



WORKING WITH YOUNG PEOPLE WITH HIV FAQs

Why This Topic?

Young people are the least likely of any age group to be aware of their HIV infection, be retained in care, or achieve viral load suppression. In addition, young people have high rates of sexually transmitted diseases (STDs) and low rates of condom use, greatly increasing the chance of getting or transmitting HIV.¹

In 2020, people aged 13–34 accounted for more than half (57 percent) of new HIV diagnoses. Of new HIV diagnoses among people who identified as transgender, 77 percent were aged 13–34.¹ Among RWHAP recipients, viral suppression and retention in care were lowest among transgender youth.²

Addressing HIV among young people requires that they have access to knowledge and tools to reduce risk factors, obtain treatment, and be retained in care.

What are Some Tips for Success?

Tailor programs to young people. Young people are more tech savvy and socially aware today, but less trusting of systems and institutions. Establishing trust among young people requires affirming approaches rooted in humility and cultural responsiveness. Consider using social media platforms to reach young people who may be experiencing social isolation.

Get youth involved. Develop committees which empower young people to inform the direction of programs or to provide feedback on existing and new initiatives.

Take a holistic approach. Consider other issues and factors impacting the individual's life and where they are in their diagnosis including whether the client is pregnant, their religious beliefs, sexual orientation and history of incarceration. Develop personalized care plans depending on the client's age and living arrangements. Be responsive to the needs of all young people and facilitate open and honest conversations (e.g., about sexual health, social needs, etc.)

What are the Capacity Requirements for Working with Young People with HIV?

Safety and welfare are significant concerns for young people based on the social and political climate, historical medical mistreatment, and ongoing influence of social media.

Below are some questions to consider early on in your planning process, being mindful of the impact of safety and stigma on HIV care engagement:

- Is your facility safe and welcoming to young people?
- Where are the closest bus and/or train stops to the organization?
- What are potential safety concerns for clients visiting your organization?
- Is your signage welcoming to all individuals who use the space, particularly young people with HIV; lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA+) youth; and young people of color?
- Do your client-facing documents include non-stigmatizing and inclusive language that are accessible and affirming of an individual's intersecting identities? For example, do the forms ask for information such as pronouns, gender, and offer a range of options for race and sexual orientation?

Featured Intervention

Text Me, Girl! is a 90-day theory-based, transgender-specific, automated text-messaging intervention designed to improve engagement, retention, and health outcomes along the HIV care continuum. The intervention serves to remind, educate, motivate, and encourage behaviors supporting retention in care and medication adherence. Over the course of the 90-day intervention, participants receive 270 theory-based text messages (three messages daily over a 10-hour period) that are targeted, tailored, and personalized specifically for young adult transgender women with HIV ages 18–34.

Innovations

To help address the challenge of interruptions in cell phone access, participants were provided with referrals to obtain a free government phone, for which many participants qualified, and were given the option to receive text messages via an email account rather than a cell phone. Since most of the cell phone programs require a state ID card to apply and many participants did not have a state issued ID, project staff provided a reduced or no-fee ID application for those who qualified. Additionally, for those participants who changed their phone number or asked to change from one method of delivery to another (i.e., from cell phone to email or vice versa), the project allowed updates to participant contact information an unlimited number of times.

Accomplishments

Eighteen months post-intervention:

- 77 percent had initiated ART
- 59 percent were retained in care
- 51 percent were virally suppressed

Where Can I Find Additional Resources?

Text Me, Girl! Intervention Implementation Guide
<https://targethiv.org/ihip/textmegirl>

Positive Peers Intervention Implementation Guide
<https://targethiv.org/ihip/positivepeers>

Best Practices Compilation
<https://targethiv.org/bestpractices/search>

HIV Care Innovations
<https://targethiv.org/library/hiv-care-innovations-replication-resources>

Featured Intervention

Positive Peers is a mobile app for youth and young adults with HIV ages 13–34. The app offers information, social networking, and self-management tools to support holistic HIV care. The app provides curated local community resources such as housing assistance, support groups, substance use programs, local HIV care and LGBTQ-affirming care clinics. Positive Peers was designed to improve retention in HIV healthcare, facilitate greater viral suppression, lessen perceived isolation and stigma, and support HIV self-management for users.

Innovations

A key component contributing to the success of this intervention is collaboration with young people with HIV during planning and implementation. If you already have a Community Advisory Board (CAB) or youth support group, ask the members ages 13–34 to weigh in on introducing Positive Peers to your community. Consider hiring a member of your CAB as the Positive Peers administrator.

Having an ambassador in the local community is a great way to generate local buzz and excitement. This individual should be invited to recommend local content and sites where promotional materials can be shared to encourage enrollment.

Accomplishments

The youngest participant group, ages 13–24, were:

- 2.85 times more likely to obtain HIV laboratory tests, and
- 4.22 times more likely to achieve HIV viral suppression

than those who did not use the Positive Peers app.

References

¹Centers for Disease Control and Prevention. (2022). Diagnoses of HIV Infection in the United States and Dependent Areas 2020. *HIV Surveillance Report*, vol 33. Retrieved December 20, 2022, from <https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>

²Health Resources and Services Administration. (2022). *Ryan White HIV/AIDS Program Annual Client-Level Data Report 2021*. Retrieved May 20, 2023 from ryanwhite.hrsa.gov/data/reports.

About IHIP

Integrating HIV Innovative Practices (IHIP) includes implementation tools and resources, peer-to-peer technical assistance, and other capacity building support to help providers address needs and gaps in the delivery of HIV care and treatment along the HIV Care Continuum. Visit www.targethiv.org/ihip to subscribe for updates on intervention materials, trainings and TA opportunities.