

**Does Setting Matter: An Examination of  
Adolescent HIV Services in Community-  
Based, Hospital-Based, and  
School-Based Settings**

Alison Greene, Christopher Branson, Nancy Kingwood

JMATE 2010

# Prevention and Intervention Concepts...

<p><b>Prevention program:</b> An organized effort to design and implement one or more interventions to achieve a set of predetermined goals, for example, to increase condom use with non-steady partners.</p>	<p><b>Intervention:</b> A specific activity (or set of related activities) intended to change the knowledge, attitudes, beliefs, behaviors, or practices of individuals and populations to reduce their health risk.</p>
<p><b>Prevention services:</b> Interventions, strategies, programs, and structures designed to change behavior that may lead to HIV infection or other diseases.</p>	<p><b>Intervention plan:</b> A plan setting forth the goals, expectations, and implementation procedures for an intervention.</p>

(CDC, Glossary of HIV Prevention Terms, <http://www.cdc.gov/hiv/topics/cba/resources/guidelines/hiv-cp/appendixD.htm>)

# **HIV Services in Community-Based Settings: Strengths & Challenges**

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# Overview: Community-Based Setting

- Background
- Project Description
- Services
- Data Outcomes
- Treatment Setting
  - Strengths
  - Challenges
- Summary

# Background

- Tucson, AZ - approximately 60 miles north of U.S.-Mexico border
- High Intensity Drug Trafficking Area (HIDTA)
- AZ has one of the country's highest rates of unmet illicit drug and alcohol treatment needs (NSDUH, 2008)
- Arizona ranked 21st highest among the 50 states in cumulative reported AIDS cases (NCHHSTP, 2010)
- Teen Pregnancy Rate: 3<sup>rd</sup> highest nationally (Guttmacher, 2010)

# **Project Description : Project DAP (Determining Another Path)**

- TCE-HIV grant funded in 2005 by SAMHSA-CSAT
- Collaboration between SIROW, Arizona's Children Association (residential adolescent substance abuse treatment), Pima County Health Department
- Tx Setting: community based inpatient substance abuse level 2 therapeutic facility serving males and females aged 12-17 years old
- Continuing Care Setting: community

# Project DAP Services

- 30-60 day evidence-based treatment
- HIV-prevention/sexuality education curriculum utilizing SIROW-SHE (8-sessions or 16-sessions)
- On-site STI/HIV testing
- Weekly visits to STI/HIV clinic
- Distribution of safer sex protection
- Continuing care reinforces health information & practices

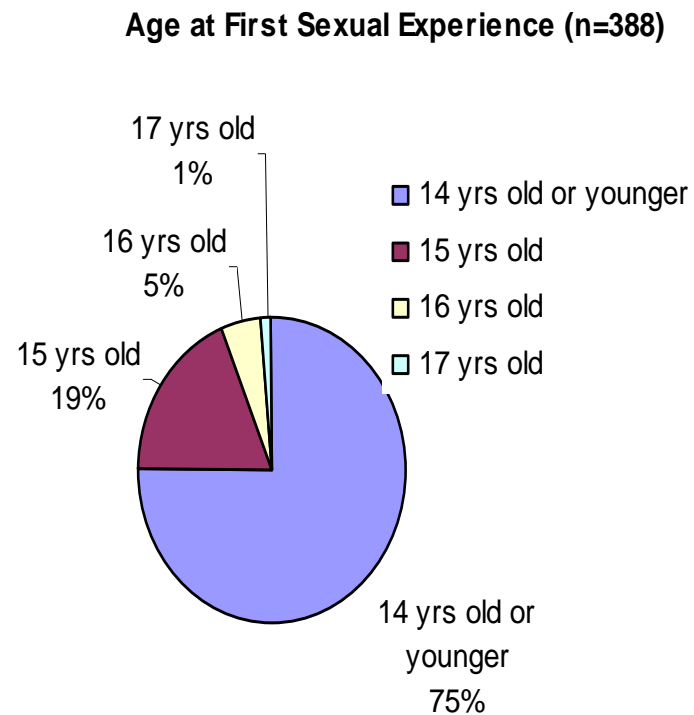
# DAP Participant Characteristics (n=273)

- Hispanic: 35%, Caucasian/White: 35%, Multi-racial: 23%
- Male: 89.6%, Female: 10.4%
- 15-17 yrs old: 86% , Less than 14 yrs old: 14%
- Age of First Use: 10-14 yrs: 68%, Under 10 yrs: 24%
- Weekly Substance Use: 55%
- Lifetime History of Victimization: 86%
- Ever Homeless/Runaway: 65%
- Any Juvenile Justice Involvement: 97%

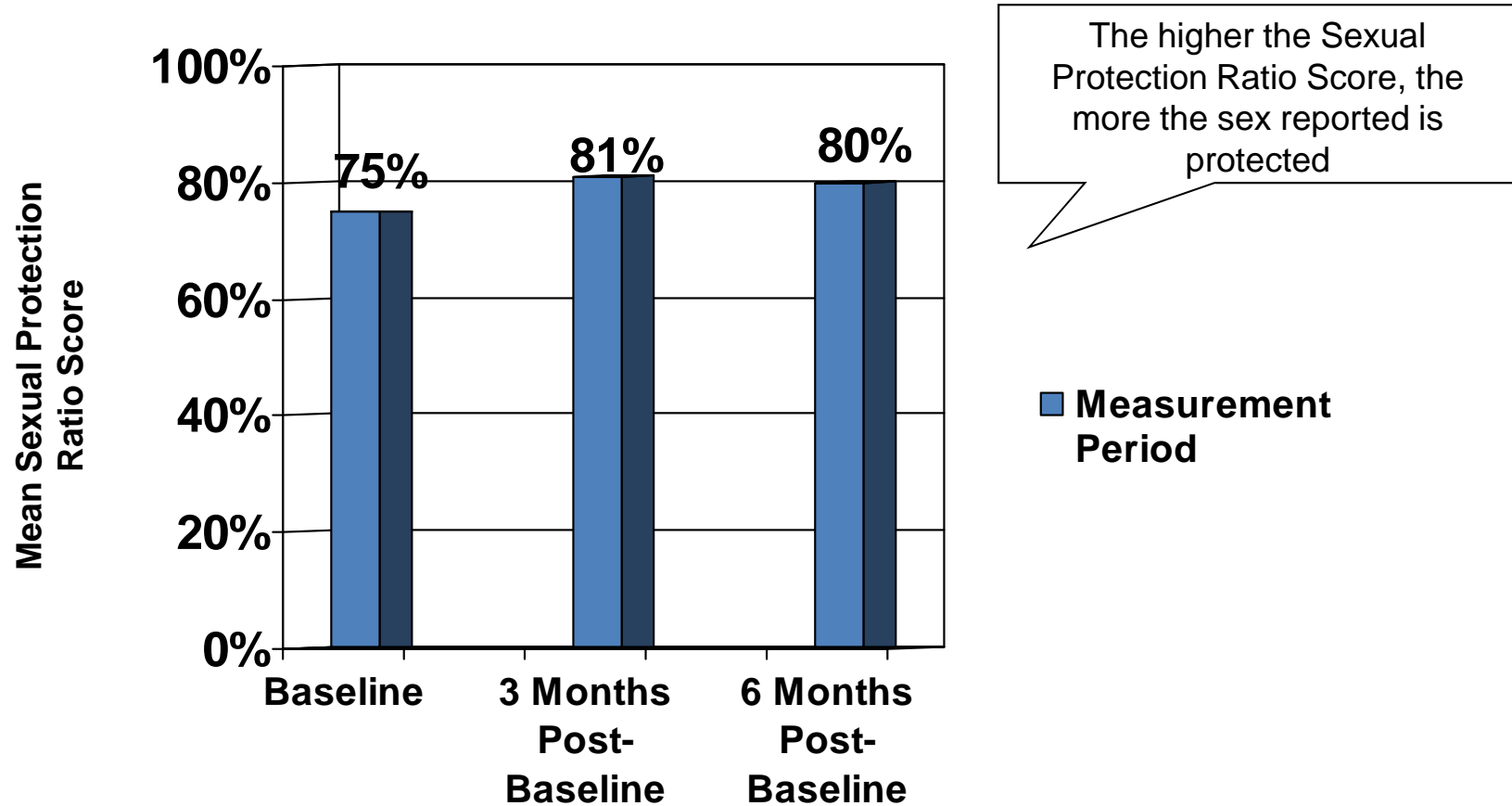


# HIV/STI Risk Factors (n=388)

- Sexually Active: 79%
- Within past year:
  - Multiple partners: 46%
  - Anonymous partners: 45%
  - IDU/Partner IDU: 8%
  - MSM: 1%
  - Sex while drunk/high: 79%
  - Condom use less than 50% of the time: 59%



# Over Time Change in Sexual Protection Ratio



n = 273

# Setting: Strengths & Challenges

	Strength	Challenge
Collaboration amongst Partners	✓	✓
Access to & Relationship Building Opportunities with Youth	✓	
Integration of Services	✓	✓
Identifying & Accessing Resources	✓	✓
Communication	✓	✓
Time		✓
Coordinate with Other Systems	✓	✓
Impact Sexual Decision-Making & Behaviors	✓	✓

# Summary

- Effective collaboration needed for successful integration of HIV services in community-based settings
- Maximize relationship-building opportunities
- Reinforcement of positive health behaviors with youth by multiple adults
- Examine relevant policies and procedures related to sexual health education in community-based settings
- Conduct more research to develop evidence-base practices for improving adolescent sexual health outcomes.

# **HIV Prevention in a Hospital Setting: Opportunities and Challenges**

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2010 JMATE

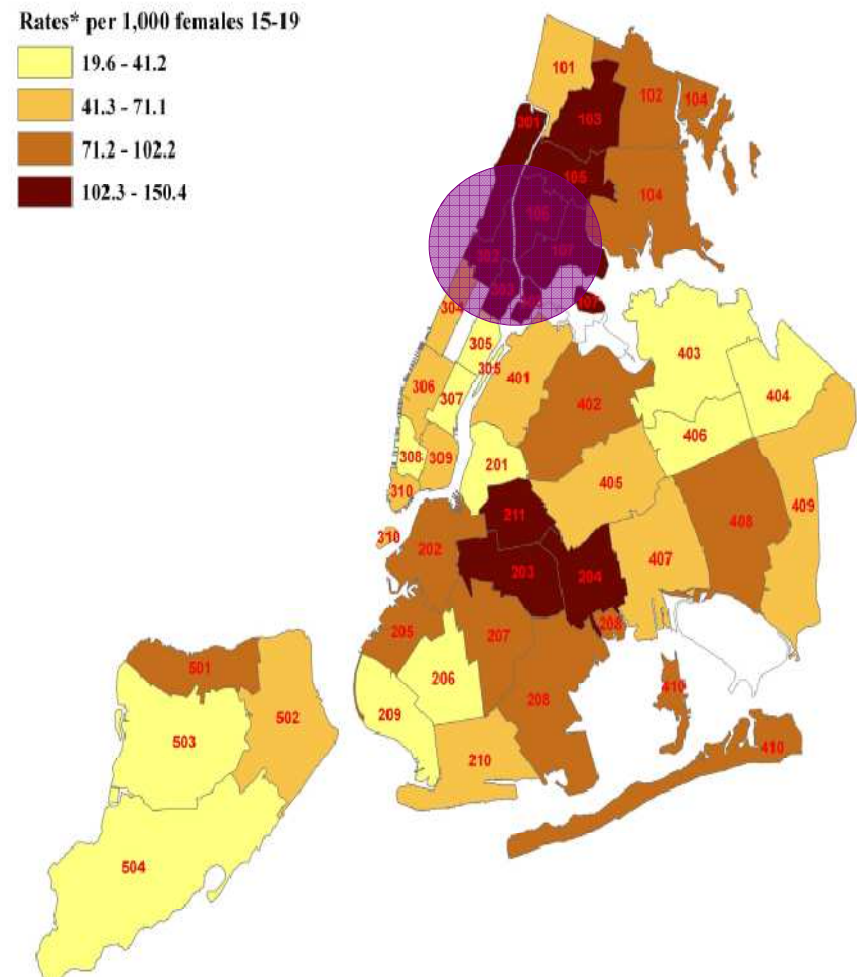
# Overview

- Target Community
- Project Information
- Services offered
- Outcome data
- Hospital setting: Strengths
- Hospital setting: Challenges
- Conclusion/Wrap-up

# Target Communities

- Harlem, Morningside Heights, South Bronx
- Highest rates of HIV in NYC
  - 138 per 100,000 (NYC = 48/100,000) (NYC DOHMH, 2008)
  - African-Americans & Latinos account for 85% of new adolescent HIV infections
- Highest rates of teen pregnancy

Figure. *Teen Pregnancy Rates in NYC*



# Project Information

- TCE HIV TI 18399
- 5-year project
- St. Luke's-Roosevelt Hospital Center (NYC)
  - Child OP mental health clinic
  - 2 school-based clinics
  - Pediatric HIV Center
  - Adolescent IOP/Alternative High School





# HIV Prevention Services

- Evidence-based drug treatment for high-risk youth
- HIV prevention for at-risk youth
- “Prevention with Positives”
- Other services
  - Referral to onsite rapid HIV testing & OB-GYN services
  - Condom distribution

# Client Characteristics (N=326)

- 56% male
- 40% Latino, 35% African-American, 15% Multi-racial
- Mean = 15.3 years old
- >85% Medicaid recipients
- 43% Sexually active
- 43% Trauma History
- 18% Current legal issues

# HIV Risk Outcomes

Table 1. *Change in client HIV risk behavior-Baseline to 6-month F/U*

	Baseline	6-month F/U
Sexually active (y/n)	43%	37%
Multiple sex partners (y/n)	25%	11%
Unprotected sex (y/n)	41%	29%
Unprotected sex while intoxicated (y/n)	32%	11%
Prostitution (y/n)	8%	3%
Taken HIV Test (y/n)	45%	57%

# Strengths of hospital-based HIV prevention

- Multiple programs/avenues to reach high-risk youth
- Access to specific high-risk sub-groups within a high-risk community
  - Substance abusing youth
  - Youth with mental health problems (trauma, depression)
  - Foster-care involved youth
- Onsite access to collateral services

# Challenges of hospital-based HIV prevention

- Coordinating services among various departments and/or program administrators
- Making prevention a priority for programs that serve youth with multiple, co-occurring issues
- Motivating HIV+ youth to reduce sexual risk behavior

# Conclusion/Wrap-up

- Hospitals are an ideal setting for targeting high-risk youth
- Wider net for identifying at-risk youth
- Need for widespread screening & risk reduction/preventive services in non-clinical settings
- Need more research on models for translating EBPs into hospital settings

**JMATE 2010 *Synergy Envisioned ~ Action Inspired***

**Does Settings Matter:**

**A Examination of Adolescent HIV Services**

**in School Based Settings**

**Greater Bridgeport Adolescent Pregnancy Program**

**Nancy Kingwood, MSHS, HS-BCP**

# Agency Description

## The Greater Bridgeport Adolescent Pregnancy Program, Inc (GBAPP)

- Minority community-based organization providing direct services in Bridgeport, CT
- Private, not-for-profit agency since 1980
- Over 65 multi-cultural employees serving over 5000 clients annually
- Mission: To decrease pregnancy and early parenthood in adolescents and reduce HIV/AIDS among youth, women, and children through direct service delivery, coordination of services, education, resource development, training and advocacy in the greater Bridgeport area.



# Background: Bridgeport, CT

- Located in the wealthiest county in the nation, Bpt is a medium-sized urban city approx. 50 miles northeast of New York City.
- Bridgeport population is 137,298 (July 2009)
- Avg house hold income is \$38,033 – CT is \$68,595 (2008)
- Poverty rate at 18.4% (2007)
- Poverty rate for those 25 year of age plus with no hs diploma – 26.8%, hs grad – 15.8%, some college 10% college 8.8%

# PROGRAM INTRODUCTION

GBAPP initiated a new program funded by SAMHSA entitled Bridgeport Partners for Teens (BPT) in October 2007.

**Program components** include:

- **Outreach**
- **HIV Counseling and Testing**
- **Pre-Treatment** – GBAPP provides group-level risk HIV risk reduction & prevention education using the curriculum Becoming a Responsible Teen (BART)
- **Treatment** - GBAPP has partnered with Connecticut Renaissance (CTR) to provide substance abuse treatment to local youth on-site at Central High School using evidence based treatment model MET/CBT5

# Program Description

## Bridgeport Partners for Teens (BPT)

- TCE/HIV grant funded by SAMHSA, Center for Substance Abuse Treatment in 2007
- Provides street and community outreach to minority youth ages 12-17 at high risk for substance abuse and HIV
- Transtheoretical Model of Behavioral Change (Prochaska and Di Clemente)
- Annually, outreach to 1,000 clients, 75 clients receive mental health/substance abuse counseling and 100 receive prevention case management
- Annually, program meets 80% GPRA rate for 3, 6 and discharge

# PROGRAM GOALS

- To **reduce the transmission of HIV** among African American and Latino youth ages 12-17 who are at risk of HIV/AIDS.
- To **reduce the use of Alcohol, Tobacco and other Drugs** among African American and Latino youth ages 12-17.

# Gender and Age

Figure 1: Gender

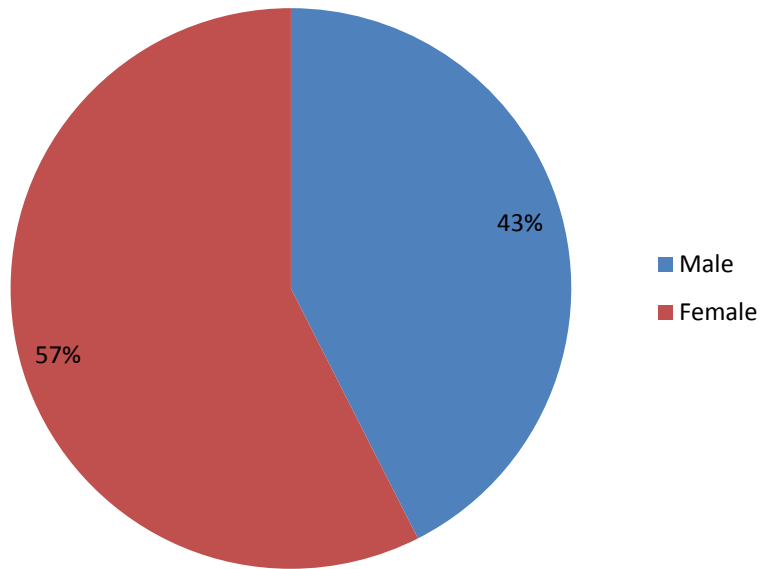
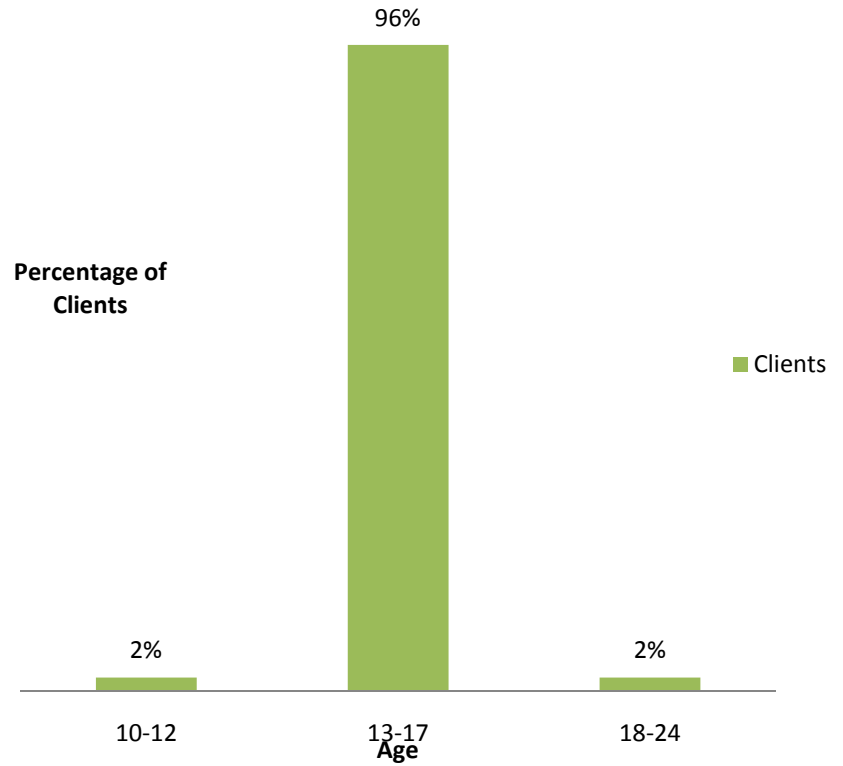


Figure 2: Percentage of Clients in Age Group



# Race and Ethnicity

Figure 3: BPT Client Race

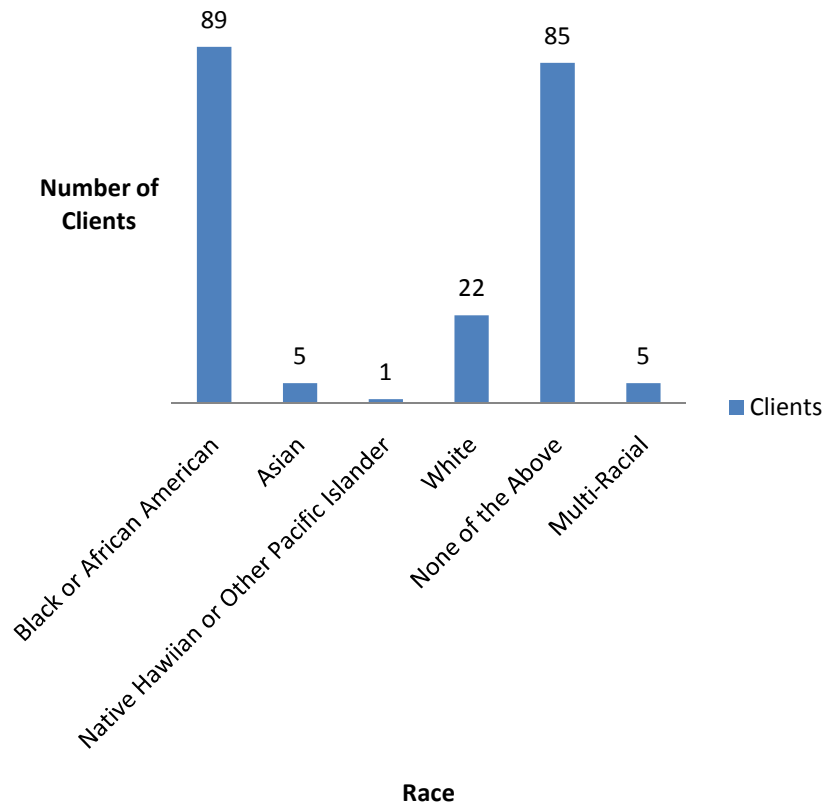
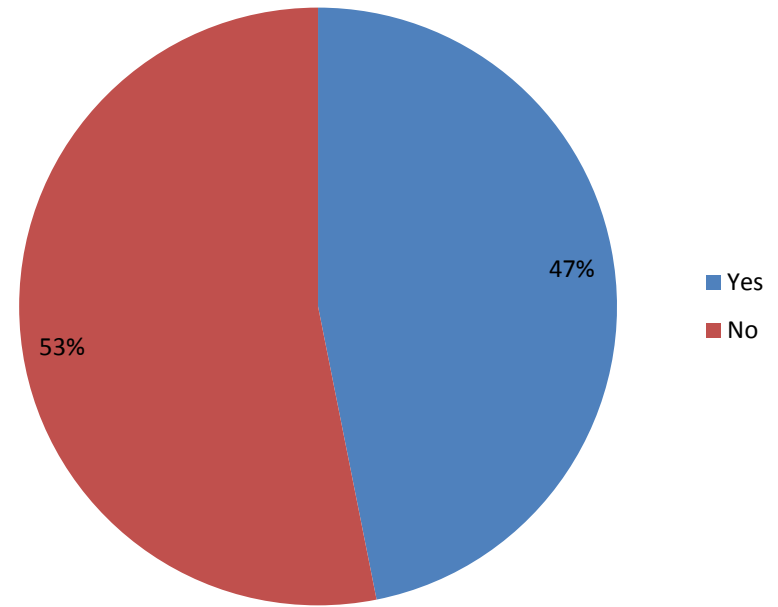
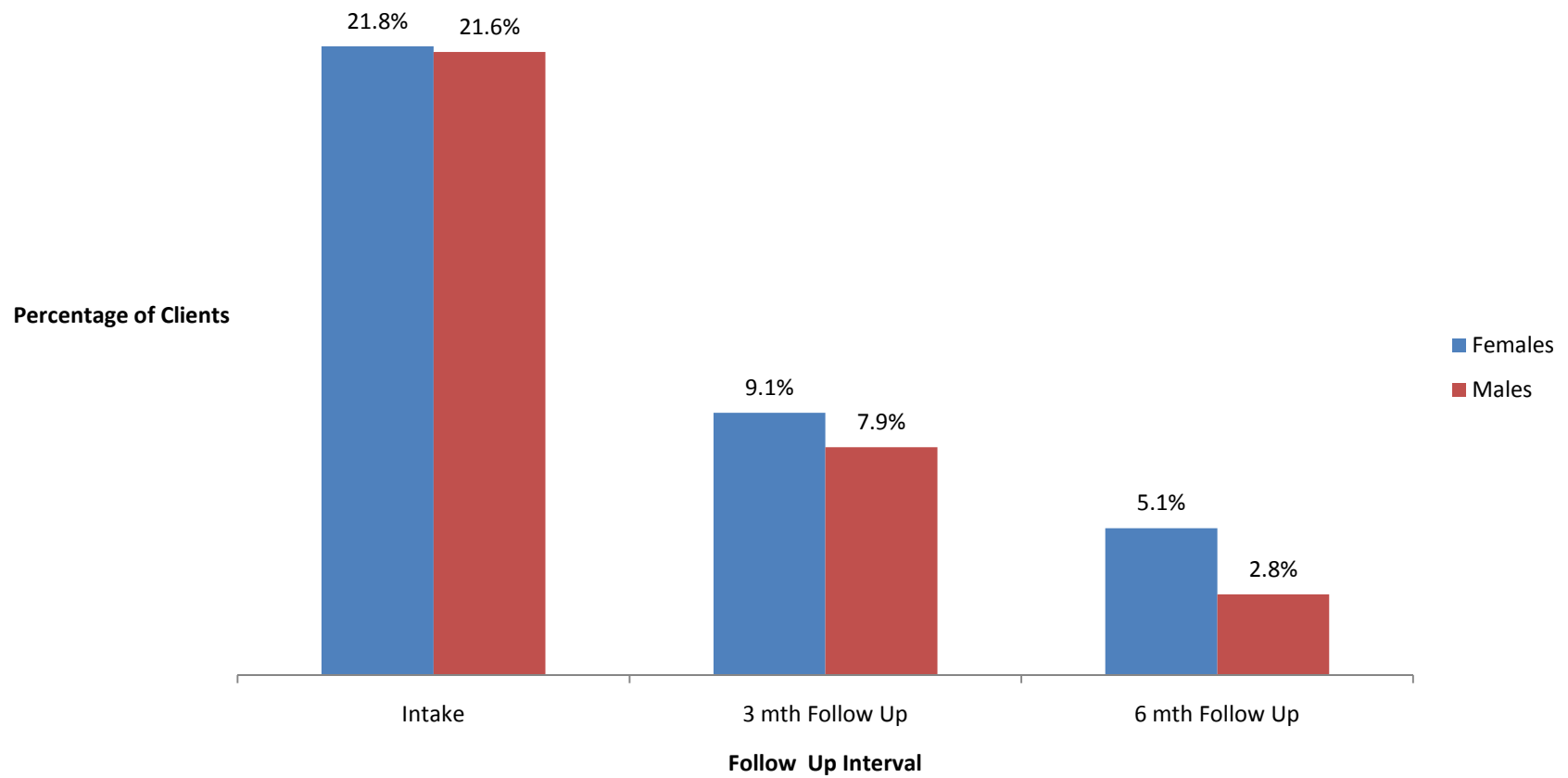


Figure 4: Hispanic or Latino



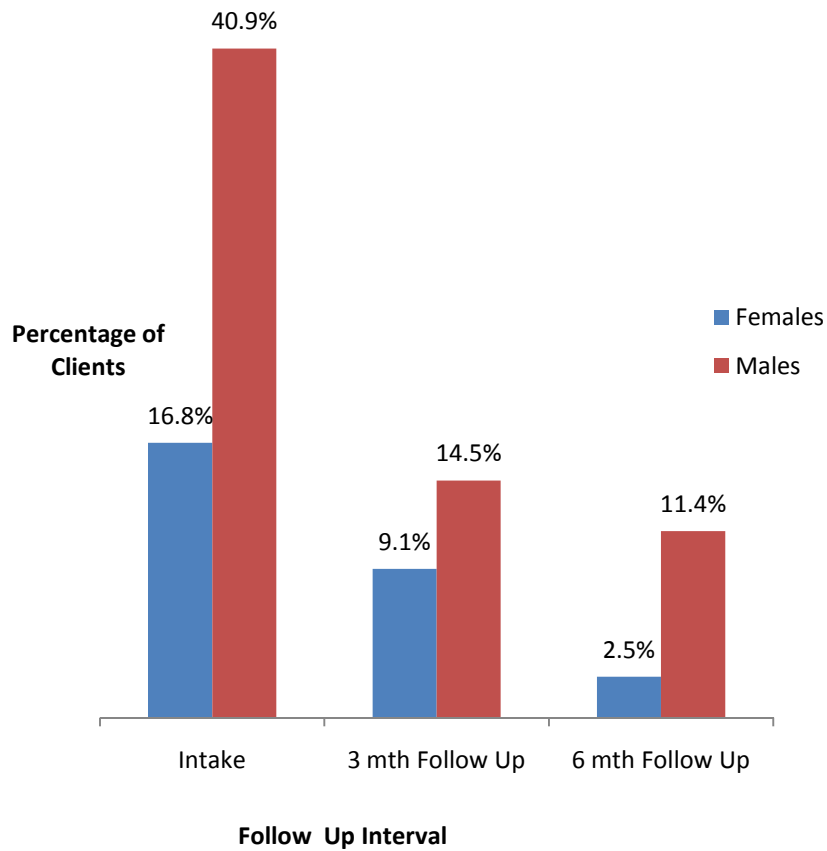
# Client Alcohol Use

Figure 5: Use of Alcohol in the past 30 days

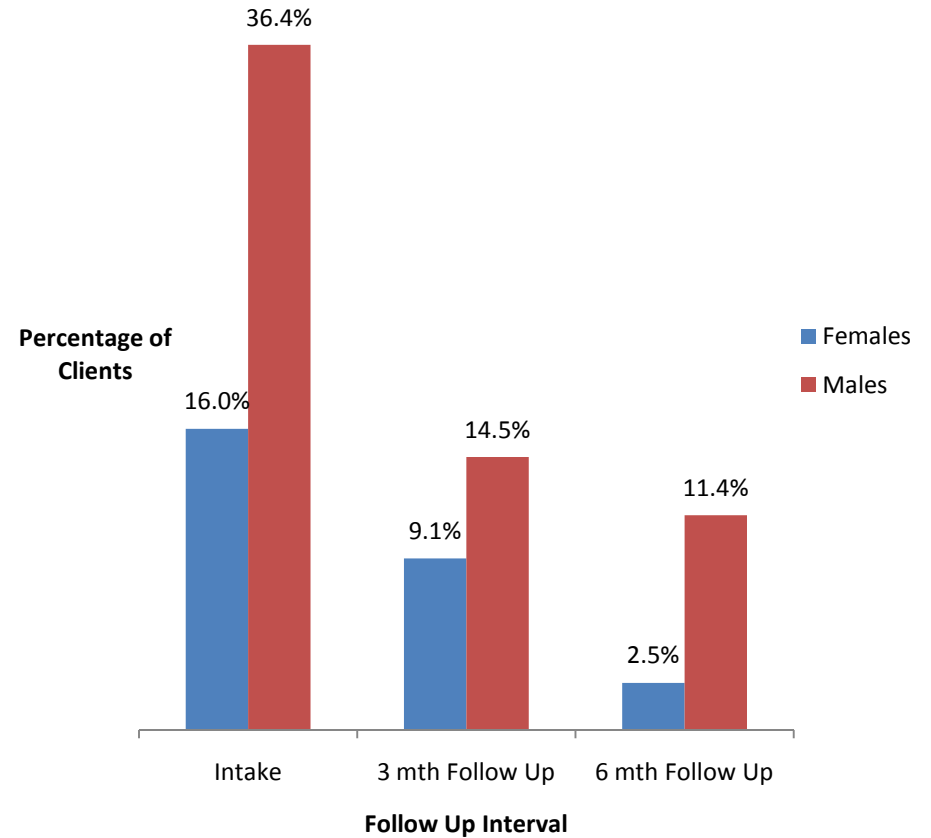


# Drug Use

**Figure 6: Use Illegal Drugs in Past 30 days**



**Figure 7: Use Marijuana in Past 30 Days**





Taking treatment to school



**The Central Leadership Group** is a peer-to-peer youth support group model and is based on the notion that peers are mutually helped and empowered; that they are part of the solution.

The Leadership Group provides social support at school, (emotional, informational, instrumental and companion) which helps youth to initiate and or sustain recovery from alcohol and drugs.

## The session content goals are:

- Help youth to support each other in decreasing and stopping their alcohol and drug use;
- Identify triggers and feeling
- Create a plan to stay safe and avoid use
- Discuss typical patterns of relapse; discuss typical times of day, people, places and things that put them in danger of using
- Violence Prevention

# **"It takes a village to raise a child"**

**African Nigerian Proverb**

**"Ora na azu nwa"**

- A child belongs not to one parent or home.
- A child does not grow up only in a single home but in neighborhoods and communities
- The community shares in the responsibility in raising a child
- Community must be engaged and mobilized to effectively address the program

**Developing local partnerships to effectively address  
substance abuse in school settings**  
*Creating a Village to Raise the Children*

- Parent groups
- School administrators
- Local community based organizations
- Community health centers/school based health centers
- City of Bridgeport/Mayor's office
- Talked with students
- Community youth coalition
- Local Police Department
- After School Programs
- Juvenile Probation
- Department of Children and Families

# Challenges encountered with working in school based settings

- Lack of support and limited resources from the Board of Education
- Limited support within the school
- Leadership program needing a stronger infrastructure
- Local politics
- Confidentiality can become an issue
- Lack of private space to work with over 400 students in active addiction and/or recovery
- The community and media had to intervene and advocate on behalf of the students when the BOE threatened to close down the program
- Often times limited parental support

# Putting It All Together

## Successful Strategies

- working with community partners
- listening to students/clients
- understanding our limitations
- understanding youth culture
- engaging parents
- maximizing local resources

# Contact Information

**GBAPP, Inc.**

HIV Prevention Programs

200 Mill Hill Avenue

Bridgeport, CT 06610

(203) 384-3629

<http://www.gbapp.org>



# **Question and Answer**

**Thank You**