Development of a Telehealth Intervention to Promote Care-Seeking among Transgender Women of Color in Washington, DC, USA

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Background
- The transgender population is often medically underserved with extensive barriers to healthcare, particularly transgender women of color (TWC)
- Stigma, violence, mental health disorders, HIV, sexually transmitted infections (STI), and myriad co-morbidities have been well-documented among TWC. These are compounded by prejudice associated with gender identity, poverty, racism, and heterosexism and often result in structural barriers to care
- Novel ways to overcome barriers to healthcare among TWC may improve care access and outcomes.

Telemedicine and Telehealth
- Telemedicine refers to telecommunication technologies to clinically examine, diagnose, or provide medical treatment to patients
- Telehealth refers to telemedicine that provides remote clinical and non-clinical services to patients
- This approach has been successful in providing care including remote monitoring of chronic illnesses, provision of specialty care such as dermatology, HIV care, cardiology, and psychiatry, peer health support, and provision of services in correctional settings
- One advantage of telehealth is that it allows trained and culturally appropriate personnel to provide support, referrals, and serve as a bridge to services for patients outside of a traditional care setting

Study Purpose
- The goal of this formative study was to provide qualitative information on how to best develop a TWC-specific telehealth intervention to overcome barriers to healthcare

Methods
- TWC 18 years of age or older and clinicians who provide healthcare to TWC were recruited through a non-incentivized peer referral process and professional contacts, respectively
- Key informant interviews and two focus groups were conducted using semi-structured interview tools which focused on how telehealth could be implemented to serve TWC with existing structural barriers to care
- Interviews were conducted by highly trained interviewers, stripped of identifiers, transcribed verbatim and entered into Atlas.ti for thematic coding and content analysis
- Based on the data collected, emergent codes for barriers were defined
- Upon completion of the formative data collection, several day-long meetings with key TWC stakeholders convened to discuss the findings and propose the intervention.

Human Subjects Protection
- All study instruments, interventions, and procedures were approved by the George Washington University Institutional Review Board
- All participants provided informed consent prior to participating in this study
- None of the faculty or staff have financial interest in or conflict with the vendor providing the Digigone telehealth application that was ultimately selected on the basis of the formative research
- Use or non-use of the telehealth application had no impact on staff or participant compensation.

Results
- Twenty-two participants were interviewed
- 11 were providers, including nurses, researchers, case managers, an adherence specialist with experience working with TWC; 4 providers self-identified as TW
- Of the 11 non-provider interviewees, 9 self-identified as TWC
- Barriers to engaging in care were categorized into three levels: Individual, Organizational, and Environmental. Selected representative quotes below:

Individual-level barriers: The telehealth intervention must not only focus on HIV-related services but must first address elements of survival which necessarily take priority over prevention. Where providers are unaware of patient prioritization of needs, the intervention can bridge a gap by empowering TWC to communicate needs to providers and/or identify priority care simultaneous with HIV-related care

Survival and general instability: “But stability is what starts it all. You can’t get education unless you got a place to stay! ‘Cause you gotta go home and study like normal people.” [Participant]

- Temporal discounting: “Some [transwomen] have a preconceived notion that they have short life spans anyway so what’s the point in running to the doctor? Uh and they also fall prey to the ideology of ‘I feel fine so nothing can’t be wrong.’” [Participant]

Organizational- and environmental-level barriers: The telehealth intervention must support TWC to identify service locations where providers are culturally-competent and available. Providers can then better address differences in priorities while ensuring all needs are being met, those both patient-identified and health-related. Referral to providers who have experience with transgender communities is needed so that stigma and insensitive practices are avoided.

Lack of cultural competency / transgender knowledge: “I talk about sensitivity in general like every organization has sensitive providers but that doesn’t mean the front desk... person is sensitive.” [Participant]

Stigma: “...they’re a little apprehensive about going into larger facilities for ... care because they’re always worried about stigma, always being worried about being ridiculed or you know someone confronting them about their sexual orientation and/or gender so sometimes that’s a barrier as well.” [Providers]

Pessimism about services: “Years of experience with a system that is not competent whatsoever and in fact is working against them. Other medical providers not, not wanting to or needing to even having a clue how to provide good trans care. Uh, not being able to have stable employment, stable housing, having—therefore having a lot of issues around substance abuse, mental health, domestic violence, intimate partner violence, rape, um, they have a really tough life. Many of them are um, resort to sex work and so on because um, not able to integrate into other forms of employment and so on.” [Participant]

Prioritization of gender affirming care: “Their top needs were, say 1-5, and we’re talking about they’re homeless. You would be amazed — and we’ve done this before that you would be amazed to know that you would think that because a person’s HIV positive, they got mental health, and they homeless that those would be the top three. But it’s not. The top one is hormone therapy.” [Provider]

Conclusions
- This study is the one of the first of its kind to assess the necessary basic elements of a telehealth intervention among TWC
- We found feasibility for telehealth approaches that link TWC via technology to peer health consultants who direct participants to culturally appropriate care, insurance, transportation, and services in real time, enabling rapid access
- Telehealth is a novel approach that may be crucial to engaging this population who experience multiple barriers to care
- For results from the pilot study of the intervention that emerged from this study, please see Poster TUPED1255 (Magnus et al.).