Engaging Young MSM of Color in HIV Prevention in the Primary Care Setting

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Objectives

- Background of the problem

- Historic Medical Experiences

- Engagement of YMSMC in two recent projects
  - Project YEAH
  - Project VOGUE

- Case Study

- Take home points
Background and Significance

- AIDS Pandemic 25+ years old with NO CURE yet.
- Now considered a CHRONIC condition
- No decline in the number of cases among our YOUTH (25 and under) in the USA.

HIV/AIDS Disparity in the United States of America

- Blacks 13% of population but 50% of all HIV/AIDS cases.
  - 61% of all new HIV/AIDS cases among those under age 25

- Over 60% of all new HIV/AIDS cases in MEN occur among MEN OF COLOR.
  - AIDS case rate highest among Black Men at 103.8/100,000
  - MSM is the primary route of infection for these men.
  - 63,112 Black MSM currently living with HIV/AIDS
  - As many as 46% of all Black MSM maybe HIV+

- ANSWERS ANY QUESTION AS TO WHY FOCUS ON YOUTH
Estimated Number of HIV/AIDS Cases among Men Who Have Sex with Men, Aged 13–24 years, by Race/Ethnicity 2001–2006—33 States

Note. The data have been adjusted for reporting delay and cases without risk factor information were proportionally redistributed.

Year of diagnosis

No. of cases

2001  2002  2003  2004  2005  2006

Black, not Hispanic

White, not Hispanic

Asian/Pacific Islander

Hispanic

American Indian/Alaska Native
Historic Group Medical Experience

- **Black Male**
  - Historical mistrust of the medical system and for good reason

- **Gay Male**
  - Lack of disclosure, ridicule and mistreatment

- **Young Male**
  - Invincible, do not actively seek out care

- **Young Black Gay Male**
  - The intersection of all of the above and then some

- So what is a medical provider to do when dealing with such an individual with so many potential obstacles in the way?

- How do you engage this highly at risk group in medical care and HIV prevention?
The Evidence

- **Racial and sexual prejudice**
  - “Being a Black man is a hard struggle”
  - Disjointed sense of self

- **Medical Expectations**
  - Influenced by social context of racial and sexual displacement

- **External Barriers to Medical Care**
  - Money, insurance, perceived confidentiality, impersonal system

- **Internalized Barriers to Healthcare**
  - Rooted in distrust of the medical system: Bad news, opportunist

- **Medical Miscommunication**
  - Medical personnel have their own culture and language

- **Provider preference and Cultural Competence**
  - Personal connection and Black doctors

  - Malebranche; et al, 2004
The YMSM of Color SPNS Initiative

- The Initiative funded in Fall 2004, with five year grants
  - DHHS Health Resources Services Administration – SPNS
- The initiative completed its 5 year cycle
- Eight demonstration sites and a TA and evaluation center (GWU YES Center)
- Demonstration site grantee goals
  - Develop, implement, and evaluate innovative models of care for YCMSM
  - Apply intervention models that identify, engage, link, and retain HIV-infected individuals in care
- GWU YES Center goals
  - Support intervention and local evaluation efforts of grantees, with capacity building, TA, and training
  - Conduct comprehensive, multi-site program evaluation
Project YEAH

- Youth Empowerment Around HIV

- To modify and adapt comprehensive, theory based, and culturally appropriate prevention intervention programs for use with HIV-infected young MSM of color (YMSMC) age 13 to 24

- Establish an effective outreach program which identifies and engages HIV seropositive YMSMC and those at high risk

- Link HIV+ YMSMC into care, and increase counseling and testing of this population
Objective 2: YMSMC Engagement

How do we get the YMSMC interested in our project?

- **Drop-In Center**
  - Safe ZONE model
  - Expanded hours (Weekends, Nights)

- **Youth development opportunities**
  - Leadership training, Resume writing,
  - Confidentiality assurance: Come as you are

- Identified a hierarchy of needs among YMSMC

- Established a **PAID** Youth Advisory Council

- Social marketing: Kick off for Project YEAH
  - New Office for the entire agency
  - Print materials (Posters, Palm cards, Flyers)
  - Open houses
YMSMC Peer Youth Advisory Council

- **Made-up of 10 Members@ $20/month/each**
  - High school students
  - College students
  - Transgender
  - Young working adult (Out of HS but not in College)
  - House Ball community participants

- **Criteria to be a member of the YAC**
  - Males of Color (Black, African American, Hispanic, Asian, Native American)
  - Age 13 to 24
  - Self-identified as a man who has sex with other men
  - Member of the Rochester Community

- **YAC Responsibilities**
  - Review every aspect of Project YEAH
  - Provide input on design of drop-in space
  - Keep the drop-in space clean
  - Set the rules for the drop-in center
Drop In Center: A Safe Haven

- YAC consulted
  - Colors (They Painted)
  - Posters
  - Furniture
- Evolving and ever changing
  - Youth focused
  - Annual update
  - Open to suggestions
  - Decorating
    - Seasonal
    - Holidays
    - Bulletin Boards
Outreach-Engagement Strategies

- Don’t throw out the basics: ENHANCE THEM

- Targeted Traditional Outreach Formats
  - Night clubs/bars
  - Peer to Peer street outreach (Schools, bus stops, parking lots)
  - Health fairs/Festivals, Colleges, Lectures/Presentations

- Seasonal Outreach: Rochester’s Four Seasons
  - **Winter**: Internet and small groups
  - **Spring**: Internet, Youth hangout, Street outreach
  - **Summer**: House parties, Annual MOCHA week, Festivals
  - **Fall**: College forums and workshops
Objective 3: Clinical Multisite

- **Creation of a Local Care Collaborative**
  - Clinical Care Partners
  - Ancillary Care Partners
  - Care collaborative Summit meetings
  - Quarterly educational update meetings

- **Multisite Survey**
  - Baseline survey
  - 3 Month F/U Assessments

- **National Results (8 Sites)**
  - 362 YMSMC enrolled
  - Local epidemic: ↓ HIV incidence rate among YMSM (n=11)
A Collaborative Care Network

MOCHA Project YEAH

Outreach Program

Young MSM of Color

HIV Testing

HIV +

Direct Care Provider

HIV -

Drop-in YMYV SBC

Ancillary Service Provider
Clinical Partners

■ Dedicated youth clinics
  ◆ Specific day
  ◆ Specific times
  ◆ Specific setting or site: Youth friendly spaces

■ Facilitated access to appointments
  ◆ Quicker appointments
  ◆ Walk in times

■ Peer advisers / counselors

■ Support groups
  ◆ In conjunction with local CBO

■ Supportive social work services
  ◆ There are other needs besides HIV prevention
YMSM Publications


- Special Issue/supplement in review/press with a total of 7 articles due out this coming fall 2011
  - Journal: *AIDS Patient Care and STDs*
PROJECT VOGUE
House Ball Culture

Ball culture, the house system, the ballroom community and similar terms describe the underground LGBT subculture in the United States in which people "walk" (i.e. compete) for trophies and prizes at events known as balls.

Those who walk often also dance and vogue while others compete in various genres of drag often trying to pass as a specific gender and social class.

Most people involved with ball culture belong to "houses" led by a “mother” and “father”
Ball Culture is Growing

- There are several national houses
  - Legendary Houses: LaBeija, Ninja, Pendavis, Garavani, and Xtravaganza
  - GMHC: House of Latex Project
  - House Of Infiniti, Mizrahi, and Aviance
    - [http://houseofblahnik.org/](http://houseofblahnik.org/)

- Paris is Burning Documentary
  - [http://www.youtube.com/watch?v=gtMtMy0ndo0&feature=related](http://www.youtube.com/watch?v=gtMtMy0ndo0&feature=related)
The Research Team

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2 Year, two-part pilot intervention

Goal: Develop a new intervention curriculum to:

1. Provide effective HIV/STI harm reduction strategies

2. Decrease the stigma regarding HIV vaccine research

3. Increase awareness of HIV vaccine and other biomedical research among those in the house ball community
What is Project VOGUE?

**WNY Council of Houses**
- Serves as governance body
- Provides ongoing peer support
- Provides feedback to HVTU and research teams
- Plans engagement programs/event

**VOGUE Intervention**
- 6 session HIV prevention intervention
- Reduce stigma about clinical research
- Increase relationships between house/ball & HVTU site
What we needed to know

- **Areas of Concern** – HIV/STI, violence, drug use, intimate partner violence, sexual abuse, depression

- **Effective Strategies** - discussions, house meetings, interactive games, visual aids

- **Logistics** - place, time, incentives

- **Obstacles** – confidentiality, lack of knowledge, access to services

- **Ideal Program** - drop-in center, field trips, peer driven activities
WNY Council of Houses (COH)

- Composed of 16 houses
  - Anyae, Blahnik, Dereon, Diamany, Dynastii, Ebony, Empire, Khan, Labella Mafia, Marc Jacobs, Maserati, Paciotti, Talon, Warriors, Evisu, and Mizrahi

- Advisory expert panel for Project VOGUE

- Meet 1 – 2 Times a month
  - Buffalo and Rochester
Case Study of Jose

- **Demo**: 19 year old gay Latino male who comes to your office for a routine pre-job physical. Has no stated health complaints. Raised catholic

- **PMH**: Family history is + for diabetes (M), obesity (M and Brother), and cancer (MGF-prostate).

- **Allergies**: NKDA, NKEA, NKFA, no latex allergy

- **Immunizations**: Mostly up to date, Last Td and Hep-B unknown

- **PSH**: denies any

- **Habits**: + occasional alcohol, + marijuana use, - tobacco, + coffee, + exercise routine

- **Social**: lives with his mother and not out to his family, no current BF, attends a local community college

- **Sex**: Sexarche age 12, + history of STI, denies current activity, Last HIV test more than 6 months ago, Life time male partners = 14

- **Vitals today**: T:98.8, P: 82, R: 20, Wt: 148, Ht: 5’8

- **What are his medical needs?**

- **How would you approach the discussion of HIV Prevention with him?**
Case Study

How or would your approach change if Jose was

- Black
- Transgender
- Bi-sexual
- Homeless
- A house ball kid
Take Home Points

- **RESPECT**
  - Care about them as people not just patients
  - Don’t bull shit them
  - Don’t judge – Listen

- **COMMUNICATION**
  - You must understand each other
  - Tone down the medical rhetoric
  - Use of social media to communicate

- **CULTURAL COMPETENCE**
  - Cultural desire
  - Cultural education
    - Learn the sub-cultures of the community (House Ball)
    - Engage and enlist the leaders of the sub-cultures (Advisory Boards)
  - **IS A PROCESS NOT A DESTINATION**
Contact Information

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Thank you