



Project STYLE (Strength Through Youth Livin' Empowered) Young MSM of Color

Highlights from the Special Projects of National Significance (SPNS) Program



This fact sheet contains highlights from the University of North Carolina at Chapel Hill's *Project STYLE* Intervention, launched in response to rising HIV rates within young men who have sex with men (YMSM) of color. Project STYLE was designed to reach HIV-positive Black and Latino YMSM at college and university campuses through a social marketing campaign and linking them into care.

Setting: North Carolina

Target Population: Black and Latino young men (ages 17–24) who have sex with men

Background

Young (aged 13–24) MSM (YMSM) are a population with specific risk factors for HIV infection and if infected, have greater likelihood of poorer health outcomes than older populations living with HIV. Several factors can pose as barriers to effective HIV prevention approaches among YMSM, including: inadequate reach of HIV prevention education to YMSM, low levels of awareness and perception of risk among young people, risky sexual behavior due to substance and/or alcohol use, and social issues commonly faced by sexual minority youth such as stigma, sexual violence, social and family isolation.¹ In addition, racial/ethnic differences are associated with different diagnoses trends among YMSM. Project STYLE is an innovative model of care designed to engage, link, and retain HIV-positive Black and Latino YMSM, ages 17–24 into HIV primary care. YMSM have been disparately impacted by HIV since the start of the HIV epidemic in the U.S., and encompass groups historically unaware of their HIV status and/or not connected to care. These include underserved youth, racial/ethnic minorities, and sexual and gender minorities.²

Unmet Needs

In 2014, the CDC estimated that MSM accounted for 80% of youth ages 13–24 diagnosed with HIV.³ These trends have translated into heavy HIV burdens among older populations of Black and Latino YMSM. Of these newly diagnosed YMSM, 55% were Black and 23% were Latino. In 2015, the CDC estimated that Black MSM have a 1 in 2 lifetime risk of HIV infection, while Latino MSM have a 1 in 4 lifetime risk.⁴

Intervention Objectives

The objectives of *Project STYLE* were to reach HIV-positive Black and Latino YMSM at college and university campuses through a social marketing campaign and link them into care.

Key Considerations for Replication

- **Ensure staff possess the skills and cultural competency** necessary to delivery and/or provide linkage to HIV care and ancillary services to HIV-positive Black and Latino YMSM.
- **Create partnerships and linkages** with agencies in your area already working with HIV-positive Black and Latino YMSM
- **Create a social marketing campaign** that reflects input from Black and Latino YMSM, as well as community stakeholders and current/potential service partners





who have access to the target populations. (*Materials should raise HIV awareness, speak directly to Black and Latino YMSM, and be disseminated through print and online outlets*)

- **Establish an Advisory Board** to help oversee and provide input during the ongoing creation and roll out the intervention.
- **Supplement social marketing efforts** with intensified in-person outreach, such as HIV informational town halls or HIV testing at venues and events (i.e. health fairs, dance clubs, and college campuses, frequented by Black and Latino YMSM).
- **Obtain referrals of HIV-positive Black and Latino YMSM** from aligned entities including local and state health departments, HIV studies, clinics, faith- and community-based organizations (FBOs/CBOs), and AIDS service organizations (ASOs).
- **Link HIV-positive Black and Latino YMSM** into a tightly integrated medical and social support network. This should be a warm handoff, with an HIV Outreach Worker linking newly diagnosed/re-engaged YMSM with a case manager and a medical appointment within 72-hours of identification.
- **Ensure medical and support staff work together** to stay connected with HIV-positive Black and Latino YMSM and support retention in care.

Intervention Staff Requirements

To replicate the University of North Carolina at Chapel Hill's *Project Style* intervention, the following positions and capacity are necessary.

- **Peer Outreach Workers**—serve as the public face of the intervention; facilitate HIV education and testing events.
- **Case Managers**—coordinate with Peer Outreach Workers to schedule initial medical appointment.
- **HIV Primary Care Providers**—An infectious disease board-certified physician with expertise delivering HIV primary care.
- **Research Support Panel**—collects, tracks, and analyzes study data.
- **Advisory Board**—An interagency/community comprised of community members and stakeholders, current/potential service partners, and Black and Latino YMSM representatives.

RESOURCES

This fact sheet is part of the *Improving Health Outcomes: Moving Patients Along the HIV Care Continuum and Beyond* resources from the Integrating HIV Innovative Practices (IHIP) project.

- **Integrating HIV Innovative Practices (IHIP). Engaging Hard-to-Reach Populations: Outreach. (Webinar). April 18, 2013. Available at: <https://careacttarget.org/library/engaging-hard-reach-Populations-outreach>.**
- **Integrating HIV Innovative Practices (IHIP). Innovative Approaches to Engaging Hard-to-Reach Populations Living with HIV/AIDS into Care: Tools from the Integrating HIV Innovative Practices Program Training Manual and Curriculum. 2012. Available at: <https://careacttarget.org/ihip/engagement>.**
- **Outreach, Care, and Prevention to Engage HIV Seropositive Young MSM of Color Initiative. Available at: <https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/spns-initiative-outreach-care-and-prevention-engage-hiv-seropositive-young-msm-color-2004-2009>**

Notes

¹ U.S. Centers for Disease Control and Prevention. HIV and Young Men Who Have Sex with Men. https://www.cdc.gov/healthyouth/sexualbehaviors/pdf/hiv_factsheet_ymsm.pdf

² NIMHD. *Sexual and Gender Minorities Formally Designated as a Health Disparity Population for Research Purposes*. October 6, 2016. <https://www.nimhd.nih.gov/about/directors-corner/message.html>.

³ CDC. *HIV Surveillance Report 2014*. 2015; 26.

⁴ 2016 Conference on Retroviruses and Opportunistic Infections (CROI). *Gay and Bisexual Men of Color Face Greatest Risk of HIV*. Boston, MA. February 2016. <http://www.cdc.gov/nchhstp/newsroom/2016/croi-2016.html>.