



HIV/AIDS Bureau Division of Policy and Data Consultation Overview

Executive Summary | December 2015

IMPROVING CARE FOR YOUTH LIVING WITH HIV

Introduction

Youth aged 13 to 24 account for 6 percent of people (32,000) living with HIV receiving Ryan White HIV/AIDS Program (RWHAP)-funded services. Mirroring national trends, outcomes for HIV-infected youth receiving RWHAP services are not as good as those of RWHAP clients in other age groups. In 2013, viral suppression was much lower for youth aged 13 to 24 (60%) compared to people receiving RWHAP services overall (79%), despite the relatively high percentage of young people living with HIV who were retained in RWHAP-funded care (77%).

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB), in partnership with the Office of the Assistant Secretary for Planning and Evaluation (ASPE), held a one-day, in-person meeting with experts to discuss barriers to care for youth living with HIV and to explore system-level, provider-level, and patient-level strategies to improve their health outcomes along the HIV Care Continuum. Panelists included researchers within the field of HIV and beyond, as well as public health officials, HIV practitioners, state program administrators, and young people living with HIV.

Meeting Themes

The panel discussion was centered around the following strategies:

- 1. **System-level strategies** Panelists encouraged supporting a care delivery system that is responsive to and accommodates the needs of specific subpopulations of youth living with HIV (i.e., youth of color and men who have sex with men [MSM]), funding comprehensive medical and support services for youth, and encouraging providers to adopt evidence-based and promising models of care. Specifically, panelists highlighted the following strategies:

Executive Summary of the meeting Convened by the United States Department of Health and Human Services (HHS) Health Resources and Services Administration's HIV/AIDS Bureau (HAB), in partnership with the Office of the Assistant Secretary for Planning and Evaluation (ASPE), May 27, 2015.

- **Tailored communication** Develop key messages, outreach strategies, and services related to HIV care that are targeted to specific subpopulations of youth whose needs can vary greatly, such as behaviorally infected and perinatally infected adolescents, young adults aging with HIV, young women, young black MSM, or young transgender men and women.
- **Comprehensive care** for youth to facilitate medication adherence and other health-enhancing behaviors.
 - **Incentives and funding** to provide services tailored to youth and to specific subpopulations of youth through the promotion and support of RWHAP grantees using strategies and approaches that are scientifically grounded.
 - **Ensure the continuity of services** targeted to youth by prioritizing that all RWHAP recipients are required to address this population, including Parts A and B.
 - **Encourage utilization of evidence-based approaches** to care by developing provider evaluation and feedback systems, disseminating best practices using strategies such as networks of physician champions, and supporting provider training.

- *Support models of care that address social determinants of health* to improve young people's adherence to medication, including the consideration of racism as a social context for increased HIV risk.

2. Provider-level strategies Panelists emphasized the importance of youth-friendly clinic environments, with diverse care teams and seamless coordination across pediatric, adolescent, and adult clinics, particularly for transition of youth from pediatric to adult care. Specifically, panelists highlighted the following strategies:

- *Disseminate best practices* for developing youth-friendly clinics, which include hiring supportive staff who represent the target population; incorporating clinic arrangement and décor that is inviting to youth; offering nontraditional hours and flexible scheduling; discussing medical mistrust based on age, race, and sexual orientation; and adopting affirming, open-minded communication and sensitivity training for staff.
- *Encourage clinics to maintain care teams* with diverse backgrounds and skill sets to better establish mutual trust between youths and their providers, gain and secure youths' confidence in their providers, and sustain engagement in care.
- *Provide resources* for the development, implementation, and sustainable maintenance of evidence-informed peer support programs, including training and certification courses.
- *Support coordination* between adult, pediatric, and adolescent providers to support and facilitate youth transition to adult care and to ensure that adult care providers have the information and incentives to refer clients to adolescent specialists when necessary.

3. Patient-level strategies: Panelists indicated a need for updated, tailored educational content and media for youth and support for education that promotes prevention for youth living with HIV, good interactions with providers, and self-advocacy. Further, they emphasized the need for complementary education

for caregivers. Among the means for such education, panelists supported implementation of tailored strategies for mobile health (mHealth) technology. Specifically, panelists highlighted the following strategies:

- *Create and maintain up-to-date educational materials* for youth that are tailored and conveyed through youth-oriented media.
- *Encourage the integration of education into care* so that youth have the information and skills to discuss their concerns at all stages of care, including prevention, testing, diagnosis, and maintenance.
- *Invest in youth education* to facilitate self-advocacy and promote peer support.
- *Involve youth* in all stages of developing approaches to HIV care.
- *Support HIV education for caregivers* so that families and other supporters can help youth stay in care and be adherent.
- *Enhance media presence* and explore the role for government-funded peers in reaching youth via social media.
- *Text-message reminders* Consider the merits of those sent from a centralized, automated service versus those sent by members of a youth's care team.
- *Consider the benefits of videoconferencing* to connect youth to adherence counseling, specialist services, and peer supports, peer mentors, or community health workers.
- *Leverage mHealth technology* to complement human interactions.

Next steps: //

- ▶ Additional research on youth-centered care
- ▶ Cross-government collaborative meetings regarding services for youth (e.g., HAB, NIH, OWH)
- ▶ Bureau-level analysis of support services

