

**YOUTH** *and*

**H I V**

*Prevention*

**INITIATIVE**

**PLAN**

**2007 - 2010**

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## Executive Summary

### Introduction

The HIV/AIDS epidemic in the District of Columbia among youth<sup>1</sup> is growing at an alarming rate. There is an estimated 100,000 youth in the District ages 13 to 24<sup>2</sup>. Roughly one out of every 100 young people ages 13 to 24 in the District is HIV infected or has full-blown AIDS. Based on cumulative DC HIV/AIDS surveillance data for 2001-2005, almost one out of 50 adults ages 25 to 34 are HIV positive or have AIDS, many possibly infected in their adolescent and young adult years. According to available surveillance data for 2001-2005, the estimated rate of HIV incidence among teens and young adults has almost doubled in five years. In the spring of 2007, these disturbing youth trends compelled the DC Department of Health HIV/AIDS Administration (DOH/HAA) to reconsider its current HIV prevention efforts targeted to young people. At the request of the DOH Director, the HIV/AIDS Administration (HAA) developed a strategic youth and HIV prevention initiative to address this growing crisis. Initiated in March 2007, the process for developing the *District of Columbia 2007-2010 Youth and HIV/AIDS Prevention Initiative* has been an exercise in science, collaboration and cooperation among various stakeholders invested in stopping the spread of HIV/AIDS among the District's most vulnerable resource, its young. This plan represents the first comprehensive, inter-governmental initiative in the District to systematically begin addressing youth's primary and secondary HIV/AIDS prevention and intervention needs.

The DOH/HAA development of the *District of Columbia 2007-2010 Youth and HIV/AIDS Prevention Initiative* was a four-month long process of engaging numerous community and national stakeholders; conducting a thorough scientific literature review and communicating with more than seven (7) similarly situated urban jurisdictions to identify best practices from the field. The final result of these efforts is the *District of Columbia 2007-2010 Youth and HIV Prevention Initiative*. HAA created this three-year plan out of a series of planning meetings between HAA and the DC Youth and HIV Workgroup, a collaborative of youth service providers and community stakeholders. In addition to community stakeholders, various District governmental agencies from the Department of Human Services to the Department of Parks and Recreations—agencies interfacing daily with high-risk youth populations—strategized with HAA to develop goals, objectives and core activities based on the unique policies, programs and systems of those DC governmental agencies. HAA invited national youth advocacy organizations, the American Psychological Association, National Network for Youth, and the United Negro College Fund Special Programs to lend their expertise to the plan's development.

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<sup>1</sup> Unless otherwise noted, youth in this report refers to adolescents and young adults 13 to 24 years old.

<sup>2</sup> Estimate based on the available August 2002 US Census Bureau profile on the District of Columbia.

The plan is intended to begin aggressively meeting the primary and secondary HIV prevention needs of District adolescents and young adults ages 13 to 24. The six main focuses of the initiative are as follows:

- To use social marketing, community events and innovative marketing technologies to raise awareness of DC youth's personal HIV/AIDS risk and the District's HIV prevention and testing services;
- To increase DC youth access to HIV testing and youth who know their HIV status;
- To support on-going DCPS efforts to ensure every DC student receives age appropriate and high-quality HIV prevention education in schools, such as comprehensive sexuality education, and to support new strategies for increasing youth access to HIV prevention education information through multiple school-based resources (i.e., school nurses, mental health counselors, etc.);
- To ensure every DC out-of-school, high-risk youth has access to high-quality HIV prevention tools, materials, education, and support in their community;
- To provide resources, training and outreach necessary to reduce HIV stigma and expand skills-building and support services for HIV positive youth;
- To initiate and maintain government and community partnerships and inter-/intra-governmental partnerships to coordinate HIV prevention efforts for youth.

The overall goals, objectives, and core activities of this three-year initiative are more fully detailed later in this report. The outlined plan is reflective of current DOH/HAA capacities and relationships, as those capacities evolve and new relationships are established so will the introduction of additional special populations, supplemental initiatives and services delivered to District youth. To meet the ever-changing needs of youth affected, infected and working to prevent HIV/AIDS in their lives, the ***District of Columbia 2007-2010 Youth and HIV Initiative*** will operate as a living document, one annually reviewed, retooled and improved upon. While the goals and objectives of this initiative will remain relatively static, DOH/HAA intends for annual core activities to be determined by a combination of lessons learned, community involvement and HAA sponsored behavioral research conducted throughout each year. DOH/HAA will announce each year's Youth Initiative work plan in an annual progress report released on National Testing Day. The report will document process and impact evaluation outcomes for the previous year, identify performance indicators and provide

relevant local, national and scientific behavioral data that can inform and support local youth and HIV prevention efforts.

Collaborative relationships and strategic partnerships between government, service providers and community stakeholders is the key to the comprehensive nature of this plan. In addition to the efforts of governmental and community workgroups to make this initiative a success, DOH/HAA will also incorporate youth and parent leaders in the planning and implementation of this initiative. DOH/HAA knows the inclusion of youth and parents, those most impacted by this initiative, is vital to the success and on-going development of this District's youth and HIV prevention program. Over the next three-years, DOH/HAA will reach out to additional partners during the plan's implementation, including the business and faith community.

An essential factor in implementing this initiative is the pending availability of financial resources required to make some implementation activities possible. DC government has demonstrated its commitment to youth sexual health by encouraging this plan and working to identify the necessary resources to meet the fiscal needs of such a broad-based initiative. To financially support this plan's activities, beginning in fiscal year 2008, DOH plans to supplement its current spending on youth care, support, treatment and prevention intervention services by almost 50% of its current youth focused programmatic budget.

## Youth and HIV: A Brief Overview

From pediatrics to young adulthood, HIV/AIDS has significantly impacted DC youth. With 179.2 cases per 100,000 people, the District of Columbia has the highest rate of AIDS in the nation<sup>3</sup>. Nearly 1,000 District youth have been reported to have AIDS since 1984, almost a quarter from 2001-2005 alone. Since 1984, youth under age 25 have represented 5% to 6% of all the reported DC AIDS cases. In DC, the AIDS rate among teens and young adults has continually increased. When HIV incidence for 2001 through 2005, is reviewed the picture appears even bleaker. Nearly 10% of the 4027 HIV cases reported in the District from 2001-2005 were represented by residents ages 13 to 24. HIV incidence among certain high-risk populations has increased in the last five reported years at an alarming rate. Since 2001, young men who have sex with men ages 13 to 24, particularly among young men of color, experienced a 900% increase of reported HIV infection and young heterosexual women of color by more than a third when compared to the previous five year period. Despite these increases, only about half of all Districts and young adults under 25 are aware of their HIV status or have actively sought an HIV test.

HIV infection among District youth is mostly the result of unprotected sexual behavior, as few adolescents in DC engage in injection drug use. Most HIV

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<sup>3</sup> 2004 District of Columbia HIV/AIDS Surveillance Report

infection among District youth has been behaviorally acquired, but increasingly perinatally infected adolescents and young adults represent a significant portion of the District's youth and HIV/AIDS equation. Fifty-seven percent of adolescent and young adults served by the Children's National Medical Center Burgess Clinic acquired HIV perinatally. Fifty percent of those cases are chronically ill; the perinatal adolescent cases at Children's often exhibit the same risk behaviors of uninfected youth, less likely to adhere to medical treatment, more likely to have higher viral loads than newly infected adolescents and be in the latter stages of their HIV infection; all of which makes them more likely to transmit HIV infection. The rise in behaviorally acquired HIV among adolescents in high HIV/AIDS prevalence DC wards, the maturation of perinatally infected adolescents and the lack of young people aware of their HIV status—or who even perceive themselves at risk for HIV infection—begs for a comprehensive governmental response to the youth and HIV epidemic to stem the tide of these disturbing trends in youth infection.

## DC Youth and HIV Initiative's Philosophical Approach

In developing this initiative and in reviewing the research on youth and HIV/AIDS, HAA quickly realized there is no single strategy or quick fix for addressing the youth HIV/AIDS epidemic in the District. A comprehensive governmental response is one of multiple strategies, approaches and most importantly, partners. DOH will utilize its long-standing relationship with the HIV/AIDS focused youth service providers it currently and has previously funded to provide testing, public awareness building activities and skills-building behavioral interventions to District youth. These community based organizations have agreed to partner with DOH/HAA on employing various "best practices" identified through this plan's development including: social marketing campaigns, community-level interventions, delivering prevention trainings to youth, parent-child communication education to parents, other training-of-trainers to DC agencies and programs. Despite community based service provider's significant contribution to addressing youth HIV testing and prevention needs, these efforts alone will not reduce or eliminate the epidemic among youth at a rate satisfactory to the DC community or government. DOH/HAA and its partners had to identify supplemental strategies to maximize limited resources and increase youth access to HIV testing, condoms and HIV prevention education services.

Finally, an integral philosophy to this initiative is the integration of HIV services into youth services that address HIV predictors and co-factors. DOH/HAA will seek to partner with substance abuse and mental health providers to meet the HIV testing and education needs of youth uniquely at risk for HIV due to chronic mental illness or substance abuse issues. In line with CDC recommendations, DOH will integrate STD testing and treatment, Hepatitis A and B vaccination, Hepatitis C screening, and education into youth HIV services, when appropriate and the ability to offer treatment, vaccines or multiple screening services are possible.

## The District of Columbia 2007-2010 Youth and HIV Initiative

### *A Comprehensive DC Government Response: DOH DC Agency Partnerships*

DOH/HAA and its community partners have identified a complementary strategy to support their more traditional health education and disease prevention activities. With annual reductions in federal support for primary prevention funding, DOH/HAA recognizes its limited capacity to substantively and effectively reach every youth in the District of Columbia through its limited, mostly adult-oriented and population-specific grant making processes and public awareness activities. However, thousands of youth and young adults, many of whom at high risk for HIV, come into daily contact with other, non-HIV specific, DC governmental systems and programs. Unlike in many HIV/AIDS prevention programs where youth must be recruited and convinced to enter programming, young residents actively seek out many employment and social service programs funded through the District. District youth, like their national counterparts, have prioritized other health, sustenance and developmental needs over HIV and STD disease prevention. Programs meeting youth's prioritized needs are often positioned to provide the basic tools, referrals, information and even intervention education to meet youth's most fundamental HIV prevention education needs in approaches considerate of the whole youth, not merely of youth's HIV prevention needs.

Consistently, the research demonstrates the most successful HIV prevention programs are those that can developmentally "meet the client where they are", consider the cultural and environmental context of that client's decision-making experience and can more comprehensively address the HIV co-factors that contribute to the client's decision-making and risk behaviors. Often criminal justice, youth development, and other social service agencies with longer-standing relationships with at-risk youth clients are well-poised to view and comprehensively assist youth clients in meeting their HIV prevention needs. With proper training and planning, such programs could seamlessly incorporate HIV prevention intervention elements into their program offerings as part of routine service delivery. Certainly, agencies external to DOH and HAA are primed to target thousands of the following hard-to-reach youth, targets sometimes inaccessible to or unwilling to access HAA programs:

- youth uninterested in accessing explicit HIV/AIDS services
- youth unaware of their HIV status
- youth in high prevalence wards
- youth who are unaware of their personal risk for HIV infection
- youth unaware of and unfamiliar with how to navigate HIV/AIDS social service systems
- youth who are positive but not in care, treatment or support services



These youth may be more open to receiving HIV prevention education from these agencies than accessing a potentially community stigmatized HIV/AIDS service provider. Youth in programs providing basic needs and skills are familiar with these resources and may be willing to receive HIV intervention components from these known and trusted sources more readily than from a program exclusively focused on disease prevention, as social service programs are often addressing other youth-prioritized needs. DOH/HAA plans to work with these agencies to prepare them for HIV service integration.

Historically, non-HIV/AIDS service providers have only been episodically engaged in HIV/AIDS prevention efforts and activities. This is the first thoughtful attempt to systematically incorporate HIV/AIDS prevention tools, elements and even whole programs into the routine service delivery and program offerings of youth-sensitive DC governmental agencies and their respective programs. Predictably, different DC agency systems have different capacities, barriers, and limitations for incorporating HIV into their service offerings to District residents. Identifying the possible, most appropriate HIV/AIDS prevention components and then providing it will take time and thoughtful negotiation on both the Department of Health's part and its agency partners. However, by the end of this initiative, one of the key goals is to have HIV prevention service offerings in the majority of DC public service entities engaging District teens and young adults, starting with those who are accessed by those youth most at risk.

### **Internal Department of Health and HIV AIDS Administration Partnerships**

While the Department of Health and its HIV/AIDS Administration supports inter-agency communication and partnerships, an internal assessment determined no youth specific internal coordination had occurred within HAA or between HAA and other relevant DOH administrations within the last two years. Since identifying this issue, HAA Prevention Unit has initiated internal partnerships within HAA between prevention and Ryan White Care and Support Services, including Housing Opportunities for People with AIDS (HOPWA) and the AIDS Drug Assistance Program (ADAP) to ensure better internal coordination of secondary HIV prevention activities for youth infected by HIV/AIDS and support and education for the youth affected by HIV through relationships with infected parents or guardians. Incorporation of HIV prevention education services for youth in supportive housing programs serving the families of HIV infected individuals and a youth drug adherence program are but two exciting programs that are being explored as cross-division collaborations through this initiative. Even within the prevention division collaborative partnerships between the prevention unit and counseling testing and referral (CTR) service unit has been initiated to improve youth access to testing services, the quality of youth's experience once they access testing services and ensuring their entrance into youth-sensitive care services for young people testing positive for HIV infection. In May 2007, CTR and prevention units worked with HAA funded service providers to assist in the development of youth-sensitive HIV testing practices

and procedures to ensure that youth who receive a reactive result (i.e., preliminary positive test result using rapid testing technology) have supported referrals to HIV testing, linkage to care services and are working with a youth care advocate through an external program at the Burgess Clinic of Children's National Medical Center. Further funding is being researched to support a youth-specific confirmatory testing site in the District to ease youth's transition from testing into support and primary medical services. Cross-divisional coordination within DOH/HAA is one of the many approaches HAA is undertaking to maximize existing resources.

Inter-agency coordination and partnerships within DOH between the Maternal and Primary Care Administration (MPCA) and the Addiction Prevention and Recovery Administration (APRA) is another element of this initiative. MPCA and HAA have already entered into a partnership for fiscal year 2008 to train DC parents on parent child communication. These trainings are intended to assist parents in assisting youth in preventing HIV, STDs and teen pregnancy. MPCA and HAA are also planning a HIV prevention education training of school nurses in the summer of 2007 to complement HIV prevention education trainings MPCA conducted with all 155 school nurses in the winter of 2006. MPCA is also partnering with HAA to launch a standing, on-going inter/intra governmental meeting focused on Youth and Health to improve cross-governmental coordination of youth and health resources, particularly as it relates to poor youth risk taking behaviors. Additional efforts to incorporate HIV prevention education components into the youth and substance abuse prevention programs of APRA are in development for next fiscal year as well.

## Research

In addition to collaborations with District agencies, the need to engage local researchers, universities, locals and national non-profits in the District are equally critical in the effort to have science and proven, innovative practices leading the activities of this initiative. Reliable, scientific data available on District youth is scarce. Annually DC public schools (DCPS) coordinates the District-wide Youth Risk Behavior Study (YRBS) to identify students risk behaviors on issues ranging from teen smoking rates to sexual risk taking behaviors. While comprehensive in its breadth, the YRBS fails to meet all the data requirements, in depth or quality, necessary for programmers to plan for targeted HIV prevention programs, particularly for services and interventions intended to reach runaway, homeless and other out-of-school youth. Outside of YRBS data, quality DC specific youth behavioral data is often difficult to attain. Consistently national data, small research studies and anecdotal information are used to determine how best to approach and design prevention interventions for youth. The assumptions and information made from these studies currently inform youth HIV prevention programs and services even though the data from these studies may not always apply or be germane to local youth and their issues. Clearly, these data limitations make it difficult for both the Department of Health and DC community-based

programs to strategically plan for how limited resources can be tailored to target local youth in ways that speak to their understanding of the epidemic and personal HIV risk. Thorough research allows program designers and service providers to maximize limited resources to intentionally meet the specific knowledge gaps, unique attitudes, beliefs, and risk behaviors of DC youth.

As a step toward remedying DOH and service providers' youth research gaps, the HAA prevention unit has entered into a more intentionally collaborative relationship with/ the administration's surveillance division and with George Washington University School of Public Health. A series of qualitative epidemiological studies of up to four high-risk youth populations, including young women of color and young men who have sex with men, are tentatively planned for the life of this initiative. These qualitative behavioral studies will study and provide HAA with a better understanding of local youth's knowledge, attitude, beliefs, and behaviors of high-risk DC youth. The researchers may also inquire about the protective factors keeping sero-negative youth HIV-free and the environmental co-factors influencing HIV positive youth's risk taking and decision making behaviors. Determinations on qualitative approach and depth of the scientific inquiry for these qualitative studies are in development.

In addition to conducting original research, HAA will regularly engage other local research efforts targeting DC youth. HAA plans close relationship and data sharing with external research (i.e., projects occurring outside of DC government sponsorship) like the *Connect to Protect* research program at Children's National Medical Center and the national college-focused research *CHAMPS* project conducted by the United Negro College Fund Special Projects. Local research projects like *Connect to Protect*, DC research programs of national significance, can inform alterations, improvements and supplements to this youth initiative plan. As data from programs becomes available, proven approaches developed and successfully instituted by these research projects will be considered for replication in the District. Programs evolving out of local research are ideal for replication as these interventions are already tailored to and proven effective with local DC teens and young adults.

## Policy

There are policies and procedures prohibitive of basic HIV prevention education activities in DC, such as HIV testing, condom availability and literature distribution. The preliminary planning phase of this initiative identified various DC agency policy and procedural challenges that would have prevented implementation of partner concepts for HIV youth service integration. Some governmental and even some service provider policies, practices and procedures demonstrate a lack of youth sensitivity or appropriateness which unintentionally may establish a barrier to adolescents' accessing tools and prevention services. To address these restrictions and challenges over the next three years, HAA plans to work with partner agency's general counsels to review relevant governmental

policies, procedures and practices that may potentially reduce youth access to HIV care, services and/or prevention interventions. Where appropriate, HAA and its legal partners will make recommendations to agencies for improving policies favorable to reducing youth barriers to HIV care, testing and prevention.

## Marketing and Innovative Uses of Technology

In the modern public health model, the days of the dense, jargon heavy pamphlet and booklets are behind us to reach today's marketing savvy, technologically-driven youth. DOH/HAA is investing over a quarter of a million dollars annually over the next two years in social marketing activities using multiple media channels to reach youth. DOH/HAA plans to invest in programs providing youth with HIV prevention education messages customized to their unique cultural sensibilities and speaks directly to their specific attitudes and risk behaviors. Internet, radio and cell-phone based media (i.e., video and text messaging, etc.), coupled with events and keepsake giveaways are essential to a contemporary marketing campaign having any chance of effectively reaching youth.

The goals of an on-going, long-term public awareness building campaigns are to improve a target population's knowledge of a health issue, assist them in identifying their personal risk for the disease and direct at-risk individuals to the appropriate preventative health services. Social marketing campaigns designed to achieve these goals are the cornerstone of an effective public health disease prevention response. Domestic research on campaign outcomes demonstrates on-going social marketing campaign that can saturate a youth market with targeted, population specific messaging can be effective in raising and sustaining HIV/AIDS awareness and increase client access to testing and link target populations to services. International literature on strategic long-term marketing suggests campaigns can actually improve condom use behaviors and increase abstinence behaviors among youth. Therefore, DOH/HAA will aggressively work with youth and community in developing and implementing campaigns that will inundate local communities with HIV prevention messages until knowledge of HIV risk, prevention and services are second nature and discourse on knowing one's status, commonplace.

## Prevention with HIV Positive Youth

This initiative's main focus is on primary HIV prevention, interventions focused on maintaining the HIV negative status of uninfected individuals. However, in keeping with the Centers for Disease Control and Prevention's *Advancing HIV Prevention* prioritization of HIV positive individuals, the youth initiative is also inclusive of prevention for positive (i.e., secondary HIV prevention) activities. The prevention for positive prevention activities of this initiative are concerned with:

- preventing HIV positive youth from transmitting HIV to others;

- preventing HIV positive youth from obtaining STDs and other HIV co-infections;
- assisting HIV positive youth with disclosing their sero-status to family and potential intimate partners, linking and maintaining youth in primary care services and assisting youth in their treatment adherence efforts.

To achieve these objectives, HAA has initiated a partnership between ADAP and the prevention unit that looks to expand and support Children's National Medical Center Youth Connections program. In support of the Youth Connections program, HAA is looking to identify resources for supplementing youth care advocates that support HIV positive youth in sustaining their participation in HIV care and treatment services for up to six-months, when behavior becomes habitual.

HAA is also planning to support local skills-building support groups for HIV positive youth with Children's National Medical Center and other youth service providers. HAA and service providers from the Youth and HIV Workgroup has agreed to collaborate on delivering a support-based, HIV group-level intervention for HIV positive teens and young adults in each quadrant of the city for a total of four new skills-building, support services available to HIV positive young people. These new group-level, support-based resources will use the ***Together Learning to Choice (TLC)*** intervention, one of the Centers for Disease Control proven science-based interventions. ***Together Learning Choices*** is a twenty-four module intervention that essentially operates as skills building support groups for positive youth. ***Together Learning Choices*** is proven to assist youth in achieving core secondary HIV prevention goals. Finally, to assist HIV positive in their efforts to disclose their status, DOH/HAA will partner with the Youth and HIV Workgroup on a year-long stigma reduction campaign that incorporates social marketing and community level intervention elements using youth peer educators (i.e., HIV stigma swat teams).

## Community Involvement in Program Planning and Implementation

The members of the Youth and HIV Workgroup agreed to partner with HAA on the implementation of community-level interventions and health education risk reduction activities. To maximize the limited financial resources available for these activities, the Youth and HIV Workgroup and a Youth Leadership sub-committee will work together to coordinate these prevention program efforts rather than providing small grants to sub-grantees resulting in minimal impact outcomes, high transaction costs and other inefficiencies. To assist the collaboration in the practical logistics of program implementation, DOH/HAA will identify a contractor through a public bidding process to serve as the fiscal agent and logistics coordinator for the secondary prevention activities, event-based community level interventions, and the year-one stigma campaign. The contractor will be responsible for distributing the resources necessary to meet the

needs of the previously described support-based secondary prevention activities, launch and maintain the social marketing campaign and support the peer education-led stigma campaign, including managing event logistics and peer education stipends. Youth and HIV workgroup service providers will house support-based, group-level interventions at their agencies or at partners of these providers (to reduce HIV positive youth's confidentiality concerns), those providers who already have existing peer education resources will identify and provide administrative support for youth peer education teams that will serve as stigma swat teams. DOH/HAA will provide supplemental resources to compensate youth and support activities for these community level interventions. These youth swat teams will assist in the development and implementation of the social marketing campaign and educate peers on HIV testing and prevention with an intentional focus on stigma reduction. As these youth peer educators are funded through programs already housed at DOH/HAA partners (including one already directly funded by HAA to a sub-grantee over the next two years) the stigma campaign related activities are supplemental to pre-existing, peer education HIV prevention efforts, resulting in significant savings in resources. The swat teams and HIV workgroup members will also coordinate a series of up to four (4) performance based events at key points throughout the year encouraging HIV testing for youth and HIV stigma reduction within the youth community. For performances at youth community events, the workgroup will reach out to the local arts community for artists compelling to DC youth, including go-go artists and spoken word poets.

## Special Populations, Supplemental Initiatives

This initiative's strategies seek to reach as many youth in DC as possible with limited available resources. These strategies constrain population specific target activities unless there is a clearly demonstrated and proven need with a target population to reverse significant HIV infection trends within that population, as is the case for young men who have sex with men. Conceivably, entire population specific youth initiatives of similar depth and scope could be developed for each unique youth sub-population in the District of Columbia; however, current available resources prohibit such an ambitious effort. Still, there are instances within this plan where the structures and systems developed through this initiative will be used to improve service accessibility and cultural competence among providers serving District youth. As more resources become available for this initiative, supplemental initiatives with narrow population targets may be developed. Below is an outline of efforts that will be conducted over the next three years of this program initiative.

**YMSM/Sexual Minority Youth:** While all sexually active and substance using DC residents are at risk for contracting HIV, young men who have sex with men (YMSM), particularly Black YMSM in DC, have the highest HIV and AIDS rates of any youth population who behaviorally acquired HIV infection. HIV incidence rates for DC young men who have sex with men increased by 900% from 2001-

2005, requiring special attention paid to the behavioral characteristics of this population. Additionally, research suggests that sexual minority youth are also at unique risk for HIV infection. Young women who have sex with women have disproportionately high rates of sexual transmitted diseases other than HIV, multiple male partners during adolescence and are likely to have sex with a gay identified male, all of which increases the possibility of contracting HIV infection. Transgender youth have been found to have an estimated 20% positivity rate in one local research study conducted in 2005, demonstrating much higher levels of HIV risk than even their YMSM counterparts. While service providers in the District directly receive a combined total of nearly one million dollars in federal resources to reduce HIV infection among this target population, the local health department currently has no specific efforts targeting YMSM and transgender youth. This initiative is the first step toward augmenting pre-existing, community-led prevention efforts within the District targeting YMSM.

In addition to ensuring DOH/HAA behavioral research activities obtain information regarding the knowledge, attitudes, beliefs and behaviors of YMSM and other relevant HIV risk information, DOH/HAA will include throughout its programming YMSM and sexual minority youth HIV prevention information. To intentionally address HIV prevention needs of YMSM population all HIV prevention intervention activities and messages, whenever feasible and appropriate, will incorporate HIV prevention educational information inclusive of same sex behavior. HIV capacity building trainings to DOH/HAA governmental agency partners and their affiliates will include educational segments on YMSM cultural competency and educate training participants on the unique prevention issues for YMSM and their partners. DOH/HAA will partner with American Psychological Association to provide a CDC approved training for nurses, social workers, mental health clinicians and other human service workers to provide science-based educational sessions on HIV prevention for YMSM and other sexual minority youth. At least one of stigma reduction peer education swat teams will target YMSM. Social marketing materials, when possible and appropriate, will also incorporate images and messages that target YMSM. At least two HIV awareness raising performance events annually will specifically target and be tailored to the cultural interest of YMSM. Events will encourage youth HIV testing and HIV stigma reduction among YMSM. The goals of these efforts are as follows:

- to increase YMSM awareness of their HIV risk and increase their access to HIV care, testing and prevention services;
- to increase the number of DOH/HAA agency and community partners who are aware of YMSM HIV prevention risk and when accessed by YMSM can directly address YMSM risk reduction information needs with accuracy and sensitivity;
- and to reduce homophobia, or at least homophobic expressions that may prevent YMSM youth from accessing HIV prevention education

information from traditional information sources (i.e., schools, health clinics, youth development programs, etc.).

**Immigrant Youth:** Research into the development of this initiative identified several key issues that directly impact immigrant youth. These were perinatal infection (mother to child transmission) amongst immigrant women, language accessibility to HIV prevention information and materials and a potential lack of cultural competency among service providers on the unique HIV prevention issues of DC's main immigrant populations. This initiative plans to address the language accessibility issues to HIV prevention information targeting immigrant youth by accessing translation services for all social marketing and educational literature developed through this initiative. Youth SWAT team members from immigrant communities for the peer education programs will also be recruited by Youth and HIV Workgroup members to engage the various immigrant youth communities. While the District DOH Perinatal Plan is still in development, the DOH/HAA prevention staff targeting youth will partner with the HAA perinatal coordination staff to incorporate into the plan program activities targeting foreign-born pregnant mothers who are adolescents or young adults. DOH/HAA and the Youth and HIV Workgroup, most of whom are service providers targeting youth, will throughout the initiative invite partners from immigrant organizations to provide cultural competency and educational sessions on the unique issues of immigrant youth and HIV. These sessions are but a first step toward increasing the cultural competency of youth services and the service accessibility of immigrant youth.

**Homeless and Adjudicated Youth:** DOH/HAA will initiate a partnership with the Department of Human Services to address the HIV prevention needs of youth in shelters and accessing housing programs. DOH/HAA has partnered with the National Network for Youth on the development of recommendations to meet these youth needs. A review of DHS policy, practices and systems needs to be conducted to determine the feasibility of these recommendations for implementation. DOH/HAA will work with DHS in implementing recommendations that both agencies mutually determine are in the interest of homeless youth and can be supported by the systems and capacities of DHS, its sub-grantees and program partners.

DOH/HAA has also worked with the local service provider for adjudicated youth, Steppin' Up, Moving On, on recommendations to address the HIV prevention needs of youth in juvenile justice settings, including testing and discharge planning. DOH/HAA will initiate a partnership with the Department of Youth Rehabilitative Services (DYRS) to address the routine HIV testing and prevention needs of youth in juvenile justice facilities. A review of DYRS policy, practices and systems needs to be conducted to determine the feasibility of these recommendations for implementation. DOH/HAA will work with DYRS in implementing recommendations that both agencies mutually determine are in the interest of adjudicated youth DYRS systems can support.



**Deaf and Hearing Impaired Youth:** DOH/HAA and the Youth and HIV Workgroup will throughout the initiative invite Deaf Reach to provide annual educational sessions on HIV testing and referral for deaf youth. The goal of these sessions are to assist youth service providers in developing or updating existing protocols and quality assurance mechanisms that ensure that deaf and hearing impaired youth are able to access HIV testing and can be appropriately referred to prevention intervention services tailored to their educational needs.

**Additional Populations:** There are many youth populations this plan will seek to address as resources become available and capacity permits. Many youth fitting high-risk profiles will still be reached through this initiative's multi-pronged approach. However, it serves to mention that DOH will give special consideration to youth engaging in survival sex work (i.e., commercial sex workers), physically-challenged youth and young adults attending one of the many DC colleges and universities, particularly Howard University and the University of the District of Columbia. The planning of this initiative illuminated for DOH/HAA that there are many DC agencies, community-based organizations and national non-profits successfully targeting these and other unique pockets of young people with a variety of prevention programming. So as not to reinvent the wheel, DOH/HAA through its newly developed network of collaborative partnerships plans to be more intentional in supporting their efforts.

## Evaluation and Monitoring

DOH/HAA will partner its internal evaluators and external evaluation contractors to develop an evaluation plan by the beginning of fiscal year 2008 to monitor program activities and evaluate programmatic effectiveness. Qualitative and quantitative outcome measures and indicators will be established based on what is possible to track and evaluate for each program element with available resources. Evaluation outcomes will be tracked quarterly and published in the *District of Columbia 2007-2010 Youth and HIV Initiative* annual report

### *Three-Year Youth and HIV Initiative Plan-at-Glance*

<b>Statement of Need</b>	<b>There is no systematic, coordinated effort across DC governmental agencies and few collaborative efforts between government and community service providers to strategically meet the HIV prevention needs of youth. This lack of cross-agency coordination lends itself to potential service duplication, unidentified service gaps and a failure to maximize limited resources for youth.</b>
<b>Goal</b>	<b>To increase by 100% governmental and non-governmental coordinated collaboration to strategically meet the HIV testing, support, treatment and prevention intervention needs of District youth ages 13 to 24.</b>
<b>Objective I</b>	<b>To develop a partnership between DOH/HAA and its governmental and community partners to meet the HIV/AIDS primary and secondary HIV prevention needs of District youth and young adults.</b>
<b>Core Activities</b>	<p>Activity 1.a: To form a Youth and HIV Prevention Workgroup comprised of DOH/HAA, HAA sub-grantees and community stakeholders (i.e., youth leaders and advocates, community-based organizations, national non-profits, etc.) that meets at least once a month to plan, coordinate and implement collaborative HIV prevention activities for District adolescents and young adults ages 13 to 24.</p> <p>Activity 1.b: To form a DC government Youth and Health Workgroup comprised of DC governmental agencies that either have youth or youth-related service programs. Meetings will be held at least monthly to plan, coordinate and implement collaborative youth health, sexual health and other HIV related prevention activities for District adolescents and young adults ages 13 to 24.</p> <p>Activity 1.c: To support DC Public Schools (DCPS) in the release and implementation of its new health standards, particularly as it relates to HIV prevention curriculum development and implementation of those standards in high HIV prevalence wards and in DC charter schools.</p> <p>Activity 1.d.: To provide technical assistance to DC public charter schools interested in developing a unique HIV prevention program within their charter school or charter school system.</p>
<b>Statement of Need</b>	<b>There are policy barriers and a lack of HIV prevention training opportunities to increase staff and sub-grantee capacities for DC governmental agencies interested in providing HIV prevention intervention services to their clients, reducing the number of DC residents who could potentially be educated about HIV prevention and have increased access to HIV/AIDS services.</b>
<b>Goal</b>	<b>To increase over the next three years the capacity and/or participation of five (5) non-HIV/AIDS specific DC agencies in HIV/AIDS testing, prevention and treatment activities targeting adolescents and young adults ages 13 to 24 years old.</b>
<b>Objective II</b>	<b>To identify, review, alter or remove, when appropriate policy barriers to HIV/AIDS prevention activities (i.e., testing, condom availability, etc.) that meet youth's prevention needs</b>
<b>Core Activities</b>	Activity 2.a: To identify and internally review policies, practices, systems and procedures preventing HIV testing, condom availability and other prevention services from becoming part of the services the agency or agency partners can provide to District youth.

Activity 2.b: To have legal counsel—external or internal—review legal policies prohibiting HIV testing and other prevention activities from being implemented by the agency or in conjunction with service providers or other agency partners. HAA will also obtain recommendations from legal counsel regarding policy alteration, eradication or maintenance.

Activity 2.c: To alter or eradicate policy, practice, systems or other procedural barriers to HIV prevention activities whenever possible and appropriate (i.e., Department of Parks and Recreation, Child and Family Services Administration, etc.).

### Objective III

**To increase training opportunities by 50% for the staff, grantees, sub-grantees, partners and/or clients of non-HIV/AIDS specific DC agencies.**

#### Core Activities

Activity 3a: To sub-grant financial resources and support (pending the availability of funds) to a youth and HIV prevention expert service provider to deliver HIV prevention education trainings and training-of-trainers to DOH/HAA Youth and HIV Initiative partners.

Activity 3.b.: For DOH/HAA to partner with the Maternal and Primary Care Administration on a semi-annual-to-annual basis to train at least 75% of 155 DC school nurses on implementing one-on-one HIV prevention education and rapid behavioral assessments of District students.

Activity 3.c: For DOH/HAA to partner with the Department of Parks and Recreation (DPR) to identify and train the appropriate recreational center and/or teen program staff on basic HIV prevention education.

Activity 3.d: For DOH/HAA to partner with the Department of Parks and Recreation to coordinate and provide HIV prevention education workshops through the DPR Teen Supreme Summer Youth programs.

Activity 3.e: For DOH/HAA to partner with the Department of Mental Health Services to identify and train at least 75% of the 47 mental health clinicians serving DCPS students on relevant primary and secondary prevention and issues related to supporting the youth and parents of students infected and affected by HIV/AIDS.

Activity 3.f: For DOH/HAA to partner with Department of Employment Services, its affiliates and/or DOES funded partners on incorporating HIV prevention education into the Summer Youth Employment program.

### Objective IV

**To incorporate HIV/AIDS prevention elements into the adolescent and young adult service program offerings of five (5) non-HIV/AIDS specific DC agencies.**

#### Core Activities

Activity 4.a: To deliver HIV testing services to up to five (5) non-HIV/AIDS specific DC agencies and/or their subsidiaries (i.e., satellite centers, sub-grantees, etc.) on at least an annual basis to the agency staff and/or to its sub-grantees through means and on a schedule mutually determined appropriate by both DOH/HAA and its agency partner.

Activity 4.b: To make condoms available for distribution for up to five (5) non-HIV/AIDS specific DC agencies and/or their subsidiaries (i.e., satellite centers, sub-grantees, etc.) on an on-going basis; to develop an agreement with that agency for a condom availability program (i.e., based on systems, appropriateness and consumer demand).

Activity 4.c: To make HIV prevention education and service referral

literature available for distribution in up to five (5) non-HIV/AIDS specific agencies (either directly or through sub-grantees) and/or their subsidiaries (i.e., satellite centers, sub-grantees, etc.) on an on-going basis.

**Objective V**

**To increase opportunities for HIV/AIDS specific youth service providers to partner with other DC agencies, their partners and sub-grantees.**

**Core Activities**

Activity 5.a: HAA, when appropriate and inter/intra-agency relationships are present, will serve as the liaison between youth HIV/AIDS prevention service providers and other DC governmental agencies to increase opportunities for collaboration, appropriate referrals for youth services, and knowledge of existing DC and community resources, programs and events.

Activity 5.b: HAA will partner with the Department of Human Services Fatherhood Initiative and Emergency and Transitional Housing Service programs to assist youth HIV/AIDS prevention service providers in fostering and establishing relationships with DHS sub-grantees and their clients to facilitate DHS client’s HIV testing, prevention education and referral linkages to HIV/AIDS services.

Activity 5.c: HAA will partner with Child and Family Services Administration to assist youth HIV/AIDS prevention service providers in fostering and establishing relationships with DHS sub-grantees and their clients to facilitate DHS client’s HIV testing, prevention education and referral linkages to HIV/AIDS services.

**Statement of Need**

**An estimated 50% of DC adolescents are aware of their HIV status, some youth are unaware of HIV testing and prevention education services in their community and many HIV infected youth in the District reported low perceived risk for testing positive prior to diagnosis.**

**Goal**

**To increase awareness of HIV/AIDS among 50% of District youth ages 13 to 24 over the next three years and to link 30% those youth to testing, prevention education, treatment and/or support services in the District.**

**Objective VI**

**To implement at least one (1) comprehensive social marketing campaign per year reaching at least 50% of high risk youth targeting specific youth drug and sexual HIV risk-taking behaviors and/or encourages youth HIV testing; the campaign will provide youth with links to the appropriate HIV testing, prevention education and/or supportive services.**

**Core Activities**

Activity 6.a: To provide financial resources and technical assistance support to Metro Teen AIDS to support at least one multi-channel HIV prevention awareness building social marketing campaign per year targeting District teens and young adults; the campaign would also link youth to HIV services.

Activity 6.b: To provide financial resources, pending the availability of funds, guidance and technical assistance support to a local DC vendor to implement a multi-media HIV prevention social marketing campaign (i.e., radio and web-based campaign) targeting high-risk teens and young adults focusing on stigma reduction and youth drug and sexual risk taking behaviors; the campaign would also link youth to HIV care, testing and prevention education services.

Activity 6.c: To provide financial resources and technical assistance support to pilot a text messaging focused HIV prevention social marketing campaign targeting high-risk District youth; the campaign would link youth to specific HIV testing services in the District.

Activity 6.d: HAA will either directly conduct or contract an independent entity to evaluate the effectiveness of HIV prevention social marketing campaigns in raising HIV/AIDS awareness, reducing risk taking behaviors and/or linking youth to HIV prevention services.

Activity 6.e: HAA will use the evaluation information to tailor campaigns to be more effective in reaching the target population and achieving the desired impact outcomes.

Activity 6.f: DOH/HAA in partnership with local media and the Youth and HIV Workgroup will annually launch a series of up to four (4) performance-based events coordinated to encourage testing and promote the reduction of HIV stigma among youth.

<b>Statement of Need</b>	<b>There is little local behavioral research available to inform HIV prevention program messages, approaches or interventions based on youth KABB and circumstances. There are no stigma reduction efforts to encourage testing and HIV status disclosure and few HIV support services serving HIV positive DC youth to assist with youth in disclosure, treatment adherence and support them in further HIV transmission or obtaining an HIV co-infection.</b>
<b>Goal</b>	<b>To increase by at least 30% the number of DOH/HAA-led science-based, evidence-based and other innovative best practice HIV prevention intervention services targeting high-risk, DC youth ages 13 to 24, including secondary prevention intervention services for HIV positive youth.</b>
<b>Objective VII</b>	<b>To over the next three years use scientific research and partnerships with academia, community and national youth and HIV prevention experts to identify and implement the most effective HIV prevention interventions available and appropriate for District teens and young adults.</b>
<b>Core Activities</b>	<p>Activity 7.a: The HAA will conduct an annual literature review of HIV prevention and intervention related research to identify the most effective HIV prevention intervention practices and approaches to inform the District's HIV prevention youth programming.</p> <p>Activity 7.b: The HAA will conduct once every three years a review of other jurisdictions HIV prevention practices and intervention activities targeting teens and young adults 13 to 24 to inform the District's HIV prevention youth programming.</p> <p>Activity 7.c: The HAA HIV prevention and surveillance units will partner with GW to identify the knowledge, attitudes, beliefs and behaviors (KABB) and environmental risk factors of four (4) high-risk youth populations in DC over the next three years.</p> <p>Activity 7.d: The HAA will use data extracted from behavioral surveillance as it becomes available to inform program planning, strategic approaches and to choose appropriate HIV prevention interventions for targeted sub-populations of adolescents and young adults.</p> <p>Activity 7.e: The HAA will contract resources to a vendor to serve as the fiscal agent for targeted youth and young adult HIV prevention interventions</p>

including secondary prevention activities (i.e., GLI support-based interventions, etc.), health education/risk reduction and community-level interventions (i.e., peer education stigma reduction activities).

Activity 7.f: The HAA will, pending the availability of financial resources, partner with its Youth and HIV Workgroup to plan, administer resources and implement HIV prevention programs on an on-going basis to expediently meet the shifting needs of District teens and young adults.

Activity 7.g: The HAA will either directly conduct or contract an independent entity to annually evaluate the effectiveness of HIV prevention intervention activities of the HAA Youth and HIV Prevention Workgroup for program alteration and, when appropriate, elimination.

<b>Statement of Need</b>	<b>Parents need to be equipped with the proper skills and accurate information to assist their children and families in HIV, STD and teen pregnancy prevention. Parent child communication activities could support parents in becoming informed DC partners in the fight against STDs and teen pregnancy, but District-led parent child communication programming is limited and under-funded.</b>
<b>Goal</b>	<b>To increase opportunities by 25% for District of Columbia parents to develop the skills and knowledge necessary to assist their children in preventing HIV/AIDS.</b>
<b>Objective VIII</b>	<b>To partner and support over the next three years those DC agencies providing parent child communication with additional resources, support and technical assistance for expanding pre-existing parent education activities.</b>
<b>Core Activities</b>	<p>Activity 8.a: The HAA will partner with the Maternal and Primary Care Administration to identify appropriate parent child communication curriculum on sexuality education and HIV/STD/teen pregnancy prevention to implement with District parents.</p> <p>Activity 8.b: The HAA will provide training resources, supplies, technical and logistical support to the Maternal and Primary Care Administration for the expansion and implementation of an annual calendar of parent child communication trainings in the District, targeting specific, mutually determined wards.</p> <p>Activity 8.c: The HAA will explore the possibility of partnering with Child and Family Services Agency to provide training(s) for DC foster parents on parent child communication focused on HIV/STD/ and teen pregnancy prevention for District foster children.</p>

<b>Statement of Need</b>	<b>An estimated 50% of DC adolescents are aware of their HIV status and many positive youth are not accessing HIV care and treatment services. HIV positive individuals aware of their HIV status are more likely to engage in personal prevention activities to reduce further HIV transmission. HIV positive youth testing accessing care and treatment, have a greater opportunity to live longer with HIV and better manage their HIV diagnosis, demonstrating the benefits of and need to link youth to care.</b>
<b>Goal</b>	<b>To increase by 25% the number of District youth who know their HIV status over the next three years.</b>
<b>Objective VIII</b>	<b>To increase youth access of existing HIV testing services in the District by 25% over the next three years.</b>

**Core Activities**

Activity 9.a: The HAA will provide HIV testing funding and supplies for up to three (3) HIV testing sites over the next three (3) years specifically targeting adolescents and young adults ages 13 to 24.

Activity 9.b: The HAA will provide technical assistance to all its existing HIV testing sub-grantees, including HAA-funded HIV confirmatory testing sites, on developing youth specific HIV testing protocols to increase the youth friendliness of District's HIV testing sites.

Activity 9.c: The HAA will publish and promote the names and locations of youth-friendly HIV testing services in the District through its website and appropriate youth and HIV prevention related materials, including social marketing materials.

Activity 9.d: The HAA will research and consider investing in an on-line referral tracking and monitoring system to ensure that District youth who test positive or receive a reactive HIV test result complete referral linkages to confirmatory testing and/or care and treatment services, if the referring agent is a DC funded testing site.

## Adolescents & Young Adults: Programs by Agency, Intervention, and Ward

Table #1

HAA Funded Sub-Grantees Currently Included in the Youth and HIV Initiative Plan				2007-08 Targets By Program (Est. size of population: 100,891)			Wards Targeted							
Organizations/ Interventions	Ward where located	Targets in 2007	Targets in 2008	CTR	Primary Care and Support Services	Social Marketing	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Metro Teen AIDS Community-Level Interventions HAA funding in FY-2007: \$151,000	6	20,000	40,000			60,000	X	X	X	X	X	X	X	X
Sasha Bruce Youthworks Counseling Testing and Referral Services HAA funding in FY 2007: \$110,000	6	1072	1072	2144						X	X	X	X	X
Us Helping US Counseling Testing and Referral Services CDC funding in 2007: \$200,000	1	1000	1000	2000			X			X				
Children’s National Medical Center: Burgess Clinic HAA funding in 2008: \$567,000		450	500		500		X	X	X	X	X	X	X	X



Table #2

Projected Supplemental Funding for HIV and Youth Initiative in FY 2008 for Calendar Year 2007/2008			Programs/Service Offerings				Wards Targeted						
Additional Projected Organizations/ Interventions For FY 2008	Ward where located	Targets in 2007-2008	Social Marketing Cellular Technology Supplement	Youth CTR Site/Confirmatory Testing Site /Supported Linkage to Care	HIV Capacity Building Training	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Metro Teen AIDS HAA funding in FY-2008: \$110,000	6	TBD			X	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Children's National Medical Center/Burgess Clinic Projected HAA funding in FY 2008: \$250,000	4	TBD		X		X			X		X	X	X
ISIS Inc. (SEX Info DC) HAA funding in 2008: \$25,000		TBD	X		X	X	X	X	X	X	X	X	X

**Youth Targets and DC Agency Partnership Activities (Confirmed and Projected Activities)**

**Table #3**

Agencies/ Administrations	2007-08 Targets		HIV Prevention Elements					Program Actions		
	Targets in 2007	Targets in 2008	Condom Availability <sup>4</sup>	HIV Testing <sup>5</sup>	HIV Literature and Referral Info Availability	HIV Prevention Capacity Building Trainings <sup>6</sup>	HIV Prevention Briefings and Workshops	Parent Child Communication Activities/Training	Policy Review and Development	Health Partnership Meetings/ Collaborative Activities
DMH (DCPS)	13,200	15,500			X	X	X			X
MPCA (DCPS/PCS)	13,000	52,000	X		X	X		X		X
DPR	2,000	2,000			X	X	X		X	X
DHS	1,000	1,200	TBD	TBD	X	TBD	X		X	X
DOES	1,600	2,000	X		X					X
CFSA	TBD	TBD	TBD	TBD	X	TBD	TBD	TBD	X	TBD
APRA	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
DYRS	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	X	TBD

<sup>4</sup> Condoms will be made available at the agency or at satellite sites, programs and sub-grantees of the agency. Condom availability will be partially determined by HAA’s capacity to provide condoms to agency partners and their programs or sub-grantees.

<sup>5</sup> HIV testing here refers to offering internal, on-site testing *or* providing a referral to an external testing site such as a nearby mobile unit coordinated with HAA or a HAA referred HIV testing service provider.

<sup>6</sup> Capacity building trainings will be offered and be delivered to either the agency staff or the relevant staff of agency sub-grantees.

Projected DOH/HAA and DC Youth and HIV Partnership Program Services and Activities

Table #4

Projected Non-DC Agency DOH/HAA Initiative Partners	Programs/ Service Offerings			TA & Training Provision					
	Policy	Research	Social Marketing	Peer Education SWAT Teams	Community Events	HIV + Support Group (GLI)	HIV Prevention Workshops/ Educational Sessions	Special Population Capacity Building Sessions	Supplemental HIV Prevention Activities (literature and condom distribution, etc.)
Youth & HIV Workgroup		X	X	X	X	X	X	X	X
Non-Workgroup Providers <sup>7</sup>	X		X		X		X	X	X
GWU/ HIV Surveillance		X							
General Counsel	X								

<sup>7</sup> i.e., Deaf Reach, American Psychological Association, National Network for Youth, etc.

## **Appendices:**

### ***Youth and HIV: A Review of the Scientific Literature***

## **Literature Review re: Best Practices in HIV Prevention for Youth**

The Centers for Disease Control & Prevention (CDC) report that in 2004 in 35 areas (Washington, DC is not one of the listed areas) with long term, confidential name-based HIV testing an estimated 4, 883 young were diagnosed with HIV infection or AIDS.<sup>8</sup>

The CDC also reported that African Americans between the ages 13-24 were disproportionately infected by HIV.<sup>9</sup> According to the CDC they account for 55% of infections in young people aged 13- 24.<sup>10</sup>

Young men who have sex with men (MSM) are particularly at high risk of being infected and affected by HIV. The CDC reports that the primary form of transmission for black men living with HIV/AIDS is sexual contact with other black men.<sup>11</sup> Young black MSM have the highest HIV incidence of all risk groups in the US.

Preliminary data on the prevalence of HIV/AIDS in the District of Columbia suggests that HIV among youth is increasing.<sup>12</sup> The reported data reveals that from 2000-2005; the number of young people living with HIV in the District has almost tripled. Furthermore, from 2000-2005 young black men who have sex with men (MSM) in the District of Columbia experienced a 900% increase in HIV incidence.

There are many factors that constitute barriers to preventing the spread of HIV/AIDS in the youth population in the United States. These factors include early sexual initiation, heterosexual transmission, substance abuse, poverty and homelessness, lack of awareness, health disparities, etc...<sup>13</sup>

The Henry J Kaiser Family Foundation's *National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes and Experiences*<sup>14</sup> reveal that young people are particularly concerned with sex and sexual health. The survey highlights the fact that young people are misinformed, and, sometimes, unaware of the adverse health risks that may ensue from unprotected sexual activity.<sup>15</sup>

The introductory notes of the Kaiser Family Foundation survey report states that,

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<sup>8</sup> Centers for Disease Control and Prevention (CDC). *HIV/AIDS Among Youth* [Fact Sheet]  
, Available: <http://www.cdc.gov/hiv/resources/factsheets/PDF/youth.pdf> accessed on May 24<sup>th</sup>, 2007

<sup>9</sup> See note 1.

<sup>10</sup> Ibid.

<sup>11</sup> See note 2.

<sup>12</sup> DC Department of Health ( Dr. Gregg Pane) Youth and HIV Outline for PowerPoint Presentation

<sup>13</sup> Ibid.

<sup>14</sup> Available : <http://www.kff.org/youthhivstds/upload/National-Survey-of-Adolescents-and-Young-Adults.pdf> accessed on May 25<sup>th</sup>, 2007

<sup>15</sup> The Henry J Kaiser Family Foundation. "National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes and Experiences", Available:  
<http://www.kff.org/youthhivstds/upload/National-Survey-of-Adolescents-and-Young-Adults.pdf>  
(Accessed on May 24<sup>th</sup>, 2007)

While three fourths of sexually active adolescents engage in oral sex, one- fifth of adolescents are unaware that STDs can be transmitted through this activity. Many young people have misperceptions about the health risks associated with STDs and HIV/AIDS and have incomplete information on safer sex practices, the relative effectiveness of condoms versus other forms of birth control in preventing disease, and the frequency and availability for STDs and HIV.<sup>16</sup>

Undeniably, there is a need for aggressive prevention programs to target the youth and their misconceptions about sex, risky sexual behavior and condom use.

Although teen pregnancy has declined in the US, a significant number of young people continue to engage in unprotected sex and risky behaviors.<sup>17</sup> Kelly and Kalichman argue that “HIV in the United States is increasingly a disease that is associated with youth, poverty, and social disenfranchisement... those most at risk [in the United States] are younger and harder to reach than ever before.”<sup>18</sup>

Certain programs have proven to be effective in reducing STIs, including HIV, in young people.

### **Characteristics of Successful Prevention Programs**

Research demonstrates a link between perceived risk and behavior. Studies suggest that prevention programs based on the Health Belief Model (HBM) tend to be more successful.<sup>19,20,21</sup> HBM focuses on the perception and attitudes of individuals towards a given health condition or health risk. Essentially, the model suggests that a person will modify his /her health behavior or avoid certain health choices or actions if he/ she:

- “1. feels that a negative health condition (i.e. HIV) can be avoided,
2. has a positive expectation that by taking a recommended action, he/ she will avoid a negative health condition (i.e., using condoms will be effective at preventing HIV), and
3. believes that he/she can successfully take a recommended health action (i.e., he/she can use comfortably and with confidence).”<sup>22</sup>

The HBM is made up of 6 key concepts:

<sup>16</sup> Ibid.

<sup>17</sup> Ibid

<sup>18</sup> Kelly, J.A. & Kalichman, S.C. ( 2002) “Behavioral research in HIV/AIDS Primary and Secondary Prevention: Recent Advances and Future Directions” *Journal of Consulting and Clinical Psychology*, 70 (3), pp. 626-639

<sup>19</sup> Philadelphia Office of HIV Planning ( 2005-2006) “ Review of Literature on HIV Interventions and Risk Behaviors”, Available:

<http://www.hivphilly.org/preventiondocs/Prevention%20Literature%20Review%2006%20WS.pdf> (

Accessed on May 29, 2007)

<sup>20</sup> Hutchinson, A.B., Corbie-Smith, G., Thomas, S.B., Mohanan, S., & del Rio, C., (2004). “Understanding the patient’s perspective and routine HIV testing in an inner city urgent care center.” *AIDS Education and Prevention*, 16 (2), 101-114

<sup>21</sup> Sullivan, P.S., Lansky, A., & Drake, A. (2004). “Failure to return for HIV test results among persons at high risk for HIV” *JAIDS*, 35 (5), 511-518.

<sup>22</sup> University of Twente, Netherlands. Health Belief Model. Available:

[http://www.tcw.utwente.nl/theorieenoverzicht/Theory%20clusters/Health%20Communication/Health\\_Belief\\_Model.doc/](http://www.tcw.utwente.nl/theorieenoverzicht/Theory%20clusters/Health%20Communication/Health_Belief_Model.doc/) ( Accessed: May 29<sup>th</sup>, 2007)

1. perceived susceptibility (one's belief that he/she is at risk of contracting a disease) ;
2. perceived severity : one's perception of the seriousness of a conditions ;
3. perceived benefits: one's belief that the benefits stemming from certain health behaviors outweigh the barriers, e.g. using a condom as oppose to not using one) ;
4. perceived barriers : the belief that cost, pecuniary and otherwise, related to a health behavior outweighs the benefits ;
5. cues to action: something that leads to a change in behavior, e.g., being influenced by presentation by HIV positive individual, and
6. self- efficacy: confidence in one's ability to engage in the behavior to avoid a certain health condition.<sup>23</sup>

An effective youth HIV prevention program will focus on young people's perceived susceptibility. Many young people believe they are invincible and that they are not at risk of contracting HIV/ AIDS. Futterman et al. concluded that since many young people do not perceive themselves to be at risk of contracting HIV, they may be at greater risk of being infected than adults.<sup>24</sup> Furthermore, young people may be suffering from what some researchers call "prevention burnout."<sup>25</sup> This type of burnout may affect young people because they have grown in the age of HIV/AIDS and have been hearing the same messages since they were children. A document titled *Review of Literature on HIV Interventions and Risk Behaviors* underscore that "research suggests that young people who are now only in their twenties never experienced the fear of the initial HIV/AIDS epidemic... The urgency of the early days of the epidemic is lost."<sup>26</sup> Today's youth often feel that HIV prevention programs or messages are irrelevant to their lives and their reality. They fail to see how the spread of HIV/AIDS can impact their lives or the lives of their loved ones. Sagrestano et al. argue that the lack of urgency is partially due to optimistic media coverage on HIV/AIDS.<sup>27</sup> American youths feel that HIV/AIDS is irrelevant to their lives because media coverage on the disease mostly focuses on the impact of the disease on populations in the developing world. For example, the focus has been on the ravages of AIDS in Africa. Rarely is the focus on how Americans are infected and affected by HIV/AIDS.

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<sup>23</sup> Ibid.

<sup>24</sup> Futterman, D.C., Peralta, L., Rudy, B.J., Wolfson, S., Guttmacher, S., Rogers, A.S. & the Project Access Team of the Adolescent Medicine HIV/AIDS Research Network. (2001) *Journal of Adolescent Health* 29s pp.19-29.

<sup>25</sup> Health Resources and Services Administration. (2003). *Prevention is Treatment: Prevention with Positives in Clinical Care*. Rockville, MD. Available: <http://hab.hrsa.gov/publications/march2003.htm> (Accessed on May 30<sup>th</sup>. 2007)

<sup>26</sup> See note 10.

<sup>27</sup> Sagrestano, L.M., Heiss-Wendt, R.M., Mizan, A.N., Kittleson, M.J. & Sarvela, P.D. (2001). "Sources of HIV- Prevention Information for Individuals at High Risk." *American Journal of Health Behavior*, 25 (6). 545-556.

## **Condom Promotion**

The literature has demonstrated that effective youth programs may influence young people's sexual behavior in the following ways: delay sexual initiation, reduce the frequency of sexual intercourse, and increase in monogamy.<sup>28</sup> Programs that contribute to an increase in condom use in sexually active adolescents have played an important role in preventing pregnancies and the transmission of HIV/STDs. A study whose goal was to assess the relationship between condom availability and the sexual behavior of adolescent concluded that "when condoms are available in schools and are successfully used by sexually active adolescents, they may be an effective means of preventing potentially harmful outcomes such as HIV/STDs and pregnancy."<sup>29</sup>

Many segments of the population tend to favor primary prevention in the schools. Primary prevention focuses on delaying sexual activity among younger adolescents who are not sexually active.<sup>30</sup> On the other hand, ensuring availability of condoms in the schools constitutes a secondary prevention measure that meets the needs of sexually active students. Although the practice of making condoms available and teaching adequate condom use in schools is an effective secondary preventive approach, it is controversial and less likely to be endorsed by school administrators, parents and community leaders.<sup>31</sup> The promotion of condom use in a school-based setting may be effective to reach some adolescents, but may prove ineffective to reach young men who have sex with men. In a study focusing on young black males who are HIV positive in California, the AIDS Partnership California (APC) argues that "a simple "use a condom every time" strategy is not feasible."<sup>32</sup> The study further notes that "many of the young men talked about wanting and needing to be with someone special. This need can override their desire and ability to practice safer sex."<sup>33</sup> This desire for closeness or intimacy with someone special is not specific to MSM; it inhibits the ability of all sexually active people to practice safe sex.<sup>34</sup> Any effective program, school-based or otherwise, should help a young person with the self-efficacy tools to enable them to choose safer sex over the need for closeness. Furthermore, studies have concluded that interventions targeting black teens must entail more than condom promotion.<sup>35</sup> The programs should include effective use of media and community-based educational programs.<sup>36</sup>

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<sup>28</sup> Advocates for Youth (2003). *Science and Success Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*. Washington, DC

<sup>29</sup> See note 11.

<sup>30</sup> Ibid.

<sup>31</sup> Ibid.

<sup>32</sup> AIDS Partnership California (2004) *Young, Black & Positive Recommendations for designing HIV Prevention programs for young, HIV+ African men who have sex with men.* ( William Bland, Project Director)

<sup>33</sup> Ibid.

<sup>34</sup> Ibid.

<sup>35</sup> Reitman, D., St. Lawrence J.S., Jefferson, K.W., Alleyne, E., Brasfield, T.L., Shirley, A. (1996) "Predictors of African American Adolescents' Condom Use and HIV Risk Behavior." *AIDS Education and Prevention*, 8(6), 499-515

<sup>36</sup>



### **School-based Screening for STD**

The other strategy that could be utilized to reach adolescents in the school setting is repeated school-based screening for STD. Routine screening provides an opportunity to educate students about all forms of sexually transmitted infections, including HIV/AIDS. Cohen et al. investigated whether or not repeated school-based screening and treatment for chlamydia and gonorrhea would decrease the prevalence of infection among students in an urban school.<sup>37</sup> The study revealed that repeated school-based screening decreased the prevalence of chlamydia significantly in boys and slightly declined in girls.<sup>38</sup> Sexually transmitted infections disproportionately affect adolescents. The highest rates of chlamydia and gonorrhea are found in adolescents and young people in their early twenties.<sup>39</sup> STD screening and testing is particularly important to decrease the spread of HIV in youth because studies have shown that an individual who is infected with an STD is more susceptible to HIV.<sup>40</sup>

Cohen et al. noted that physiologically girls are more vulnerable to infections and that “male-female transmission may be highest than female-male transmission.”<sup>41</sup> The study also emphasized that girls tend to have older partners in comparison to their male counterparts. The older partners are at greater risk of having an STD and are generally not involved in a screening or prevention program for STDs. It is, therefore, important to establish screening or testing programs to educate young girls about how to protect themselves against STDs and HIV.

### **HIV Risk Reduction Among African American Girls**

The article titled *HIV Risk Reduction Among African American Teenage Girls Mothers can be powerful allies in the battle against HIV*, notes that “African American adolescents girls in inner cities have a higher risk of heterosexual transmission of HIV than do teenage girls of other ethnicities or races.”<sup>42</sup> Clearly, there is a great need to create programs to enable young girls to protect themselves against HIV/AIDS. Barbara Dancy in collaboration with mothers and daughters developed the Mother-Daughter HIV-Risk Reduction (MDRR) program “as a way to involve mothers as the primary HIV risk-reduction educators for their daughters.”<sup>43</sup> The MDRR program entailed 12 weeks of training on reproductive health issues, including anatomy, physiology, STDs, HIV transmission and risks, decision-making skills, condom use, etc... Preliminary data suggests that mothers who received the HIV- risk reduction training can have a positive

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<sup>37</sup> Cohen, D.A., Nsuami, M., Martin, D.H., Farley, T.A. (1999). “Repeated School-based Screening for Sexually Transmitted Diseases: A Feasible Strategy for Reaching Adolescents.” *Pediatrics*, Vol. 104 No.6, 1281-1285

<sup>38</sup> Ibid.

<sup>39</sup> Ibid.

<sup>40</sup> Centers for Disease Control and Prevention. *CDC Fact Sheet: The Role of STD Detection and Treatment in HIV Prevention*. Available: [http://www.cdc.gov/std/HIV/std\\_hiv.pdf](http://www.cdc.gov/std/HIV/std_hiv.pdf) (Accessed: May 31, 2007)

<sup>41</sup> See Note 32.

<sup>42</sup> Dancy, B., (December 2006). “HIV Risk Reduction among African American Teenage Girls Mother Can be Powerful Allies in the Battle against HIV.” *American Journal of Nursing*, Vol. 106, No 12

<sup>43</sup> See note 27

impact on their daughters' sexual behavior. This approach, with a few cultural adjustments, could also be effective for Latino females. It is important to target that group because according to a United States Department of Health and Human Services Latino female high school students were the least likely to report having used a condom during their last sexual intercourse.<sup>44</sup>

The MDRR program illustrated the importance of also including parents in prevention programs targeting youth. Some young people, however, have unhealthy relationship with their parents, prevention programs may have to be tailored for any adult (e.g., aunt, uncle, cousin, mentor, guardian, friend,) that plays a role the youth's life.

Other studies have revealed that skill-based HIV/STD interventions were effective in reducing risky sexual behavior and STD rates among African American and Latino adolescent girls in clinical setting.<sup>45</sup>

### **Targeting Lesbian, Gay, Bisexual, Transgender and Questioning Youth (LGBTQ)**

Studies on HIV prevention interventions targeting youth rarely focus on LGBTQ adolescents.<sup>46</sup> Many of the established programs fail to take into account the "host of developmental, gender, or identity issues and gay-related stressors contributing to risk."<sup>47</sup> LGBTQ youth face the same problems that other youth face, but their problems are exacerbated by psychological distress associated with their sexual orientation. GLB youth are often subjected to victimization experiences, social rejection and isolation, factors that put them at an increased risk of mental health problems.<sup>48</sup> Blake et al. state that "rates of homicide, physical and sexual assault, and other forms of victimization against and among GLB youths tend to exceed those of their sexual peers."<sup>49</sup> The psychological distress faced by GLB youth often push them to engage in high-risk behaviors, including high risk sexual behavior.<sup>50</sup> Therefore, HIV interventions targeting LGBTQ youth should be inclusive and non discriminatory.<sup>51</sup> According to Blake et al. "Inclusive instruction is gay-sensitive and addresses self-management and social skills relevant to GLB youths."

### **Targeting Out-of school Youth**

Generally speaking, HIV intervention and prevention programs fail to target young people who have dropped out of school. The National Center for Education Statistics (NCES) reported that Washington, D.C. had one of the lowest graduation rates for the

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<sup>45</sup> Jemmott, L.S., Braverman, P.K., Fong, G.T., (2005). "HIV/STD Risk Reduction Intervention for African American and Latino Adolescent Girls at an Adolescent Medicine Clinic a Randomized Controlled Trial" *Archives of Pediatrics & Adolescent Medicine*. 159 (5), pp. 440-449

<sup>46</sup> Blake, S.M., Ledsky, R., Lehman, T., et al. (2001), "Preventing Sexual Risk Behavior Among Gay, Lesbian, and Bisexual Adolescents: The Benefits of Gay-Sensitive HIV Instruction in Schools", *American Journal of Public Health*. Vol. 91, No. 6

<sup>47</sup> Ibid.

<sup>48</sup> Ibid.

<sup>49</sup> Ibid.

<sup>50</sup> Ibid.

<sup>51</sup> Ibid.

school years 2001-02 and 2002-03.<sup>52</sup> There is a crucial need to establish programs and interventions to target young people who cannot be reached through school-based HIV initiatives.

In addition to school drop-outs, young MSM, homeless youth and incarcerated youth tend to be overlooked by HIV initiatives for youth.<sup>53</sup> Programs such as Adolescents Living Safely: AIDS Awareness, Attitudes, and Actions whose goal is to promote behavior change in runaway youth, ages 11 to 18, illustrate the need for programs that improve interpersonal skills, behavioral self-management, peer supported HIV initiatives for young people who face stressful life events.<sup>54</sup>

Finally, a successful HIV Youth Initiative should take into account that the youth population in the District of Columbia is not a monolithic group. There are social, cultural, economic, psychological, and philosophical differences amongst D.C. youth that may constitute a barrier to successful HIV prevention. The urgency to target the most-at-risk youth cannot be undermined, but effective programs and interventions should reach the youth population overall because nobody is immune from the effects of HIV/AIDS.

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<sup>52</sup> Seastrom, M., Hoffman, L., Chapman, C., Stillwell, R. (2005). *The Averaged Freshman Graduation Rate for Public High School from the Common Core of Data: School Years 2001-02 and 2002-03*. U.S. Department of Education. Washington, DC: National Center for Education Statistics. Available: <http://nces.ed.gov/pubs2006/2006601.pdf> ( Accessed on June 5<sup>th</sup>, 2007)

<sup>53</sup> The D.C. Department of Health HIV/AIDS Administration & The D.C. HIV Prevention Community Planning Group (2006) District of Columbia HIV Prevention Plan for 2006-2007.

<sup>54</sup> See note 21.