



Center for
Innovation and
Engagement

TIPS FOR ENGAGING YOUTH & ADOLESCENTS USING AN INTERSECTIONAL APPROACH

Why this Topic?

Youth and adolescents are not a uniform group so an intersectional approach to HIV service delivery works best to achieve optimal re-engagement and retention outcomes. Young people face various barriers to HIV engagement and retention due to various factors including stigma, limited access to youth and adolescent-specific health services, poverty and unstable housing among other factors.

Relevant Statistics

Insufficient sex education and health inequities have a direct correlation to HIV testing rates, condom awareness, and high rates of sexually transmitted diseases (STDs). The following statistics provide a broader understanding about HIV incidence as it relates to young people ages 13 to 24 in the United States in 2018:

- Youth and adolescents accounted for 21 percent (7,891) of all new HIV diagnoses.¹
- Male-to-male sexual contact made up 92 percent of all new HIV diagnoses among young men and heterosexual contact made up 86 percent of all new HIV diagnoses among young women.¹
- Black/African American young people accounted for 10 percent (4,104) of all HIV diagnoses compared to five percent (1,948) for Latinx youth and four percent (1,335) for White youth.¹
- 79 percent received some HIV care, 58 percent were retained in care and 60 percent were virally suppressed.²



Assessing Current Capacity

Be mindful of the impact of safety and stigma on HIV care engagement. Safety is a significant concern for young people based on the social and political climate, historical medical mistreatment, and ongoing influence of social media. As a result, there has been an increase in safe spaces, campaigns to end bullying (physical, mental, and cyberbullying), gun violence, and an increased interest in politics. Below are some questions to consider early on in your planning process.

- Are young people involved in school, enrichment programming, or employment? Do they receive needed support from a parent/guardian or trusted adult?
- Is your facility safe and welcoming to youth?
 - 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 Black and Brown youth?
 - 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?



Tips to Build Organizational, Systems, and Staff Capacity

- Implement, strengthen, and sustain effective practices that will improve outcomes of young people with HIV and lead them through the HIV care continuum.
- Develop work plans that center young people, considering sub-populations (e.g., LGBTQIA+ youth with HIV, immigrants, people with disabilities).
- Provide cultural responsiveness training for current and new employees. Ensure the office culture is welcoming of young people.
- Create meaningful pathways to involve youth and adolescents at your organization (e.g., providing employment and volunteer opportunities).
- Be flexible and willing to adapt activities and programs based on the needs of young people.



Centering Health Equity in HIV Service Delivery

To serve youth and adolescents using a health equity framework, individuals must be willing to address the social determinants of health (e.g., stable housing, healthcare access, education access, discrimination, poverty, etc.) that impact a young person's ability to access and remain engaged in HIV care. To gain a better understanding of the social determinants of health of young people consider doing the following:

- Assess the young person's living condition to determine if they have safe, permanent housing. If young people are living in a temporary housing environment (e.g., couch-surfing, hotel, foster care, group home, shelter, etc.), do they feel safe?
- Remember to assess interconnected social needs. Young people who struggle to have their basic needs met are less likely to enter or remain in care.
- Ensure a smooth transition from pediatric to adolescent/adult care systems. Youth and adolescents who receive pediatric care are not often prepared to be phased out of pediatric care. This can provide a sense of treatment fatigue that could impact some throughout their lives.
- Remove stigma and educate yourself on cultural norms and social ques.



How to Provide Intersectional HIV Services to Youth and Adolescents

To effectively engage young people in continued care, 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. Additional tips to lead youth and adolescents through the HIV care continuum and to retain them in care are below:

- Develop personal and individualized care plans. Clients will require different approaches depending on their age (e.g., a 14 year old will need a different care plan from a 19 year old as they will have more autonomy over their health choices depending on their life circumstances). Additionally, in some jurisdictions minors may need a parent or guardian to be present or provide consent to receive care services. This could be a barrier to care and would need to be addressed during the care plan.
- Make space for socializing, and consider how tools such as Instagram, TikTok, Discord, and other social media applications can play a part in increasing social connection. Young people thrive on social interaction and often engage using digital formats. This is important because certain subgroups such as transgender youth and adolescents are more likely to experience social isolation, and digital connection is a great way to combat this issue.
- Consider the client's living arrangements. The data show that 1 in 10 unaccompanied young adults ages 18 to 25 and at least 1 in 30 unaccompanied youth ages 13 to 17 experience some form of housing instability over the course of a year.³ Young people living in shelters may be encountering additional issues such as lack of water, power, or food.



Stock photo. Posed by models.

Stories from the Field

The Bros in Convo Initiative is a Black, Queer-led community-based organization in Orlando, FL providing capacity building training, health education, linkage to HIV prevention services, peer support, and referrals to community resources in Central Florida. Since the Summer of 2017, they have responded to the increasing number of HIV cases among Black and Brown gay and bisexual men and other men who have sex with men ages 18 to 35. They do this by cultivating a sense of community among this client population while addressing health inequities that interfere with their care experiences.





Stakeholder Engagement/ Community Partnerships

To successfully build stakeholder engagement or community partnerships, interact and work with the community, and ask them about their priorities. Strategies to facilitate this process include:

- Dedicate time and space to build trust, recognizing that this is an on-going process.
- Assess the geography of the community as programming and services may be operationalized differently in rural, suburban, and urban spaces.
- Engage local businesses, churches, schools, social clubs, or other organizations that young people frequent and leverage these spaces for your programs.
- Develop committees which empower youth and adolescents to inform the direction of programs or to provide feedback on existing and new initiatives.



How to Sustain Efforts

HIV care can be complex, and emotionally and mentally taxing for young people to navigate on their own. Providing clear plans for care and engagement can build confidence and empower youth and adolescents. To retain clients in care and sustain current initiatives consider the following:

- Connect young people to the broader community. This can be their peers or other mentors who are reliable, selfless and can provide additional support to them.
- Develop long-term goals and share what your organization can offer to clients.
- Be transparent with young people when organizational issues arise that may impact their care (e.g., budget cuts that will hinder programming). Input from clients should also be integrated into any organizational conversations.
- Develop a comprehensive budget that responds to the needs of clients (e.g., procurement of cellphones for telehealth services).
- Partner with other community agencies and organizations who can address other factors that may impede care or the care continuum.

Conclusion

Youth and adolescents of today are more tech-savvy, socially aware, but less trusting of systems and institutions. Establishing trust among young people requires affirming approaches rooted in humility and cultural responsiveness. By being responsive to the needs of all youth and adolescents and facilitating open and honest conversations (e.g., about sexual health, social needs) between program staff, providers and clients, your organization can ensure that clients are linked and retained in care.

Additional Resources

POZ Magazine Article by Alicia Green: Youth Empowerment—Raising HIV Awareness Among Young People

<https://www.poz.com/article/raising-hiv-awareness-among-young-people>

amfAR's AIDS 2020 Conference Opening Plenary by Greg Millett: The Foundation for AIDS Research Opening Plenary

<https://www.youtube.com/watch?v=oYSCM5DWwMs>

Video by Equality Florida: Unlocking HIV Stigma: HIV Stigma & The Black Latinx Disparities

<https://www.youtube.com/watch?v=l-ahxouCqio&t=362s>



About CIE

The Empowering to Improve Replication Project is an intervention-based, implementation science pilot program led by NASTAD's Center for Innovation and Engagement (CIE) in collaboration with Northwestern University and Howard Brown Health. CIE is funded by HRSA's HIV/AIDS Bureau (HAB), RWHAP Part F, Special Projects of National Significance (SPNS), under a three-year cooperative agreement entitled Evidence-Informed Approaches to Improving Health Outcomes for People with HIV. The purpose of this initiative is to identify, catalog, disseminate, and support the replication of evidence-informed approaches and interventions to engage people with HIV who are not receiving HIV health care or who are at risk of not continuing to receive HIV health care. Learn more at www.CIEhealth.org and www.TargetHIV.org/CIE.

Acknowledgements

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- ¹Centers for Disease Control and Prevention. (2020). *Diagnoses of HIV infection in the United States and dependent areas, 2018 (updated)*. *HIV Surveillance Report 2020*;31. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-updated-vol-31.pdf>
- ²Centers for Disease Control and Prevention. (n.d). *Selected national HIV prevention and care outcomes [slides]*. <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-prevention-and-care-outcomes-2018.pdf>
- ³Voices of Youth Count (2017). *Missed Opportunities: Youth Homelessness in America*. Chapin Hall at the University of Chicago. <https://voicesofyouthcount.org/brief/national-estimates-of-youth-homelessness/>