

Retaining YMSM of Color in HIV Care

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Purpose

- **Share our challenges retaining HIV+ YMCSM to care in an urban setting (Bronx, NY)**
- **Describe a range of successful intervention strategies to retain HIV+ adolescents in care**
- **Provide strategies for outreach and clinic staff to improve service delivery and interactions with HIV+ YMCSM**

The Bronx

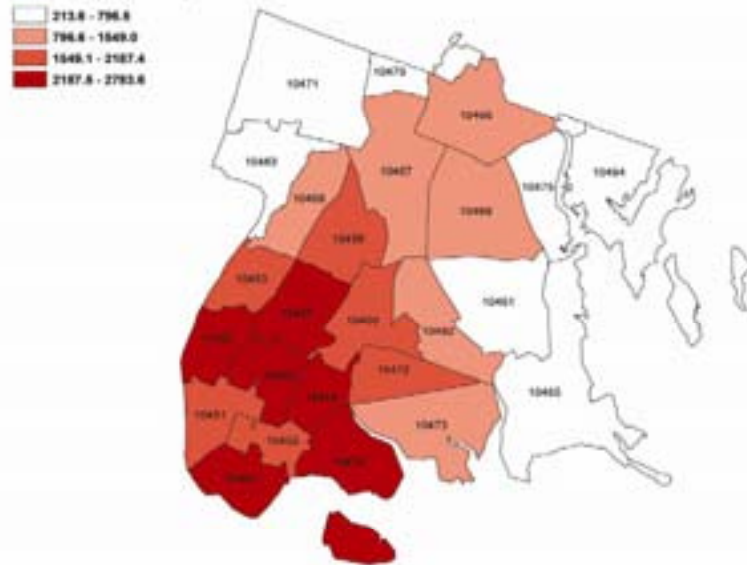


- Population:1,332,650
- Square miles: 43.03
- Population per square mile:31,709.34
- Male gender:46%
- Age 15 to 24: 15.1 %
- Race: 51 % Hispanic; 35% AA
- 30% of the population are below poverty level

HIV/AIDS in The Bronx

HIV Prevalence Rate per 100,000 Population
at end of 2007 by Zip code, Bronx

HIV Prevalence rate by Zip code, Bronx

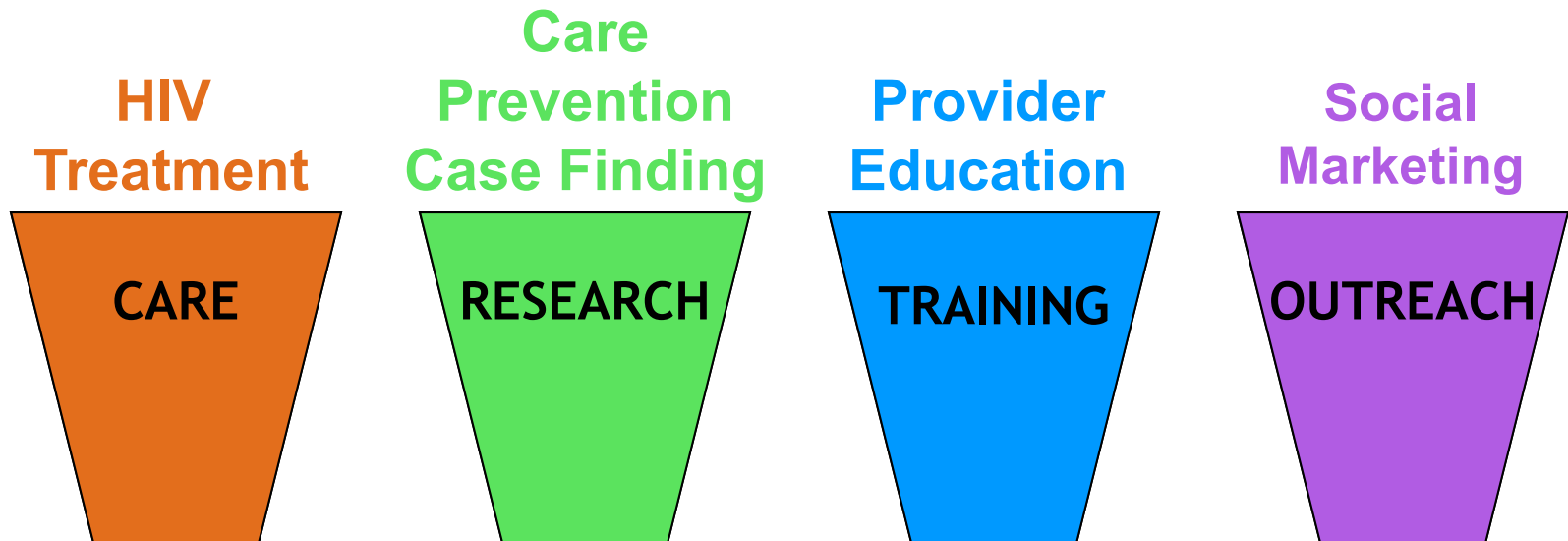


As reported to the New York City Department of Health and Mental Hygiene by September 30, 2008.

- HIV prevalence in the Bronx ranges from 0,5 to 2,8 %
- The Bronx has the highest HIV rates in NYC for youth 13-19 (331 per 100,000) and 20-24 (492 per 100,000).
- HIV death rate is higher in the Bronx comparing with overall deaths in NYC
- Growing number in the Bronx diagnosed at the same time with HIV and AIDS (40%)

Adolescent AIDS Program

- Founded in 1987
- Nations' first youth clinic for HIV/AIDS
- AAP is built in four pillars of services



Socio Demographics of HIV-infected YMSM

	Black n=27 (47%)	Latino * n=31 (53%)	Total n=58
Age in years mean (range)	20 (16-23)	20.42 (17-23)	20.28 (16-23)
No medical insurance	12 (44%)	12 (39%)	24 (41%)
Housing			
- Live with family	14 (52%)	12 (39%)	26 (49%)
- Live with friends	4 (15%)	8 (26%)	12 (21%)
- Homeless	0 (0.0%)	8 (26%)	8 (14%)
Moved in last 3mo	15 (56%)	17 (55%)	32 (55%)
Unemployed	16 (59%)	20 (65%)	36 (62%)
No money for basic needs last 3 mo	22 (82%)	24 (41%)	46 (79%)

Sexual Identity, Attraction and Debut

	Black (27)	Latino * (31)	Total (58)
Sexual Identity			
- Gay/Homosexual	17 (63 %)	22 (71 %)	39 (67 %)
- Bisexual/two spirited	8 (30 %)	9 (29%)	17 (29 %)
Sexual Attraction			
- Males only	10 (37%)	19 (61 %)	29 (50%)
- Strongly to males and slightly to females	14 (52%)	8 (26 %)	22 (37%)
- Strongly to both	3 (11%)	3 (10%)	6 (10%)
- Strongly to females and slightly to males	0	1 (3.%)	1 (2%)
Age of First Sex w/ Male (mean)	14.7	14.3	14.5
Age of First Sex w/ Female (mean)	13.9	13.5	13.7
Sex with women ever	17 (63%)	19 (61%)	36 (62%)

Sexual behavior last 3 mo and condom use at last sexual encounter

	Black (27)	Latino * (31)	Total (58)
Number of prior HIV tests mean (range)	5 (1-12)	5.8 (1-20)	5.5 (1-20)
Substance Abuse last 3 mo			
- Daily Marijuana Use	8 (30%)	15 (48%)	22 (40%)
- Alcohol (>5 days use last 2 wks)	4 (15%)	8 (25%)	12 (20%)
- Methamphetamine	0	0	0
- Cocaine, poppers, painkillers	3 (11%)	3 (10%)	3 (10%)
Disclosure			
- Family member	18 (67%)	19 (60%)	37 (64%)
- Sex partner	7 (26%)	5 (16 %)	12 (21 %)
CD4			
> 500	11 (41%)	18 (58%)	29 (50%)
>200 - 500	14 (52%)	11 (35%)	25 (43%)
<200	2 (8%)	2 (7%)	4 (7%)
STD within 3 mo of entry Chlamydia, Gonorrhea, and/ or Syphilis	9 (33%)	10 (32%)	19 (33%)

Other Findings

	Black (27)	Latino * (31)	Total (58)
Number of Sex Partners			
None	3 (11%)	5 (16%)	8 (14%)
1-4	21 (78%)	21 (68%)	42 (72%)
≥ 5	3 (11%)	5 (16%)	8 (14%)
Met last sex partner on the Internet	11 (46%)	10 (39%)	21 (42%)
Oral sex with males	17 (63%)	22 (62%)	39 (62%)
Condom use	3 (18%)	6 (27%)	9 (23%)
Receptive anal sex with men	20 (74%)	21 (68%)	41 (71%)
Condom use	8 (40%)	12 (57%)	20 (49%)
Insertive anal sex with men	10 (37%)	17 (55%)	27 (47%)
Condom use	7 (70%)	12 (71%)	19 (70%)
Vaginal sex	3 (11%)	4 (13%)	7 (12%)
Condom use	3 (100%)	1 (25%)	4 (56%)

HIV Care for Adolescents

The best approach to care

Multidisciplinary model with a youth-friendly mission

Medical services

Comprehensive including sexual health services

Psychosocial services

Case management

Mental health & substance abuse services

Risk reduction & contraception counseling

Disclosure counseling & support

MANTENAINCE IN CARE:

The Challenges of keeping HIV + YMSM of color in Care



■ **Services delivery barriers**

■ **Population barriers**

Service Delivery Barriers

- **Unfamiliarity with MSM behavior and gay identity**
- **Unable to adjust to adolescent needs**
- **Lack of Cultural Competency & Sensitivity**
- **Integration of all the AAP program arms (outreach/education/youth groups/research) and Clinical Services**
- **Lack of clarity about roles and responsibilities of every staff member**

Population Barriers

- **Developmental challenges of adolescence with transition from childhood into adulthood**
- **Stigma attached to HIV infection**
- **Stigma associated with MSM behavior**
- **Resource deficiency**
 - ◆ **Housing, income, health care, education, transportation**

Adolescent “Friendly” Clinic

- Friendly staff
- Flexible schedule
- Accessibility of care
- “One stop shopping”
- Adolescent-LGBTQ friendly sensitive waiting area



Successful Innovative Strategies to Retain Youth in HIV Care

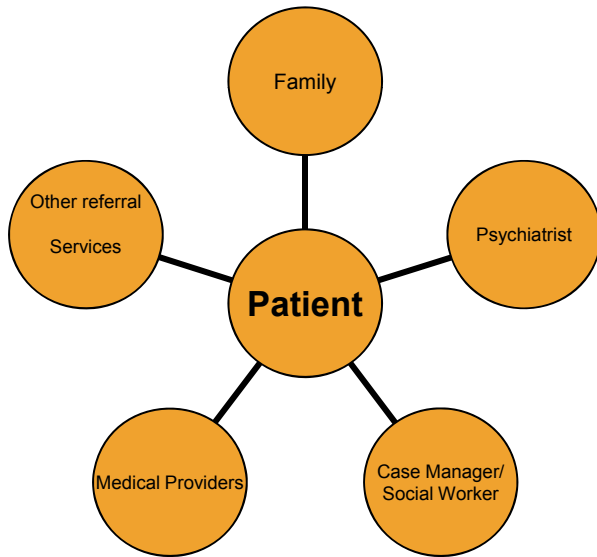
- Identify immediate needs
- Obtain collateral contact information/update the information at every visit
- Escorting client to appointments/services
- Transportation
- Incentives
- Provide safe, confidential, and private space

■ Use services appealing to the youth as a bridge for engagement in care:

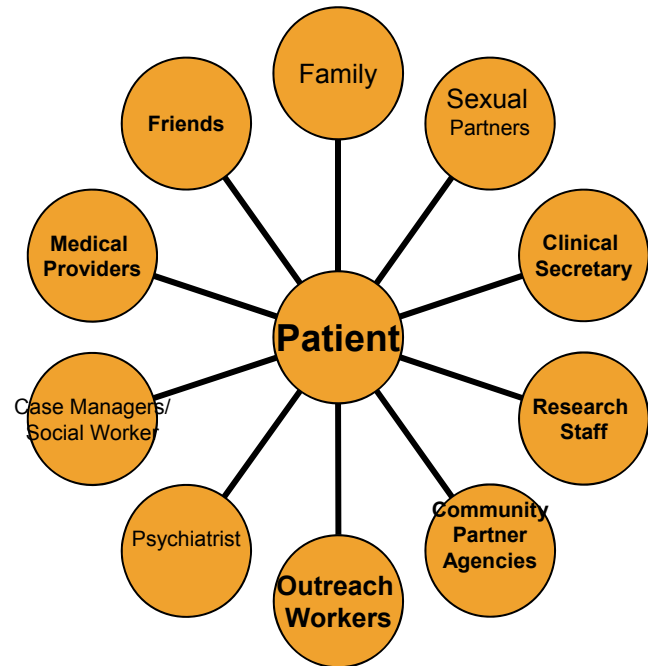
- ◆ Research participation**
- ◆ Groups: therapeutic/support/educational/skill building activities/parent groups**
- ◆ Community Advisory Board (CAB)/Youth Advisory Board (YAB)**
- ◆ Employment opportunities**
- ◆ Recreational activities/ Thanksgiving/Christmas**
- ◆ Opportunities to participate in City/State/National conferences as participants/speakers**

- **Outreach: face to face, phone, mail, email, text, age appropriate social networks media such as facebook, MySpace**
- **Utilization of non clinical staff for clinical management support**
- **Utilization of technology for clinical management**
- **Provide screening services and referrals for sexual partners**

THE AAP TEAM



BEFORE



NOW

Transitioning:

Youth aging into / out of adolescent care

- Facilitate transition from supportive to independent and responsibilities from parent/provider to patient
- Promote growth, self-expression and personal decision making
- Choose adult clinic with multidisciplinary services
- Traumatic for youth to leave trusted providers
- Uncomfortable in the presence of adult patients
- Consider phased transition (case manager, GYN)



CELEBRATION OF LIFE

A ceremony that celebrates the resilience of young people who have grown up with HIV.

Future Plans

- **Continue to gather feedback from clients/ study participants**
- **Enhance social networking outreach : keep up with latest technology and social media utilized by the youth**
- **Ongoing staff TA**
- **Expand and strengthen community partnerships for referrals and ancillary services**
- **Make program adjustments per client needs**
- **Transition plans for all arms of the program**
- **Extend follow up during transition period**

Suggestions for Implementation

- **Focus Groups with youth participants that attend your clinic**
- **Review approach to care model and resources available**
- **Plan Implementation and follow up meetings**
- **Openness to Change**
- **Flexibility**

Acknowledgements

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