(Strength Through Youth Livin' Empowered)
University of North Carolina at Chapel Hill
Centers for Infectious Disease

From Project Style Interventions

What is the overarching goal of your project?

To create a sustainable infrastructure in the NC Triangle area focused on researching the HIV medical care and prevention needs of Young MSM of color. To advocate for our population at every level and work to reduce stigmas associated with HIV and sexual health.

What are the specific subgroups of young MSM of color that your project targets (e.g., gay-identified youth, street youth, etc.)?

Our strategy has been to outreach very broadly and establish ourselves as a group of professionals experienced in working respectfully and efficiently with a diverse range of youth particularly Black and Latino MSM. We collaborate with a wide range of like minded student and community groups that support diverse sexual expression and multicultural ideals. The broad approach to serving youth has worked well to galvanize support from University administrators that had previously avoided promoting programs related to issues of sexuality and sexually transmitted infections (STI's) on University campuses. Although the project is focused on YMSMC, through testing events, outreach, social marketing, and youth volunteers we have a developed a wide appeal in the community.

Over the course of the initiative Project STYLE has developed a strong position in the community of HIV service and medical providers throughout our region. We have created a social brand identity, our project materials are visible on various University campuses, nightclubs, medical facilities, and community based organizations. Further, we have extended our outreach to include faith based and advocacy organizations, community centers, other agencies integral to the Black and Latino community in our area. Moreover, Project STYLE has worked to overcome systemic problems of cultural competency and capacity among service providers by establishing collaborations and building networks among agencies that share our vision and objectives.

What specific methods are used to identify young MSM of color?

Our PI, Dr. Hightow-Weidman, has tailored her practice to be able to provide care to HIV positive youth identified during the project period. Her position at the UNC Infectious Diseases clinic affords Project STYLE a seamless method of engaging HIV positive youth that are newly diagnosed or out of care. Often we identify HIV positive youth eligible for the multisite survey through her medical services.

Our community outreach events on historically Black colleges and Universities as well as on majority campuses in the area provide HIV screening for students. Throughout the project, outreach has extended to nightclubs, churches, and health fairs throughout the community. However a very small portion of our overall research participants have been identified through these efforts.

When a new participant joins our project we try to reach out to their sex partners that may also be at risk and may not have been tested. These efforts sometimes mean working with the respondent to deal with issues of disclosing their status. We offer HIV testing to all partners or friends of newly diagnosed patients and use of this network based approach has resulted in additional HIV-positive youth being identified and engaged in care.

Project STYLE is also well known at various Infectious Disease and health department clinics throughout our area. Clinicians often call us directly when a young Black or Latino MSM is enrolled in HIV care. Our project offers clinicians additional support for these young patients. As well as specific insight, through research, into how help patients maintain cope with HIV disease.

We work with North Carolina's screening and Tracing Active Transmission (STAT) program to identify patients with acute HIV is collaboration with North Carolina's Public Health Department, UNC and Duke Universities. All HIV screening specimens processed through the state's public health labs are subject to HIV RNA pooling that can identify an infection within a ten day window period. Patients identified with acute HIV disease through this program are brought to either UNC or Duke and asked to participate in a myriad of research procedures focused on tracking the natural history of their infection. A significant amount of these participants fit the criteria for Projects STYLE's multisite survey. Furthermore, the STAT program has rigorous follow ups and young patients are frequently seen by our very own Dr. Hightow-Weidman. Working with this program has not only helped us engage YMSMC into care but has been instrumental in helping our project provide follow up surveys and in effectively retain them in care .

Our partnerships in the community have helped establish our Project as the "go to" referral to engage YMSMC into care. Through our work on planning groups and collaborative testing events agencies throughout our region know that we are available to them and their YMSMC clients at anytime.

What specific methods are used to engage young MSM of color in HIV treatment?

Project staff can make medical appointment for participants and may help transport the participant (that live locally) to their medical visit. We stay with them through the visit. In some cases we may serve as an interpreter for monolingual Spanish speakers or as a patient advocate to those that need help understanding what is involved in HIV healthcare.

Our North Carolina Disease Intervention Specialist (DIS) are very effective at tracking newly diagnosed cases in the state and linking them to treatment. In particular, the North Carolina STAT program works very closely with UNC to refer people that have tested positive with acute infection. DIS refer patients to UNC through the STAT program and often times these referrals are concurrently eligible to enroll the Project STYLE cohort. Considering these patients also enrolled in other studies that focus on documenting the history of their infection, patients are well incentivized to comply with follow ups and keep a close relationship with clinicians. Additionally, DIS will help transport these patients to the ID clinic and help with subsequent follow ups or else receive a reimbursement for traveling to the clinic.

HIV medical providers throughout the Triangle area know to refer young MSM of color to our project as a way to help their patient stay engaged in their treatment. Resources specific to youth are scarce and providers understand that our project serves to focus on the specific needs of these young men.

What specific methods are used to retain young MSM of color in HIV treatment?

Support groups- weekly, Study participants and other HIV positive MSM in their networks have the opportunity to stay connected to the project and attend a support group led by our staff.

Project staff is often available at medical appointments to conduct follow up interviews as well as to discuss barriers that participants have to healthcare. We speak with participants about auxiliary issues that make it difficult for participants to focus on their health such as transportation, living situation, disclosing HIV status, employment, or relationships. In many cases participants are referred to talk to our peer non-medical case manager that can help eligible participant's access local Ryan White funds.

While some participants are harder to reach than others we periodically contact study participants between visits either by phone or text, especially in cases when we think they are vulnerable to being lost to care.

Often we call participants to remind them when they have an upcoming appointment. Especially if we know the individual has trouble making it into the clinic for scheduled appointments. Our outreach workers sometimes accompany participants to appointments or meet with them to help overcome challenges they have to healthcare or adherence to treatment.

Many of our participants are concurrently enrolled in other research projects that provide incentives for transportation, labs, and medications. Research visits often coincides with medical visits to encourage retention.

What specific methods are used to locate a client of your project that has dropped out of care?

Bridging case managers (BCM): With the help of the public health departments we are able to alert BCMs when our project participants have been lost to treatment (out of treatment for six months). With the use of the various county databases we can check for updated contact information if the participant has sought services from another part of the health department.

The NC Department of Corrections website is a public data base that can help know if a participant has been arrested or sent to prison. While the IRB does not allow us to interview participants in custody if they are a local county facility they can receive treatment at their regular provider and we can abstract clinical data from their medical record.

Staff Outreach can be helpful in helping us find participants that are considered lost to care either by encountering them at outreach venues and reconnecting with them with their provider or actively pursuing contact.

What methods for identifying, engaging, retaining, and locating young MSM of color have you tried and discontinued? Why?

We assess the needs and situation of clients individually. Methods that don't work with one participant may work better with others. We have not abandoned any one method for all participants but find that with some participants we work harder through trail and error to find what works best for that individual.

What is the staffing model that your project currently uses to conduct your SPNS-funded project? Staff may include individuals funded by SPNS, as well as other personnel.

Our project staffs two outreach workers in the community. We retain an outreach worker at The Alliance of AIDS Services-Carolina that also serves the project as a non-medical case manger and is instrumental providing our participants with services afforded to them through HRSA funding as well as social support to help keep them in care. The other position we retain is at North Carolina Central University, an HBCU in Durham, this outreach worker often works with campus health, community based organizations, and local health departments at events that reach out to our target populations.

At UNC the Project Manager and a Research Assistant work to recruit potential participants for Baseline survey's, keep track of and administers follow ups. Furthermore, the personnel at UNC maintain study records and manage internal and survey data sets for our site. Our PI is also the medical provider for many of our study participants.

Part D Patient Orientation Protocol

1. SW provides pre-appointment call and documents in Webcis using developed template.
2. At first appointment, SW will provide initial assessment and develop care plan with patient. Orientation book will be provided as well as any other additional literature related to HIV.
3. SW will provide a follow up call the day following the patient's first appointment as well as an email (if consent provided) with additional resources.
4. SW will follow up with patient two weeks after their first appointment.
5. SW will provide appointment reminders prior to each visit and check-ins as needed by each individual patient.

Retention protocol

SW will follow the Part D Orientation Protocol to initially engage new patients in Adult ID Clinic. The following will occur to retain patients:

- SW will provide appointment reminders the week before and the day before a scheduled appointment by pt's preferred means of communication (email, text, phone call).
- If an appointment is missed, SW will follow up with pt within 3 days to assess barriers (transportation, schedule, etc.) and will attempt to reschedule.
- SW will contact pt by preferred means of communication on birthdays and holidays.

Texting Protocol

According to Lacy Farrell (see email below), UNC Privacy and Legal Support Officer, texting is not prohibited at UNC. In order to accommodate patient communication requests, texting will be used for ID Clinic patients if the individual patient gives consent.

Medical information, such as lab results, will not be given via text as texting is not a secure method of communication. However, the following sample messages may be used to communicate:

- Please call me. I have info. (This could be used for lab results or specific resources)
- Just a reminder- your next appointment is _____ . (The text will not reflect "ID Clinic")

Texting will also be used as a retention tool, including texting Happy Birthday messages and/or holiday messages.

S.T.Y.L.E. Proposed Campaign Strategy and Timeline

Strategy

In order to achieve the maximum penetration to our target population in a timely matter, while still taking in consideration when schools are in session we propose the following strategy and timeline:

Phase 1
(**November 15-December 31)**

This phase will feature a teaser ad that will inform the population about the problem of HIV infection in the target population. In addition to print, the same ad will be strategically placed in 9x12 frames on two campuses. The ad will also compliment in design the materials that will be passed out at different functions continuing to fortify S.T.Y.L.E. as a recognizable brand in the Research Triangle Area.

Rationale:

In this phase the campaign's focus is to brand the organization and inform the population of the problem (400% Ad) while also urging people to get tested. This phase sets the stage for the second phase that talks more directly to the population about getting testing.

Print Schedule

School: NC State
Publication: Technician
Ad Size: 1/8 page
# of Ads: 3
Dates: Nov. 15, 17, 22

School: UNC Chapel Hill
Publication: The Daily Tar heel
Ad Size: 1/8 page
# of Ads: 2
Dates: Nov. 18, 29

School: UNC Chapel Hill
Publication: The Daily Tar heel
Ad Size: 1/8 page
# of Ads: 2
Dates: Nov. 18, 29

School: Central State University
Publication: The Daily Tar Heel
Ad Size: full page
# of Ads: Dec. 7

School: N/A
Publication: The Independent
Ad Size: 1/4 page
# of Ads: 2
Dates: Nov. 16, 23

Phase 2
(January 25- February 29)

A different ad that addresses sexuality and testing more directly will be published in key publications as a "call to action" ad. The actual print ad will be accompanied by animated versions of the same ad in gay nightclub video screens and posters in adult bookstores. S.T.Y.L.E. materials will also be passed out during this phase.

Rationale: In this phase we catch our population coming back from winter break. Many have had sexual relations in other parts of the country and may want to get tested. With a fresh start in school and in the year, it may be the perfect time to catch the attention of students who may otherwise be stressed classes or distracted with midterms or finals.

Print Schedule

School: NC State
Publication: Technician
Ad Size: Full Page
# of Ads: 3
Dates: TBD

School: UNC Chapel Hill
Publication: The Daily Tar heel
Ad Size: Full Page
# of Ads: 2
Dates: TBD

School: UNC Chapel Hill
Publication: The Daily Tar Heel
Ad Size: Full Page
# of Ads: 2
Dates: TBD

School: Central State University
Publication: The Daily Tar heel
Ad Size: Full Page
# of Ads: 2
Dates: TBD

School: N/A
Publication: The Independent
Ad Size: Full Page
# of Ads: 2
Dates: TBD

Venue Placement
9x12 Framed Venue Poster Placement (Phase 1: November 28-TBD)

Venue placements in the following schools will be produced, laminated, framed and placed on campus dorm rooms, bathrooms and other dwelling areas.

School: Saint Augustine College
# of Placements : 25
Contact: TBD (Justin)
Posting Date: TBD (Justin)

School: Shaw University
# of Placements: 25
Contact: TBD (Justin)
Posting: TBD (Justin)

Digital Advertisement
(Phase 2: January 25-TBD) A digital advertisement will be produced and placed at Ce's Ce's and Legends.

Club: Ce's Ce's
Contact: TBD (Justin)
Posting: TBD (Justin)

Club: Legends
Contact: TBD (Justin)
Posting: (TBD) (Justin)

Materials
(November 15- December 31) ***These dates depends on the production time of the material***

Tee- Shirts
- Black give away
- White wife beater
- Green outreach tee shirt

Coasters
Key Chains
Banner

Lanyards
Brochure

Project STYLE Testing Parties

Goal: To identify young MSM of color with high Social Networking Potential (SNP) to create testing events- referred to as "testing parties"-and prevention messages that appeal to their peers and have a high probability of reaching young MSM color. Using means of communication can be easily forwarded throughout social networks such as Internet, text messages, and word of mouth.

Logic Model

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Longer-Term
Seed participants with SNP. Two Testing Counselors/ Phlebotomist 100% time. Testing coordinator 50% time. Travel Rental space to provide testing in remote or rural areas. Incentives for testing participants Safer sex supplies for distribution. Testing supplies and lab.	Participants with SNP identified through local HIV and STD clinics. Provide incentives to individuals with SNP to host testing event for his social and sexual networks in a venue of their choosing. Provide guidance to promote safer sex messages participants SNP. Screen for ARS and expedite specimens from individuals suspected of having ARS.	Provide targeted CTR for young MSM of color. Encourage YMSMC to create their own "unofficial" HIV prevention campaigns to distribute to their networks. Access to hard to reach at-risk networks Indentify individuals in the acute stages of HIV – when they are the most contagious.	Increased number of young MSM of color tested for HIV. Identify new cases of HIV disease in YMSMC. Seamless linkage to medical services.	Increased knowledge, skills and attitudes of HIV/STI Among infected and uninfected participants. Identify high transmission areas were YMSMC networks gather.	Decrease spread of HIV in those at risk. Support leadership skills to promote HIV/STD prevention messages

Description of the Project STYLE testing Parties

The Project STYLE (Strength Through Youth Livin' Empowered) NTS program, based at the University of North Carolina, School of Medicine, Division of Infection Diseases (UNC-ID) under the supervision of Lisa Hightow-Weidman, MD, MPH Clinical Assistant Professor at UNC-ID. Erik Valera, Research Project Manager at UNC-ID will serves as the NTS coordinator for this site and two full-time HIV counselors/phlebotomists will be hired to carry out direct testing and prevention services for this testing model. Project STYLE NTS will partner with The Alliance AIDS Services Carolina (AAS-C) and El Centro Hispano (ECH) to provide referrals additional support for CTR and Health Education/Risk Reduction for Prioritized Populations (HE/RR) services. Project STYLE would also refer individual from priority groups to AAS-C HIV prevention EBI's. UNC-ID will be a referral source to link individuals with newly diagnosed HIV into treatment. Project STYLE NTS program also affiliated with UNC SHAC (Student Health Action Coalition), a student group that operates an HIV testing clinic on a weekly basis in Carrboro as well as through community outreach events. The UNC Screening and Tracing Active Transmission (STAT) program Identifying acute HIV infection provides crucial information concerning demographic, geographic and behavioral factors associated with recent infection and to monitor HIV transmission trends.

We propose to identify patients, from UNC-ID and other HIV/STD treatment centers, with high SNP to gather peers from their social and sexual networks for education and HIV/STD testing. Testing events or "parties" are projected to reach young MSM of color in social and sexual networks with known cases of HIV or other STI's. Parties may be held at people's homes or at a location of the hosts' choosing. Project STYLE provides food, an educational presentation tailored to the group, and HIV and Syphilis testing for party guests. The host receives an added incentive for based on how many guest attend. Party guest will be given the opportunity to host their own testing parties with a group of guest they invite. Host will receive incentive credit for guests that have not attended a STYLE testing party for six months or longer. Host may also be paid an incentive to provide a space for the testing otherwise the NTS coordinator will work with the host to identify a venue where the party can be held. Testing parties would take place in any county where networks of young MSM are identified and may include locations are far as Guilford, Cumberland, or New Hanover counties. We would also encourage hosts and guest to promote their party's using their SNP through internet social networking and dating websites, internet video, text, and word of mouth. Young MSM of color are tightly networked, STYLE testing parties are a way of tapping into this to empower peers and support healthy sexual behavior.

Young MSM of color have the highest incidence of HIV and syphilis in North Carolina, yet are less likely to test for HIV than other groups. Project STYLE testing parties are intended to reach the social and sexual networks of these young men and empower them to become leaders in HIV prevention among their peers. We intend to reach out to people that do not know they have HIV as well people with a known HIV diagnosis to reinforce prevention messages before their peers. Participants will be given an opportunity to confidentially opt out of testing using a coded system. Op out is particularly designed for people with known HIV but would be open to anyone that would like to come for the education but fears being stigmatized by peers for opting out. Testing participants will also be screened for symptoms of Acute Retroviral Syndrome based on a combination of risk and physical symptoms reported at the time of test. Individuals suspected to ARS may have their specimen expedited through the STAT program.

Testing parties may occur once a week and will reach from 8-15 young MSM of color per event. We intend to reach provide testing and/or prevention education to at least 400 young MSM of color per year. Although this number may seem small compared to other programs NTS programs our strategy is focused on using resources to reach those that are most risk and identify undiagnosed HIV within highly impacted networks.

WORKSCOPE FOR SUBCONTRACTORS:
NORTH CAROLINA CENTRAL UNIVERSITY

Project Title: Project STYLE (Strength Through Youth Livin' Empowered)
Applicant name: University of North Carolina-Chapel Hill
HRSA grant number: H97HA03789
Website : www.stylenc.org

We have proposed a collaborative initiative between UNC, a community-based AIDS service organization (the Alliance of AIDS Services-Carolina) and a local Historically Black University (North Carolina Central University). We have made substantial progress on our plan to develop, implement, and evaluate a social marketing campaign on college campuses, which will promote access to HIV treatment and care among newly diagnosed African American HIV-infected college students at a consortium of colleges in the Raleigh-Durham Metropolitan Area.

OVERALL STUDY DESCRIPTION

Cases of HIV on college campuses in North Carolina have risen dramatically since mid-2001. The striking increase in HIV infections among young black men who have sex with men (MSM) underscores our limited knowledge as well as limited success in reaching young MSM (YMSM) of color who attend college. Researchers at the University of North Carolina together with student health providers, university officials, and officials in the North Carolina department of Health and Human Services have come together to develop an effective response to this evolving epidemic. Our goals are two fold. First, we seek to understand the forces that are driving the epidemic. Second, we will develop and implement interventions that both interrupt the spread of HIV among college students as well as promote access to health care for newly diagnosed college students.

Our HIV prevention campaign is divided into two phases. In Phase I, we have conducted elicitation research designed to inform development of an intervention. We have conducted 4 focus groups consisting of black MSM attending the targeted colleges and universities at which we elicited the beliefs, perceptions and needs of black MSM as well as administering a venue based survey. In Phase II, a social marketing campaign was designed and continues to be disseminated on campuses and in the community with the ultimate goals of increasing awareness of HIV risk in the community, and emphasizing the importance of HIV testing and entry into care for HIV-positive YMSM. We continue to mount a targeted outreach intervention consisting of a media campaign, increased provision of HIV counseling and testing on college campuses and in the community via rapid HIV testing.

To promote access to HIV care among newly diagnosed, HIV-infected YMSM we will continue to take advantage of the presence of experienced Disease Intervention Specialists and our outreach workers. Two adolescent HIV clinics (one at The Infectious Diseases Clinic at the University of North Carolina at Chapel Hill (UNC IDC) and one at the Wake County Health Department) are the facilities to which new patients are referred. Health outcomes of those infected may be improved by receiving immediate and on-going care and are being measured by in-person surveys with all seropositive YMSM (newly diagnosed and those currently in care). This survey measures variables associated with retention in care, adherence to medications, and practice of risk reduction behaviors. This survey was created by the GW YES center and to date 35 baseline interviews have been completed and 50 follow-ups.

In addition to offering medical care for young men living with HIV, STYLE provides one-on-one and group support. Through our partnership with the Alliance of AIDS Services- Carolina, we are able to provide an array of ancillary services, including emergency financial assistance, food pantry, and transportation assistance.

NORTH CAROLINA CENTRAL UNIVERSITY

PROJECT STYLE has partnered with both the Alliance of AIDS Services-Carolina (AAS-C) and North Carolina Central University (NCCU) to provide outreach activities on the targeted campuses as well as at selected venues. The AAS-C has a long history of being able to provide quality outreach and prevention services to members of the target population. NCCU serves as a primary nexus of outreach and research activity, under the direction of Dr. David Jolly. Through NCCU Dr. Jolly is the advisor for *Colors*, a dynamic LGBT student-run organization. In addition, he works with the University to oversee a variety of services, including HIV/STD peer education, the SAFE (Save a Fellow Eagle) program, training programs for youth to serve as peer educators, outreach and prevention programs every Fall semester, ongoing risk reduction communication, and HIV testing referrals. This unit is supported by HIV/STD Prevention and Care funds from the NC State Department of Health and Human Services, as well as other grants and HIV initiatives. Outreach workers are housed at both AAS-C and NCCU and work to provide outreach activities on campus

and in a variety of community venues. Additionally, the outreach staff assist clients with linkage into appropriate social services through AAS-C and facilitate our weekly support groups for HIV+ Black MSM.

Co-investigator/NCCU Project Head (0.20 FTE): Dr. David Jolly helped found OutRight, an organization that provided support services to lesbian and gay youth in Durham for several years in the early 1990's. A number of OutRight youth were young MSM of color. In 2000, he organized a day-long workshop at NCCU on sexual diversity that drew over 80 students, faculty and staff. Dr. Jolly currently serves as faculty advisor to Project SAFE, NCCU's HIV/STD peer education program. His responsibilities on this project will include:

- Focus Groups: Assist in developing interview and focus group guides. Help to conduct interviews and focus groups. Analyze and interpret results of interviews and focus groups.
- Media campaign: Consult on development of interventions and small media campaign materials, especially those designed for use on college campuses.
- Advisory Board: Recruit members for the project advisory board, especially members from the university community. Serve as liaison between the project and Project Commit To Prevent partners from other HBCUs in NC.
- Evaluation: Assist in design, implementation and analysis of process evaluation.

One Outreach Worker at this site (.50 FTE): (Jeff Love) Mr. Love works out of North Carolina Central University, has extensive experience working with the target population, and is a young MSM of color. The activities of the outreach workers include:

- Small media campaign: Outreach workers will disseminate small media materials on college campuses and at selected venues. They will solicit participation from community businesses and distribute small media materials there as well.
- Focus groups: Participate in focus groups.
- Survey Administration: Administer surveys on college campuses among general student population and target population.
- Testing event coordination: Assist project coordinator with organizing HIV testing events on college campuses in the area.
- Support group facilitation: Co-facilitate twice weekly HIV+ men's support group.
- Facilitate discussions of issues related to HIV/STDs: The Outreach workers will look for opportunities to facilitate discussion about how best to create a safe and comfortable environment for gay and bisexual men of color. Additionally they will make presentations to Black Fraternities, Faculty Senate, University Administrators, Dean of Students, Residential Life, Campus ministry, Student government. Position will also serve as primary liaison with other community based agencies.

WORKSCOPES FOR SUBCONTRACTORS: ALLIANCE OF AIDS SERVICES

Project Title: Project STYLE (Strength Through Youth Livin' Empowered)
Applicant name: University of North Carolina-Chapel Hill
HRSA grant number: H97HA03789
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care for HIV-positive YMSM. We continue to mount a targeted outreach intervention consisting of a media campaign, increased provision of HIV counseling and testing on college campuses and in the community via rapid HIV testing.

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ALLIANCE OF AIDS SERVICES

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One Outreach Worker (.50 FTE): (Sebastian Battle) Mr Battle works from the Alliance of AIDS Services-Carolina. Mr. Battle has extensive experience working with the target population, and is a young MSM of color. The activities of the outreach workers include:

Small media campaign: Outreach workers will disseminate small media materials on college campuses and at selected venues. They will solicit participation from community businesses and distribute small media materials there as well.
Focus groups: Participate in focus groups
Survey Administration: Administer surveys on college campuses among general student population and target population
Support group facilitation: Co-facilitate twice weekly HIV+ men's support group.
Client Services Advocate: Provide access to social and supportive services available for HIV+ individuals through AAS-C. Maintain regular contact with clients to promote retention in care.
Facilitate discussions of issues related to HIV/STDs: The Outreach workers will look for opportunities to facilitate discussion about how best to create a safe and comfortable environment for gay and bisexual men of color. Additionally they will make presentations to Black Fraternities, Faculty Senate, University Administrators, Dean of Students, Residential Life, Campus ministry, Student government.

Work Plan for Outreach Worker, Project STYLE

Goal 1:
Build relationships with campus organizations, community groups, and public health agencies that serve MSM of color to access target population

- Visit organizations and agencies and distribute information on Project STYLE
- Establish contacts with DIS to facilitate seamless referrals of newly diagnosed persons to care

Documentation: Maintain log of visits to agencies and organizations
Maintain a database of contacts

Goal 2:
Develop familiarity with resources and services for HIV+ MSM

- Review existing directory
- Expand directory as new resources and services are identified
- Meet with Dr. Hightow, UNC Clinic, Wake Clinic to learn resources

Documentation: Update directory regularly

Goal 3:
Assist in planning and staffing outreach activities and events to access target population, increase project visibility, disseminate information on HIV/AIDS, encourage HIV testing, foster discussions on how to create safe, comfortable environments for college-age MSM of color, etc.

- Attend community meetings
- Create and deliver presentations to campus organizations and community groups
- Staff health fairs, rapid HIV testing events, etc.

Documentation: Maintain log of outreach events

Goal 4:
Serve as a resource for young HIV+ MSM

- Provide basic education and emotional support to clients
- Refer to medical care and case management
- Provide transportation to care/services as appropriate
- Be on call for referrals

Documentation: Maintain log of client contacts and services provided

Goal 5:
Administer surveys in clinical, campus, and community settings for planning and evaluation of the project

- Assist in development of instruments as requested

Goal 6:
Assist in the design and implementation of a social marketing campaign

- Review draft materials
- Distribute materials from social marketing campaign

STATE OF NORTH CAROLINA OFFICE OF STATE PERSONNEL POSITION DESCRIPTION FORM (PD-102R-92)	Approved Classification: Effective Date: Analyst:
1. Present Classification Title of Pos.	7. Pres. 15 Digit PN Prop.15 Digit PN
2. Usual Working Title of Position: Community Outreach Worker and Client Advocate	8. Department, Univ.: Health Education, NCCU
3. Requested Classification of Position	9. Instit. & Divis.
4. Name of Immediate Supervisor: David Jolly	10. Section and Unit
5. Supv. Pos. Title and Pos. Number: Assistant Professor, 10326	11. Address: Miller-Morgan Building, P.O. Box 19738, Durham, NC 27707
6. Name of Employee	12. Loc. of Work: Miller-Morgan Health Sciences Building (office), NCCU campus, and larger Raleigh-Durham community

I. A. Primary Purpose of the Organizational Unit:

"Outreach, Care, and Prevention to Engage HIV Seropositive Men Who Have Sex with Men (MSM) of Color" is a new grant-funded project targeting MSM of color attending college in the Raleigh-Durham metropolitan area. The goals of the project are to develop and implement culturally appropriate strategies for providing these men with HIV prevention messages, encouraging HIV testing in this population, linking those men who test positive or have previously tested positive to HIV care services, and keeping them in care.

B. Primary Purpose of the Position:

To conduct outreach to college-aged men of color at risk for HIV/AIDS. To provide HIV prevention messages, to encourage HIV testing, to provide those who test positive or who have previously tested positive but have not entered or fallen out of care with basic education and support, to link them to medical care and case management services, and to provide follow up to keep them in care.

Work Schedule:

Flexible schedule requiring some evening and weekend work.

D. Change in Responsibilities or Organizational Relationship:

II. A. Description of Responsibilities and Duties:

Facilitate discussions of issues related to HIV/STDs, including how to create a safe and comfortable campus environments for MSM of color.
Administer surveys on college campuses among general student population and target population.
Assist in developing and implementing a social marketing campaign targeting MSM of color on college campuses. This work includes:
Developing messages appropriate to the target population to encourage HIV risk reduction and HIV testing.
Helping design print and broadcast media to convey those messages – e.g., brochures, ads, PSAs
Distributing materials on college campuses and at selected community venues.
Engage the target population directly through face-to-face and internet outreach.
Work closely with HIV/STD Disease Intervention Specialists to bring HIV-infected college-aged men of color into a system of medical care
Follow up with clients to maintain them in care.
Link clients to case management services to ensure that legal, financial, and psychosocial needs are met.
Provide basic education and emotional support to clients.
Assist other project staff in developing and maintaining relationships with service providers.
Attend meetings in the community to build project visibility and enhance project services.
Perform other job-related tasks assigned by the NCCU site supervisor or UNC-CH Project Coordinator.
B. Other Position Characteristics:

1. Accuracy Required in Work:

Precision in following project protocols is essential to successful implementation of the project. Accuracy in data reporting is critical to valid and reliable evaluation of the project

2. Consequence of Error:

The project may not be implemented as planned or project activities accurately monitored, thereby compromising the effectiveness of the project and/or the ability to evaluate the project.

3. Instructions Provided to Employee:

General instructions on the implementation of the project and protocols for project evaluation will be provided by the NCCU site supervisor and the Project Director at UNC-Chapel Hill. The employee will have substantial latitude in the daily processes and procedures of his/her work.

4.Guides, Regulations, Policies and References Used by Employee:

These include guidelines for project implementation, protocols for project evaluation, university policies, and department procedures.

5. Supervision Received by Employee:

The employee will be directly supervised by the Co-investigator for the project at NCCU. He will also receive instruction and feedback from the Project Director at UNC-Chapel Hill. The employee will meet with the Co-investigator and the Project Director at UNC-CH at least weekly for reporting and planning purposes and will submit regular reports to the Co-investigator and the Project Director documenting project activities and progress towards project goals.

6. Variety and Purpose of Personal Contacts:

The position involves regular contact with a variety of people for purposes of planning, implementing and evaluating the project. These include students at NCCU and other colleges in the Raleigh-Durham area, other project staff, medical staff providing HIV clinical services, HIV case managers, staff at community-based AIDS service organizations and other agencies providing services to HIV-infected individuals, university administrators, faculty, and staff; and representatives from the funding agency (Health Services and Research Administration).

Physical Effort:

The physical/mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to sit, stand and walk; use hands to finger, handle or feel objects, tools, or controls; reach with hands and arms. The employee frequently is required to stoop, kneel, crouch, talk or hear. The employee is occasionally required to climb or balance. The employee must occasionally lift and/or move 10+ pounds

Work Environment and Conditions:
Office environments at universities and in community agencies. Outreach activities will take place at various campus and community venues (e.g., student unions, cafeterias, gyms, bars, clubs, and other areas where the target population congregates). Some outreach will be conducted outdoors on college campuses and in the community.

Machines, Tools, Instruments, Equipment and Materials Used:

Computer, paper and pen, educational materials, data collection instruments, reporting forms

10. Visual Attention, Mental Concentration and Manipulative Skills:

Specific vision abilities required by this job include close vision, color vision, peripheral vision, depth perception, and the ability to adjust focus. Mental demands include the ability to learn and adapt to changes, exercise discretion and good judgment, pay close attention to detail, manifest courteous and professional behavior, and deal with stressful situations.

11. Safety for Others:
Position involves no substantial responsibility for the physical safety of others. Position requires employee to maintain confidentiality of personal information shared by project clients in order to protect clients' psychological well-being.

12. Dynamics of Work:
The project must be implemented carefully and efficiently. Deadlines and reporting requirements will necessitate task orientation, organizational skills, and the ability to multi-task. Working with a college-aged population will require strong interpersonal skills and a flexible schedule.

III. Knowledges, Skills & Abilities and Training & Experience Requirements:

A. List all of the Knowledges, Skills and Abilities essential to perform the work at the beginning or entry level. Include and physical abilities required.

Good organizational skills.
Excellent communication skills, both written and verbal, including the ability to:
Read and comprehend written materials
Write routine reports and correspondence
Speak effectively before groups
Ability to critique health education materials, select and/or help develop materials appropriate to the target population, and adapt materials to make them culturally appropriate.
Skill in project implementation, including documentation of project activities.
Demonstrated commitment to the principles of diversity and a willingness to work with diverse populations.
Knowledge of HIV/AIDS prevention and awareness of issues affecting people living with and at risk for HIV/AIDS
Familiarity with the issues facing young men of color who have sex with other men.
Ability to work well with college-aged individuals to develop and maintain good working relationships with campus and community organizations.
Ability to work independently and cooperatively in a team.
Ability to exercise sound judgment in difficult situations.
Sufficient computer skills to operate Word and Excel programs, do we want to say something about facility with the Internet

B. 1.State the minimum level of formal training necessary to aid a person in developing the entry knowledge, skills and abilities. Please specify area(s) of study and courses, if possible.

Graduation from a four-year college or university.

2.Would this formal training fully prepare an individual for entry into this position? If not, what type(s) of other training and/or experience (consider paid work, volunteer work, or other applicable life experience) would be necessary in addition to the formal training?

One to two years of relevant experience is preferred, e.g., volunteer or professional experience in HIV/STD outreach/prevention education, working with young MSM of color, or working with people living with, affected by or at risk for HIV/AIDS.

3.What type(s) of training and/or experience (paid work, volunteer work, etc.) might be substituted as being equivalent to the formal training?

Sufficient volunteer or professional experience as described above.

C.Is a license or certification required by statute to perform the duties of this position? If so, describe, and identify the statute.

Valid NC drivers license is required as is adequate transportation to perform job duties.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

HIV/AIDS Bureau

Special Projects of National Significance (SPNS) Program
Outreach, Engagement and Retention of Young Men of Color Who Have Sex with Men in HIV Care Initiative (Demonstration Sites)

Grant Information

Grantee Name:	University of North Carolina at Chapel Hill, Division of Infectious Diseases
Project Title:	HIV Outreach, Prevention and Linkage to Care for Young Black Men Who Have Sex with Men
Grant Number:	H97HA03789-01-00
Project Director/ Principle Investigator:	Lisa B Hightow-Weidman, MD, MPH
Project Period:	September 1, 2005 – August 29, 2009
Project Officer:	Melinda Tinsley

I. Project Narrative

Although the southeastern US is experiencing disproportionate HIV infection rates, has higher numbers of AIDS cases, has higher proportions of Blacks, and is experiencing the most rapid growth rate of Latinos in the country1,2, there have been limited HIV interventions in this part of the US.3A previously unrecognized outbreak of HIV infection among Black young men who have sex with men (YMSM) college students in NC was discovered.4 Through December of 2006, 191 HIV-infected college students of whom 84% were Black and 92% MSM or men who have sex with men and women were identified.4,5 To address these findings, The University of North Carolina School of Medicine, Division of Infectious Diseases (UNC-ID) developed STYLE (**S**trength **T**hrough **Y**outh **L**ivin' **E**mpowered). Utilizing a social marketing campaign targeting youth and members of their sexual and social networks we sought to diagnose, engage and retain HIV-positive Black and Latino YMSM in HIV primary care services.

The main elements of STYLE included: 1) a social marketing campaign developed with the input of a youth advisory board and focus groups (see Figure 1); 2) intensified outreach to Black and Latino MSM youth-serving venues and increased provision of HIV testing services on college campuses, and within the broader community utilizing both venue-based and social and sexual network testing approaches;6 and 3) a tightly linked medical-social support network for HIV-infected youth newly diagnosed or re-engaging in care which included an infectious disease board certified physician who oversaw the provision of care to all patients; the majority being seen at one of two clinical sites (one tied to a local academic medical center and the other located within a local health department). While both Black and Latino HIV-infected YMSM were recruited into the study, printed outreach materials bearing the STYLE logo were targeted specifically for Black MSM; a similar campaign was not designed for Latino MSM. However, other HIV/STD related information distributed at STYLE events and at STYLE clinical sites were made available in Spanish. In addition to HIV medical care services, STYLE provided clients with ancillary social support services, including case management and support groups, through a partnership with a local AIDS Service Organization (ASO). STYLE was able to leverage the resources of an academic medical center, an ASO and a local Historically Black University (HBU) as part of an overall strategy to identify, test, and link HIV+ YMSM of color into medical care.

Procedures.
STYLE- specific data collected between the start of our site's client enrollment in June 2006 and the end of the grant cycle in August 2009 were analyzed for this paper. Eligible participants were (a) biologically born male, (b) HIV+, (c) diagnosed HIV+ within the past 6 months or reengaged in care after being out of care for at least 6 months, (d) a male who had sex with males, (e) self-identified as non-white, (f) between 17 and 24 years at the time of the first interview, and (g) able to provide written informed consent.

Eligible participants were administered a standardized face-to-face interview by experienced interviewers at baseline and every 3 months thereafter. Baseline interviews lasted approximately one hour and also included a qualitative interview component that was not conducted during the follow-up interviews, which averaged 30 minutes in duration. Potential participants were referred to the STYLE study through being identified as HIV+ through STYLE-sponsored outreach HIV testing events, the NC Screening and Tracing Active Transmission Acute HIV testing program (STAT)7 and through referrals from HIV testing conducted at local health departments and ASOs. Potential participants were also identified and referred to STYLE by the NC Disease Intervention Specialists (DIS). Over the course of the 3 years of participant recruitment, only two individuals who were approached about participating in the

STYLE cohort study refused to participate. These two individuals stated that their discomfort with discussing issues related to HIV as the primary reason for refusing to participate in the study.

Interviews were generally administered immediately following scheduled HIV clinic appointments. However, if a participant was unable to stay beyond the time allotted for his clinical appointment, study staff would make a separate appointment to meet with the participant to complete the interview, within a two-week time period. Interviews were conducted in either English or Spanish based on participant preference. Participants were compensated $50.00 for completion of the baseline interview and $25.00 for each follow-up. All participants provided written informed consent to participate in the study.

As the majority of eligible YMSM of color at UNC-ID during the study period consented to enroll in STYLE, and thus there was no comparison group. Data was abstracted from a clinical cohort preceding the implementation of STYLE to serve as a control group. Abstracted data was restricted to the thirty Black or Latino YMSM (age 17-24) who had their first visit in the UNC-ID HIV clinic between January 1, 2003 and December 31, 2005, as they were most similar to STYLE participants based on available demographic data. Clinical recommendations about attending regularly scheduled visits were similar during this time period as during the implementation of STYLE.

A significant innovation of the STYLE model was the simplification of the linkage to care process for newly diagnosed for HIV+ clients. Having a dedicated infectious disease physician who was able to see all patients identified through our outreach testing efforts and from referrals from community partners as the principal investigator eliminated many logistical and administrative barriers to getting patients into care. Having direct access to schedule patients on this physician's schedule within 72 hours of their initial diagnosis or referral allowed STYLE program staff to rapidly link newly diagnosed HIV+ MSM to care. Additionally, STYLE staff worked closely with coordinators of other HIV clinical trials based as the study site in which STYLE participants were also enrolled. The sharing of updated contact information for participants across studies helped study staff from STYLE and the other research studies keep track of an often transient population who frequently change residences and phone numbers. STYLE participants in other clinical trials were able to access additional incentives above and beyond those offered by STYLE, including free medications and labwork, which may have also helped to improve their overall retention in care. HIV programs based at academic medical centers should seek to leverage clinical research study visits as additional opportunities to further engage HIV+ clients who may be at risk of falling out of HIV care.

Findings and Results.
Eighty-one HIV-infected YMSM of color were enrolled in STYLE. The mean age of the sample was 21 years; 83% identified as Black and 11% as Latino. Sixty-two percent described themselves as gay, 22% as bisexual, 1% as heterosexual and 15% as other. Two-thirds of the men reported a history of vaginal sex with a woman over the course of their lifetime. Almost half of the sample was enrolled in school at study entry. Participants lived a mean of 47 miles from the HIV clinic where they are receiving care.

Two-thirds of the cohort was newly diagnosed. The mean time from diagnosis to enrollment for those newly diagnosed was 56 days; the mean time from last clinic visit to enrollment for those re-engaging in care was 509 days (or approximately 17 months). The majority (75%) of newly diagnosed persons had been diagnosed less than three-months prior to enrollment. One-third of the STYLE cohort was diagnosed during the acute stage of HIV infection, defined as having a negative HIV antibody test in the presence of positive HIV nucleic acid testing.7,8 Twelve percent of the sample had transmitted drug resistance, defined as having a baseline genotype that demonstrated the presence of at least one mutation in the 2009 World Health Organization revised listing of surveillance drug resistance mutations.9 As shown in Table 1, there were no differences in ethnicity or education when comparing newly diagnosed to those re-engaged in care. However, compared to those participants who were re-engaged in care, newly diagnosed persons were on average younger and had less depressive symptomatology. Health status data indicate that compared to those newly diagnosed, those re-engaging in care had similar CD4 counts but slightly lower viral loads at baseline.

Consistent with other studies10,11 we found high overall levels of depression in these young men; with 50% having CES-D scores falling within ranges considered to be indicative for clinical depression and 15% having a history of attempting suicide. This is similar to rates seen in other large population-based studies in which 12-19% of their sample of MSM (including a rate of 8% in MSM <25 years) had attempted suicide compared with rates of 1.5-4% among men in the general population.12-14 Higher rates of depression were observed in those re-engaging in care clearly indicating the need to incorporate mental health evaluations and treatment early into the provision of HIV primary care. Because CES-D scores were only assessed at baseline, we cannot establish causality, though we hypothesize that early engagement in care through STYLE for the newly-diagnosed persons may have served as a buffer to lessen symptoms of depression perhaps through increasing their network of social support.10,15-17 Future research using qualitative methods should explore the relationship between early engagement and retention in care, depression and other ongoing risk behaviors in HIV-infected youth.

Program Management.
Prior to the enrollment of the first study participant in June 2006, study staff engaged in a variety of activities to build partnerships with other key stakeholder groups in the area and to heighten the project's visibility among the local Black MSM community. These included coordinating meetings with a key community stakeholders, including the owner of Black MSM-serving nightclubs and bars

to facilitate STYLE staff distributing study material at these venues; meeting with staff members from the state and county health departments and other local AIDS Service organizations to solicit their support in organizing HIV testing events in the community and referring clients to the STYLE program; and meeting with administrative staff at the local colleges and universities to garner support for organizing HIV testing events on their campuses. The relationships that emerged from these initial meetings were developed over the course of the project and were critical to achieving the project goal of scaling up HIV outreach activities among BMSM in the community.

Organizing HIV Testing Events

While only 13 of the 81 STYLE participants came into the study through testing events organized by STYLE, these events were a critical part of the visibility of STYLE in the community. There were several important lessons learned in the process of organizing these events that will be instructive for other program sites seeking to replicate this part of the intervention.

- *Balancing between targeted and general audience testing events*

  Although our intervention aimed to reach HIV+ Black MSM specifically, many of our testing events targeted a more general audience. This was done strategically and intentionally, taking into account concerns from administrators at the HBCU campuses that conducting HIV testing events would signal to community members that their campuses had a specific problem with HIV or homosexuality and would potentially hamper student recruitment efforts. To address these concerns, we made sure to host testing events targeting a general audience (while also conducting targeted outreach to MSM groups on campus where possible) on a mix of college campuses (public, private, HBCU, majority white).

- *Build backwards from the perspective of someone who may test positive at an event*

  In doing outreach HIV testing events in non-traditional settings it is critical that the event be organized to maximize confidentiality for those who may receive a reactive test result during the event. Organizing the physical space of the event to allow for private exit from the event location to protect confidentiality, ensuring that other event participants are not aware of the location of the "positive room" (i.e. not using a specific location solely for the delivery of positive results, so that other event participants will not be aware/suspicious if specific persons are directed to a given location) are necessary steps to take when planning outreach testing event. If event organizers cannote adequate assure confidential delivery of reactive rapid test results within the physical space proposed for an HIV testing event, organizers should investigate other ways of delivering test results (e.g. the next day) or reconsider doing the event altogether.

People who did not meet our strict definition of regular care still attended the majority of their scheduled clinic appointments and maintained consistent contact with program staff through email, SMS texting or attendance at weekly support group meetings. Text messaging and other innovative technologies have were used successfully to increase clinic attendance,18,19 However challenges arose with STYLE participants when participants' prepaid cell phone services lapsed or phone numbers changed. Special consideration should be given to employing new technologies and social networking programs to maintain YMSM engaged in medical care and maintain a peer based support network.

Consistent with other studies10,11 we found high overall levels of depression in these young men; with 50% having CES-D scores falling within ranges considered to be indicative for clinical depression and 15% having a history of attempting suicide. Higher rates of depression were observed in those re-engaging in care clearly indicating the need to incorporate mental health evaluations and treatment early into the provision of HIV primary care. During the course of the study we sought to partner with culturally competent and affordable mental health services to attend STYLE participants, however such services did not exist in area. Those choosing to replicate this program are advised to consider staffing mental health providers with the capacity to work Black and Latino YMSM. Special consideration should be given to employing services for YMSM seeking relief from violent or otherwise abusive situations.

Long distances to care and lack of provision of transportation services are associated with less access to and retention in care.20,21 Patients in this study traveled a substantial distance for their HIV medical care (see Table 1), which is not uncommon for those living in rural settings accessing services associated with a stigmatizing diseases like HIV, substance abuse or mental health. This problem was likely accentuated by the low availability of public transportation systems and record high gas prices seen in our state during the course of the study. Programs should consider provisions to reimburse for travel through taxi vouchers or gas cards. A cost benefit analysis is suggested to asses if such provision would result in an overall cost-savings through improved long term health outcomes and decreased utilization of emergency rooms and a reduction in hospitalizations.22

In our study, youth achieved viral suppression rates greater than 75%, which compares favorably to levels of virologic success ranging from 51-79% for currently utilized NNRTI, or boosted PI regimens in adult cohorts.23 While we tried to ensure that prior to initiating therapy, youth enrolled in our cohort were deeply committed to the process of attending regular clinic visits and comfortable with both the notion and the process of taking medications on a daily basis, there is still significant room for improvement. Having the youth as active and willing participants in making decisions regarding their health care- an act which requires a multidisciplinary team model

of HIV care that addresses in a comprehensive and culturally sensitive manner all of the developmental, physical and mental health issues relevant to this population.

As one of the main goals of the overall SPNS initiative was to increase diagnoses within our target population. We found it useful to partner with local health departments, ASOs, and HBCUs to deliver HIV testing services to youth in our area. Social marketing campaigns helped galvanize support for increased testing and may have had an effect on reducing stigma associated with having HIV. Future research should investigate the effectiveness of social marketing campaigns for HIV testing toward reducing the effects of HIV stigmatization among adolescents and young adults.

Overall, STYLE was an effective intervention that provided efficient and timely engagement in care for both those newly diagnosed and those who had fallen out of care and improved overall retention. We believe that the results of our study demonstrate that successful interventions that promote HIV counseling, testing, and referral either take these services to venues that youth frequent or use outreach to make testing easily accessible and seamless linkage to care.

References

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II. Dissemination Activities

Our dissemination strategies focused on reaching several key audiences: 1) State and local health department staff and other local public health workers 2) National level- academic/professional audiences 3) community audiences. This strategy reflects the broad variety of stakeholders involved in the STYLE project and the project team's desire to reach a broad audience. Methods of dissemination included peer-reviewed journal articles, oral and poster presentations at professional conferences, and workshops and presentations area colleges and state and local health departments. STYLE staff also discussed project findings on local radio.

University of North Carolina at Chapel Hill Dissemination Activities				
1. Presentation	Project STYLE: Engaging, linking & retaining young HIV+ MSM of color in Medical Care	Smith JC, Valera E, Hightow-Weidman LB	2010 Michigan Health Disparities & STD/HIV Conference	November 4, 2010
2. Journal Article (multisite)	Transmitted HIV-1 Drug Resistance Among Young Men of Color Who Have Sex With Men: A Multicenter Cohort Analysis	Hightow-Weidman, LB.. Hurt, CB, Phillips, G Jones, K, Magnus, M Giordano TP, Outlaw A, Ramos D, Enriquez-Bruce E, Cobbs W, Wohl A, Tinsle M	Journal of Adolescent Health	In Press (accepted May 2010)
3. Journal Article	Keeping them in STYLE: Finding, Linking and Retaining Young HIV+ Black and Latino Men who Have Sex with Men in Care	Hightow-Weidman LB, Smith JC, Valera E, Mathews DD, Lyons P	AIDS Patient Care and STDs	In Press (Accepted Nov 2011)
4. Journal Article (multisite)	Characteristics Associated With Retention Among African American and Latino Adolescent HIV-Positive Men: Results From the Outreach, Care, and Prevention to Engage HIV-Seropositive Young MSM of Color Special Project of National Significance Initiative	Magnus M, Jones K, Phillips G, Binson D, Hightow-Weidman LB, Richards-Clarke C, Wohl AR, Outlaw A, Giordano T, Quamina a, Cobbs W, Fields, SD, Tinsley M, Cajina A, Hidalgo J	Journal of Acquired Immune Deficiency Syndromes	April 2010
5. Presentation	Understanding pathways to resilience among young HIV+ Black MSM	Smith JC, Valera E, Hightow-Weidman LB	Black Gay Research Conference, Atlanta, GA	January 10, 2010
6. Presentation	STYLE: Community Testing Initiatives for Youth	Valera E, Smith JC, Hightow-Weidman LB	North Carolina Children's and Adolescent AIDS Network meeting	Nov 2009
7. Presentation	Sexual Partner Age Mixing, Acute or Recent HIV Infection, and Young MSM in North Carolina	Hurt CB, Matthews DD, Stapleton MM, Adimora AA, Golin CE, Hightow-Weidman LB	National HIV Prevention Conference, Atlanta GA	Aug. 2009
8. Presentation	Differential Network Patterns Among MSM and the Black-White Disparity in HIV Infection	Matthews DD, Traud AL, Stapleton MM, Adimora AA, Golin CE, Hightow-Weidman LB	2009 National HIV Prevention Conference, Atlanta GA	Aug. 2009

9. Poster	Impact of HIV Status and Geographic Location on Recruitment of MSM Social and Sexual Networks	Demers M, Stapleton MM, Golin CE, Matthews DD, Adimora AA, Hightow-Weidman LB	2009 National HIV Prevention Conference, Atlanta GA	Aug. 2009
10. Presentation	Focusing Community Based HIV Interventions on Caregivers of Young MSM of Color	Valera ER, Smith JC, Hightow-Weidman LB	2009 National HIV Prevention Conference, Atlanta GA	Aug. 2009
11. Presentation	Sexual orientation, racial identity, and resilience among Young HIV+ Black MSM	Smith JC, Valera ER, Hightow-Weidman LB	2009 National HIV Prevention Conference, Atlanta GA	Aug 2009
12. Poster	Research collaboratives as a tool for retention in care for HIV+ MSM of color	Smith JC, Sugarbaker AJ, Valera ER, Kuruc J, Hightow-Weidman LB	2009 National HIV Prevention Conference, Atlanta GA	Aug. 2009
13. Poster	Prevalence of Transmitted HIV-1 Drug Resistance Among Young Men of Color who Have Sex with Men: A multicenter cohort analysis	Hightow-Weidman LB, Phillips II G, Smith J, Jones K, Magnus M, Outlaw A, Giordano T, Enriquez-Bruce E, Ramos D, Tinsley M, Hidalgo J	CROI, Montreal Canada	Feb 2009
14. Poster	Characteristics Associated with Retention for Hard-to-Reach Young Men of Color Who Have Sex with Men	Magnus M, Jones K, Phillips II G, Binson D, Hightow-Weidman L, Richards-Clarke C, Wohl A, Outlaw A, Giordano T, Nyathi B	CROI, Montreal Canada	Feb. 2009
15. Presentation	Voices from the frontlines: Outreach Worker Experiences in Engaging Young HIV+ MSM of Color in Services and Care	De La Cruz M, Ramos AD, Smith JC	Ryan White All Titles Meeting, Washington DC	Aug. 2008
16. Poster	Project STYLE: Understanding and Empowering HIV-Infected Men in North Carolina	Hightow-Weidman, LB, Smith JC, Valera E	Ryan White/HRSA All Titles Meeting, Washington DC	Aug. 2008
17. Journal Article	Late diagnosis of HIV among young men in North Carolina	Torrone EA, Thomas JC, Leone PA, Hightow-Weidman LB	Sexually Transmitted Diseases	March2008
18. Poster Presentation	At the Intersections: Insight into young HIV-positive MSM of color experiences of faith, sexuality, and race	Stapleton M, Valera, E, Fisher-Borne M, Smith J, Hightow-Weidman	Minority Health Conference University of North Carolina Chapel Hill, NC	Feb. 2008

19. Presentation	Emerging Perspectives on the "Down Low" from Young Black Men who Have Sex with Men in the South	Smith JC, Fisher-Borne M, Brown, AL, Leone, PA; Hightow-Weidman, LB	National HIV Prevention Conference, Atlanta GA	Dec. 2007
20. Presentation (Roundtable)	Bringing the Message: College Black Men on Sex, Sexuality, and how to Spin HIV Prevention	Smith JC, Brown AL, Fisher-Borne M, Leone PA, Hightow-Weidman LB	APHA, Washington DC	Nov. 2007
21. Presentation (Roundtable)	From Copout to Complexity: Emerging Perspectives on the "Down Low" from Young Black Men who Have Sex with Men in the South	Smith JC, Brown AL, Fisher-Borne M, Leone PA, Hightow-Weidman LB	APHA, Washington DC	Nov. 2007
22. Presentation	Emerging Perspectives on the "Down Low"	Smith JC, Fisher-Borne M, Hightow-Weidman LB	Council on Social Work Education Annual Program Meeting, San Francisco CA	Oct. 2007
23. Poster	Moving Beyond the Myths: Perspectives on the "Down Low" from Young Black Men in the American South	Smith JC, Brown AL, Fisher-Borne M, Leone PA, Hightow-Weidman, LB	International Society for Sexually Transmitted Diseases Research, Seattle WA	July 2007
24. Poster	Rapid HIV Testing on the College Campus: Comparing Traditional and Outreach Models	Przybyla SM, Smith JC, Boos K, Turner BM, Hightow-Weidman, LB	American College Health Association Meeting, San Antonio TX	June 2007
25. Presentation	Black Men and the "Down Low:" Moving Beyond the Myths to Solutions in HIV Prevention and Care	Smith JC, Brown AL, Fisher-Borne M, Love J, Hightow-Weidman LB	University of North Carolina Minority Health Conference, Chapel Hill, NC	Feb. 2007
26. Journal Article	The Mythology of the "Down Low:" A Critical Exploration of Black Men Who Have Sex with Men and HIV Transmission	Hightow-Weidman LB, Smith JC	Infectious Diseases and Corrections Report	Jan 2007
27. Journal Article	Men who have sex with men and women: a unique risk group for HIV transmission on North Carolina college campuses	Hightow LB, Leone PA, Macdonald PD, McCoy SI, Sampson LA, Kaplan AH	Sexually Transmitted Diseases	Oct 2006
28. Institute	From Outreach to Clinic: Connecting Young HIV+ MSM of Color to Clinical Services	Hightow LB, Smith JC	Ryan White/HRSA All Titles Meeting, Washington DC	Aug. 2006

Future research considerations:
A trial of social marketing campaigns for HIV testing toward reducing the effects of HIV stigmatization among adolescents and young adults.

A cost- benefit analysis to asses if provision for taxi vouchers and gas cards would result in an overall cost-savings through improved long term health outcomes and decreased utilization of emergency rooms and a reduction in hospitalizations.

III. Sustainability

The Principle Investigator continues to provide HIV medical care to many of the study participants and their HIV positive peers. We were additionally encouraged by the role of clinical trial study coordinators in aiding with overall retention. Young MSM patients continue to be afforded access to clinical trials and other research that in turn may offer; incentives, transportation, free medications and lab work, and individualized attention that coincides with their HIV medical care. The attention given to those in cohort studies with frequent follow ups go beyond the efforts of conventional care. Further, access to research provides young MSM the opportunity to altruistically contribute to the HIV affected community through scientific advancement.

Our team continues to create and test new intervention for young black MSM. HealthMpowerment is designed as an HIV and STI intervention website that provides tailored feedback for healthy behaviors and decision-making within the context of same-sex relationships for young black MSM. We recruited 50 participants for the pilot study and had a retention rate of 90% through our three month follow up. Looking ahead, HealthMpowerment will expand its sphere of influence by offering the website through web-enabled smart phones (ex. iPhone, Andriod, Blackberry, etc.). With this new feature, we will potentially reach far more young men who increasingly eschew traditional methods of accessing the internet for the convenience and ease of personal mobile devices.

While project activities under this grant have ceased, project staff are currently preparing journal articles based on the qualitative survey component of the study, which yielded rich insights into the lived experiences of young HIV+ MSM that may be instructive in guiding future intervention efforts with this community.

Also, the support groups for HIV+ Black MSM that were started as part of STYLE are still ongoing, although their frequency has been reduced to monthly from twice each week during the grant period. This service is currently unfunded

How has SPNS Program funding and/or the results of your evaluation helped the program continue project activities and/or leverage other funds? What role, if any, did dissemination activities play in securing continued funding?

In 2006, preliminary data from our intervention were used to secure additional funding from the Gilead Foundation to support the scale-up of our HIV testing activities across the state. This $50,000 one-time grant allowed STYLE to fund HIV outreach HIV testing activities for the duration of the HRSA grant period.

V. Appendices

Empirical and Analytic support (Appendix A)

Table 1. Characteristics of Newly Diagnosed and Recently Re-engaged Persons in STYLE			
Cohort	**Newly Diagnosed**	**Re-engaged in care**	**p value**
	n = 52	**n = 29**	
Age	20.7	21.9	.006
Race			.73
Black, %	80.8	86.2	
Latino, %	11.5	10.3	
Multiracial/Other, %	7.7	3.5	
Sexual Identity			
Homosexual/Gay	63.4	58.6	.67
Bisexual	26.9	13.8	.17
Heterosexual	1.9	0	.45
Other *	7.7	27.6	.02
Comfort with sexual identity			
Very Comfortable	58.8	46.4	.68
Comfortable	37.3	46.4	.52
Uncomfortable	3.9	7.2	.53

< high school			.09
High School or GED	19.2	24.1	
>high school	26.9	6.9	
Distance to clinic, miles (mean)	53.9	69.0	
Had health insurance	51.3	38.7	.35
Baseline CD4 count (mean)	59.6%	44.8%	.20
Baseline CD4, %			
<200	11.8	10.7	
200-350	15.7	21.4	
351-500	27.4	10.7	
>500	45.1	57.1	
Baseline viral load (log10)	4.4	3.7	.02
Substance use in last 30-days			
Alcohol	55.8	55.6	.99
Marijuana	46.2	35.7	.37
Any other recreational drug use	19.2	14.3	.58
CES-D (mean)	15.4	20.4	.05
Suicide, %			
Ever made a plan	13.5	31.0	.06
Ever attempted	7.7	27.6	.02
Ran out of money (last 3 months), %	71.2	82.8	.02
Study enrollment days (mean)	357.5	389.4	.70
*Other includes: DL, confused/deciding(2), me(4), a man with a diverse sexual preference, I do what I do, I don't label/identify myself(2), open-minded			

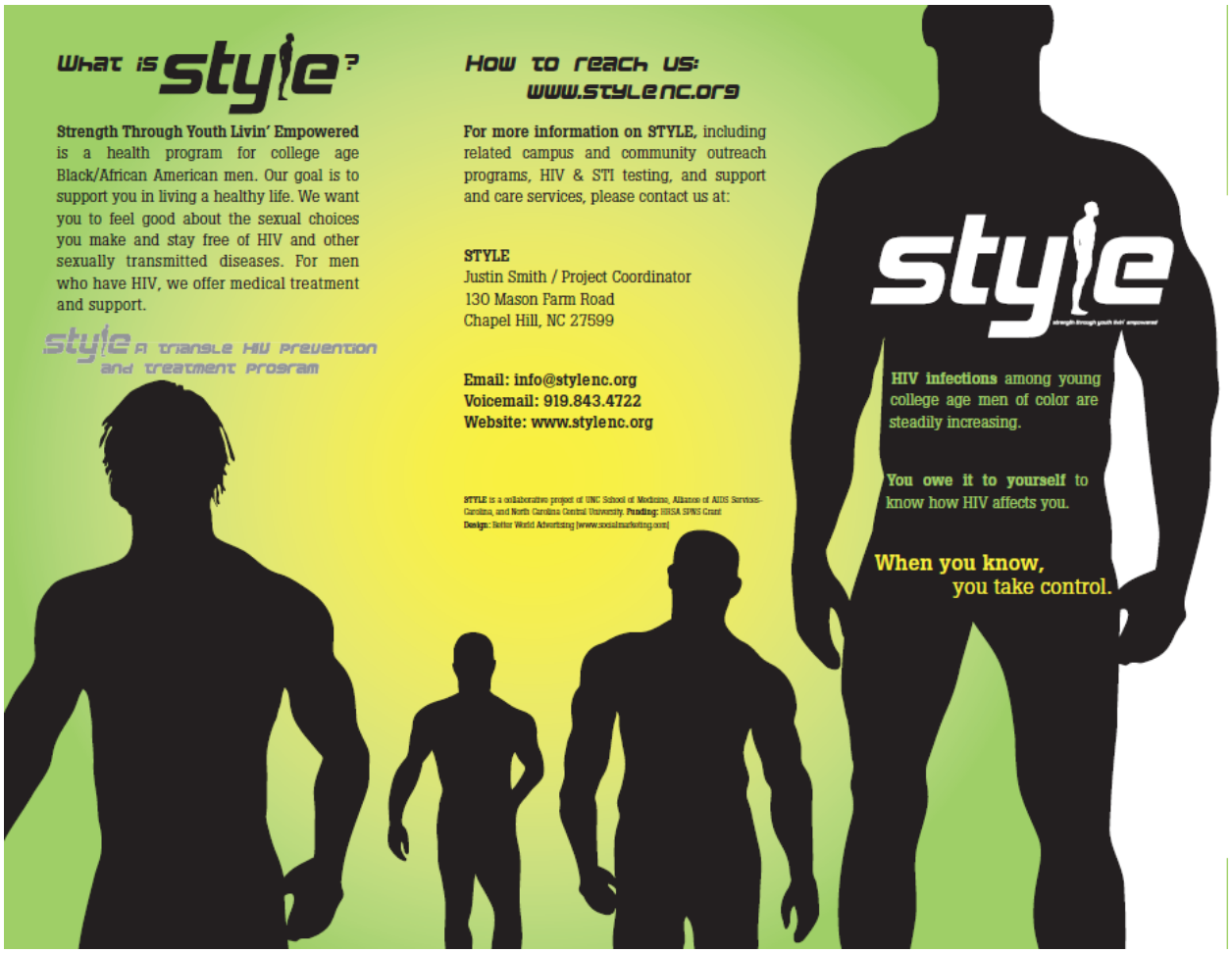
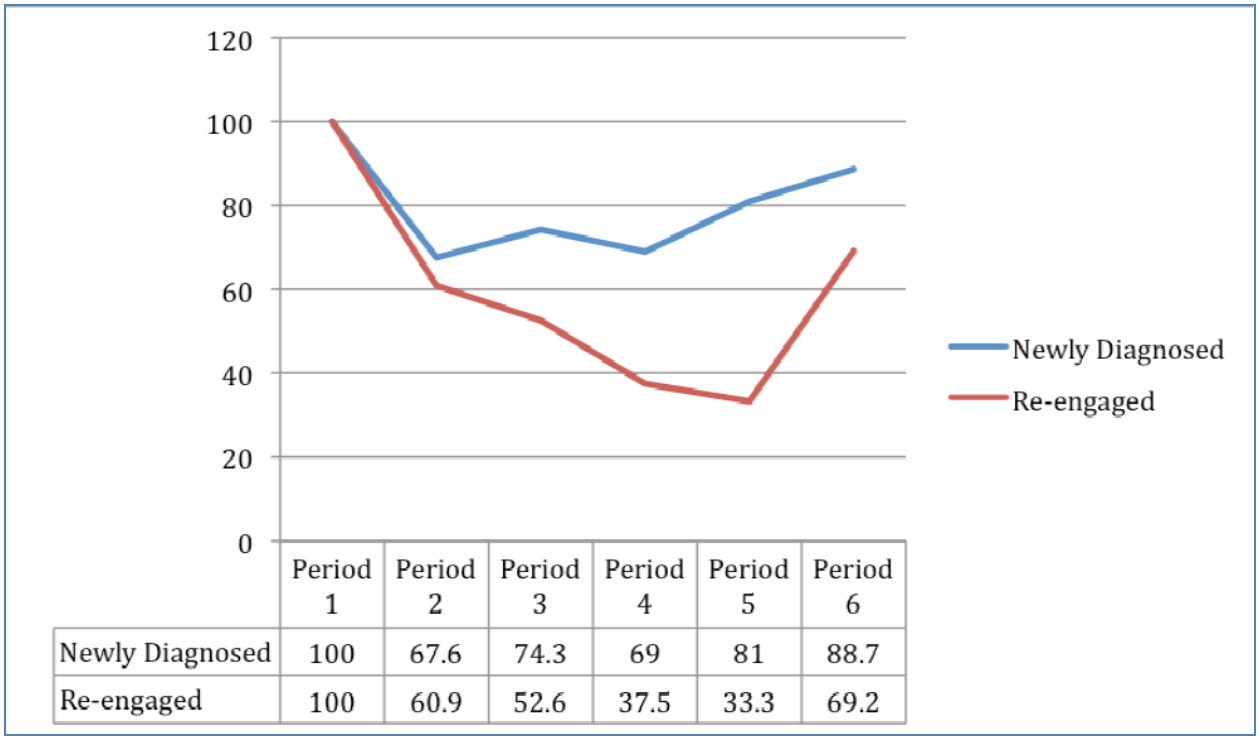


Figure 1a: Front side of STYLE social marketing brochure

Figure 1b: Backside of STYLE social marketing brochure



	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6
Newly Diagnosed	100	67.6	74.3	69	81	88.7
Re-engaged	100	60.9	52.6	37.5	33.3	69.2

Figure 2: Retention over two years of newly diagnosed or recently re-engaged young MSM of color in STYLE cohort

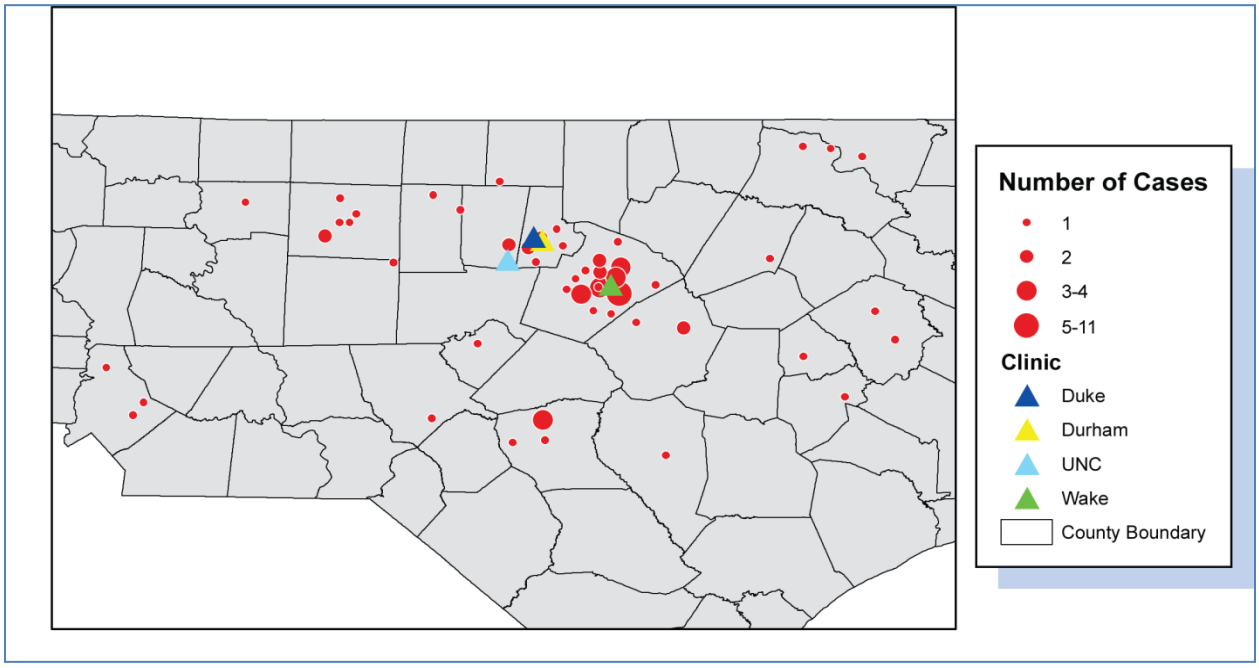


Figure 3: STYLE Cohort Proximity to Medical Clinics from Zip Code

Data Collection Instruments (Appendix B):
Qualitative Questions- Baseline Survey:
These questions are to be administered after the multi-site client level evaluation baseline has been completed:
1. When did you first realize you were attracted to other men?

2. Could you tell me about your first sexual experience with another man?

3. When choosing a male partner, what are your racial/cultural preferences?

4. What sexual roles do you play with different men? (explain: "top", "bottom", "versatile", "other"…)
    a. Does the race of male sexual partners determine what role you play? How?
5. How and where do you usually meet other men? (probe: internet, school, church, through friends, clubs, "balls", circuit parties ect.)
    a. Are these places different if you're looking for just sex or to date someone? How?

    b. Why do you choose these places?
6. If answers Internet to 5- What are some of the reasons you like to go online?
    a. What specific websites or Internet Service Providers do you use for meeting sex partners online? Do you use…
    i. America Online

    ii. Gay.com

    iii. BlackPlanet.com

    iv. EbonyMale.com

    v. Adam4Adam.com

    vi. M4M4sex.com

    vii. Manhunt.net

    viii. Other Place? (specify)
7. Who are the most important influences in your life?

8. What are the primary support networks in your life?

9. What are the things that those people (that person) gives you that makes you feel supported?

10. What role, if any, does faith or spirituality play in your life now?

Now I would like to ask you a few questions about your experience around race, masculinity, and sexual identity.

1. If you had to explain to your son/younger relative what it meant to be an (insert ethnicity of participant [African American/ Black man in America, Hispanic]) what would you tell him?
2. How much do you feel like you're a part of the [black/Hispanic/ect..] community?

3. What are the positive things about being [African American/Black/Hispanic/ect..]? Negative?

4. What is the gay community to you? (probe: if respondent doesn't answer cue with "gay lifestyle") How involved are you?

5. How much do you feel like you're a part of the gay community?

6. How comfortable are you talking to people who are the most important in your life about the same sex attraction?

7. What things make it easy or difficult to talk about being attracted to other men?

8. What messages about homosexuality did you receive growing up from your family and community?

9. How comfortable are you talking to your doctor or health care provider about issues relating to sexuality or sexual health?

10. If you woke up tomorrow and it was equally acceptable for men to be attracted to men as to women, how would your life be different (if at all)?

11. What are some things that make it hard to get tested for HIV?

12. What are some things that can be done to make you feel more comfortable in a doctor's office, medical clinic?

13. What would encourage you to return and come back continually for more clinic visits?

Attachment 1: Product List format

University of North Carolina at chapel Hill, Division of Infectious Diseases
Project Title: HIV Outreach, Prevention and Linkage to Care for Young Black Men Who Have Sex with Men
Grant Number: H97HA03789-01-00
Project director: Adan Cajina
Project Period: September 1, 2005 – August 29, 2009

Brochures and Promotional Materials (including newspaper articles)

- STYLE Brochure Trifold (.pdf)
- 2 Clippings from Campus Echo (NCCU) paper (.pdf)
- STYLE advertisement from Indy Weekly (.jpg)
- Key Chain (.jpg)
- Lanyard (.jpg)
- 400% Promotional Poster (.pdf)
- Testing event promotion and related press (.pdf)

Internet/Web Sites

- Ncstyle.org –screenshots (.pdf) (website no longer live)

Curricula & Other Training Materials
Working with LGBT: Workshop training (2007)
North Carolina LGBTQ resource guide (2007)

Publications (Peer reviewed journal articles, monographs, books, and published reports; provide full citations, if available)

- Hightow-Weidman LB, Smith JC, Valera E, Mathews DD, Lyons P. Keeping them in STYLE: Finding, Linking and Retaining Young HIV+ Black and Latino Men who Have Sex with Men in Care. Journal of Acquired Immune Deficiency Syndrom 2010 (in Press)
- Hightow-Weidman L, Hurt C, Phillips I. Transmitted HIV-1 Drug Resistance Among Young Men of Color Who Have Sex With Men: A Multicenter Cohort Analysis. Journal of Adolescent Health 2010. (in press)
- Torrone E, Thomas J, Leone P, Hightow-Weidman L. Late diagnosis of HIV in young men in North Carolina. Sexually transmitted diseases 2007;34:846.
- Hightow-Weidman LB, Smith JC. The Mythology of the Down Low: A Critical Exploration of Black Men Who have Sex with Men and HIV Transmission. Infectious Diseases in Corrections Report 2007; 9:3
- Hightow LB, Leone PA, Macdonald PD, McCoy SI. Men who have sex with men and women: a unique risk group for HIV transmission on North Carolina college campuses. Sexually Transmitted Diseases 2006; 33:585

Conference Presentations & Posters

- Valera E, Smith JC, Hightow-Weidman LB. STYLE: Community Testing Initiatives for Youth. North Carolina Children's and Adolescent AIDS Network meeting, November 2009. Oral Presentation
- Matthews DD, Traud AL, Stapleton MM, Adimora AA, Golin CE, Hightow-Weidman LB. Differential Network Patterns Among MSM and the Black-White Disparity in HIV Infection. National HIV Prevention Conference, Atlanta GA. August 2009, Oral Presentation
- Valera ER, Smith JC, Hightow-Weidman LB. Focusing Community Based HIV Interventions on Caregivers of Young MSM of Color. National HIV Prevention Conference, Atlanta GA, Aug 2009, Oral Presentation

- Smith JC, Valera ER, Hightow-Weidman LB, Sexual orientation, racial identity, and resilience among Young HIV+ Black MSM. National HIV Prevention Conference, Atlanta GA, Aug 2009, Oral Presentation

- Hightow-Weidman, LB, Smith JC, Valera E. Project STYLE: Understanding and Empowering HIV-Infected Men in North Carolina. Ryan White/HRSA All Titles Meeting, Washington DC Aug 2008. Poster Presentation.

- Stapleton M, Valera, E, Fisher-Borne M, Smith J, Hightow-Weidman. At the Intersections: Insight into young HIV-positive MSM of color experiences of faith, sexuality, and race. Minority Health Conference University of North Carolina, Chapel Hill, NC. February 2008, Poster presentation

- Smith JC, Sugarbaker AJ, Valera ER, Kuruc J, Hightow-Weidman LB. Research collaborative as a tool for retention in care for HIV+ MSM of color. 2009 National HIV Prevention Conference, Atlanta GA, Aug 2009, Poster Presenation

Project STYLE:
Outreach, Testing, and Linkage to Care for Young HIV+ Men of Color in North Carolina

Division of I[illegible]ous Diseases
UNC School of Medicine
Department of Health Behavior and Health Education
UNC Gillings School of Global Public Health
EPID 752
September 29, 2008

Roadmap

- Origins of STYLE: The College Outbreak
- About STYLE: services and research
- Lessons learned and preliminary findings
- Questions/Dialogue

Origins of STYLE: Detection of the College Outbreak

- **November 2002: NC's Screening & Tracing Active Transmission (STAT) Program:**
  - **HIV RNA screening to all public VCT for detection of Ab-negative, acute HIV Infections**
  - **Robotic Pooling**
  - **Rapid notification/confirmatory testing**
  - **Rapid tracing/prospective screening of partners**
- **Of 5 acute infections detected in <3 months, 2 were male students attending college in the same city.**

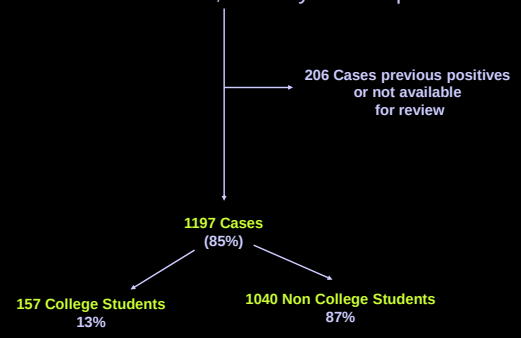
Hightow et al, JAIDS, 2005

Study Design

- **Retrospective review of state HIV surveillance records**
  - **Men age 18-30**
  - **January 1,2000-April 30, 2005**
  - **All 100 NC counties**
- **Includes**
  - **Counseling and testing site data**
  - **DIS interview records**

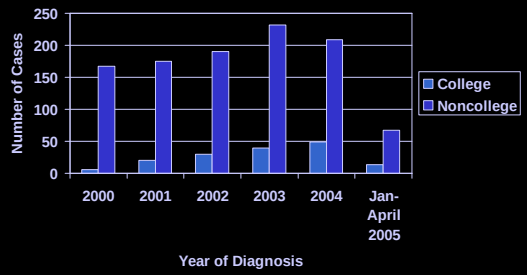
Hightow et al, JAIDS, 2005

1403 Men Aged 18-30 Newly Diagnosed with HIV in North Carolina, January 2000- April 2005



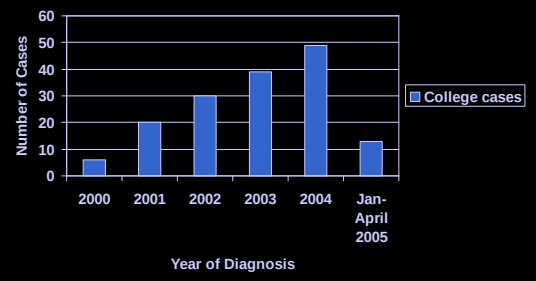
Hightow et al, JAIDS, 2005

College vs Non-College January 2000-April 2005



Hightow et al, JAIDS, 2005

College cases January 2000-April 2005



Hightow et al, JAIDS, 2005

157 College Students

133 African American (84.7%)

- 79 Male sex partners (59.4%)
- 44 Male and female sex partners (33.1%)
- 6 Female sex partners (4.5%)

Hightow et al, JAIDS, 2005

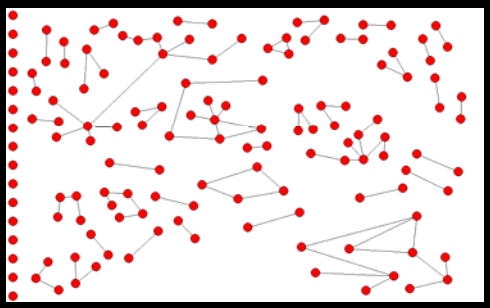
Factors Associated with College

- **College students more likely……**

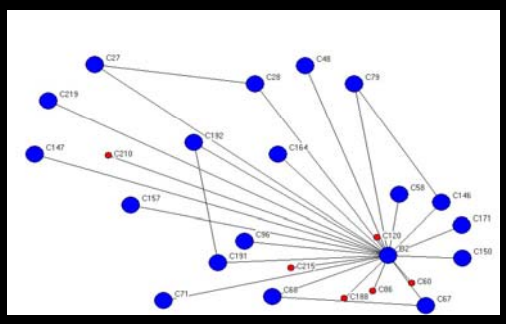
	OR	95%CI
African American	3.19	1.99-5.15
Diagnosed with recent infection	3.17	1.84-5.44
Both male and female sex partners	3.03	2.01-4.57
Report anonymous sex	1.52	1.06-2.19
Meet sex partners in:		
Gay bars/clubs	2.01	1.37-2.96
Internet	5.76	3.81-8.70
College campus	16.79	7.39-38.90

Hightow et al, JAIDS, 2005

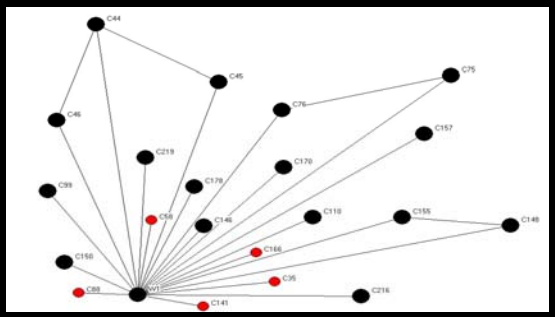
Network Diagram: College Cases (n=140)

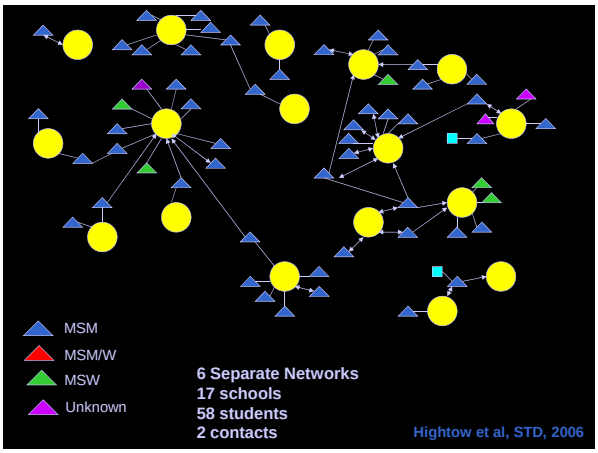


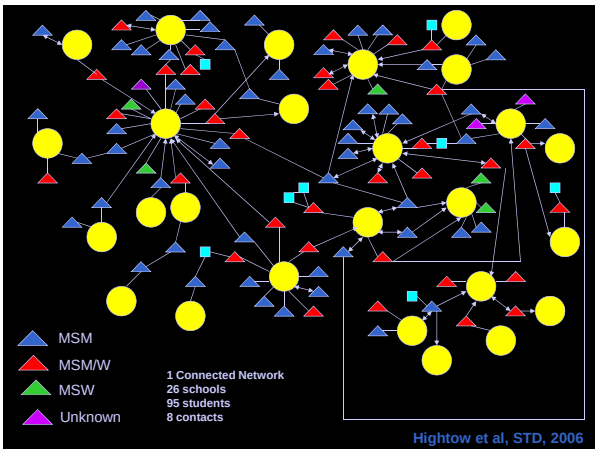
Network Diagram: College Cases Associated with Local Bar (n=24)



Network Diagram: College Cases Associated with Internet Site (n=21)







Lessons Learned

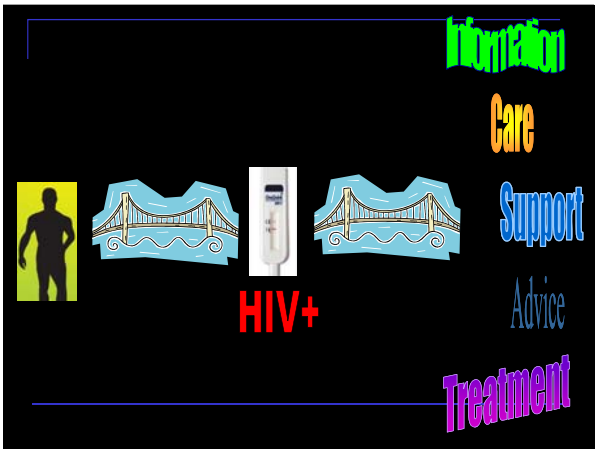
- Outbreak recognized because real-time surveillance method linked with PCR and traditional outbreak investigation
- Network approach allowed linkage of geographically scattered cases through a group of young African American MSM and MSM/W attending college

STYLE Overview

- Research and Care Project designed in response to outbreak of HIV on college campuses throughout North Carolina
- Part of multi-site HRSA SPNS funded initiative to improve outreach, testing and linkage to HIV services for YMSM of color
- Project integrates research and service provision models

Multisite SPNS evaluation sites

- UNC Chapel Hill (Chapel Hill, NC)
- Bronx AIDS Services, (New York, NY)
- MOCHA, (Rochester, NY)
- LA County Dept of Health Services (Los Angles, CA)
- Harris County Dept of Public Health, (Houston,TX)
- AIDS Project East Bay, (Oakland, CA)
- Working for Togetherness, (Chicago, IL)
- Wayne State University, (Detroit, MI)



STYLE Overview

- Collaborative initiative between the UNC School of Medicine, NC Central University (NCCU), and the Alliance of AIDS Services-Carolina (AAS-C)
- NCCU is largest HBCU in the Triangle region of NC
- AAS-C is the largest ASO in the Triangle
  - Project Staff housed at all three institutions

Initial Project Goals

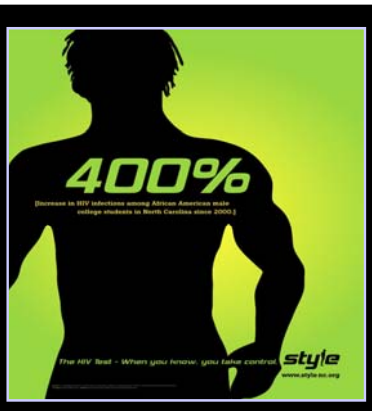
- ***Goal 1*: Increase identification, testing and enrollment in enhanced HIV services for young MSM of color at risk for or infected with HIV in North Carolina**
- ***Goal 2:* Improve linkage to and retention in care for HIV+ clients**
- ***Goal 3:* Provide quality care and prevention messages for young HIV+ MSM of color**

STYLE Services Overview

- Clinical care for Young HIV+ MSM
  - Focus on linking to care and retention in care
  - HIV care provided at 2 local clinics by staff physician
- Support and Client Services
  - Case management (AAS-C)
  - 2 weekly support groups for HIV+ Black Men
  - One-on-one support by outreach staff
- Rapid HIV Counseling and Testing (Venue based/College Tour)
- Outreach and education in the community
  - HIVSTD 101/HIV in the Black Community
  - Social Marketing
  - Health Fairs/Community Events/Pride
  - Healthcare provider training on LGBTQ issues
  - LGBTQ Resource Guide

STYLE Core Component: Outreach

- 2 Outreach workers
  - College outreach worker housed at NCCU
    - Has primary responsibility for conducting programming on college campuses and community settings
    - Conducts venue-based outreach (nightclub, churches, etc)
  - Case Manager/Outreach worker housed at AAS-C
    - Has primary responsibility for coordinating services for clients
    - Co-facilitates support group
- Currently developing web-based outreach tools to address lack of brick and mortar "community" for BMSM in NC (HealthMPowerment)



STYLE Core Component: Testing

- College/Venue based Rapid HIV testing tour
  - Ongoing since December 2005
  - Over 3000 NC college students tested
    - 10 new positives identified and linked to care with Dr. Hightow
  - Mix of schools (Duke, UNC-Chapel Hill, NC State, NC Central, Shaw, St. Augustine's, Livingstone) also includes testing events at churches
  - Youthful testing staff, buy-in from campus groups drives high turnout (as many as 250 students at an event)
- Core component is confidentiality for positive clients (space/ logistics)
  - MD on site/on call of immediate linkage to confirmatory testing and care

Testing Tour Art Installation

STYLE Core Component: Linkage to Care

- MD as PI facilitates seamless entry into care
- Strong integration with other community testing sites (SHAC/AAS-C)
- Strong linkage with Disease Intervention Specialists (DIS) and health department testing sites (UNC MDs staff all health departments in Triangle region)
- Additional clinical and social research opportunities at UNC also serve as points of entry and or/incentives for STYLE enrollment

STYLE Cohort Study Overview

- Multi-site Cohort study of Young newly diagnosed or previously lost to care HIV+ MSM of color
- Face-to-face interview at baseline with quarterly follow-up (face to face or telephone)
- Instrument collects demographic, behavioral and clinical information
  - Topics include sexual behavior, substance use, depression, disclosure of HIV status
- UNC- specific survey includes qualitative tool at baseline (Malebranche)

"USING PARTERNSHIPS TO REACH AND RETAIN HIV-POSITIVE YOUNG MEN WHO HAVE SEX WITH MEN OF COLOR IN PRIMARY CARE"

Young men who have sex with men (YMSM) and MSM of Color are heavily affected by HIV/AIDS (Wolitski et al, 2001; Brooks et al 2005) and face multiple barriers to medical care (Wilton, 2009). In order to seek care, individuals may need targeted outreach and support from culturally competent staff. Moreover, once in care, these patients can benefit from a comprehensive, interdisciplinary team of care providers. Effective partnerships among service providers can help to retain patients in care by providing a comprehensive set of services, including clinical services, case management, and mental and social support. This study provides an example of how partnerships can function and what motivates organizations to maintain their partnerships over time, using the experience of one HIV/AIDS research study, Project STYLE (Strength Through Youth Livin' Empowered), which focused on engaging YMSM of Color in primary care.

The SPHERE Institute (SPHERE), a public policy research firm, was contracted by the Health Services and Research Administration (HRSA) to identify sustainable program models within several different Special Projects of National Significance (SPNS) Initiatives. As part of this relationship, SPHERE collaborated with Project STYLE, a SPNS grantee, to explore the following questions:

- What is the nature and structure of the Project STYLE's partnerships?
- What are the results of these partnerships?
- Why have organizations been motivated to partner with the project over the course of the grant?

The results of this exploratory study will help answer two more general questions: How do partnerships function in the SPNS context? And how might the success of those partnerships be evaluated?

Background

Previous research has explored health coalitions and research partnerships between different types of agencies, specifically examining the benefits of these partnerships within a range of public health initiatives (Metzier et al, 2003; Roussos and Fawcett, 2000), including programs targeting underserved populations at risk of HIV/AIDS (Grinstead, Zack and Faigeles 1999). In particular, researchers have focused on how academic researchers and community-based organizations (CBOs) can help combat HIV/AIDS together. CBOs typically understand the needs of their clients and the realities of care provision, and university researchers have complementary skills that can help CBOs identify evidenced-based best practices (Schensul 1999; Grinstead et al).

However, partnerships (both research and non-research focused) often face a number of barriers to successful implementation and positive outcomes for the target population. Moreover, assessing the outcomes of collaborations can be challenging. Many organizations find it difficult to dedicate the resources required to form committed partnerships (Metzier et al 2003), particularly when organizations from different areas of expertise must overcome inherent differences in approach (Grinstead et al 1999). Furthermore, CBOs are often hesitant to partner with academic institutions because they are concerned their input will be discounted (Metzier et al).

A number of strategies can help make such partnerships successful. The roles and responsibilities of different organizations must be fairly shared and explicitly delineated, with a preplanning phase built into the partnership (Krueter et al 2000; Metzier et al 2003). Trust must be developed over time between the partners (Metzier et al). Furthermore, coalitions formed for a finite amount of time must work towards reasonable achievements, such as information exchange instead of long-term outcomes such as health improvements (Krueter et al).

It is often difficult to demonstrate the impacts of collaborative efforts, which frequently focus on downstream health outcomes that partnerships typically cannot produce. Furthermore, partnerships based on unrealistic goals risk looking unsuccessful. According to Krueter et al., "public health professionals need to scale back the expectations of what can be accomplished through the collaborative mechanism" (p. 61). Instead, Krueter et al recommends that collaborations be assessed using more process-focused evaluations. Following this type of approach, our analysis does not attempt to quantitatively measure the health outcomes resulting from Project STYLE's partnerships, but rather to understand how the partnerships functioned and why they were viewed as successful.

Description of Project STYLE

From 2004 to 2009, the HIV/AIDS Bureau (HAB) within the Health Resources and Services Administration (HRSA) funded eight grantees under the Special Projects of National Significance (SPNS) Initiative known as "Outreach, Care, and Prevention to Engage HIV Seropositive Young Men who Have Sex with Men of Color." This initiative focused on innovative strategies to encourage HIV-positive YMSM of Color to become and stay engaged in health care. Each grantee was required not only to implement outreach and client support activities, but also to collect standardized client information as part of a multisite evaluation to track initiative impacts. This paper describes the efforts of one grantee within the YMSM of Color of Initiative, Project STYLE, based at the University of North Carolina Chapel Hill (UNC), which worked with a network of partner organizations to fulfill the goals of the initiative. The central aim of this study was to qualitatively examine the outcomes of these partnerships and identify the factors that led to their success.

Project STYLE's approach to reaching and retaining YMSM of Color in care was to cultivate partnerships with a diverse set of organizations in order to identify individuals and provide supportive services to keep them engaged in care. The project acted as a gateway for clients to enter primary care and social support by providing the following services: referrals to an HIV physician, help attending medical appointments (e.g. reminders, arranging travel logistics), an HIV support group, and connections to other available local resources. Additionally, the project focused on bringing large-scale HIV testing events to local universities as well as conducting HIV/STI outreach and testing events at clubs and community health fairs.

Project STYLE collaborated with a variety of different organizations over the course of the grant. These partners can be divided into two categories: clinical partners and testing and outreach partners. The types of partner organizations represented in this study are presented in Table 1, and Figure 1 displays the contexts for these different partners. Notably, not all of Project STYLE's partners were involved in this study. The process for identifying interviewees is presented in the methods section of this paper. With clinical partners, collaborative activities focused on referring HIV positive clients into the SPNS program for engagement and retention in health care. By contrast, with testing and outreach partners, collaborative activities focused on the implementation of mass testing events and educational outreach to the target population and the community at large. The organizations did not share any grant funding or have any formal financial relationships with each other.

The project's two clinical partners were a county health clinic, staffed mainly by UNC personnel, and a UNC research division conducting a study of acute HIV/AIDS. These organizations, which were familiar with the work of Project STYLE's Principal Investigator prior to the project, have worked with the project since its inception in 2004, referring clients to Project STYLE for enrollment in the SPNS program. The UNC research division received referrals for clients recently infected with HIV from the state for study participation, and the division worked with project staff to link these clients into primary care provided by the Principal Investigator. Newly infected clients seen at the county clinic were sometimes transferred to the UNC medical center to be seen by the Principal Investigator or could receive care through the clinic, in which case Project STYLE staff traveled to the clinic on days of their visits to provide case management services. Referral frequency from these partners into Project STYLE varied, from one client every two weeks to one client every few months. Because the research division was able to fund transportation, staff also worked closely with the research division to coordinate client transportation.

Project STYLE's testing and outreach partners included CBOs, health departments, university centers and student groups. These organizations joined the project over the course of the grant. Collaborative activities included organizing testing events and educational outreach activities, and increasing organizational capacity by providing culturally relevant trainings and expertise on HIV treatment and prevention. These partners also varied in how frequently they interacted with Project STYLE, but typically the collaborations occurred every few months, both to plan events and to attend local and state planning committees.

Methods

The research methods for this analysis were largely qualitative, with findings based on interviews conducted with Project STYLE partners. IRB approval was received for this study from the Public Health-Nursing Institutional Review Board (IRB) at UNC.

Sample

Project STYLE identified 16 potential interviewees from partner organizations. The main criterion for selection was a history of collaboration with the project. No minimum was set on the length of time that individuals had to work with Project STYLE. These potential interviewees were contacted by email and asked for their participation in a forty-five minute interview on the nature of their relationship with Project STYLE and how this relationship contributed to successful client outcomes. Individuals who did not respond to the initial request were contacted again by phone or email.

Fourteen individuals agreed to participate, representing ten different organizations; four interviewees were from the two clinical partners and ten were from the eight testing and outreach partners. All interviewees had been working with Project STYLE for at least one year, and many had been involved for two or more years. Interviewees received a $20 gift certificate as compensation for study participation, unless they declined this compensation.

Interview Materials

Separate interview protocols were created depending on whether the interviewee worked for a clinical partner or a testing and outreach partner. Interview questions in both protocols included the following:

- What activities are undertaken collaboratively?
- How are responsibilities divided between the organizations?
- What are the logistics of the collaboration (e.g. How often do staff hold meetings together?)
- How does the organization benefit from partnering with Project STYLE?
- Has the organization experienced any difficulty working with Project STYLE?

Although there was considerable overlap between the two protocols, there were some notable differences. The clinical partnership interviews included more questions about the logistics of the client referral process (e.g. How is a client referral made? How is

appointment information shared?), while the testing and outreach protocols included more questions on how mass HIV testing events were organized at locations such as university campuses (e.g. what is the planning process for a testing event?).

Procedure

Over a two-month period the 14 individuals were interviewed by telephone; these interviews typically lasted between thirty and forty-five minutes. Prior to beginning the interview, individuals were read an IRB approved script, which explained their rights as research participants. All interviewees gave their consent verbally. One member of the research team led the interview while another transcribed it. The interview notes were later analyzed by the research team for recurring themes, as well as for illustrative anecdotes and quotes.

Results and Discussion

This section presents the interview findings regarding what outcomes the partnerships produced and why organizations were motivated to partner with Project STYLE over time.

Impacts of Partnerships

Both clinical partners and testing and outreach partners reported that the collaboration had positive influences on the target population by providing more comprehensive HIV/AIDS support services. Interviewees from the clinical partnerships reported that clients were typically very satisfied with their involvement in the project. Clinical partners appreciated the support their clients received through Project STYLE, with one provider reporting that it was "kind of distressing" to think of the SPNS funding ending in September 2009. Significantly, while one care provider stated that this support translated into increased compliance, two clinical partners highlighted that while clients appreciated their care, they were not less likely to miss appointments as a result of participation. Notably, these individuals typically did not have problems with no-shows because they provide tailored forms of care (research study access and Spanish-speaking care), which clients valued highly.

Both at an organizational level and at a community level, the partnerships increased capacity for providing HIV/AIDS care to the target population and to the population at large. This was particularly the case with the testing and outreach partnerships. While some university interviewees expressed concern about the end of the project's funding, others felt confident they now had the expertise and connections to conduct work on their own that previously required them to collaborate with Project STYLE. The best examples of Project STYLE's impact in building local infrastructure are the initiation of regular testing events at universities and the activity of HIV/AIDS planning committees. Interviewees from two university student health groups stressed that Project STYLE initiated mass testing events on their campuses, which were now being held each semester. Local and state-level HIV/AIDS planning committees existed before Project STYLE. However, these groups benefited as project staff were heavily involved in these committees. For example, one CBO staff member described the project as having brought "a different dynamic" to the statewide MSM advisory board. Furthermore, project staff were involved in the founding of a new planning group specifically focused on Latinos. A member at the UNC research division indicated that this form of collaboration between clinical research studies and behavioral studies was unique, suggesting that the collaboration offered a framework for how this type of relationship could be replicated in the future.

For Project STYLE as a SPNS grantee, these partnerships brought various short and long-term benefits. Through the partnerships, Project STYLE received a steady stream of client referrals, particularly from its clinical partners. The project was not only able to achieve high enrollment in the SPNS multisite evaluation, but also received help in staying in touch with clients over time through coordinating client contacts with their scheduled clinical visits. The relationships with testing and outreach partners enabled Project STYLE to access the spaces at universities and manpower necessary to implement mass testing events. In addition, the relationships provided a venue to transfer their expertise to partner organizations and increase the sustainability of their activities. Furthermore, this work helped lay the foundation for future collaborations as partner organizations generally did not view their relationships with the project as temporary.

Why were organizations motivated to partner with Project STYLE?

When asked about why they chose to collaborate with Project STYLE, interviewees gave answers that illustrated five key themes. These themes were: 1) that the diversity of project staff made them relatable to the target population 2) the connections the project provided to client support services and resources 3) the project's expertise and links to key HIV/AIDS stakeholders in the area 4) the flexibility with which Project STYLE approached the partnerships and 5) the fundamental trust held for the team members. Each of these themes is explored in detail below.

<u>Staff Composition</u>

The composition of the Project STYLE team was a major theme commonly raised by interviewees as a motivation for the partnership. Three of the four clinical partners and the majority of testing and outreach partners emphasized the staff composition, in particular the team's diversity in terms of age, ethnicity and sexual orientation, made their alliance appealing. Given the stigma surrounding HIV/AIDS and the reluctance of many people living with HIV/AIDS to engage with the health care system, clinical partners found the project team provided culturally relevant social support. Through Project STYLE, clients had a formal channel to discuss issues surrounding their disease which they felt too embarrassed to raise with their physician. One clinical partner stressed that this connection to staff with whom the target population can relate to is especially important at the point of HIV diagnosis.

Furthermore, a county health clinic provider noted the contrast between entering care through Project STYLE and entering care through an AIDS clinic, saying that clients found Project STYLE to be friendly and accommodating, while AIDS clinics can be "too stigmatizing or too square." Many testing and outreach partners echoed this sentiment, describing how the staff composition helped the team make connections to the clients on a personal level.

Some interviewees felt that the influence of Project STYLE extended to the community at large. According to one service provider at a local CBO, Project STYLE brought "a positive face to the black MSM community." This diversity was seen to benefit not only the target populations, but also the staff at partner organizations. In fact, several partners became engaged with Project STYLE only after it had hired a Spanish-speaking staff member. For example, one interviewee especially appreciated Project STYLE's ability to hold planning meetings in Spanish.

Access to Services and Resources

All of the clinical partners and the testing and outreach partners reported that Project STYLE enabled their organizations to access additional services and resources. For clinical partners, the major draw to the project was the degree to which it offered supportive services that complemented the clinical treatment clients received. According to one county health clinic provider, Project STYLE was "the only program for these patients [YMSM of Color] that I could refer to." The UNC research division referred two-thirds of the 100 participants in their clinical study to Project STYLE - a clear indication of how much they valued Project STYLE's services. Partners also valued the links that Project STYLE provided to organizations outside their service regions, which were helpful to clients who wanted to access support services closer to home.

County and state health department staff valued the access that Project STYLE provided to venues where members of at-risk populations could often be found – especially college campuses and bars, which have traditionally been difficult for agency staff to enter. Project STYLE also helped both CBOs and university groups to secure the resources they needed for such events, including testing kits, trained counselors and completing county paperwork. Additionally, STYLE staff helped assemble educational materials, for example, by compiling a booklet of local testing sites.

Connections to Expertise and Local Stakeholders

For testing and outreach partners, Project STYLE provided expertise and an opportunity to network with local stakeholders. Interviewees from local universities stressed how the project's support enabled them to execute mass testing events. A staff member from a student health services department noted that the project "left a lasting model" for campus testing events. Beyond logistical expertise, Project STYLE also helped organizations increase the supply of HIV/AIDS services geared toward the target population. For example, the project provided HIV/AIDS education at their Latino support group, which was housed at a local CBO. Furthermore, several interviewees reported that working with Project STYLE enhanced their connections to stakeholders from different types of organizations. One student health staff reported that the project oriented her to the local HIV players. Indeed, she was advised by her predecessor that Project STYLE staff were "names you need to know" in this field of work.

Flexibility of Partnerships

Interviewees from both types of partnerships stressed that the flexibility of their relationship with Project STYLE enhanced their collaboration. No interviewees reported having ever encountered any serious problems partnering with the project. One of the very few critiques of the project was raised by a CBO staff member, who mentioned that this flexibility sometimes resulted in last minute planning. The flexibility likely arose from the informal structure of the partnerships, which a health department official described as a "call and come running" arrangement. In fact, only two interviewees mentioned having memorandums of understanding with Project STYLE (but stressed that this did not guide their activities). This highlights that staff commitment to the partnerships and project goals may outweigh the importance of formal documents.

Both types of partners appreciated the project's responsiveness to their needs and its ability to act quickly. Clinical partners were thankful that Project STYLE could rapidly set up clinical appointments for new clients. Referrals were typically made by simply calling the project staff. These partners also valued the ease of information flow between them and Project STYLE. The county health clinic routinely referred patients to UNC research programs. And yet, according to this provider, Project STYLE was one of the only studies where referrals were easy to make. The flexibility of these partnerships was also enhanced by physical proximity: The project shared a building with the UNC research division, and staff traveled to the county health clinic on a weekly basis to maintain a presence there. Interviewees from testing and outreach partners reported a similar experience. For example, one CBO staff member valued the fact that project staff could "do a lot of stuff without asking twenty people". Similarly, a staff member at another CBO emphasized the benefits and smooth functioning of the partnership. In their words, the partnership "wasn't adding more work, as much as maximizing existing resources."

This flexibility went beyond the structure of the partnership to the types of collaborative activities pursued, highlighting the dedication with which the project approached this work. Several individuals from both partnership types stressed how Project STYLE helped clients beyond those eligible for the SPNS study. Three interviewees stated that they made referrals to the project even if the client fell outside of the SPNS eligibility criteria, knowing that staff would help these individuals access care. The UNC research division reported that roughly one third of their 100 study participants were involved in Project STYLE but not formally enrolled in the multisite study. One student group member was impressed by the fact that one member of the STYLE staff "viewed his job as putting a dent in the epidemic" and not merely implementing an initiative.

Trust in the Team

No interviewee reported any fundamental difficulties holding Project STYLE accountable for their collaborative activities. On the contrary, most interviewees indicated that there was a strong sense of trust and/or accountability between the organizations. Staff attributed this sense of trust to different sources, including a lack of territorial issues and a shared commitment to improving client outcomes. Notably, there were few structural mechanisms in place for ensuring good communication and promoting this trust, which instead resulted from strong interpersonal connections. A health department official expressed the belief that both parties were dedicated to fighting HIV/AIDS, suggesting that this shared sense of mission created a degree of accountability that made contractual relationships unnecessary.

Conclusions

This case study helps to illuminate the attributes that organizations value when they start and sustain collaborations. The relationships Project STYLE maintained with its two types of partners, clinical and testing and outreach, incorporated elements that previous research has suggested lead to successful research collaborations (Metzier et al, 2003; Krueter et al, 2000; and Schensul 1999). In particular:

- The composition of the Project STYLE team (in terms of age and ethnicity) lent it credibility with partner organizations.
- Project STYLE demonstrated a willingness to be responsive to the needs of partner organizations and to go beyond the scope of the grant in their activities and the clients they supported.
- The benefits the project provided to organizations were achieved with little friction or burden.
- There existed mutual trust between partners and an appreciation for each other's work.

Significantly, the positive nature of these partnerships was achieved without some of the structural recommendations that have appeared in the existing literature. For example, Schensul (1999) states the collaborative process should "define agency roles and responsibilities clearly." (p275). According to Krueter et al. (2000) preplanning can helpful before community based collaborations begin. Project STYLE's partnerships were not established in this manner and did not follow rigid protocols, as indicated by the lack of MOUs between most organizations. However, it is important to note that Project STYLE's partnerships differed from those typically presented in the literature. Specifically, the project did not share research funding with any of its partners, nor did it work towards a common research goal. Furthermore, the SPNS mandate to develop innovative strategies for outreach and retention perhaps allowed for partner organizations to take more risks in these collaborations because SPNS funding could support such endeavors. As such, the potential for conflict between the organizations was likely reduced, suggesting that the SPNS context may provide for greater opportunities to establish effective partnerships.

Moreover, many of the partnership outcomes are challenging to quantify, particularly the long-term effects of improved community infrastructure. Such outcomes are difficult to reflect in SPNS the multisite study. Previous research has raised the issue that it is difficult to prove the impacts of collaborative efforts which frequently focus on downstream health outcomes that cannot be achieved exclusively through partnerships (Krueter et al, 2000). This suggests that HRSA and other agencies funding collaborative efforts may want to consider incorporating process measures into evaluation activities.

This case study builds on existing literature in the field of partnerships and provides insights into their potential outcomes and what organizations are looking for when collaborating with a SPNS grantee. In particular, the interview responses stress that partner organizations appreciated team diversity, service and resource capacity, access to expertise and stakeholders, a flexible working relationship and being able to trust team members. Partners did not view having a formally structured relationship or protocol for interaction as important. Further research is needed to explore how the context of partnerships can impact the elements needed for successful collaboration before recommendations can be developed for SPNS grantees.

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Keeping Them in ‘‘STYLE’’: Finding, Linking, and Retaining Young HIV-Positive Black and Latino Men Who Have Sex with Men in Care

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Abstract

Young men who have sex with men (YMSM) of color are at particularly increased risk for HIV infection compared to white MSM. National data highlight the need to link YMSM of color to care to improve their overall health and stem further infections, yet, there is limited data on interventions and clinical outcomes focused on engaging and retaining youth, specifically HIV-infected YMSM of color in care. To address the medical care needs of this underserved population, in 2005, the Health Research and Services Administration (HRSA) created the YMSM of Color Initiative. Utilizing a social marketing campaign targeting youth and members of their sexual and social networks, testing and outreach on college campuses and within the broader community, and a tightly linked medical–social support network, we created STYLE (Strength Through Youth Livin’ Empowered), a novel intervention that sought to diagnose, engage, and retain HIV-positive black and Latino YMSM in HIV primary care services. Over a 3-year period, 81 men were either newly diagnosed or reengaged in care. Overall, 63% of the cohort was retained in clinical care; defined as attending at least one medical visit every 4 months. Compared to the 3 years prior to STYLE, the odds ratio for whether or not someone attended a clinic visit was 2.58 (95% confidence interval [CI] 1.34–4.98) if enrolled in STYLE. We conclude that compared to a pre-STYLE cohort, STYLE was an effective intervention that increased HIV diagnoses, provided efficient and timely engagement in care for both those newly diagnosed and those who had fallen out of care and improved overall retention.

Introduction

Young men who have sex with men (YMSM) of color are at particularly increased risk for HIV infection compared to white MSM. From 2001 to 2006, a 12.4% increase in the number of HIV/AIDS diagnoses among all black MSM was observed, with an increase of 93.1% observed among black MSM aged 13–24 years.1 In a 7-city study of young MSM age 15–22, HIV prevalence was greatest among young MSM of color: 14% among non-Hispanic blacks, 12% among mixed race, 7% among Hispanic/Latinos compared to only 3% among whites.2 In addition to elevated rates of HIV acquisition and transmission and engagement in high-risk sexual behaviors, youth aged 15–24 have the lowest utilization of medical office visits of any age group and this rate has actually decreased over the period from 1995 to 2005.3 Among those aged 20–29, men have lower rates of utilization of ambulatory and preventive care compared to women. Moreover, for both males and females, black and Hispanic individuals have lower utilization rates than whites.4 We are thus missing crucial opportunities to counsel youth on prevention strategies and to provide HIV testing and linkage to care for those at risk for or infected with HIV.

Youth diagnosed with HIV face a wide variety of problems, many of which existed prior to and are exacerbated by HIV infection, including financial and housing instability, substance abuse, mental health concerns, stigma and isolation, as well as the impact of the disease itself on their overall health and wellness.5–11 Engagement and retention in care has been linked to improved health outcomes, better medication adherence and increased overall survival.12,13 One study of HIV-infected and at-risk youth found the probability of being retained in primary care beyond an initial visit for males was 64% and only 24% beyond 1 year.5 There are limited data on interventions and clinical outcomes focused on engaging and retaining youth, specifically HIV-infected YMSM of color in care.12,14–16

To address the medical care needs of this underserved population, in 2005, the Health Research and Services Administration (HRSA) created the YMSM of Color Initiative. The goal of the initiative was to design and test novel interventions to engage and retain young (ages 17–24) HIVpositive MSM of color in HIV care. Although the southeastern United States is experiencing disproportionate HIV infection rates, has higher numbers of AIDS cases, has higher proportions of blacks, and is experiencing the most rapid growth rate of Latinos in the country,17,18 there have been limited HIV interventions in this part of the country.19 A previously unrecognized outbreak of HIV infection among black YMSM college students in North Carolina was discovered,20 and through December 2006, 191 HIV-infected college students of whom 84% were black and 92% MSM or men who have sex with men and women were identified.20,21 To address these findings, the University of North Carolina School of Medicine, Division of Infectious Diseases

(UNC-ID) developed STYLE (Strength Through Youth Livin' Empowered). Utilizing a social marketing campaign targeting youth and members of their sexual and social networks targeted outreach to venues where YMSM congregate, and tailored HIV support services, we sought to diagnose, engage, and retain HIV-positive black and Latino YMSM in HIV primary care services. The primary goal of the study was to improve retention in HIV care for YMSM, with the hypothesis that YMSM of color will demonstrate improved retention compared to historical controls if HIV services are specifically targeted to this community. Moreover, we hypothesized that newly diagnosed men would have better retention in care compared to those who had previously been in care but had been out for 6 months or more.

Methods

Program description

The main elements of STYLE included: (1) a social marketing campaign developed with the input of a youth advisory board and focus groups; (2) intensified outreach to black and Latino MSM youth-serving venues and increased provision of HIV testing services on college campuses, and within the broader community utilizing both venue-based and social and sexual network testing approaches;22 and (3) a tightly linked medical–social support network for HIV-infected youth newly diagnosed or reengaging in care that included an infectious disease board-certified physician who oversaw the provision of care to all patients; the majority being seen at one of two clinical sites (one tied to a local academic medical center and the other located within a local health department). Prior to the initiation of STYLE, there were no services specifically provided for young HIV-positive MSM of color in the local area. STYLE was designed to address the previously unmet needs of this population by providing an array of services above and beyond the standard of care. These services included, a peer outreach worker, a case manager and as well as members of the research staff that formed a medical–social support network for the youth, the creation of weekly support group meetings, and availability of members of the research staff by text and/or phone to assist with appointment scheduling or to answer medical questions. HIV positive YMSM of color identified at STYLE sponsored HIV testing events or through HIV testing conducted through partner agencies and local health departments received an appointment with the physician within 72 h, creating a near immediate connection to medical care. Partner agencies and health departments had a strong incentive to refer YMSM to our program because it was the only program with services specifically targeting YMSM of color in the region. While both black and Latino HIV-infected YMSM were recruited into the study, printed outreach materials bearing the STYLE logo were targeted specifically for black MSM; a similar campaign was not designed for Latino MSM. However, other HIV/STD related information distributed at STYLE events and at STYLE clinical sites were made available in Spanish. In addition to HIV medical care services, STYLE provided clients with ancillary social support services, including case management and support groups, through a partnership with a local AIDS Service Organization (ASO). STYLE was able to leverage the resources of an academic medical center, an ASO and a local historically black University (HBU) as part of an overall strategy to identify, test, and link HIV-positive YMSM of color into medical care.

Data collection

For the overall HRSA/SPNS project, eight study sites and one evaluation and support center was funded to assist local evaluations and conduct a multisite evaluation and these data are presented elsewhere.23 Each of the eight sites operated independently, using different strategies to conduct outreach, HIV testing and linkage to care for HIV-positive YMSM of color. The eight sites used a common data collection tool and common eligibility requirements to allow for cross-site comparisons. Data collected from the sites were entered into a secure Web-based data entry portal maintained by the evaluation center. STYLE-specific data collected between the start of our site's client enrollment in June 2006 and the end of the grant cycle in August 2009 were analyzed for this paper. Eligible participants were (1) biologically born male, (2) HIV positive, (3) diagnosed HIV positive within the past 6 months or reengaged in care after being out of care for at least 6 months, (4) a male who had sex with males, (5) self-identified as non-white, (6) between 17 and 24 years at the time of the first interview, and (8) able to provide written informed consent. Eligible participants were administered a standardized face-to-face interview by experienced interviewers at baseline and every 3 months thereafter. For newly diagnosed HIV-positive YMSM, baseline interviews were administered within 30 days of the client's initial visit with a physician. For clients reengaging in care, baseline interviews were administered within 30 days of their reengaging visit. Baseline interviews lasted approximately 1 hour and also included a qualitative interview component that was not conducted during the follow-up interviews, which averaged 30 min in duration. Potential participants were referred to the STYLE study through being identified as HIV positive through STYLE-sponsored outreach HIV testing events, the NC Screening and Tracing Active Transmission Acute HIV testing program (STAT)24 and through referrals from HIV testing conducted at local health departments and ASOs. Potential participants were also identified and referred to STYLE by the NC Disease Intervention Specialists (DIS). DIS conduct voluntary postdiagnosis interviews with all individuals with reported cases of HIV and syphilis. During the interview, they conduct a risk assessment, provide risk reduction information, and make referrals for medical care and case management. Although the DIS were not a formal part of the STYLE intervention, the strong ties between the university and the NC HIV/STD Prevention and Care Branch of the North Carolina Department of Health helped to make our project highly visible to the DIS, which facilitated the referral process. Over the course of the 3 years of participant recruitment, only two individuals who were approached about participating in the STYLE cohort study refused to participate. These two individuals stated that their discomfort with discussing issues related to HIV as the primary reason for refusing to participate in the study. Interviews were generally administered immediately after scheduled HIV clinic appointments. However, if a participant was unable to stay beyond the time allotted for his clinical appointment, study staff would

make a separate appointment to meet with the participant to complete the interview, within a 2-week time period. Interviews were conducted in either English or Spanish based on participant preference. Participants were compensated $50.00 for completion of the baseline interview and $25.00 for each follow-up.

As the majority of eligible YMSM of color at the UNC-ID clinic during the study period consented to enroll in STYLE, and thus there was no comparison group, data were abstracted from a clinical cohort preceding the implementation of STYLE to serve as a control group. Abstracted data were restricted to the 30 black or Latino YMSM (age 17–24) who had their first visit in the UNC-ID HIV clinic between January 1, 2003 and December 31, 2005, as they were most similar to STYLE participants based on available demographic data. Because these patients were not participants in STYLE they did not complete any questionnaires. The data available for these patients are restricted to their demographic information (age, race, gender, and sexual identity), which was used to select them from the other patients receiving HIV care at UNC-ID clinic.

Clinical recommendations about attending regularly scheduled visits were similar during this time period as during the implementation of STYLE.

All participants provided written informed consent to participate in the study. The University of North Carolina Institutional Review Board (IRB), and the George Washington University IRB approved all instruments and protocols.

Study variables

A participant was considered newly diagnosed if they had no prior diagnosis of HIV infection before entering STYLE, and was considered reengaged in care if they entered STYLE after having been out of prior HIV clinical care for at least 6 months. All participants were analyzed in six periods of 4 months each (periods 1–6) from their entry into clinical care for up to a total of 2 years. Participants who entered STYLE later and consequently were not enrolled for at least a 2-year period were analyzed with five or fewer 4-month periods corresponding to the amount of time they were enrolled. A visit was defined as having had a medical care visit attended by participants in which a follow-up survey was completed or for which clinical data was abstracted (e.g., CD4 count, viral load). If both clinical data and follow-up survey data was absent for any given 4-month period that participant was considered to have missed their scheduled visit. Patients were considered retained in regular care if they had at least one visit per 4-month period. Conversely, patients were considered to not to be retained in regular care if they missed one of their scheduled visits. Our retention measure was broad enough to capture a wide range of care utilization patterns and reflects the HIV Department of Health and Human Services (DHHS) guideline recommendations for patients to have CD4 and viral loads drawn every 3–4 months.25

The questionnaire used was adapted from standardized tools, including the Young Men's Survey, the Youth Risk Behavior Survey, National HIV Behavioral Surveillance tools, the HIV Cost and Service Utilization Study, and previous SPNS and Adolescent Trials Network instruments. Client related factors measured included age, race/ethnicity, income, educational level, and sexual identity. The Center for Epidemiologic Studies Depression Scale (CES-D) was used to measure depressive feelings at baseline and behaviors and has been used extensively in medical, and nonpatient populations, including those at risk for or infected with HIV.26,27 Distance to care was estimated as the driving distance from each patient's home address zip code reported at the time of enrollment to his respective clinic site. Clinic addresses and zip codes were geo-coded using ArcGIS Version 9.3 (Environmental Systems Research Institute, Inc., Redlands, CA) with point-locations assigned to the centroid of zip codes. Driving distance was then calculated between points using the StreetMap Find Route Tool. Clinical health outcomes were obtained by a chart review of the participants' CD4 count, viral load, antiretroviral (ART) medication usage, and baseline ART resistance testing evaluations (genotypes). While the follow-up survey included most of the same measures as the baseline survey, it did not include many of the lengthy scales included in the baseline survey, most notably the CES-D scale used to measure depression, which precludes our ability to make longitudinal assessments of depression in our study.

Statistical analysis

Univariate and bivariate analyses were used to describe participant characteristics. We also compared retention in care for participants enrolled in STYLE to a cohort of similar age black and Latino male patients being seen in the same academic HIV clinic over the 3-year period prior to STYLE's creation. Visits across the 4-month periods were modeled longitudinally as a function of whether or not the participant was enrolled in STYLE. To model our binary outcome (if a visit was made or not) over the 4-month periods, we utilized the hierarchical generalized linear model (HGLM). Normal hierarchical linear models take into account the nested structure of data, but are inappropriate to use when the dependent variable is not continuous. Similarly, logistic regression should be used for binary dependent variables, but is inappropriate to use when there is a nested structure in the data (e.g. repeated measures in individuals over time). HGLM, however, can be used in the analysis of multilevel categorical dependent variables.28 HGLM has been used to model condom use and HIV status disclosure in longitudinal data, and has also been used in a similar manner to our analysis to model program retention.29,30 Analyses were conducted using SAS software, version 9.2 (SAS Institute Inc., Cary, NC) and HLM software, version 6.08 (Scientific Software International Inc., Lincolnwood, IL).

Results

Demographic characteristics

Eighty-one HIV-infected YMSM of color were enrolled in STYLE. The mean age of the sample was 21 years; 83% identified as black and 11% as Latino. Sixty-two percent described themselves as gay, 22% as bisexual, 1% as heterosexual, and 15% as other. Two thirds of the men reported a history of vaginal sex with a woman over the course of their lifetime. Almost half of the sample was enrolled in school at study entry. Participants lived a mean of 47 miles from the HIV clinic where they are receiving care. Two thirds of the cohort was newly diagnosed. The mean time from diagnosis to enrollment for those newly diagnosed was 56 days; the mean time from last clinic visit to enrollment for those reengaging in care was 509 days (or approximately 17 months). The majority (75%) of newly diagnosed persons had been diagnosed less than 3 months prior to enrollment. One third of the STYLE cohort was diagnosed during the acute stage of HIV infection, defined as having a negative HIV antibody test in the presence of positive HIV nucleic acid testing.24,31 Twelve percent of the sample had transmitted drug resistance, defined as having a baseline genotype that demonstrated the presence of at least one mutation in the 2009 World Health Organization revised listing of surveillance drug resistance mutations.32 As shown in Table 1 (pp. 23-24), there were no differences in ethnicity or education when comparing newly diagnosed to those reengaged in care. However, compared to those participants who were reengaged in care, newly diagnosed persons were on average younger, had less depressive symptomatology and reported lower levels of financial distress. Health status data indicate that compared to those newly diagnosed, those reengaging in care had similar CD4 counts but slightly lower viral loads at baseline.

Outcomes after enrollment

Overall, 63% of the STYLE cohort was retained in clinical care (67% in the newly diagnosed group and 55% in the reengaging group made all of their scheduled visits). Figure 1 (Page 27) shows the percent attending visits in each four-month period. Among the newly diagnosed group, 84% of all scheduled visits were made, compared to 73% of scheduled visits made in the reengaged group (*t* statistic=1.96; *p*=0.05). Importantly, among those who missed at least one 4-month visit, and were therefore considered not retained in regular clinical care, among the newly diagnosed, participants still made 73% of their visits, and the reengaged still made 67% of their visits. The two most common reasons cited for missing appointments included forgetting and having issues with transportation.

Sixty-two percent of subjects (n=50) initiated ART during the course of their enrollment in STYLE. Most participants, 68% (n¼34) were started on a non-nucleoside reverse transcriptase inhibitor (NNRTI)-based regimen consisting of the only currently available single tablet regimen, 30% (n¼15) were placed on a boosted protease inhibitor (PI) regimen and one subject was started on an integrase inhibitor-based regimen. Thirty-four of the 50 subjects on ART were enrolled prior to August 31, 2008 and thus had the ability of having at least 1 year of follow-up data. Seventy-nine percent (n=29), 75% (n=24), and 76% (n=21) of subjects were suppressed (viral loads <200 copies), at 3, 6, and 12 months, respectively. The mean change in CD4 count for all persons over the course of the study was an increase in 100 cells/mm3 (n¼79). Notably, the percentage of persons with CD4 counts 350 or more increased from 71% at baseline to 85% at study end. While not statistically significant there was a trend towards improved clinical outcomes in the newly diagnosed subjects compared to those recently reengaged in care (Table 2). The mean study enrollment time in days for those on ART was 385.6, and was not significantly different from 352.2 for those not on ART.

Comparison to prior clinic data

Thirty black or Latino MSM (age 17–24) had their first visit in the HIV clinic between January 1, 2003 and December 31, 2005. The pre-STYLE cohort attended 67% of their visits, compared to 80% of attended visits by those enrolled in STYLE (t statistic=2.16; p=0.03). The results from the longitudinal analysis of whether or not someone attended a clinic visit shows that the odds ratio for STYLE is 2.58 (95% CI 1.34– 4.98) compared to the years pre-STYLE cohort. For both the pre-STYLE and STYLE cohorts there was a decreased likelihood of attending visits as time passed, for both groups, the odds of attending the next 4-month visit decreased 31% (95% CI 0.61, 0.79). The effect of STYLE did not change across time.

Conclusions

Prior studies have identified predictors of missed clinic visits and poor retention in care to include being young, non-white, and having a history of substance abuse or mental illness.33–35 Using a conservative measure of retention, two-thirds of our cohort was retained in care; an impressive achievement considering our population was young (mean age of 21), 83% African American, and nearly half reported drug use and/or depressive symptoms. Furthermore, when compared to the 3-year period prior to STYLE, there was a 75% increase the number of new diagnoses among black and Latino MSM aged 17–24 in the 12-county region of the state surrounding where the STYLE intervention occurred (Communicable Disease Branch, NC Division of Public Health, personal communication). While we cannot conclude that STYLE was responsible for the increased number of infections detected in YMSM of color during that time period, the increased awareness around HIV, provision of outreach and testing events on college campuses and throughout the larger community as well as the development of community partnerships to foster immediate linkage to care cannot be discounted as insignificant.

Table 2. Clinical Outcomes of Newly Diagnosed and Recently Reengaged Persons in STYLE Cohort					
Variable	*Newly diagnosed N=52*	*Reengaged N=29*	*Total N=81*	*Test-statistic*	*P Value*
Started ART	32 (61.5%) 50	18 (62.1%)	(61.7%)	0.002	0.96
Suppressed at:					
3 months	82.4% (n=17)	75% (n=12)	79.3% (n=29)	<0.01	>0.99
6 months	78.6% (n=14)	70% (n=10)	75% (n=24)	<0.01	>0.99
12 months	91.7% (n=12)	55.6% (n=9)	76.2% (n=21)	1.67	0.19
Change in CD4 count	N=51	N=28	N=79	0.41	0.68
Mean (SD)	109.5 [244.9]	88.1 [174.4]	101.9 [221.5]	0.41	0.68
Median	59	15.5	41	0.41	0.68

A thorough review of the current HIV literature could not find a standard and consistent measure of what constitutes retention in care, thus it is hard to make comparisons across studies. Sherer et al.36 found that 55% of adult HIV-infected patients had at least one primary care visit in each 6-month period over a 2-year span. Other studies using this same definition found rates of 60–81% over a 1-year period when intensive case management and outreach strategies were utilized.15,37 We chose a conservative measure of visits every 4 months as our primary outcome, however, if a similar measure as described above is used, our retention rate increases from 63% to 85% (data not shown). Moreover, even people who did not meet our strict definition of regular care still attended the majority of their scheduled clinic appointments and maintained consistent contact with program staff through email, SMS texting or attendance at weekly support group meetings. Text messaging and other innovative technologies have been used successfully to increase clinic attendance,38,39 improve medication adherence,40 assist adults and adolescents with chronic disease anagement,41,42 and promote healthy behaviors such as diet, exercise and smoking cessation.43–45 Future research should evaluate the use of mobile phone and Internet-based interventions such as adherence counseling, and the ability to schedule walk-in appointments online as a way to maintain greater communication and connection between youth and their HIV care providers.

Consistent with other studies8,11 we found high overall levels of depression in these young men; with 50% having CES-D scores falling within ranges considered to be indicative for clinical depression and 15% having a history of attempting suicide. This is similar to rates seen in other large population-based studies in which 12–19% of their sample of MSM (including a rate of 8% in MSM younger than 25 years) had attempted suicide compared with rates of 1.5–4% among men in the general population.46–48 Higher rates of depression were observed in those reengaging in care clearly indicating the need to incorporate mental health evaluations and treatment early into the provision of HIV primary care. This difference in mental health status between the newly diagnosed and reengaging participants may partially explain the higher retention rate among the newly diagnosed. However, because CES-D scores were only assessed at baseline, we cannot establish causality, though we hypothesize that early engagement in care through STYLE for the newly diagnosed persons may have served as a buffer to lessen symptoms of depression perhaps through increasing their network of social support.11,49–51 Future research using qualitative methods should explore the relationship between early engagement and retention in care, depression, and other ongoing risk behaviors in HIV-infected youth.

Long distances to care and lack of provision of transportation services are associated with less access to and retention in care.52,53 Patients in this study traveled a substantial distance for their HIV medical care, which is not uncommon for those living in rural settings accessing services associated with stigmatizing diseases like HIV, substance abuse, or mental health. This problem was likely accentuated by the low availability of public transportation systems and record high gas prices seen in our state during the course of the study. Additionally, newly diagnosed persons reported lower levels of financial distress compared to those who were reengaging. Previous studies have shown the importance of reducing financial barriers for successful retention in care.15 Future studies should assess whether provision of reimbursement for travel through taxi vouchers or gas cards could result in overall cost savings through improved long term health outcomes and decreased utilization of emergency rooms and a reduction in hospitalizations.54

National data highlight the need to link MSM of color and other HIV-infected populations to care to improve their overall health and to stem further infections.55–58 The DHHS HIV guidelines now recommend earlier initiation of ART to prevent long-term complications and preserve immune function.25,59–61 In our study, youth achieved viral suppression rates greater than 75%, which compares favorably to levels of virologic success ranging from 51% to 79% for currently utilized NNRTI, or boosted PI regimens in adult cohorts.62 While we tried to ensure that prior to initiating therapy, youth enrolled in our cohort were deeply committed to the process of attending regular clinic visits and comfortable with both the notion and the process of taking medications on a daily basis, there is still significant room for improvement. Having the youth as active and willing participants in making decisions regarding their health care—an act that requires a multidisciplinary team model of HIV care that addresses in a comprehensive and culturally sensitive manner all of the developmental, physical and mental health issues—is relevant to this population.

The study has the following limitations. The generalizability of our findings to other populations and regions of the United States may be limited as our sample size was relatively small and participants were located in one geographic area. However, our population is

reflective of the current epidemic of HIV infection within this country, where a significant burden of disease falls upon minorities, youth, and those residing in the southern United States.63,64 Furthermore, as one of the main goals of the overall SPNS initiative was to increase diagnoses within our target population, the youth in our study were followed for different periods of time based on when they were diagnosed. Although the measure of retention we utilized accounted for time enrolled in STYLE, since participants enrolled at different times throughout the study period it does not control for possible effects specific to any given month or year. Furthermore, we did not measure exposure to or uptake of our outreach materials or participation in events and are thus unable to assess whether this component of STYLE had an effect on retention in care. Additionally, there is no ideal control group to which STYLE can be compared. We utilized data from similar aged Black and Latino MSM in the same clinic in the period directly preceding STYLE, but there is always a possibility that a temporal effect, and not STYLE, was responsible for differences in retention. Furthermore, the limited information we were able to collect on this comparison group did not allow us to statistically control for other variables that might also be related to retention. Finally, we relied on self-report and the survey was administered face-to-face, thus bias may have been introduced.

While there has been a significant focus on increasing testing for HIV, the importance of timely linkage to and engagement in care, and knowing one's CD4 count, viral load, and other clinical parameters once diagnosed have not received such high priority national attention. Media campaigns that promote the value of not just knowing one's HIV status but the importance of being in regular care if infected are needed. Clinic support staff should make it a priority to spend extra time with new patients helping them understand the significance of learning and interpreting all of their laboratory results and being engaged with providers in an interactive conversation about their health.

We conclude that STYLE was able to provide efficient and timely engagement in care for both those newly diagnosed and those who had fallen out of care and improved overall retention compared to a pre-STYLE cohort. We believe that the results of our study demonstrate that successful interventions should promote HIV counseling, testing, and referral services at venues that youth frequent or use outreach to make testing easily accessible and linkage to care seamless. Future research should investigate both the barriers that preclude full engagement in care as well as the resiliency factors present among HIV infected youth that promote consistent care over an extended follow-up interval.

Acknowledgments

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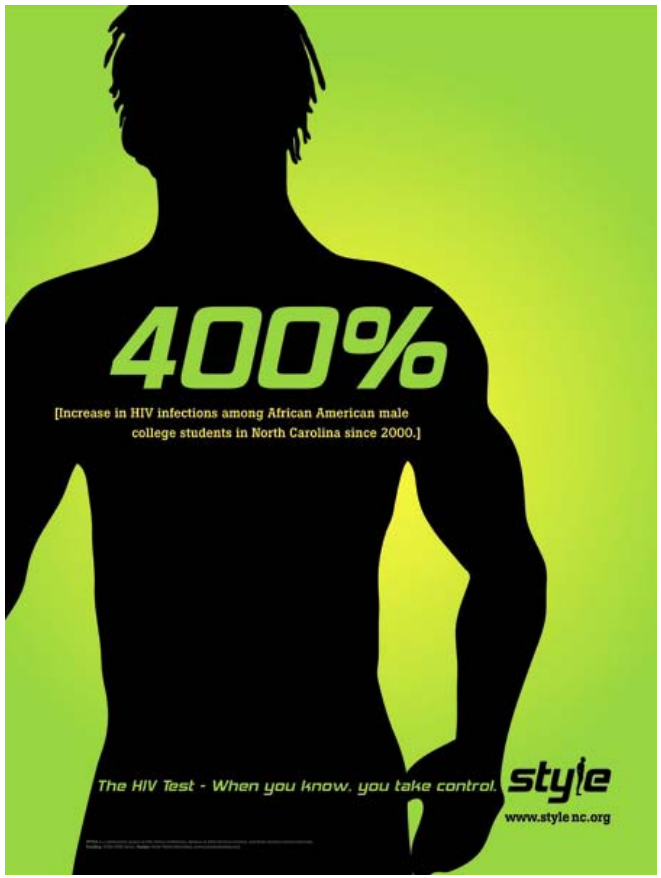
To view full references see document at: Hightow-Weidman, LB, Smith, JC, Valera, E, Matthews, DD and Lyons, P. Keeping Them in ''STYLE'': Finding, Linking, and Retaining Young HIV-Positive Black and Latino Men Who Have Sex with Men in Care. AIDS Patient Care STDS 2011;25(1):37-45.

Non-paper visual aids:

- 400% ad
- Pictures of STYLE program keychain and lanyards
- Screenshots of STYLE website



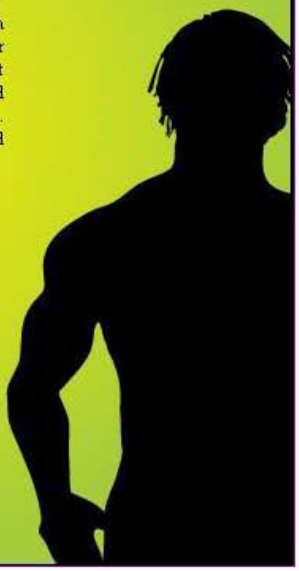
style

- HIV in our community
- Preventing HIV & STD's
- style's services
- Other resources
- Upcoming events
- Contact/Appointments

style A transle HIV prevention and treatment program

Strength Through Youth Livin' Empowered

Strength Through Youth Livin' Empowered is a health program for college age Black/African American men. Our goal is to support you in living a healthy life. We want you to feel good about the sexual choices you make and stay free of HIV and other sexually transmitted diseases. For men who have HIV, we offer medical treatment and support.



style

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style A transle HIV prevention and treatment program

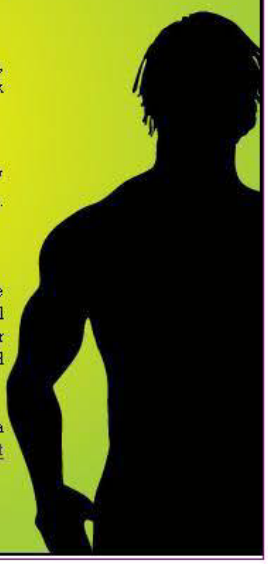
style's services

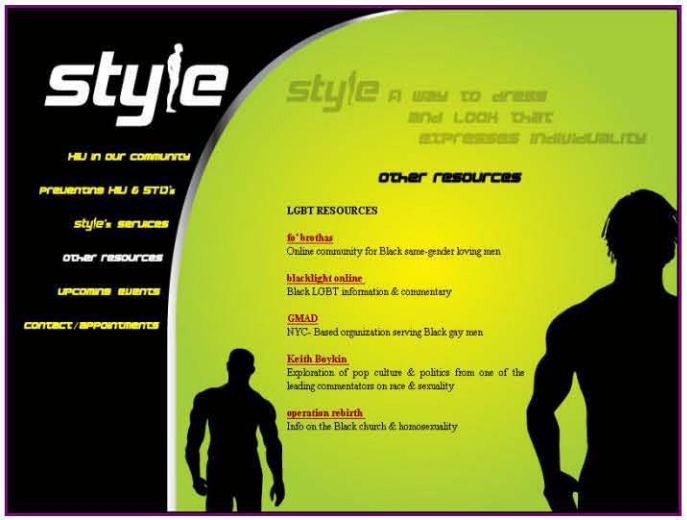
Campus and Community Outreach
We provide one-on-one support as well as workshops, social events, and community discussions about Black men's sexual health.

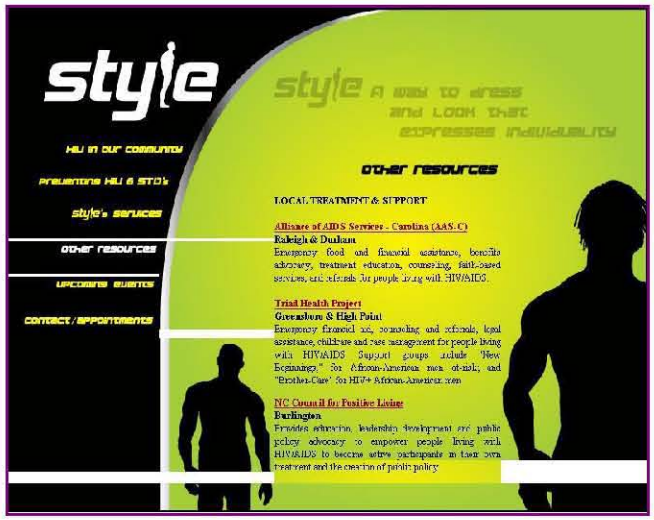
Free, Confidential HIV/STD Testing
If you are sexually active you should be tested for HIV and STD's. We offer free, confidential rapid HIV testing. Your results will be ready within 1 hour of taking the test.

Support and Care
If you are HIV+ you can live a long and healthy life. We will connect you to a range of resources from medical treatment to support services. We have a physician on our staff who specializes in HIV. We offer group and one-on-one support.

If you would like to set up an appointment, or are a part of an organization and want more information, contact us.




style
HIV in our community
Prevention HIV & STD's
style's services
other resources
upcoming events
contact / appointments
style A way to dress and look that expresses individuality
other resources
LGBT RESOURCES
fo' brothas
Online community for Black same-gender loving men
blacklight online
Black LGBT information & commentary
GMAD
NYC- Based organization serving Black gay men
Keith Boykin
Exploration of pop culture & politics from one of the leading commentators on race & sexuality
operation rebirth
Info on the Black church & homosexuality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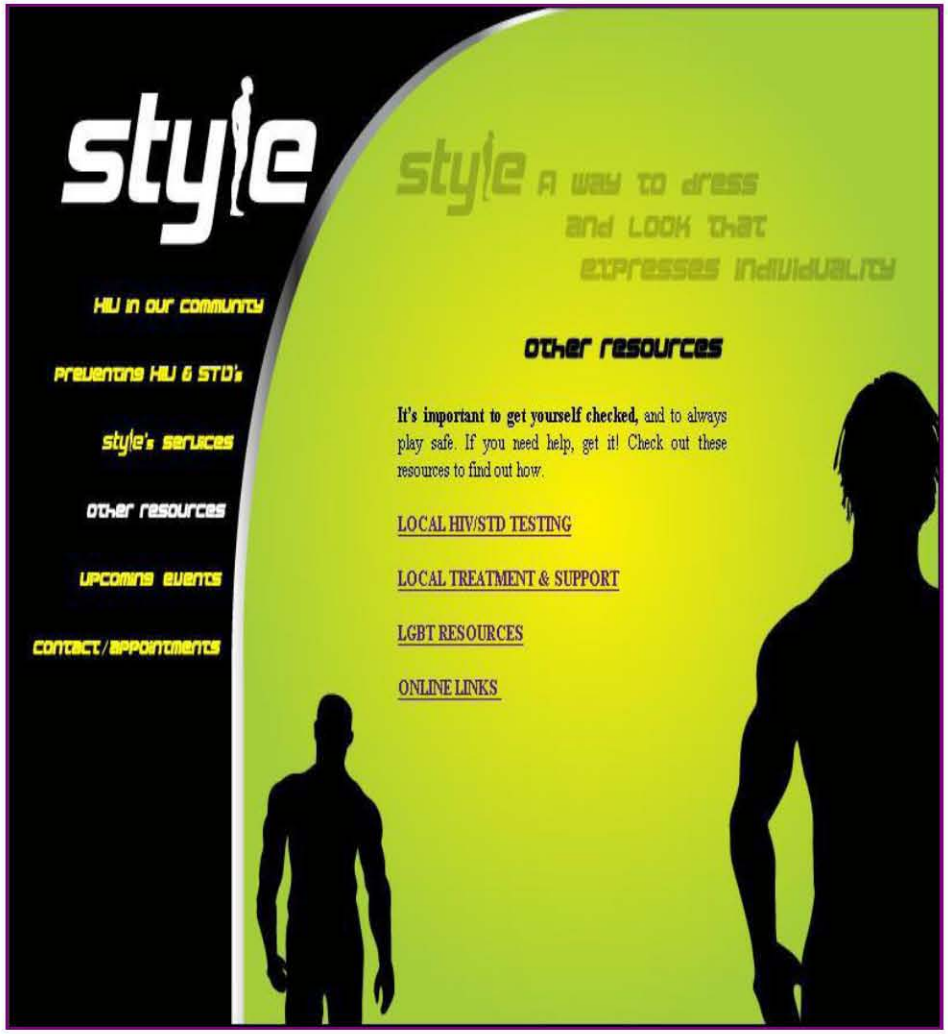
other resources
LOCAL TREATMENT & SUPPORT
Alliance of AIDS Services - Carolina (AAS-C)
Raleigh & Durham
Emergency food and financial assistance, benefits advocacy, treatment education, counseling, faith-based services, and referrals for people living with HIV/AIDS.
Triad Health Project
Greensboro & High Point
Emergency financial ass, counseling and referrals, legal assistance, childcare and case management for people living with HIV/AIDS. Support groups include "New Beginnings" for African-American men of-risk; and "Brother-Care" for HIV+ African-American men
NC Council for Positive Living
Burlington
Provides education, leadership development and public policy advocacy to empower people living with HIV/AIDS to become active participants in their own treatment and the creation of public policy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HIV in our community
Prevention HIV & STD's
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upcoming events
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style A way to dress and look that expresses individuality
other resources
It's important to get yourself checked, and to always play safe. If you need help, get it! Check out these resources to find out how.
LOCAL HIV/STD TESTING
LOCAL TREATMENT & SUPPORT
LGBT RESOURCES
ONLINE LINKS