MODULE 3

LINKAGE & ENGAGEMENT OF YOUNG BLACK MSM
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Youth represented 21% of all people diagnosed with HIV in 2013.
OVER 50% of HIV-positive youth don’t know they are infected
Only 21% of HIV-positive youth are engaged in care.
At all stages of the HIV Care Continuum, youth are faring poorly, with only 13% achieving viral suppression.
Young Black MSM have the highest risk with a 1 in 4 chance of being infected with HIV by age 25.
CASE STUDY

Patient: Stephen

Demographics
• 18 years Black MSM

Chief Complaint
• None

Social History
• Just completed high school
• Identifies as gay
• Small social network
• No regular partner
• Works part-time and attends community college part-time

Medical History
• HIV-positive
• Diagnosed 15 months ago at age 17
• Only recently started engaging in care
• Has never shared his sexual orientation with his provider

Family History
• Not out to his parents, just his older sister
• Lives with older sister

Mental Health and Substance Use History
• Some anxiety and depression
• Alcohol use: occasional
• Marijuana use: regular

Sexual Health History
• Age at first sexual intercourse: 12
• Has sex with men only (usually older)
• Receptive partner in anal sex
• Inconsistent condom use
• Life time male partners = 7
June 1, 2015: I just have to say it out loud: I’m HIV positive! H.I.V. Positive! HIV. Me.

I can’t tell Mom and Dad. It’ll kill them. That, or finding out their perfect son is a ‘faggot’. I might as well dig two 6 foot holes and throw them in.

Camilla will help, as long as she doesn’t make me tell them!

What am I gonna do? I got school, work, and track. I can’t sleep, can’t eat, man I can’t even focus. I just gotta stay on my grind.

The test guy kept saying it’s a lot to take in. He got that right! Barely remember anything he said… I gotta go see a doctor. I’ll call tomorrow. I’m a hot mess.
The goal of His Health is to increase the capacity, quality and effectiveness of health care providers to screen, diagnose, link and retain Black MSM in HIV clinical care.
MODULE OVERVIEW

Epidemiology of the youth HIV epidemic

Defining linkage and retention

HIV care for adolescents
### LEARNER OBJECTIVES

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<td>1</td>
<td>Evolve cultural competencies for working with young patients</td>
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<td>Use relationship building as a strategy for supporting engagement in care</td>
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<td>Create environments, systems and services to effectively engage young patients</td>
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<td>Develop standard practices for ongoing youth engagement in care</td>
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DEFINITIONS

YOUTH
13 - 24 years old

BLACK
Persons of African descent, American and all others

MSM
Men who are sexually active with other men

LINKAGE TO CARE
Entry into outpatient care after HIV diagnosis

RETENTION IN CARE
Continuous involvement in outpatient care over time

ENGAGEMENT IN CARE
Distinct but interrelated processes of linkage to and retention in care
WHY ARE YOUTH IMPORTANT?
FROM WHAT YOU HAVE LEARNED ABOUT STEPHEN, WHICH OF THE FOLLOWING MOST IMPACTS HIS ABILITY TO ACCESS CARE?

- A. HOMOPHOBIA
- B. HIS PEER NETWORK
- C. HIS SEXUALITY
- D. FAMILY DYNAMICS
- E. HEALTH INSURANCE
- F. ALL OF THE ABOVE
HIV CARE CONTINUUM

- Diagnosed: 86%
- Engaged in Care: 40%
- Prescribed ART: 37%
- Viral Suppression: 30%

HIV Care Continuum for all PLWH:
- Diagnosed: 49%
- Engaged in Care: 22%
- Prescribed ART: 18%
- Viral Suppression: 13%

HIV Care Continuum for youth 18-24:
- Diagnosed: 86%
- Engaged in Care: 40%
- Prescribed ART: 37%
- Viral Suppression: 30%
TRANSMISSION AMONG YOUNG BLACK MSM IS INCREASING COMPARED WITH OTHER YOUTH

Diagnoses of HIV Infection Among Adolescents and Young Adults Aged 13-24 Years, by Race/Ethnicity 2009-2013:
46 States and 5 U.S. Dependent Areas
HEALTHCARE ACCESS & BLACK MSM

- ~60% of HIV-positive Black MSM unaware of status
- HIV-positive Black MSM less likely to access HIV care, be on ARVs and be adherent
- More likely than White MSM to have STIs
# RACE-BASED DISPARITIES

Black MSM diagnosed HIV-positive vs. other HIV-positive MSM

| Disclosure of HIV status to partners | k | OR (CI)      |
|-------------------------------------|--|--|-------------|
|                                     | 3 | 0.46 (0.26-0.77) |

**Sexual risk**

- UAI with male partners
  - k = 8
  - OR = 1.03 (0.73-1.44)

**HIV care access (MSM diagnosed HIV-positive)**

- Health insurance access
  - k = 3
  - OR = 0.47 (0.29-0.77)
- Clinical care visits
  - k = 3
  - OR = 0.61 (0.42-0.90)
- High CD4 (generic)
  - k = 6
  - OR = 0.49 (0.34-0.71)
- CD4 > 200 cells per ml
  - k = 4
  - OR = 0.40 (0.26-0.62)
- cART use
  - k = 5
  - OR = 0.56 (0.41-0.76)
- cART adherence
  - k = 3
  - OR = 0.50 (0.33-0.76)
HIV REPRESENTS A LIFETIME CHALLENGE FOR BLACK MSM

- 1 in 4 infected with HIV by age 25
- 14x more likely to test HIV-positive than white MSM
- 60% infected with HIV by age 40
WHY THE DISPARITY IN HIV RATES?

- Broad Structural, Social & Economic Factors
- Psychosocial Factors
- Social Contextual Factors
- Behavioral Factors
BROAD STRUCTURAL, SOCIAL & ECONOMIC FACTORS

POVERTY

CHILDHOOD SEXUAL ABUSE

INCARCERATION

UNEMPLOYMENT

OTHER TRAUMA

HOMELESSNESS

VIOLENCE

HOSTILE HOME ENVIRONMENTS
SOCIAL CONTEXTUAL FACTORS
EXPERIENCES OF DISCRIMINATION BY YOUNG BLACK MSM

Multisite study of 351 racial/ethnic HIV-positive minority young MSM

Bar graph showing the percentage of respondents experiencing discrimination based on race/ethnicity and sexuality for Black, Latino, and Multi-racial categories.

- **Racial**:
  - Black: 75%
  - Latino: 25%
  - Multi-racial: 50%

- **Sexuality**:
  - Black: 50%
  - Latino: 100%
  - Multi-racial: 50%
Social isolation
Elevated rates of HIV are NOT explained by differences in sexual risk behaviors or substance use.
ADOLESCENCE: AN IN BETWEEN TIME
DEVELOPMENTAL CHALLENGES FOR YOUTH
DEVELOPMENTAL CHALLENGES FOR SEXUAL MINORITY YOUTH
ENGAGEMENT IN CARE REQUIRES HIGHER EXECUTIVE FUNCTIONS
RESILIENCE
LINKAGE & RETENTION
CASE STUDY

Stephen Video Blog - Part 2

June 1, 2016. Confession time. I still haven’t been to the doctor. Camilla’s all over my case.

What a messed up year… I’ve been lonely and depressed. Hadn’t talked much about my status… until this one guy. I told him because I felt bad about not telling the first guy. We were being safe and all – but still… He flipped out– God, we hadn’t even done anything yet. He even put some shit up on Instagram – no names, but it scared me – BAD. Sometimes I feel like I’m screwed either way.

Doctor tomorrow or deal with Camilla. Going tomorrow – For real, for real this time.
WHICH OF THE FOLLOWING PATIENT CASE SCENARIOS IS CONSIDERED SUCCESSFUL LINKAGE AND RETENTION IN CARE?

A. STEPHEN HAS HIS FIRST VISIT 7 MONTHS AFTER DIAGNOSIS

B. STEPHEN IS TAKEN TO THE CLINIC BY THE HIV COUNSELOR AND AN APPOINTMENT IS MADE WITH THE DOCTOR FOR THE FOLLOWING WEEK

C. STEPHEN MEETS THE MEDICAL CASE MANAGER THE DAY OF HIS DIAGNOSIS AND THE NURSE PRACTITIONER, WHO HE SEES AGAIN 1, 3 AND 36 MONTHS LATER.

D. IS TAKEN TO THE CLINIC BY THE HIV COUNSELOR. HE MEETS WITH A MEDICAL CASE MANAGER AND THE NURSE PRACTITIONER WHO SEES HIM 1 MONTH LATER.
HIV/AIDS BUREAU PERFORMANCE MEASURES FOR LINKAGE AND RETENTION TO HIV MEDICAL CARE

- **Linkage to HIV Medical Care**: Number of persons who attending a routine HIV medical care visit within 3 months of HIV diagnosis.

- **HIV Medical Visit Frequency**: Percentage of patients who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.
• National-level data on HIV care linkage and engagement for HIV-positive adolescents

• Within 32 months, 1172/1679 (69.8%) of adolescents were linked to care of which 1043/1172 (89%) were engaged in care.

• Only 62.1% (1043/1679) of adolescents were linked and engaged in care
DISPARITIES IN ENGAGEMENT IN HIV CARE

- Younger age is associated with lower rates of retention in care during the first two years following diagnosis.
- Adolescents in treatment fail about one-third of scheduled visits, and approximately 30% of adolescents drop out of care after being engaged.
TRANSLATING THE GUIDELINES INTO PRACTICE

- How can providers translate these metrics to their own clinical practice?
- How frequently should youth be seen for routine HIV care?
- Is 3 months between diagnosis and linkage to care the right metric for youth?
CASE STUDY

Stephen Video Blog - Part 3

Well I did it. not sure if I’m going back, though. Almost turned around and left before going in. Realized I could run into someone who knew me. So I kept an eye on the door the whole time, ready to run out.

They gave me 20 pages of forms to fill out. Half the stuff I couldn’t even answer. I left a lot blank. It’s their problem now.

They act all nice - like they mean it, but real recognize real! The nurse says this judgy thing about being “so glad I finally came in”. Really bish? She don’t know anything about me.

The doctor didn’t look at me once – just kept typing into the computer and asking questions. Got really awkward when he started being nosey asking me about sex. Now I think I’m supposed to go to some lab or something.
SORT THE FOLLOWING PATIENT ENGAGEMENT STRATEGIES FOR YOUTH AS: “VERY IMPORTANT”, “IMPORTANT” OR “NOT IMPORTANT”

A. A POSITIVE AND RESPECTFUL PROVIDER-PATIENT RELATIONSHIP
B. CLEAR, YET FLEXIBLE, CLINIC RULES
C. IDENTIFYING PERSONAL SUPPORT (FAMILY OR PEERS)
D. AN INTERDISCIPLINARY CARE PLAN
E. DEVELOPING A CULTURALLY COMPETENT CLINIC AND STAFF
F. USE OF YOUTH CENTERED TECHNOLOGY FOR COMMUNICATION
G. ALL OF THE ABOVE
PATIENT, PROVIDER AND SYSTEM FACTORS AFFECTING ENGAGEMENT
THE ENGAGEMENT MOMENT
PATIENT, PROVIDER AND SYSTEM FACTORS AFFECTING RETENTION
SYSTEMS OF CARE

COMMUNITY

HOSPITAL/
HEALTH CARE SETTING

CLINIC

PATIENT/
PROVIDER
PATIENT PERSPECTIVES

NEW

FOLLOW-UP

RE-ENGAGEMENT
RE-ENGAGEMENT MOMENT

RE-ENGAGEMENT
CAN’T CONTROL

Patient prior experiences

Experiences before and after they see you
The clinic space

The clinic staff

Your own behavior and response to the patient
EFFECTIVE PATIENT-PROVIDER COMMUNICATION
SETTING GOALS AND EXPECTATIONS

PATIENT GOALS

PROVIDER GOALS
UNPACKING CHALLENGES IN CARING FOR YOUNG BLACK MSM

PROVIDER STRUGGLES
CHECK LIST vs DISCUSSION

Sexual Risk Behavior

Alcohol/Drug Use

Sexual Identity
PROVIDE COMPREHENSIVE WELLNESS
MEET YOUTH WHERE THEY ARE
EMPOWERMENT /ɪmˈpaʊərment/  
noun | enabling, equipping, emancipation, enfranchising
TAKEAWAYS

- PROVIDE RESPECT
- CREATE RELATIONSHIPS
- COMMUNICATE THOUGHTFULLY
- DEVELOP CULTURAL COMPETENCIES

IT’S A PROCESS NOT A DESTINATION
REFERENCES


REFERENCES

DHHS Adult and Adolescent HIV Treatment Guidelines

Barriers to Effective Communication Eliason MJ et al. 2001; Matthews WC et al. 1986


REFERENCES

Hightow-Weidman, L.B. et al. (2011). Baseline Clinical Characteristics, Antiretroviral Therapy Use, and Viral Load Suppression Among HIV-Positive Young Men of Color Who Have Sex with Men. AIDS Patient Care and STDs. 25(S1), S9-S14.


REFERENCES


RESOURCES


• National AETC Resource Center: http://aidsetc.org

• in+care campaign: http://www.incarecampaign.org

• CDC Gay and Bisexual Men’s Health: http://www.cdc.gov/msmhealth/professional-resources.htm
RESOURCES


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