ADDRESSING HIV-RELATED INEQUALITIES FOR SEXUAL AND GENDER MINORITY YOUTH

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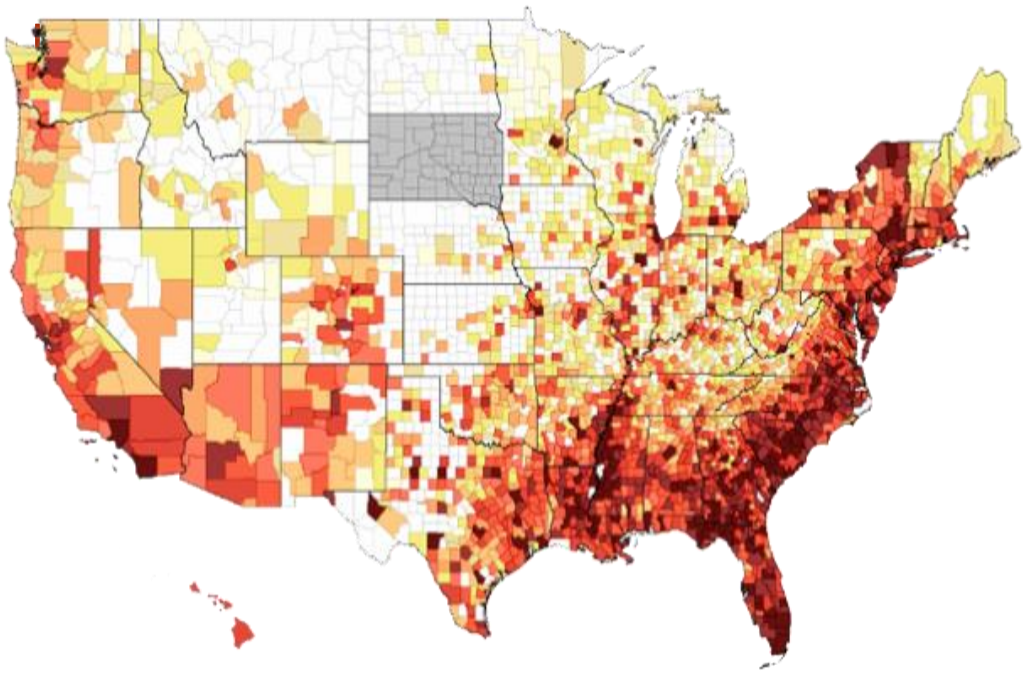


HIV INEQUITIES

Nearly one third of all new HIV infections occur in individuals ages 15 to 24.

Sexual and gender minority youth are less likely to know their HIV status, be retained in care, and achieve viral suppression.

Developmental transitions create higher risk contexts for HIV acquisition and suboptimal care.

- Onset of sexual activity
- Shifting roles with family and peers
- Adoption of adult roles, responsibilities, and behaviors
- Exposure to systemic barriers to health care services

COMBINING EVIDENCED-BASED STRATEGIES TO OPTIMIZE HIV PREVENTION IMPACT

- Voluntary Medical Male Circumcision
- Treatment as Prevention
- STI Treatment
- Prevention/Treatment Substance Abuse
- HIV Testing/Counseling
- Blood Supply Screening

"The strategic, simultaneous use of different classes of prevention activities that operate on multiple levels to respond to the specific needs of particular audiences and modes of HIV transmission, and to make efficient use of resources through prioritizing, partnership, and engagement of affected communities"

UNAIDS (2010)

- Education/Behavior change strategies
- PMTCT
- PrEP/PEP
- Needle Exchange/Harm reduction
- Condoms
- Prevention/Treatment Mental Health Conditions

Slide courtesy of Dr. Lisa Hightow-Weidman

PREVENTION RESEARCH SYNTHESIS (PRS) COMPENDIUM

Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention

The Evidence-Based Interventions (EBIs) and Best Practices in the *Compendium* are identified by the CDC's Prevention Research Synthesis (PRS) Project through a series of ongoing systematic reviews. Each eligible intervention is evaluated against explicit *a priori* criteria (PrEP criteria; SI criteria; LRC criteria; MA criteria; RR criteria) and has shown sufficient evidence that the intervention works. The PRS Project will regularly update this *Compendium* as new EBIs and Best Practices are identified. Additional details about the *Compendium* or the PRS Project can be obtained by contacting PRS.

Evidence-Based Interventions (EBIs) Criteria

- Shown to have significant effects in HIV-related outcomes
- Tested with a comparison group

EBIs work, are rigorously evaluated and provide the **strongest evidence** of efficacy.

Evidence-Informed Interventions (EIs) Criteria

- Shown to have significant effects in HIV-related outcomes
- Tested with a weaker design or fewer participants

EIs have **some evidence** of working and need further testing.

Search the *Compendium*

Featured Interventions
HIV interventions in the South
updated August 1, 2021

https://wwwn.cdc.gov/HIVCompendium/SearchInterventions#

KEY PRINCIPLES OF HIV INTERVENTION PROGRAMS

Information-based approaches

- Evidence-based
- Reliable
- Use of POLs

Skills building

- Tangible learning strategies to reduce negative attitudes

Counseling/support

- Support groups
- CBT

Social contact

- Testimonials from people from stigmatized groups
- Multiple forms of social contact

Structural approaches

- Changing discriminatory policies and laws
- Increasing health professionals' competency

Biomedical approaches

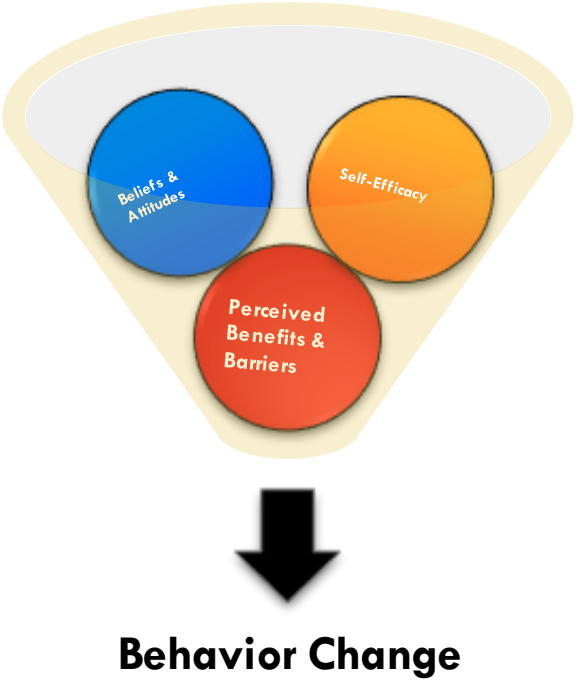
- PrEP
- PEP
- ART

Slide courtesy of Dr. Lisa Hightow-Weidman

TRADITIONAL APPROACHES TO INTERVENTION DESIGN

"…[HIV infection is] first and foremost a consequence of behavior. It is not who you are but what you do that determine(s) whether or not you expose yourself to HIV, the virus that causes AIDS."

(NIMH Task Force, 1991)

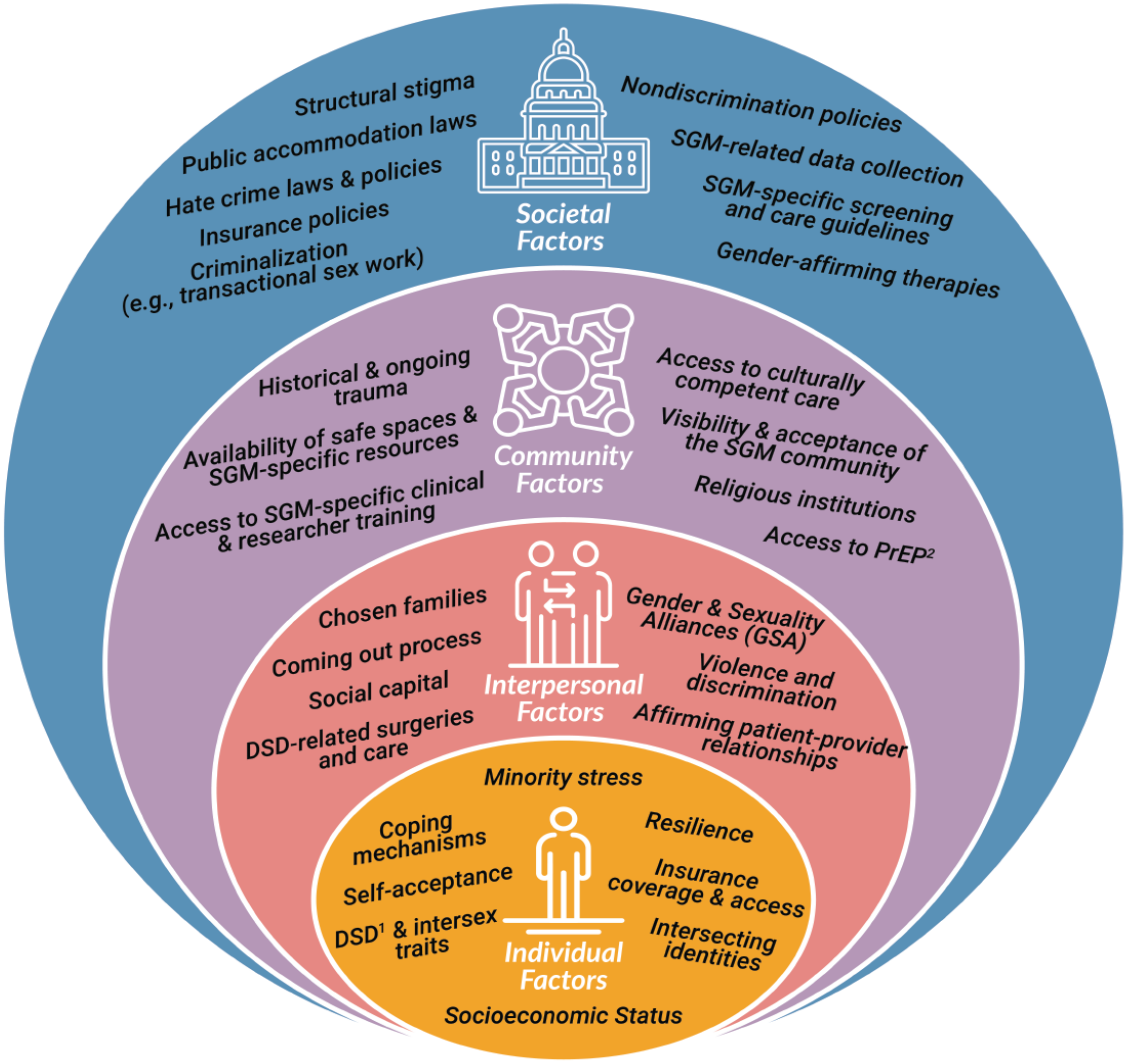


"[The Task Force] failed to note that 'who you are'—not in terms of individual identity, but in terms of social location within a context of social oppressive factors—determines to a great extent what you can and cannot do".

(Díaz & Ayala, 2002)

Sexual & Gender Minority Health Disparities Research Framework

(Adapted from the NIMHD Minority Health and Health Disparities Research Framework)



NIH SGM Health Disparities Research Framework
https://dpcpsi.nih.gov/sites/default/files/NIH-SGM-Health-Disparities-Research-Framework-FINAL_508c.pdf

BE CAUTIOUS OF ONE-SIZE FITS-ALL STRATEGY

TECHNOLOGY

The 5 A's in Technology delivered interventions

- Availability
- Affordability
- Awareness
- Ability
- Agency

Technology plays a crucial role for SGM youth:

- Communication
- Networking
- Partner-seeking
- Lifeline

Technology is increasingly geolocated and used to identify local health services.

GET CONNECTED

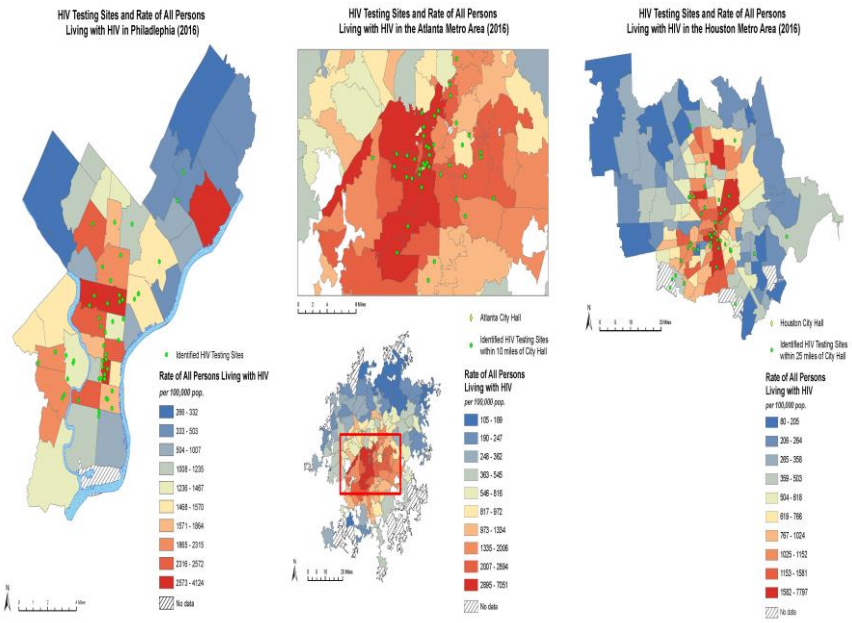
Design: RCT with 12-month follow-up

1:1 Randomization (50% Racial/Ethnic Minority)

- Get Connected WebApp
- Get Connected Test Locator Only (TLO)

Eligibility:

- Assigned male sex at birth and currently identify as male,
- 15-24 years (inclusive)
- Consensual anal sex with a man in the past 6 months,
- Self-report as HIV-negative or unsure of their HIV status,
- Have access to a computer or mobile phone,
- Read and speak English, and
- Live within the city limits of
  - Atlanta (n=121)
  - Philadelphia (n=119)
  - Houston (n=46)*

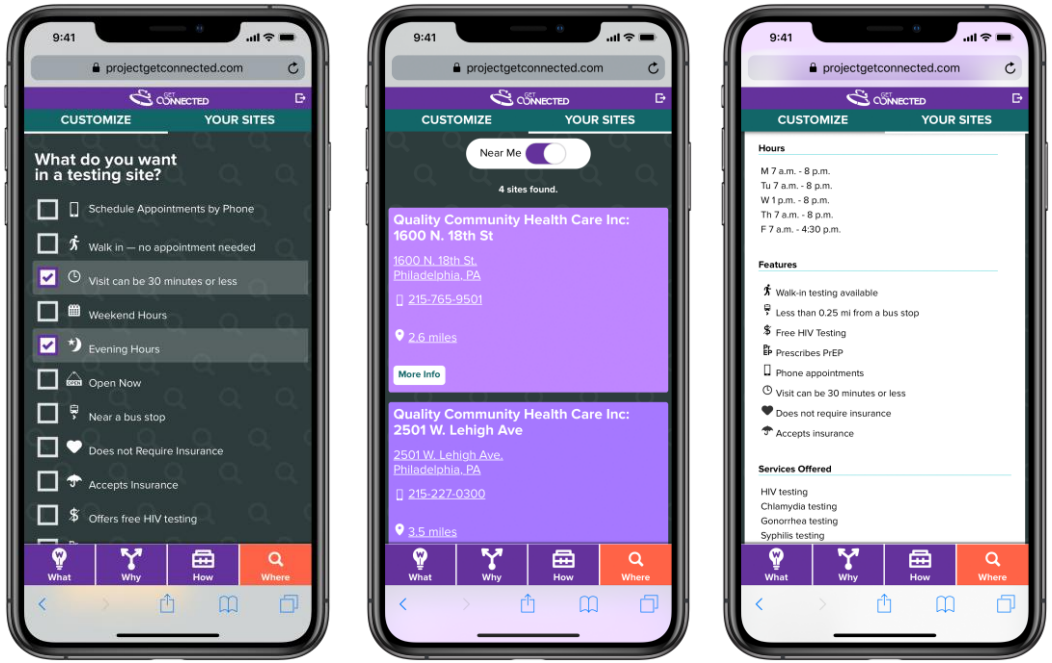


* Sample size was reduced given COVID-19 delays and impact to the trial timeline.

GET CONNECTED TEST LOCATOR

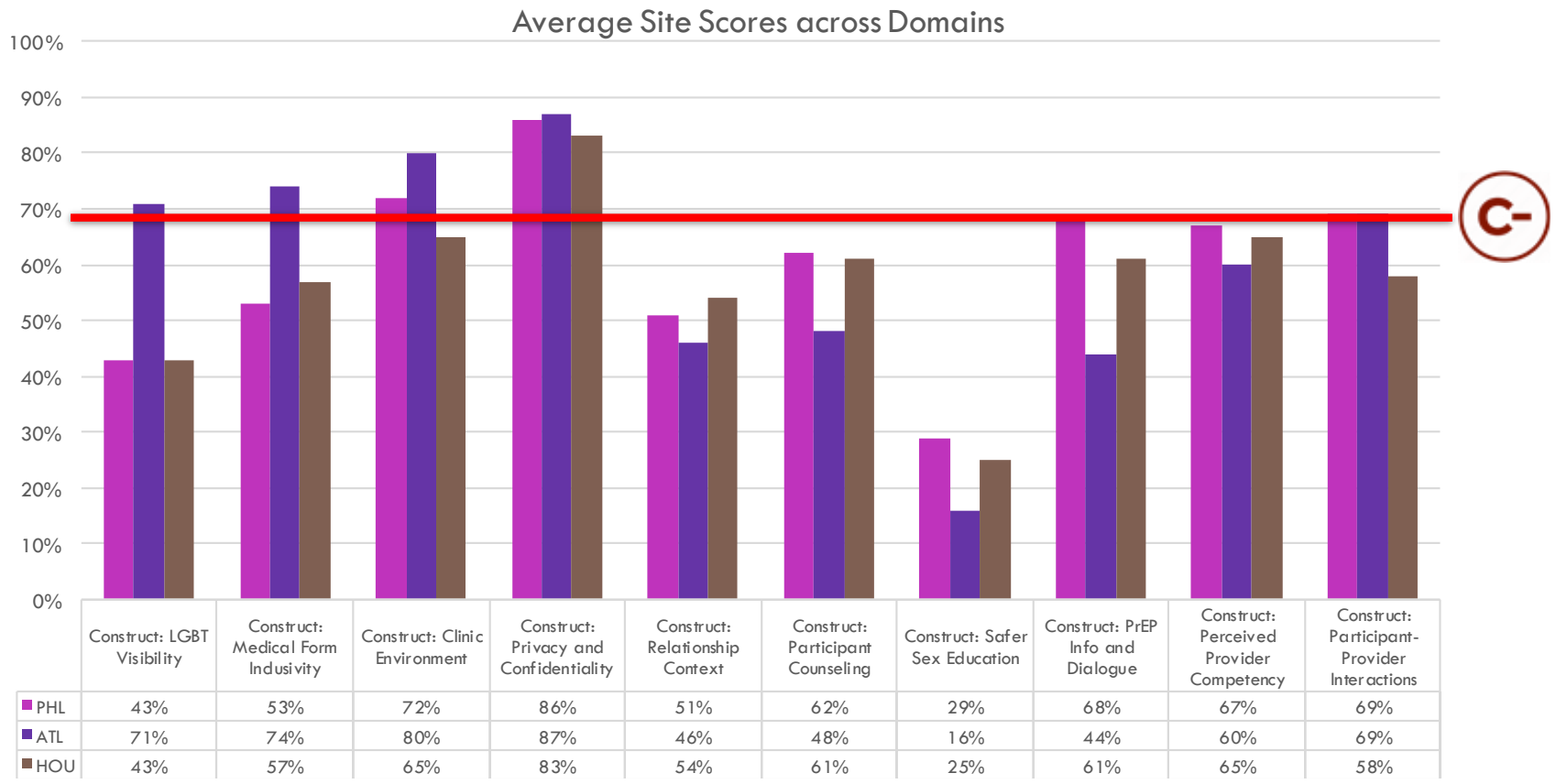
"Matches" users with the highest ranked sites in their area using an algorithm from mystery shopping and RCT data, and any filters a participant selects.

Help agencies identify how to improve their service delivery for YMSM.



Bauermeister, J.A., Pingel, E., Jadwin-Cakmak, L., Meanley, S., Alapati, D., Moore, M., Lowther, M., Wade, R. & Harper, G.W. (2015). The use of mystery shopping for quality assurance evaluations of HIV/STI testing sites offering services to young gay and bisexual men. AIDS & Behavior, 19(10), 1919-1927

YOUTH AS APPRAISERS OF SYSTEMS



	Construct: LGBT Visibility	Construct: Medical Form Inclusivity	Construct: Clinic Environment	Construct: Privacy and Confidentiality	Construct: Relationship Context	Construct: Participant Counseling	Construct: Safer Sex Education	Construct: PrEP Info and Dialogue	Construct: Perceived Provider Competency	Construct: Participant-Provider Interactions
PHL	43%	53%	72%	86%	51%	62%	29%	68%	67%	69%
ATL	71%	74%	80%	87%	46%	48%	16%	44%	60%	69%
HOU	43%	57%	65%	83%	54%	61%	25%	61%	65%	58%

Bauermeister, J.A. et al. (2019). Testing the Testers: Are YMSM receiving HIV testing and counseling services?. *JAIDS, 82*(2), S133-S141

TESTING OUTCOMES (ACROSS 12-MONTHS)

Differences across Regions

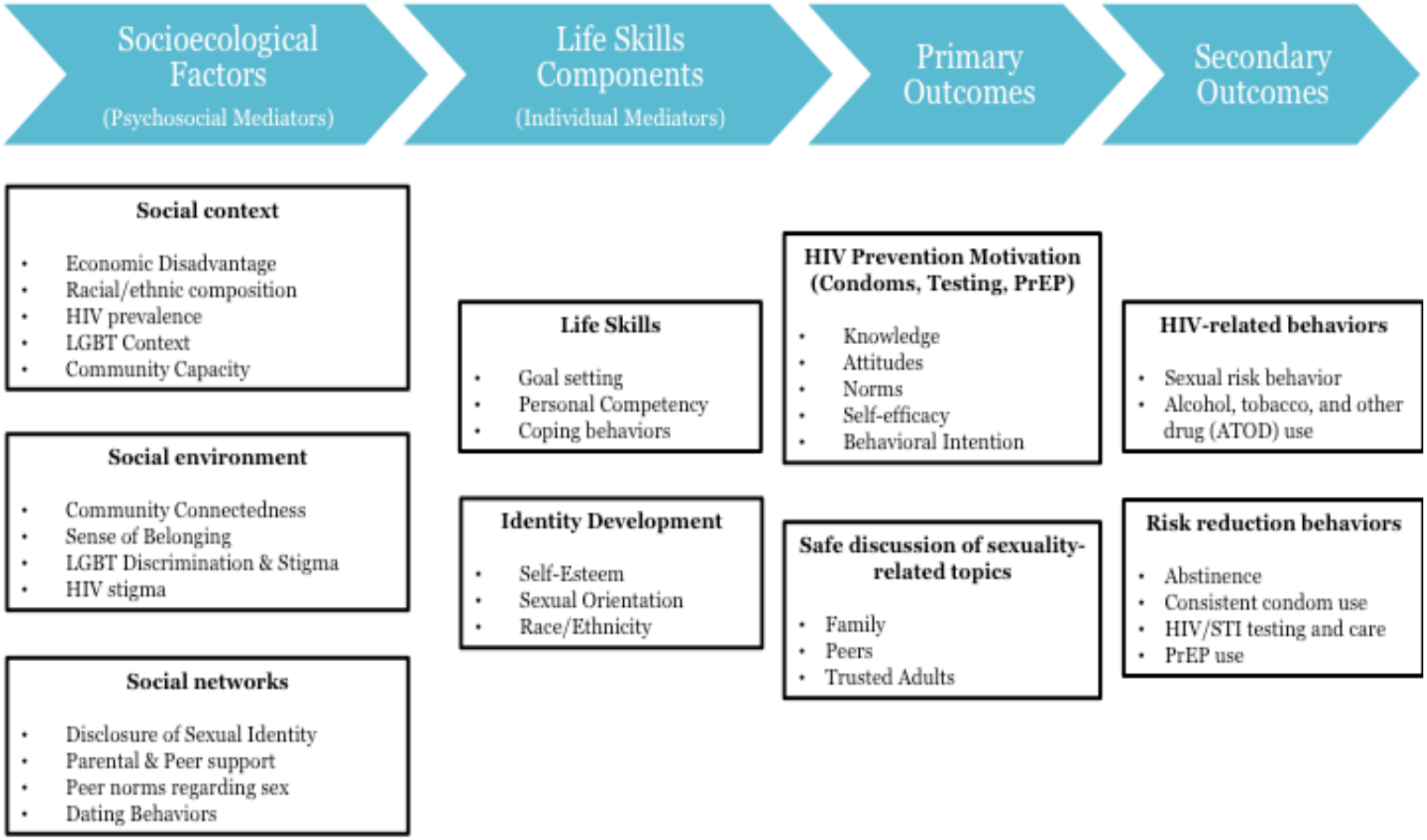
Any HIV Testing:

- ATL: TLO performs better than GC (OR=.36; 95% CI: .16, .83); p=.017
- PHL: No difference between arms (p=.62)
- HOU: No difference between arms (p=.20)

Two or more HIV Tests:

- ATL: TLO trends better than GC (OR=.48; 95% CI: .21, 1.07); p=.07
- PHL: Get Connected performs better than TLO (OR=2.43; 95% CI: 1.07, 5.51); p=.03
- HOU: No difference between arms (p=.75)

NEED TO INTEGRATE DEVELOPMENTAL THEORY INTO INTERVENTIONS FOR SGM YOUTH



IREACH

Focus on Adolescents 13-18 years of age; 65% racial/ethnic minority youth

Features:

- Developmental content across 16 life skill domains
  - Interactive and reinforcing activities
  - Goal Setting Activities
- Social Support
  - Peer Mentoring Sessions
  - Peer-to-peer forums
- Geospatial resource locator

	SA/A	Not Sure/NA	SD/D
I feel like I understand myself better since I started using iReach.	**72%**	16%	12%
Using iReach improves my ability to make healthier choices about my relationships.	**83%**	11%	6%
Using iReach enhances my effectiveness in dealing with life's challenges to my health.	**79%**	11%	10%
Using iReach makes it easier to live a healthier life.	**76%**	17%	6%
I find iReach useful in my life.	**74%**	17%	10%
Using iReach taught me useful information about HIV prevention and care	**93%**	5%	2%

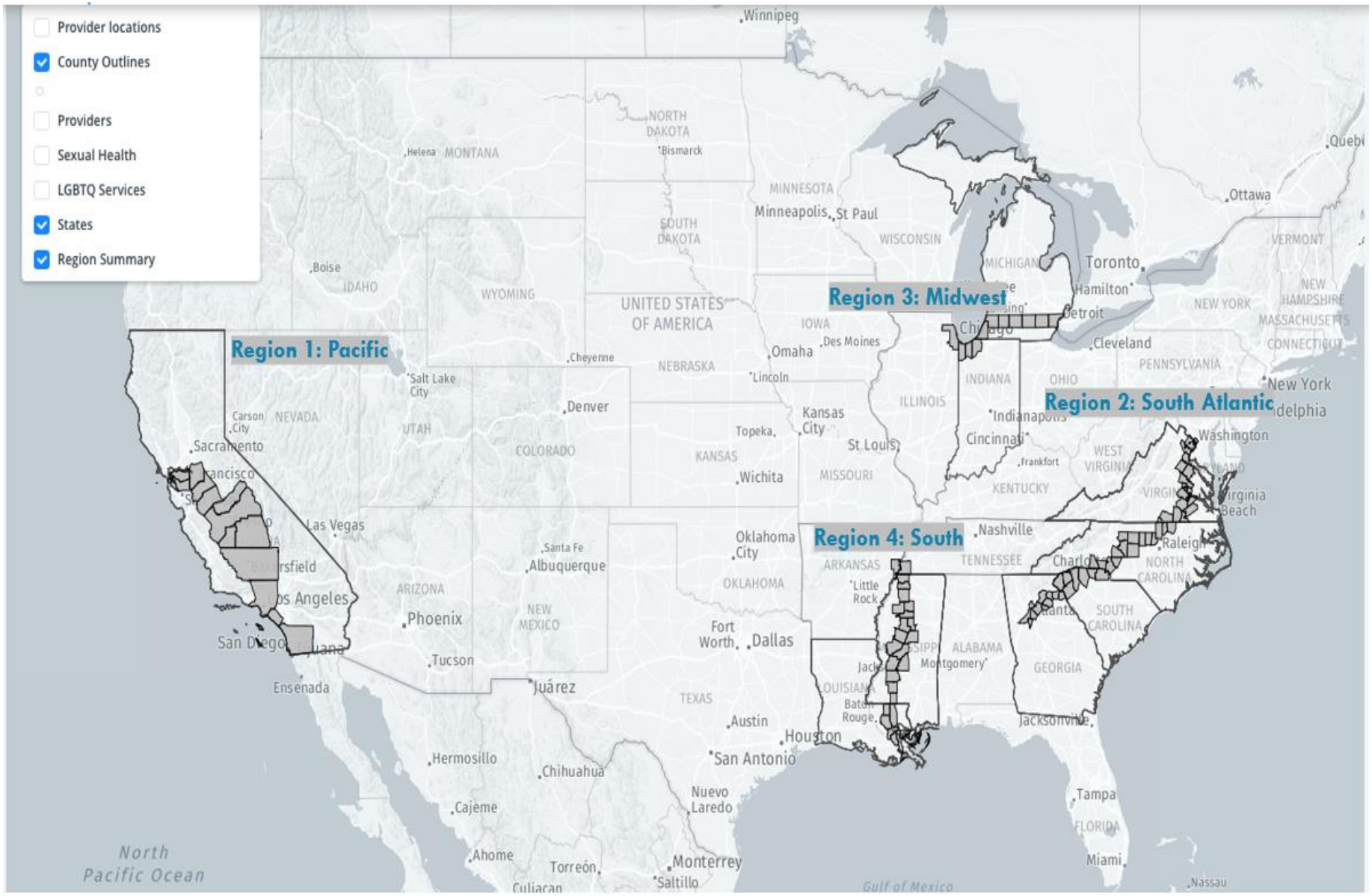
USABILITY & RELEVANCE (@ 3 MONTH)

ACCEPTABILITY

@ 3 month follow-up	Strongly Agree/Agree
Overall, I am very satisfied with iReach	99%
I would recommend iReach to my friends	91%
iReach loads all the text and graphics quickly	98%
iReach is easy to use	99%
It is easy to go back and forth between pages on iReach	90%
iReach responds quickly when I click on a link or button	96%
Using iReach is very frustrating	6%

72% likely to keep using iREACH if available for public use

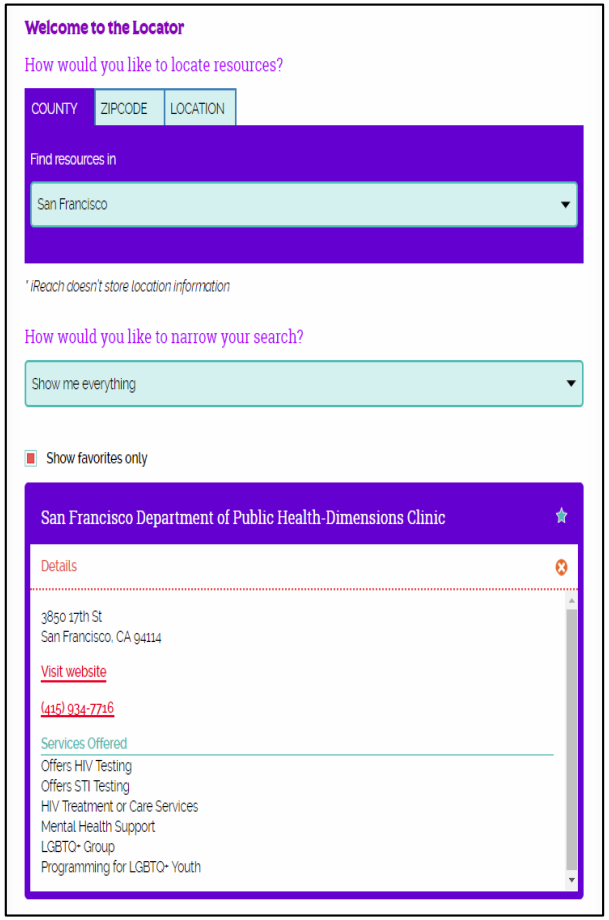
Reducing HIV Vulnerability Through A Multilevel Life Skills Intervention For Adolescent Men (5U01MD011274)


Provider locations
County Outlines
Providers
Sexual Health
LGBTQ Services
States
Region Summary
Region 1: Pacific
Region 2: South Atlantic
Region 3: Midwest
Region 4: South
Winnipeg
Ottawa
Toronto
Hamilton
Detroit
Cleveland
Minneapolis
St Paul
Chicago
Omaha
Des Moines
Lincoln
Cheyenne
Denver
Salt Lake City
Boise
Helena
Bismarck
Sacramento
Las Vegas
Phoenix
Albuquerque
Santa Fe
Tucson
Juárez
Ensenada
Hermosillo
Chihuahua
Cajeme
Ahome
Culiacan
Torreón
Monterrey
Saltillo
Nuevo Laredo
San Antonio
Austin
Houston
Dallas
Fort Worth
Oklahoma City
Kansas City
Topeka
Wichita
St Louis
Indianapolis
Cincinnati
Nashville
Little Rock
Montgomery
Baton Rouge
Jackson
Jacksonville
Tampa
Miami
Nassau
Raleigh
Washington
New York
Philadelphia
Virginia Beach
Frankfort
North Pacific Ocean
Gulf of Mexico
UNITED STATES OF AMERICA
NORTH DAKOTA
SOUTH DAKOTA
MINNESOTA
WISCONSIN
MICHIGAN
IOWA
NEBRASKA
ILLINOIS
INDIANA
OHIO
KENTUCKY
WEST VIRGINIA
PENNSYLVANIA
NEW YORK
VERMONT
NEW HAMPSHIRE
MASSACHUSETTS
CONNECTICUT
MISSOURI
KANSAS
OKLAHOMA
TEXAS
ARKANSAS
LOUISIANA
TENNESSEE
MISSISSIPPI
ALABAMA
GEORGIA
SOUTH CAROLINA
NORTH CAROLINA
FLORIDA
MONTANA
WYOMING
COLORADO
NEVADA
UTAH
ARIZONA
NEW MEXICO
IDAHO

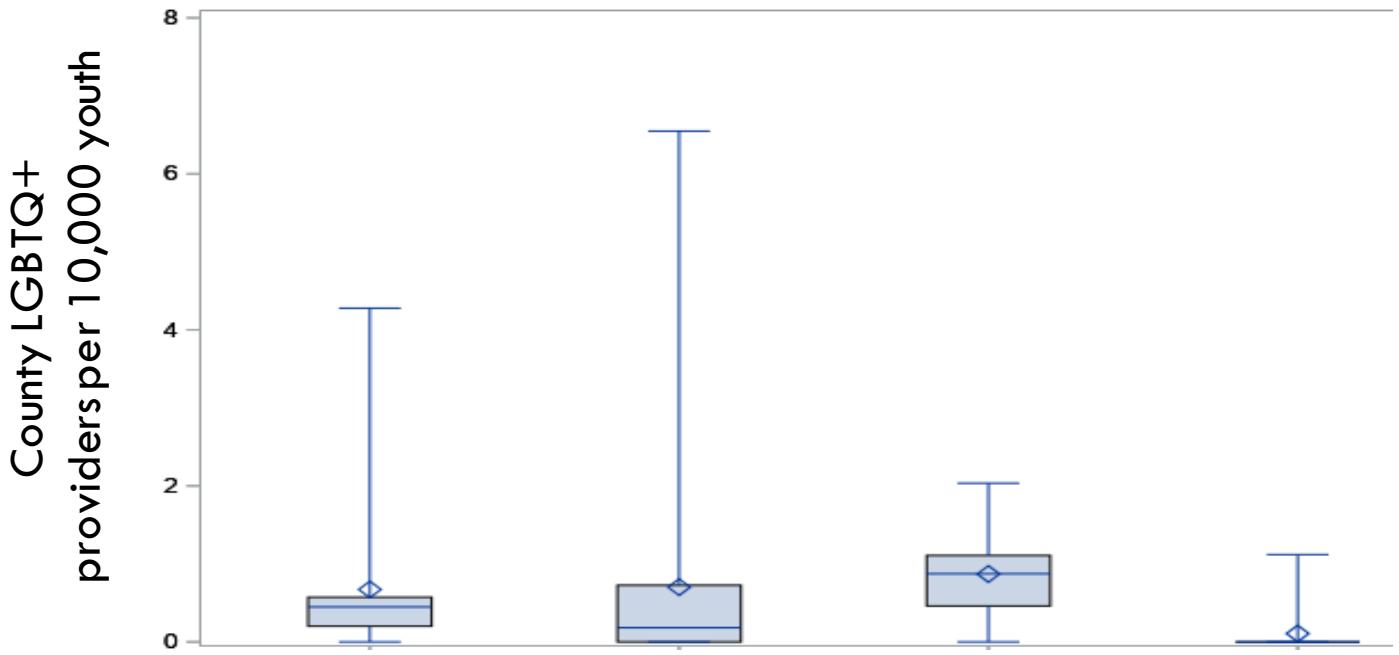
RESOURCES/SERVICE PROVIDERS
(k=1,833 resources)

Categorized 13 services in 4 domains:

- HIV/Sexual Health Services
  - HIV testing, PrEP/PEP, HIV treatment/care, STI testing, Other
- LGBTQ+ Resources
  - LGBTQ+ support groups, LGBTQ+ youth-specific program(s), Other
- Psychosocial Services
  - General support group(s), Substance use, Mental health, IPV support, Other
- Other Services
  - Food pantries, housing/shelter, school resources/programming, family support resources (not analyzed individually)



LGBTQ+ DOMAIN SERVICES



	Pacific	South Atlantic	Midwest	South	p-value
Counties	14	57	11	27	
Provider density	0.67 ± 1.06	0.70 ± 1.20	0.87 ± 0.53	0.11 ± 0.30	<0.0001**

TAKEAWAYS

Tackling health inequalities must continue to lead to the development of effective and culturally responsive interventions

- We must recognize geospatial variation in HIV incidence/prevalence and ensure that there are prevention-related resources available in the digital and physical world.

Need to design and invest in Implementation Science programs in order to optimize interventions that address HIV inequities.

- Implementation science approaches will help to promote and improve the systematic uptake of evidence-based interventions
- Need for cultural and developmental tailoring of EBIs among youth

TAKEAWAYS

Optimal HIV prevention and care continuum success may prove challenging due to individual, structural, and societal barriers.

- Digital strategies can help us bridge some of these gaps, and…
- Create iterative feedback loops to tackle health disparities head on.

System-level trainings for providers to:

- Evaluate performance based on organizational best practices & guidelines
- Offer services that are organized around client needs
- Build and strengthen resources within/across systems

INTERVENTIONS FOR/BY/WITH YOUTH

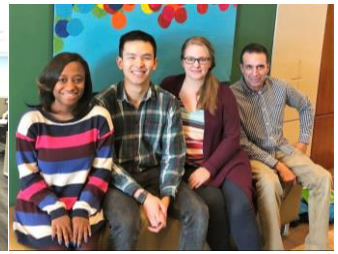
Creating respectful and inclusive opportunities for the participation and engagement of SGM youth, including those belonging to other minority communities, should be a priority for interventionists and program planners.

- SGM youth can help identify, refine and prioritize the key issues during planning
- SGM youth can facilitate intervention development, implementation, and evaluation.
- SGM youth can offer insights and expertise into programmatic content and delivery.

Potential to improve the overall impact of the work

- Recruitment and Retention
- Intervention Engagement
- Advocacy
- Dissemination

ACKNOWLEDGMENTS



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