



Developing and testing a multilevel intervention for transgender women with HIV in the Dominican Republic

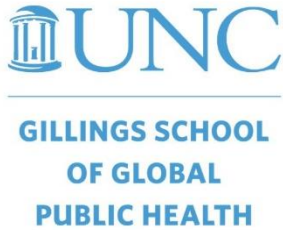
**CLARE BARRINGTON
PROFESSOR
HEALTH BEHAVIOR
11 FEBRUARY 2025**



UNC

GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH

NUESTRO EQUIPO — OUR TEAM



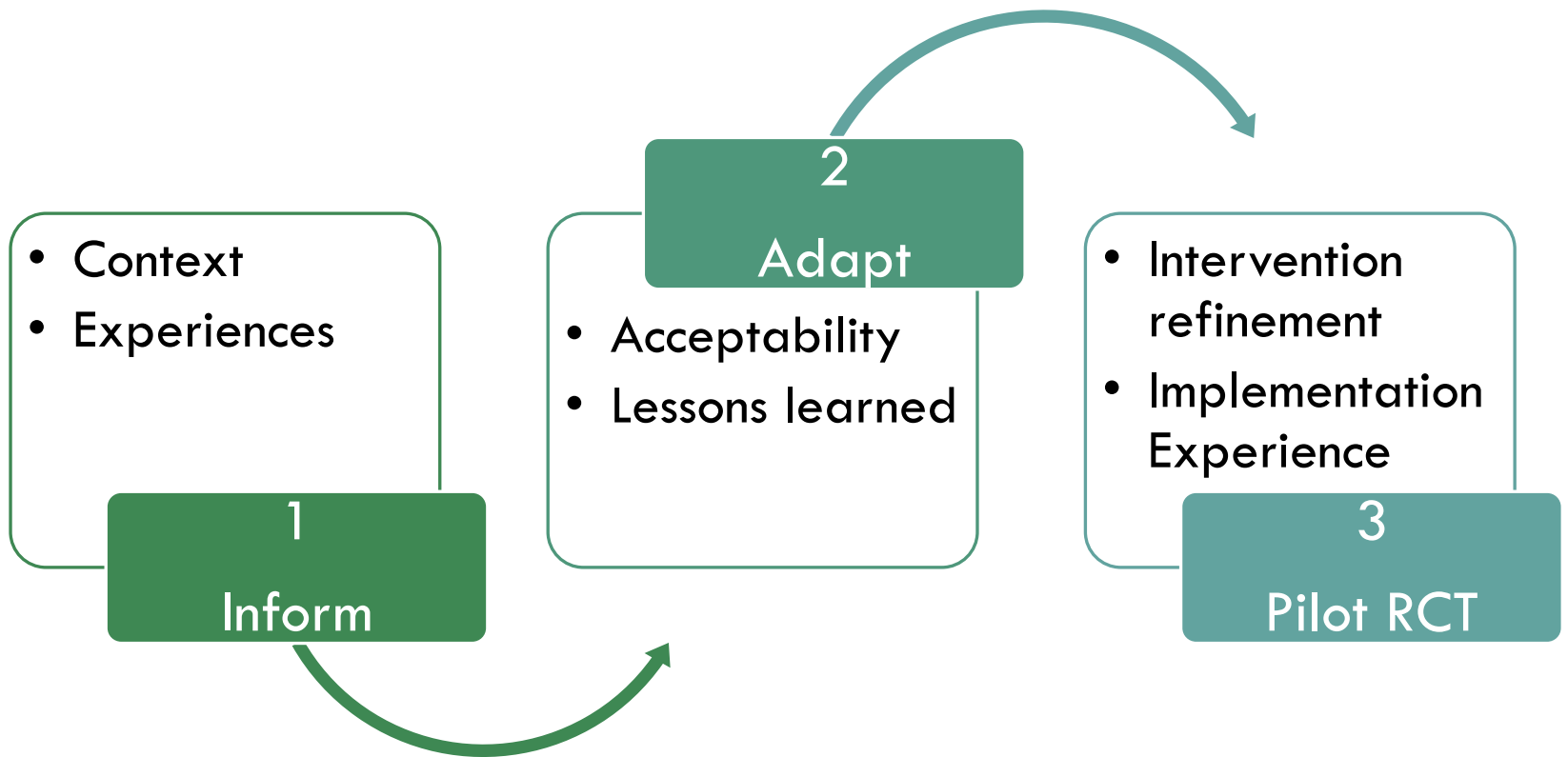
Unidad de Vacunas e Investigación
República Dominicana



Public Health



ROADMAP FOR TODAY



TRANS WOMEN IN THE DR

- Transgender person:
 - someone whose gender identity differs from the sex assigned at birth
 - Approximately 0.1-0.6% of global population identifies as trans
- DR population ~ 11 million
 - 0.2% or ~4500-6000 trans women
- Social context of stigma and social exclusion
- Lack of social or legal protection
- Emerging processes of social organization and mobilization



HIV AMONG TRANS WOMEN

- HIV prevalence among trans women:
 - Global: 19%
 - Latin America: 18-38%
 - Dominican Republic: 28%
- Few interventions tailored to trans women to promote optimal HIV outcomes and wellbeing



THEORETICAL FOUNDATIONS

Social determinants

- Conditions in which people are born, grow, live, work, and age
- Shaped by distribution of money, power, and resources

Stigma

- Social process
- Forms
 - Internalized
 - Enacted
 - Anticipated
- Intersectional
 - HIV
 - Sex work
 - Gender

Social cohesion

- Group-level resource grounded in mutual aid, trust, solidarity
 - Collective resilience
 - Identity reconstruction
 - Sustainable

LIVED EXPERIENCE

Social determinants

- *If you think about it, no trans, few out of a hundred, one trans has an income that allows us to live in a dignified house. We don't have the opportunity to grow because we can't work. (30 years)*

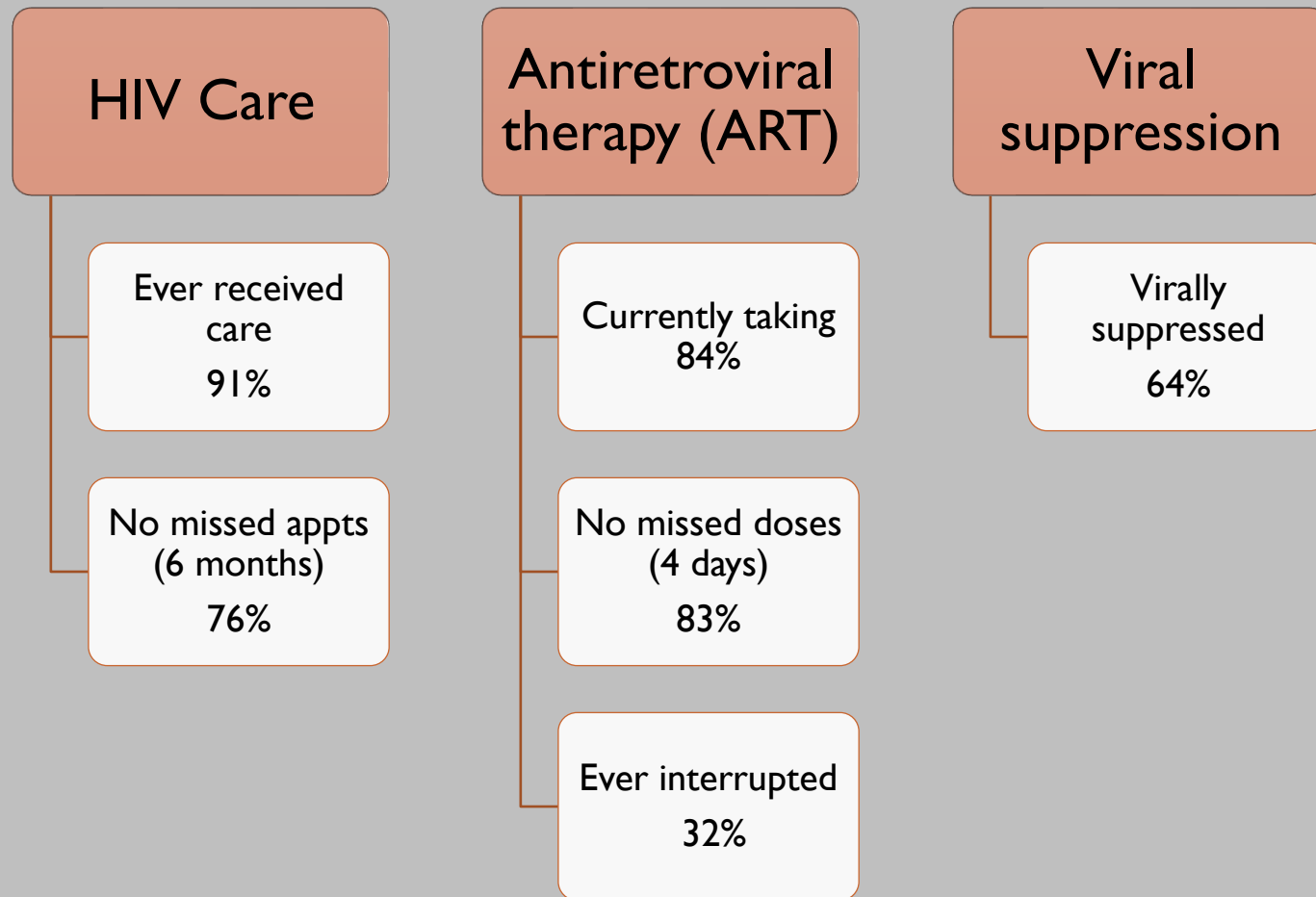
Stigma

- *Well, I was very physically abused by my family when I was [a child]... So I left my house... and I lived on the street... There I began sniffing cement with the beggars. (35 years)*

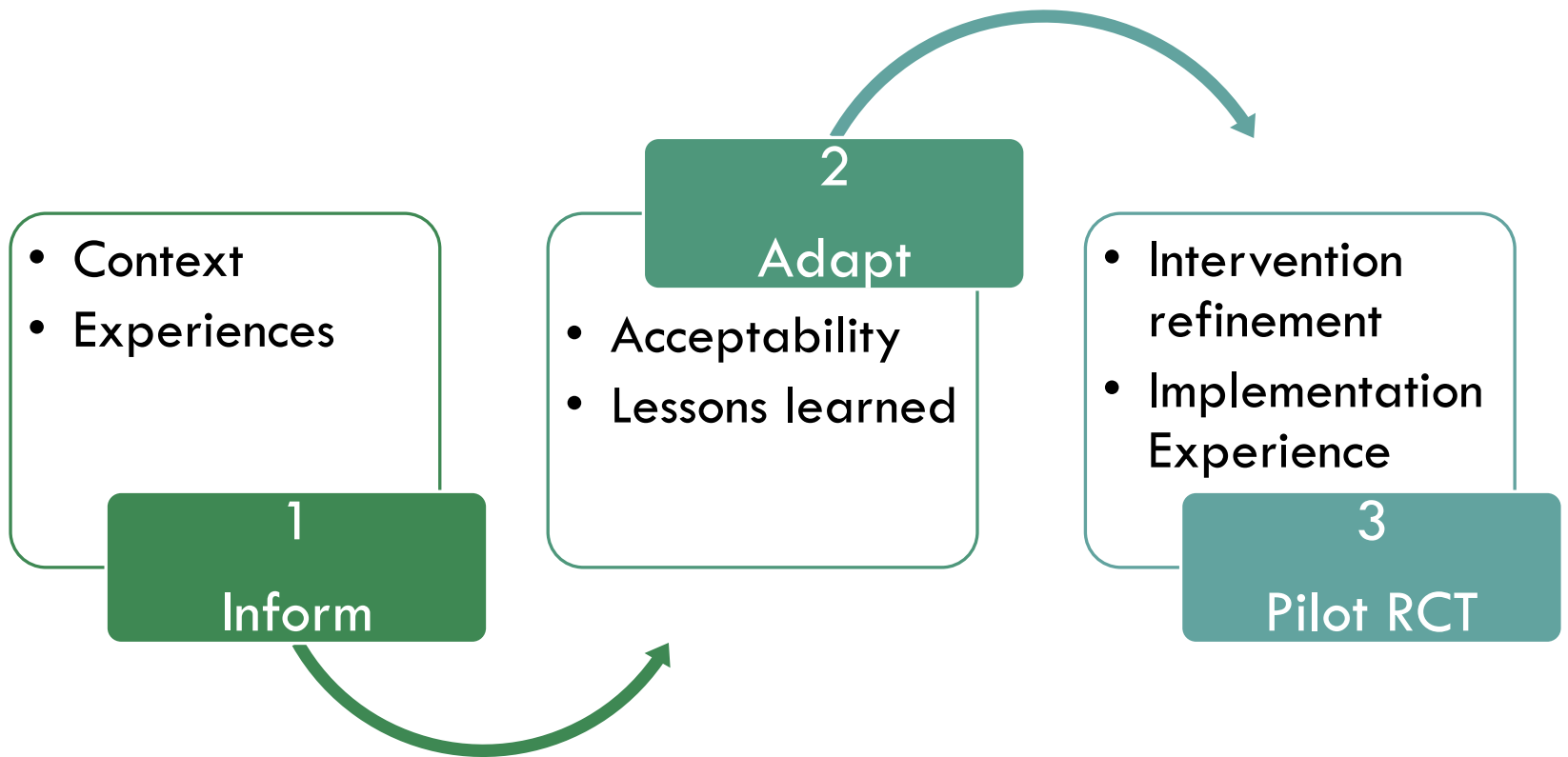
Social cohesion

- *...in many ways I feel like an unhappy person because as much as I try to be happy or have a nice moment, I can't have it because I don't have anyone to share it with... (39 years)*

HIV CARE & TREATMENT AMONG TRANS WOMEN SEX WORKERS IN THE DR (N=100)



ROADMAP FOR TODAY



ABRIENDO PUERTAS



Intervention

- Abriendo Puertas – Opening Doors
- Multilevel intervention with 4 components
- USAID R2P

Evaluation

- One-arm pre/post intervention study with cisgender female sex workers (n=225)
- Mixed methods

Results

- Highly acceptable
- High retention (>90%)
- Significant improvements in HIV prev & care outcomes
- Qualitative narratives of improved self-esteem, solidarity

ABRIENDO PUERTAS (OPENING DOORS)



Component	Description
1) Individual counseling	<ul style="list-style-type: none">- 6-8 one-on-one sessions with a psychologist- Strengths-based approach- Information, reflection, relaxation exercises
2) Peer Navigation	<ul style="list-style-type: none">- On-demand and navigator initiated- In person and virtual- Emotional, informational, and instrumental support
3) Provider Capacity Building	<ul style="list-style-type: none">- Stigma reduction, implicit bias- Clinic self-assessments
4) Community mobilization	<ul style="list-style-type: none">- Group sessions- Facilitate social interaction and solidarity- Skills development, information

ADAPTING AP WITH TRANS SEX WORKERS

- USAID – Advancing Partners & Communities
- Iterative adaptation of individual counseling component with trans women and community leaders
- Mixed methods evaluation of outcomes and process:
 - Surveys (n=30) at baseline and 12 months
 - Qualitative in-depth interviews at 12m (n=20)



INTERVENTION ACCEPTABILITY & PARTICIPATION

Component	Participation	Intensity
Individual Counseling	96% (25)	1-4 sessions: 52% (13) 5-8 sessions: 48% (12)
Navigation	81% (21)	1-2 interactions: 52% (11) 3-6 interactions: 48% (10)
Community mobilization	85% (22)	1-2 open houses: 55% (12) 3-6 open houses: 45% (10)

HIV OUTCOMES

	Baseline	Endline	P-value
Currently taking ART	70%	85%	0.03
No missed ART doses (4 days)	86%	96%	0.50
No missed care appointments (6 months)	65%	80%	0.39

RESULTS: INDIVIDUAL COUNSELING

- Increased self-esteem
- Close and trusted relationship with psychologist
- High level of participation despite stigma related to mental health

“Emotionally I feel good because the sessions have been both reflective and also taught me new things [...] I’ve learned to value myself more, I mean my self-esteem has really gone up.”

RESULTS: NAVIGATION

- Participants preferred navigators who were cisgender women
- Participants expressed a desire for more contact and more support from navigators moving forward.

“In the trans community, peers don’t work. We destroy each other”


RESULTS: COMMUNITY MOBILIZATION

- The content of the *casas abiertas* was tailored to emphasize creating a safe space and working to improve trust and social cohesion.
- Some participants did not go due to lack of trust or not feeling comfortable in the collective space

...we had group discussions that helped us to let off steam, you know stress. (The facilitator) both guided us and listened but it was us who talked and it flowed really well.


...they've invited me but I haven't gone ... some (people) can be hateful, they think they're better than you are, they make you feel less than others.

CONCLUSIONS



Adapted AP was highly acceptable

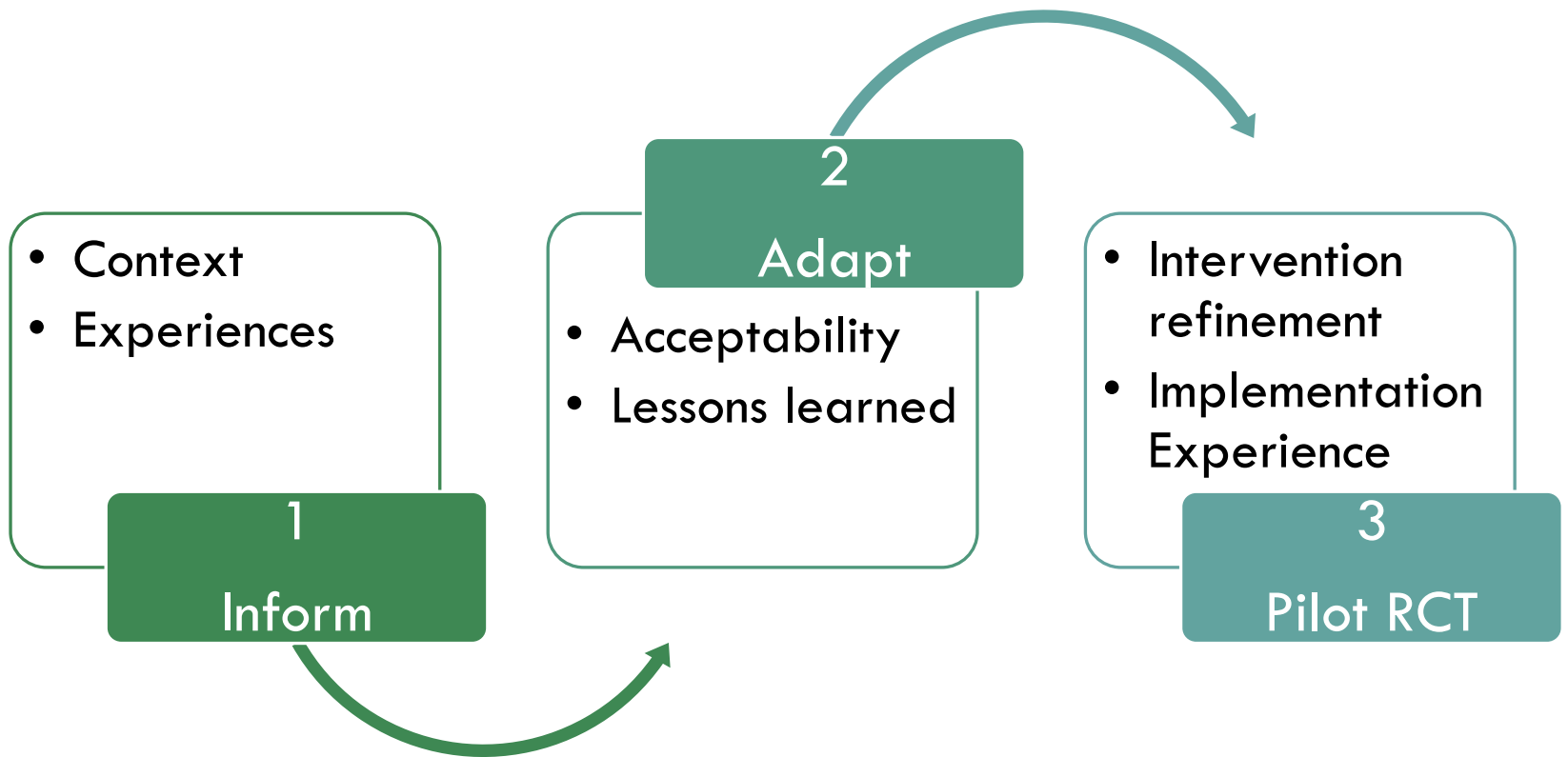
Positive trends in adherence, retention, self esteem



Varied intensity with individual counseling

Limited trust and cohesion may have impeded engagement with navigation and community mobilization

ROADMAP FOR TODAY



GENDER AFFIRMING ABRIENDO PUERTAS (GAP)

**Gender Affirming
Abriendo Puertas
(R34MH129218)**

Aim 1

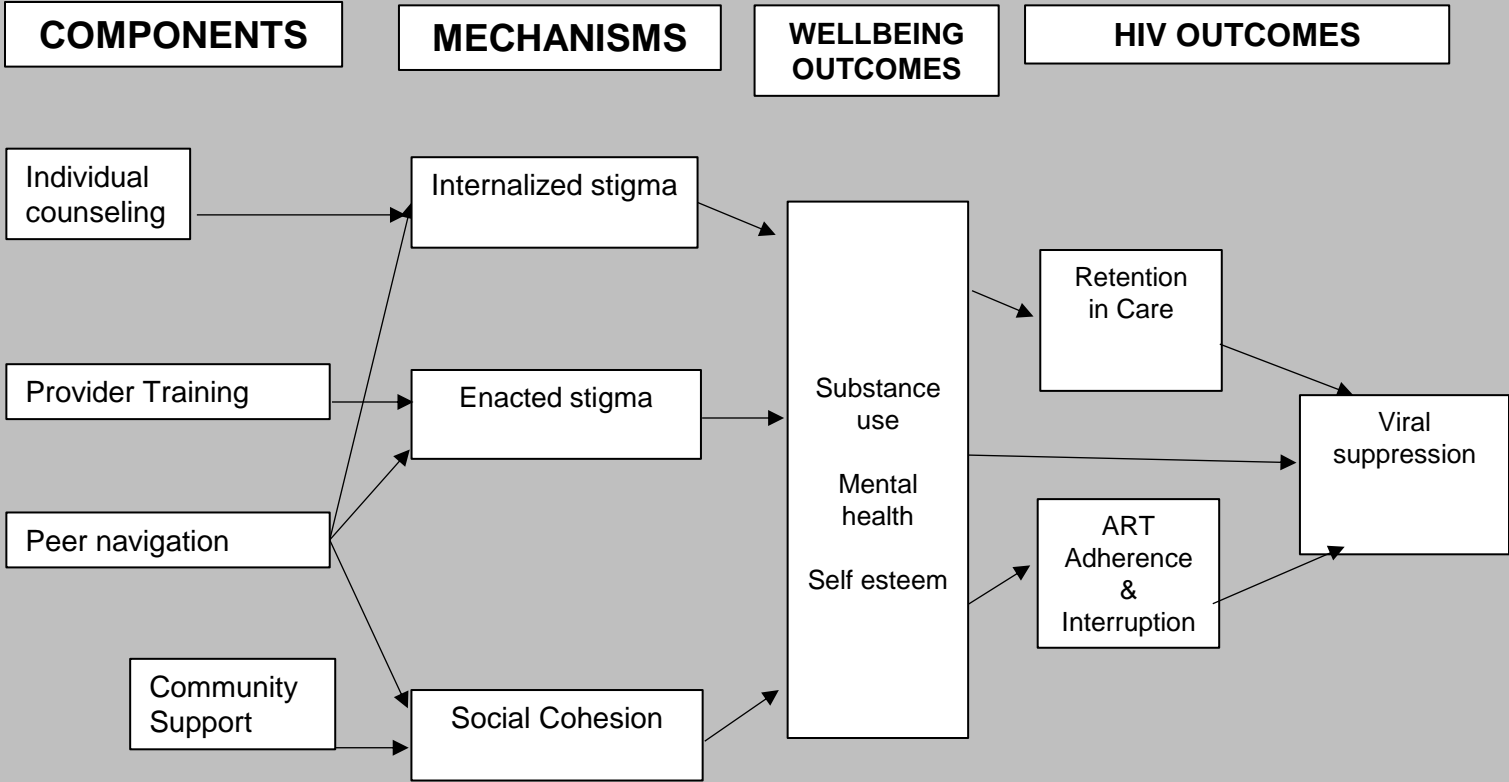
Assess preliminary efficacy of the GAP intervention on viral suppression

Aim 2

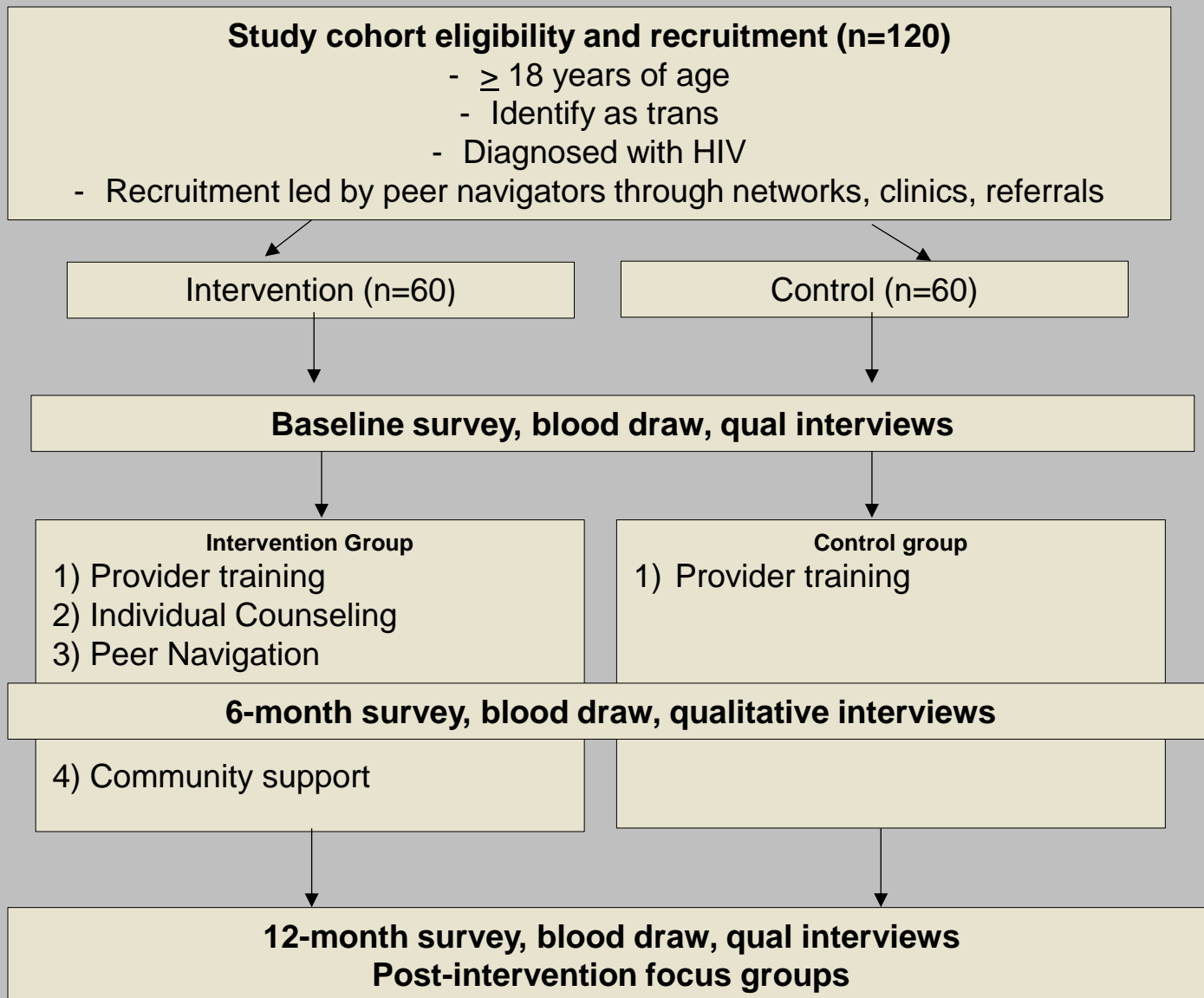
Examine pathways of influence and experiences with the intervention to identify specific areas for improvement and scale up

This study was approved by the UNC IRB, IDCP IRB, and CONABIOS (national IRB)

CONCEPTUAL MODEL



GAP PILOT RCT DESIGN



GAP INTERVENTION COMPONENTS



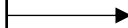
Component	Description	Target
Individual counseling	<ul style="list-style-type: none"> - 4 one-on-one sessions with a psychologist - Information, reflection, relaxation exercises to reduce stress, manage stigma and raise self-esteem 	Internalized stigma
Peer Navigation	<ul style="list-style-type: none"> - On-demand and navigator initiated - In person and virtual - Emotional, informational, and instrumental support 	Internalized & Enacted stigma Social cohesion
Provider Capacity building	<ul style="list-style-type: none"> - Stigma reduction, implicit bias - Training in gender affirmative care - Clinic self-assessments 	Enacted stigma
Community support building	<ul style="list-style-type: none"> - Monthly group sessions - Facilitated by peer navigators and study team - Excursions, group activities, and social interaction to develop trust and cohesion 	Social Cohesion

SEQUENTIAL IMPLEMENTATION

Months 1-6

Months 7-12

Individual
counseling:
4 sessions



Increased
readiness &
comfort with
community-level
activities

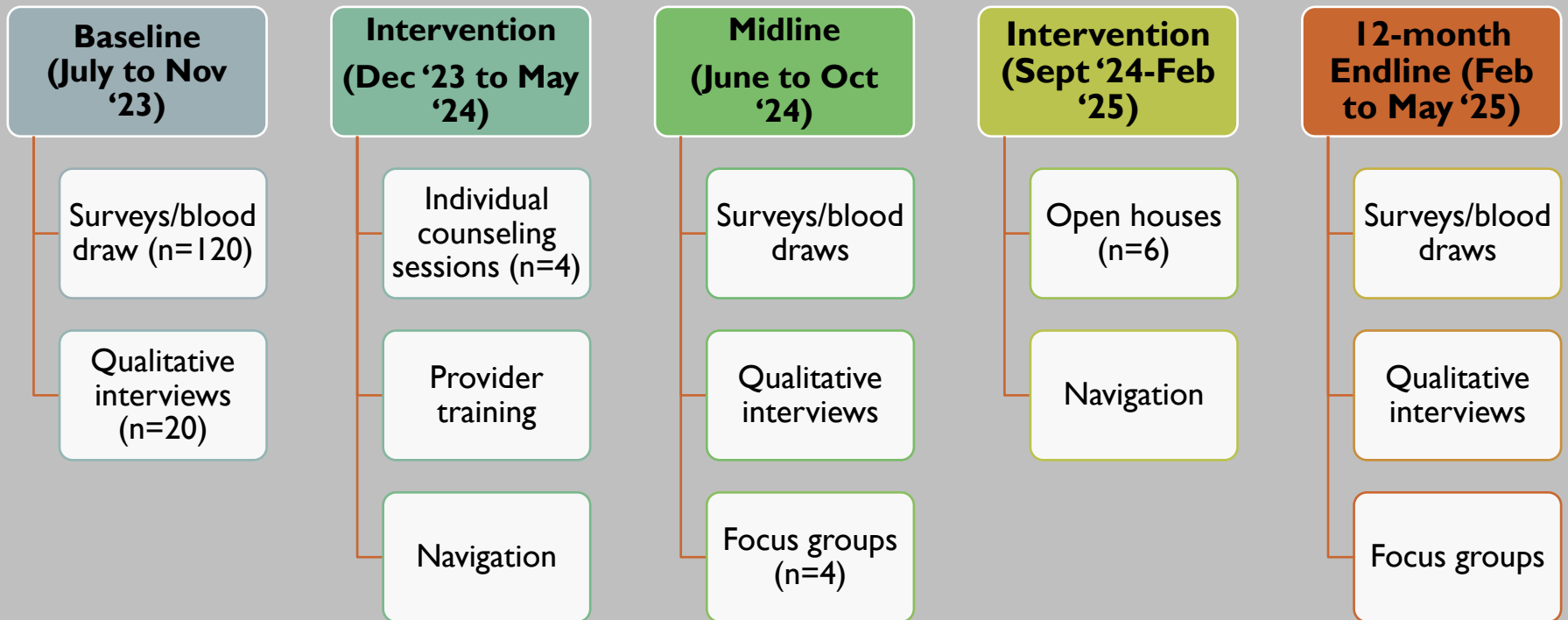


Community
support
Building:
6 monthly
“open houses”

Provider training – 2-day workshop

Peer navigation - Continuous

STUDY TIMELINE AND ACTIVITIES



GAP SAMPLE CHARACTERISTICS (N=120)

	% (n) or mean (range)
Age	35 (18-68)
Lives alone	53%
Single	84%
Household primary breadwinner	73%
At least some secondary school	82%
Employed during the last 6 months	75%
Sex work in the last 6 months	58%
Gender identity	
- Woman	18%
- Trans woman	44%
- <i>Travesti</i>	19%
- <i>Transformista</i>	15%
- Other	3%

HIV AND WELLBEING (N=120)

	%
HIV	
Currently taking ART	94%
Adherence (no missed doses last 4 days)	81%
Ever interrupted ART	52%
Viral suppression	75%
Wellbeing	
Depressive symptoms (moderate to severe) (PHQ 9)	32%
Anxiety	28%
Low self esteem	7%
Drug use last 6 months	48%

BASELINE ASSOCIATIONS*: HIV OUTCOMES

Viral suppression

- Drug use (-)

ART interruption

- Trans stigma (+)
- Depressive symptoms (+)

ART adherence

- Trans stigma (-)

**Adjusted for age and education*

BASELINE ASSOCIATIONS: WELLBEING

Depressive symptoms

- Enacted HIV stigma (+)
- Internalized HIV stigma (+)
- Trans stigma (+)

Anxiety

- Internalized HIV stigma (+)

Self esteem

- Enacted HIV stigma (-)
- Internalized HIV stigma (-)

**Adjusted for age and education*

**GAP PILOT IMPLEMENTATION
EXPERIENCE**



INDIVIDUAL COUNSELING

INDIVIDUAL COUNSELING PARTICIPATION

NEVER ENGAGED (N=13)

- Not interested (n=4)
- Non-responsive (n=8)
- Moved to US (n=1)

ENGAGED (N=3)

- Moved to US (n=1)
- Health issues (n=1)
- Not interested (n=1)

INDIVIDUAL COUNSELING PARTICIPATION

Session	Participation	
	Total (n=59)	Engaged (n=46)
1) “Who are we?” (n=46)	78%	100%
2) Living with HIV (n=44)	75%	96%
3) HIV care & treatment (n=43)	73%	93%
4) Life plan (n=43)	73%	93%

COUNSELING EXPERIENCE

Being heard

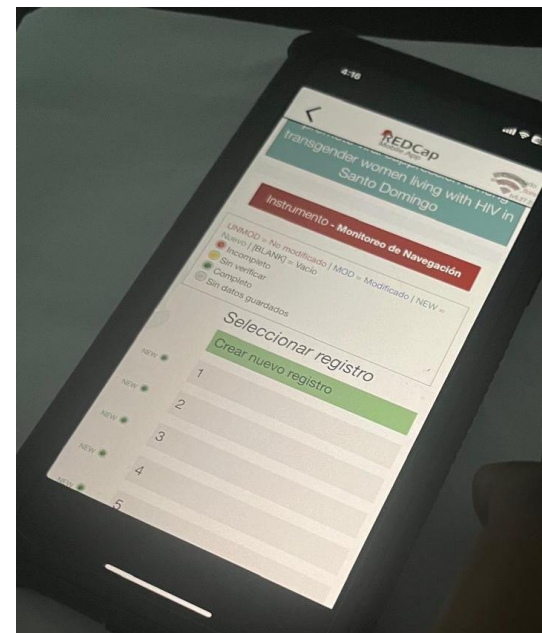
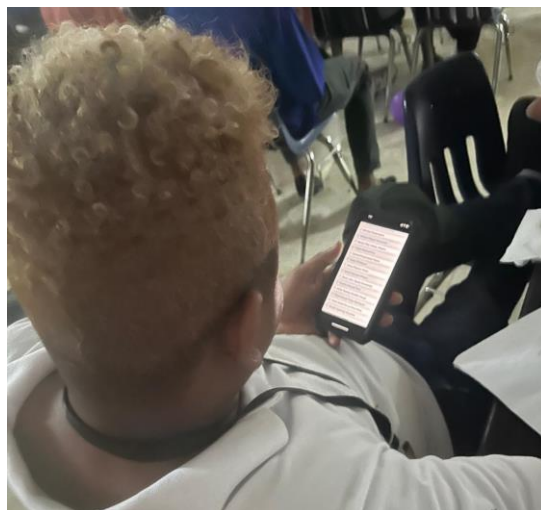
- *I liked the feeling that I had found someone who listened to me. Someone who explained things to me that I didn't understand....Above all, being listened to and being able to express myself without fear.*

Self esteem

- *There were always times when I had like, negative thoughts.You understand? But, when I came here, it was like the staff and everything...made me change my self-esteem, it was like it changed in that moment.*

Well being

- *Well, I am much more relaxed, calmer....I am sleeping more. I feel better about myself. I have been working. I started a clothes business below my house.*



NAVIGATION

NAVIGATION EXPERIENCE





PROVIDER TRAINING



PROVIDER TRAINING

- 2-day participatory workshop in May 2024
- Presentation on gender affirmative care
- Panel of community leaders
- Small group work to conduct clinic self-assessments
- Open dialogue and debate





CASAS ABIERTAS



CASA ABIERTA COMPONENT

Session	Content	N (%)
1) Movie "night"	- Screening and discussion	29 (67%)
2) Game day	- Games @ botanical gardens	19 (44%)
3) Trans leadership panel	- Services and human rights	11(24%)
4) Holiday fiesta	- Social gathering @ disco - Shows, dancing, holiday meal	15 (26%)
5) "Expresión"	- Group discussion and reflections on intervention experience	21 (49%)

NEXT STEPS



Finish intervention
Endline quantitative and qualitative data collection



Data analysis:
- Outcomes
- Pathways and mechanisms



Dissemination and collaborative interpretation



Larger scale trial or implementation study
Geographical expansion

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THANK YOU
QUESTIONS?

DETERMINANTS OF HIV OUTCOMES AND MENTAL HEALTH (N=100)

Viral suppression

- ART interruption (-)
- Trans stigma (+)

ART interruption

- Drug use (+)

ART adherence

- Enacted HIV stigma (+)
- Anticipated HIV stigma (+)

Mental health

- Internalized sex work stigma (-)
- Social cohesion (+)

Findings highlight need to address multiple forms of stigma at multiple levels and to strengthen social cohesion.