

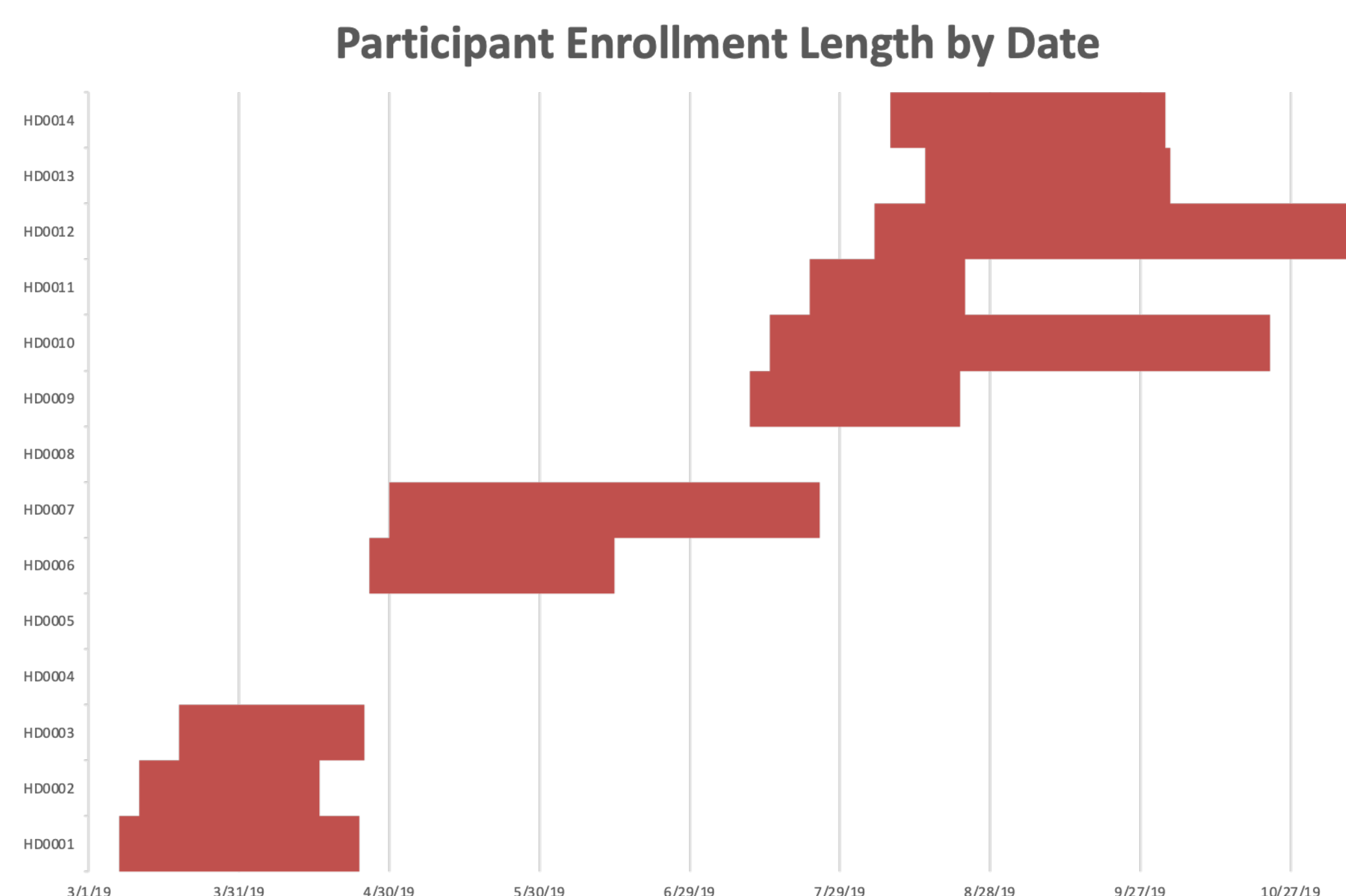
Raymond Mathews, MA, Rondalya Deshields RN, Angel Santana, Michelle Dalla Piazza, MD

Background

In 2017, the Rutgers Infectious Disease Practice (IDP) initiated gender-affirming hormones integrated with HIV treatment for transgender women with HIV (TWH). Prior to this project, TWH in care at the IDP had low viral load suppression (VLS) (69%) and represented the highest demographic of patients lost to care (11%), which is in part due to barriers to engaging in care and newly diagnosed cases. Among TWH, greater medication adherence has been associated with satisfaction with one's gender expression and affirmation.¹

Objectives

To assess whether a peer-led intervention, Healthy Divas, focusing on gender affirmation and health care empowerment in a population of TWH led to improved gender affirmation using the GCLS as a metric, and improved VLS and retention in care (RIC).

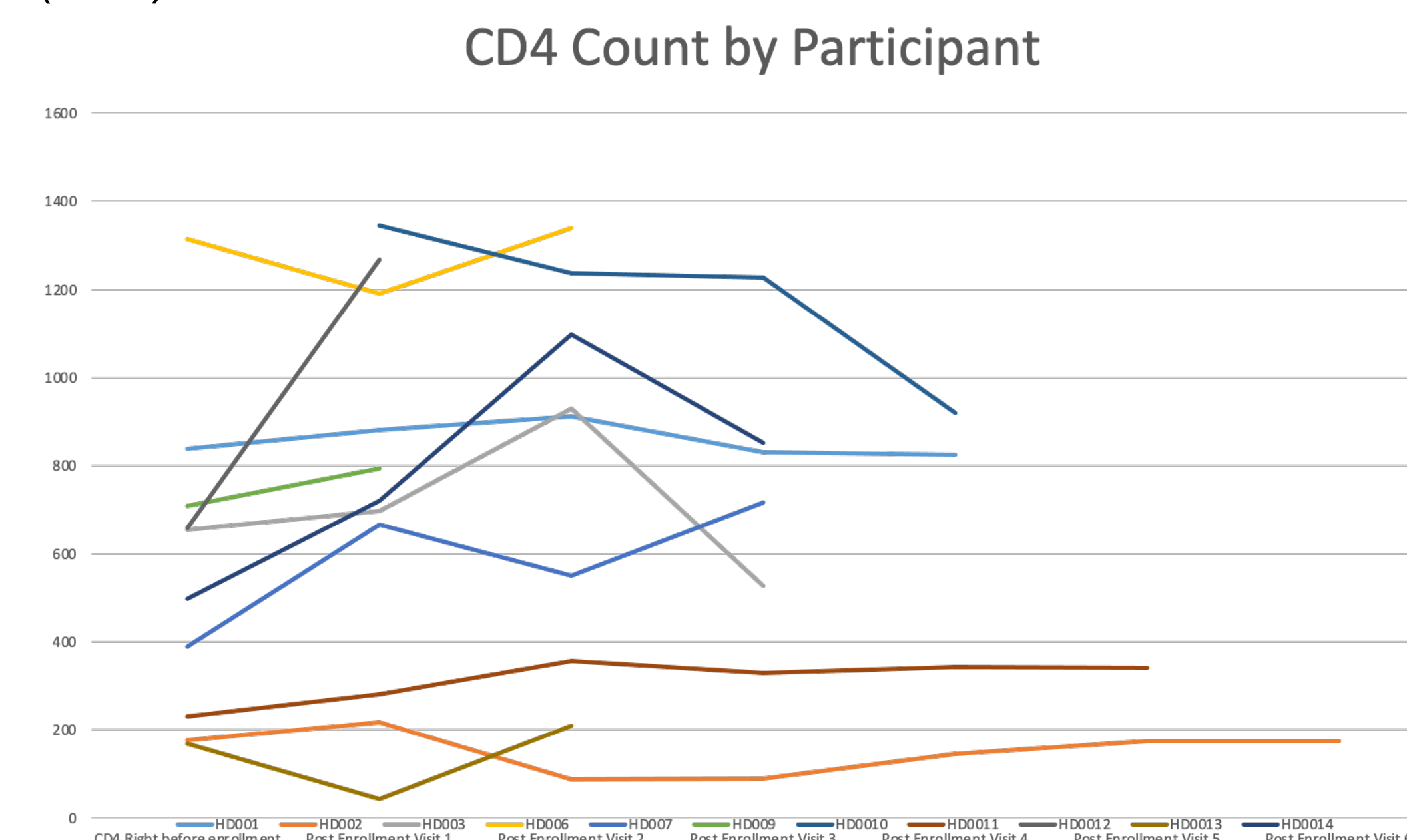


Demographics

Age [in years; mean (SD)]	37.2	11.3
	n	(%)
Race-ethnicity		
Hispanic, Latina or of Spanish origin	2	18.2%
Black, non-Hispanic	9	81.8%
Study measures		
Viral suppression at Enrollment	7	63.6%

Methods

A convenience sample of self-identified TWH at the IDP were enrolled in Healthy Divas, a 3-month intervention with 7 sessions focused on self-care, gender-affirmation, medication adherence, and engagement in care.² To assess gender affirmation, participants completed the Gender Congruence and Life Satisfaction Scale (GCLS), a scale developed with feedback from transgender people, pre and post intervention. A paired-samples T test was conducted to compare means before and after the intervention. A chart review of participants assessed changes in viral load, CD4 count, and retention in care (RIC).³

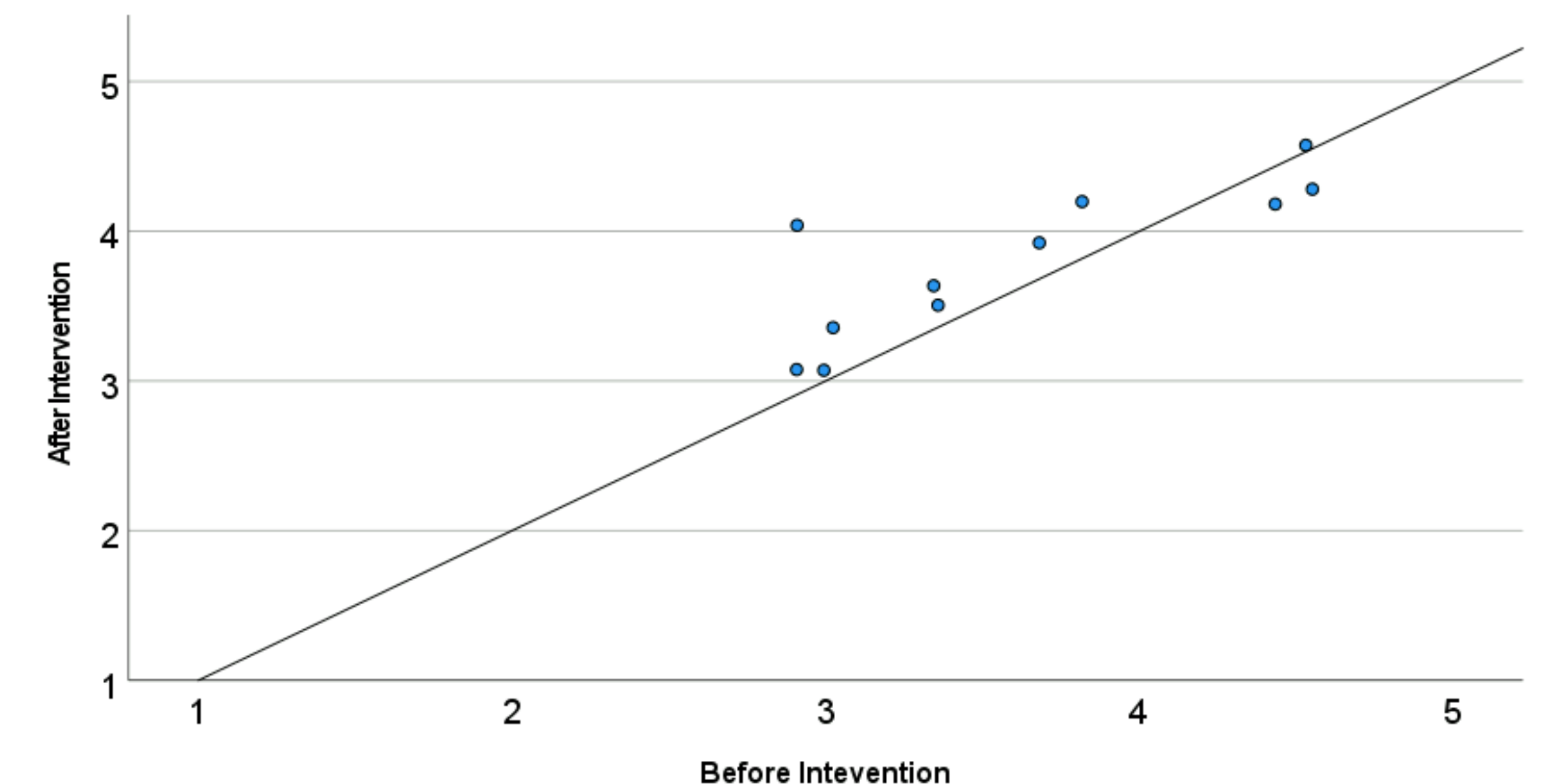


Results

Eleven TWH completed the intervention. Scores measured by the GCLS showed improvements over time, however the changes were not statistically significant. 100% of the participants had VLS (copies <200)⁴ and 10 of 11 participants were retained in care within the last 12 months of the close of the project.

Paired Samples Test							
Paired Differences					t	df	Sig. (2-tailed)
Mean	Std. Deviation	Std. Error Mean	95% CI of the Difference				
			Lower	Upper			
-0.20828	0.37345	0.11260	-0.45916	0.04260	-1.850	10	0.094

Scatter Plot of GCLS Score



Conclusion

While no statistically significant change was found in GCLS scores, this intervention proved effective in improving RIC and VLS for TWH. This intervention was completed during COVID which may have limited participation and hence the ability to detect a statistically significant effect.

1. Sevelius JM, Carrico A, Johnson MO. Antiretroviral therapy adherence among transgender women living with HIV. *J Assoc Nurses AIDS Care*. 2010;21(3):256-264. doi:10.1016/j.jana.2010.01.005

2. Healthy Divas. Center of Excellence for Transgender Health. <https://prevention.ucsf.edu/transhealth/research/healthy-divas>. Accessed May 6, 2021.

3. Jones BA, Bouman WP, Haycraft E et al. The Gender Congruence and Life Satisfaction Scale (GCLS): Development and validation of a scale to measure outcomes from transgender health services. *Internet J of Transgenderism*. 2018. doi:10.1080/15532739.2018.1453425

4. RW Eisinger, CW Dieffenbach, AS Fauci. HIV viral load and transmissibility of HIV infection: undetectable equals untransmittable. *Journal of the American Medical Association*. doi:10.1001/jama.2018.21167 (2019)