirming positive event in her life

☐☐

Explore together how this gender-affirming positive event can be a motivator to stay healthy

If an activity is not completed, explain why below:

Other comments:

Date: _____ Staff: _____ Client ID: _____

Start time: _____ End time: _____

Session 3: Implementation Checklist

Are the following activities completed?

Part 1: Check-In

Yes No

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | Review what has happened in the participant's life since the last session |
| ☐ | ☐ | Discuss progress towards the goal that was articulated in the last session: |
| ☐ | ☐ | • Did the participant make progress toward meeting the goal? |
| ☐ | ☐ | • If not, what were some of the barriers? How can those barriers be overcome? |

Part 2: Assessment

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | Discuss participant's experience asking for what she needs in a health care setting |
| ☐ | ☐ | Explore how the difference in power between a health care provider and a client may cause a client to feel nervous or anxious |

Part 3: Communication Practice

- | Yes | No | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | Share with participant <u>Worksheet 3A: Assertive Communication Handout</u> and <u>Worksheet 3B: Active Listening Handout</u> |
| ☐ | ☐ | Discuss strategies for staying calm and present during provider visits |
| ☐ | ☐ | (Optional) Introduce a breathing exercise to assist with staying calm in stressful situations |
| ☐ | ☐ | (Optional) Role-play a situation where participant asks her provider for something |

Part 4: Removing Barriers to Effective Communication

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | Choose one barrier to effective communication with a health care provider (e.g., a barrier the participant has experienced in the past, or anticipated barriers) |
| ☐ | ☐ | Discuss with participant: |
| ☐ | ☐ | • The specifics of the communication challenge (who, what, where, why) |
| ☐ | ☐ | • Possible solutions |
| ☐ | ☐ | • What might be the best/most appropriate solution for the participant |
| ☐ | ☐ | • Why this is the best solution |
| ☐ | ☐ | Develop an action plan to improve communication with health care provider |

Part 5: Wrap-Up

Yes

No

☐☐

Set goal for the next session on **Worksheet 1C: Personal Goals**

☐☐

Discuss potential facilitators and barriers to achieving the goal

☐☐

Use the script in **Worksheet 1D: Gender Affirmation Exercise** to help participant identify one gender-affirming positive event in her life

☐☐

Explore together how this gender-affirming positive event can be a motivator to stay healthy

If an activity is not completed, explain why below:

Other comments:

Date: _____ Staff: _____ Client ID: _____

Start time: _____ End time: _____

Session 4: Implementation Checklist

Are the following activities completed?

Part 1: Check-In

Yes

No

☐☐

Review what has happened in the participant's life since the last session

☐☐

Discuss progress towards the goal that was articulated in the last session

Part 2: Assessment

☐☐

Review **Worksheet 1B: My Personal Health Care Vision**

☐☐

Explore successes and challenges in adherence to HIV medications

☐☐

Have participant describe steps she has taken, if any, to improve her adherence to HIV medications

Part 3: Communication Practice

Yes	No	
☐	☐	Help participant identify her current support network
☐	☐	Acknowledge how relationships can be a source of support but also cause stress
☐	☐	Ask participant to describe the role social support plays in her life
☐	☐	Explore how experiences with transphobia, stigma, and related trauma may have influenced participant's self-reliance and allowing others to support her
☐	☐	(If relevant) Explore the impact of current/past substance use on relationships and patterns of support
☐	☐	(If relevant) Explore the impact of people in her life who use substances
☐	☐	Have participant use <u>Worksheet 4A: Social Support</u> and:
☐	☐	• Identify individuals who provide emotional, informational, and tangible support
☐	☐	• Identify individuals in her Inner Circle, In Between Circle, and Outer Circle
☐	☐	• Identify gaps in her support network, especially in relation to her health care needs
☐	☐	Have participant use <u>Worksheet 4B: Health and Support</u> and:
☐	☐	• List challenges in achieving her Personal Health Care Vision, and
☐	☐	• List the type of support she will need to overcome the challenges

Part 4: Wrap-Up

Yes

No

☐☐

Set goal for the next session on **Worksheet 1C: Personal Goals**

☐☐

Discuss potential facilitators and barriers to achieving the goal

☐☐

Use the script in **Worksheet 1D: Gender Affirmation Exercise** to help participant identify one gender-affirming positive event in her life

☐☐

Explore together how this gender-affirming positive event can be a motivator to stay healthy

If an activity is not completed, explain why below:

Other comments:

Date: _____ Staff: _____ Client ID: _____

Start time: _____ End time: _____

Session 5: Implementation Checklist

Are the following activities completed?

Part 1: Check-In

Yes

No

☐☐

Review what has happened in the participant's life since the last session

☐☐

Discuss progress towards the goal that was articulated in the last session

Part 2: Assessment

☐☐

Review **Worksheet 1B: My Personal Health Care Vision**

☐☐

Explore successes and challenges in adherence to HIV medications

☐☐

Have participant describe steps she has taken, if any, to improve her adherence to HIV medications

Part 3: Celebrating Successes

☐☐

Ask participant to reflect on what has improved in her life since she started Healthy Divas

☐☐

Help participant amplify at least one success

☐☐

Identify a plan to continue noticing and celebrating successes

Part 4: Working through Challenges

Yes	No	
☐	☐	Ask participant to identify continued barriers and challenges to improving health
☐	☐	Discuss the specifics of the challenge
☐	☐	Explore possible solutions
☐	☐	Get participant to identify what she thinks is the best/most appropriate solution
☐	☐	Explore together why this is the best solution

Part 5: Wrap-Up

☐	☐	Set goal for the next session on <u>Worksheet 1C: Personal Goals</u>
☐	☐	Discuss potential facilitators and barriers to achieving the goal
☐	☐	Use the script in <u>Worksheet 1D: Gender Affirmation Exercise</u> to help participant identify one gender-affirming positive event in her life
☐	☐	Explore together how this gender-affirming positive event can be a motivator to stay healthy

If an activity is not completed, explain why below:

Other comments:

Date: _____ Staff: _____ Client ID: _____

Start time: _____ End time: _____

Session 6: Implementation Checklist

Are the following activities completed?

Part 1: Check-In

Yes

No

☐☐

Review what has happened in the participant's life since the last session

☐☐

Discuss progress towards the goal that was articulated in the last session

Part 2: Assessment

☐☐

Review **Worksheet 1B: My Personal Health Care Vision**

☐☐

Explore successes and challenges in adherence to HIV medications

☐☐

Have participant describe steps she has taken, if any, to improve her adherence to HIV medications

Part 3: Review

- | Yes | No | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | Review the topics covered and skills learned in the intervention |
| ☐ | ☐ | Ask participant to identify how she has used the skills she learned: |
| ☐ | ☐ | • Setting attainable goals |
| ☐ | ☐ | • Using strengths to meet goals |
| ☐ | ☐ | • Communicating with providers |
| ☐ | ☐ | • Finding and using emotional, tangible, and informational supports |
| ☐ | ☐ | • Celebrating successes |
| ☐ | ☐ | • Working through challenges |
| ☐ | ☐ | • Envisioning the future |

Part 4: Wrap-Up

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | Have participant set goals for future engagement in health care that are manageable, specific, and measurable |
| ☐ | ☐ | Have participant identify one positive future outcome related to her health |
| ☐ | ☐ | Have participant explore the meaning of the positive outcome |

If an activity is not completed, explain why below:

Other comments:

Peer Facilitator: _____ Date: _____

Medical Provider 1: _____ Start Time: _____

Medical Provider 2: _____ End Time: _____

Client IDs: _____, _____, _____, _____, _____, _____, _____

Group Workshop

Are the following activities completed?

Part 1: Introduction, and Assessment of Concerns and Questions **(Peer Facilitator)**

Yes No

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | Explain the agenda for the group workshop |
| ☐ | ☐ | Discuss the ground rules for participation |
| ☐ | ☐ | Ask participants to generate a list of questions and concerns related to HIV medication and care, and gender-affirming health care |
| ☐ | ☐ | Write the list on a blackboard or whiteboard |

Part 2: HIV Medication Overview

Yes No

(Medical Provider)

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | Review the topics covered and skills learned in the intervention |
| ☐ | ☐ | Ask participants to identify how they have used the skills they have learned |

(Peer Facilitator)

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | Balance participant involvement in discussions |
| ☐ | ☐ | Manage time |

Part 3: Gender Treatment Overview

(Medical Provider)

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | Give a brief presentation about current gender-affirming health care options and guidelines |
| ☐ | ☐ | Address participants' questions |

(Peer Facilitator)

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | Balance participant involvement in discussions |
| ☐ | ☐ | Manage time |

Part 4: Maximizing a Successful Collaboration with Providers

Yes No

(Medical Provider)

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | Discuss the medical provider's goals when communicating with clients |
| ☐ | ☐ | Provide strategies for participants: |
| ☐ | ☐ | • Preparing for provider visit |
| ☐ | ☐ | • Making a list of questions |
| ☐ | ☐ | • What to do if participant doesn't understand why provider wants her to do something, or doesn't agree with provider's request |

(Peer Facilitator)

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | Ask clarifying questions |
| ☐ | ☐ | Write pertinent resources on board |
| ☐ | ☐ | Balance participant involvement in discussions |
| ☐ | ☐ | Manage time |

Part 5: Relaxation Exercise

(Peer Facilitator)

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | Lead participants through a progressive relaxation exercise using the <u>Relaxation Exercise Script</u> |
| ☐ | ☐ | Lead a brief discussion of the experience of doing the exercise |

Part 6: Wrap-up

Yes No

(Peer Facilitator)

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | Review the content of the workshop |
| ☐ | ☐ | Help each participants revise <u>Worksheet 1B: My Personal Health Care Vision</u> |
| ☐ | ☐ | Ask about what, if anything, has changed about their goals and vision of self |
| ☐ | ☐ | Help each participant make a list of short-term and long-term objectives regarding her transition-related goals |
| ☐ | ☐ | Thank participants |
| ☐ | ☐ | Ask participants to complete <u>Workshop Feedback Form</u> |

If an activity is not completed, explain why below:

Other comments:
