

# INFINI-T



[Evidence-Informed for the Linking and Retention in HIV Care Chapter](#)  
[Evidence-Informed for the Structural Interventions Chapter](#)

## POPULATION

- Transgender young women of color (TYWOC) with HIV

## KEY INTERVENTION EFFECTS

- Increased engagement in HIV care
- Increased retention in HIV care
- Increased viral suppression

## BRIEF DESCRIPTION

*INFINI-T* is a multidisciplinary HIV care intervention designed to reduce the burden of multiple psychosocial factors for TYWOC with HIV through:

- Outreach
- HIV counseling and testing
- Social work for screening and referrals
- Case management
- Peer advocacy to facilitate linkage to and retention in HIV care
- Referrals to mental health, substance use, and medical services
- A psychoeducational group session (terminated half-way through the project period due to multiple challenges)

**DURATION:** Ongoing

**SETTING:** State University of New York (SUNY) Brooklyn, New York

**STUDY YEARS:** 2013 – 2017

**STUDY DESIGN:** One-group, pre-post

**DELIVERERS:** Trained HIV providers, social workers, trained peer advocates, trained program staff

**DELIVERY METHODS:** Case management, counseling, outreach

## STUDY SAMPLE

The baseline study sample of N = 23 participants was characterized by the following:

- 48% Hispanic, Latino or Latina persons  
48% Black or African American persons
- Median age = 24 years

Note: Percentages may not add up to 100% due to rounding and loss of data

## STRUCTURAL COMPONENTS

Capacity Building – Hiring staff

- Hired staff (e.g., transgender community specialists) to directly assist participants

Capacity Building – Provider/supervisor training

- Trained medical, mental health, and program staff on transgender-specific topics

Physical Structure – Integration of services

- Medical and mental health services were combined to provide a medical home for TYWOC

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

- At the 12-month and 24-month follow-ups, engagement in HIV care improved among intervention participants as compared to baseline (12-month unadjusted Odds Ratio (uOR) = 1.49, Confidence Interval (CI): 1.15 - 1.93; 24-month uOR = 1.52, CI: 1.08 - 2.13).
- At the 12-month and 24-month follow-ups, retention in HIV care improved among intervention participants as compared to baseline (12-month uOR = 11.93, CI: 2.58 - 55.20; 24-month uOR = 24.98, CI: 3.22 - 93.47).
- At the 12-month follow-up, intervention participants were more likely to be virally suppressed as compared to baseline (uOR = 2.39, CI: 1.03 - 5.51).

### CONSIDERATIONS

- Of the 23 participants, 19 (83%) were exposed to the entire intervention.
- The median number of hours of intervention exposure was 68.75 hours per individual.
- Of the 23 participants, 100% participated in individual sessions, 100% participated in group sessions, and 68% participated in virtual sessions.
- The author reported the approximate annual cost of the intervention as \$256,600 at the time of intervention implementation.

### ADVERSE EVENTS

The author did not report adverse events.

### FUNDING

- Health Resources and Services Administration (U90HA24973)

### PRIMARY STUDY

Rebchook, G. M., Chakravarty, D., Xavier, J. M., Keatley, J. G., Maiorana, A., Sevelius, J., Shade, S. B., & the SPNS Transgender Women of Color Study Group. (2022). [An evaluation of nine culturally tailored interventions designed to enhance engagement in HIV care among transgender women of colour in the United States](https://doi.org/10.1002/jia2.25991). *Journal of the International AIDS Society*, 25(Suppl. 5), e25991. <https://doi.org/10.1002/jia2.25991>

**PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.**

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