

# Population-specific Challenges Contributing to Disparities in Delivery of Care

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A young woman with a red headscarf is smiling and holding several binders. She is wearing a dark jacket and jeans. The background is a warm, golden-brown color with some abstract shapes.

# Population-specific Challenges

## The Importance of Context

### Youth ages 13 – 24 years

- Environment
  - Living & Working Conditions in Homes & Communities
    - **Family Culture and Traditions**
- Health care delivery/access for youth
- Health Literacy
  - Quality of Care
  - Patient-provider Communication
  - Language barriers
  - Health beliefs of child/family
- Race/Ethnicity
- Social Stratification:
  - Social & Economic Opportunities
- Youth in Immigrant Families

A young woman with a red headscarf is smiling and carrying a stack of books. The background is a warm, orange-toned image of a building facade.

# Environment

## High School Students

### 2007 Report of Sexual Intercourse

- 48 percent of high school students reported ever having had sexual intercourse.
  - 33 percent of 9th-grade students, compared with 65 percent of 12th-grade students.
- Students reporting ever having had sexual intercourse by race and ethnicity.
  - 44 percent of White,
  - 68 percent of Black, non-Hispanic students
  - 52 percent of Hispanic students

Overall, rates of sexual intercourse did not differ by gender, though they did differ by gender within some racial and ethnic groups.

- 73 percent of Black, non-Hispanic male students
- 61 percent of Black, non-Hispanic female students
- 58 percent of Hispanic male students
- 46 percent of Hispanic female students.

# Environment

## Homeless Youth

- Under age 25 account for half of new HIV infections in the U.S.
- Have disproportionately high rates of HIV infection
  - 4% of homeless youth are estimated to be HIV-positive
- National estimates are that 20%-25% of individuals are not aware of their HIV-status
  - the percentage would be higher among homeless youth
    - who have limited access to testing services.
    - Rapid testing removes the ‘failure to return’ barrier to homeless youth learning their status.



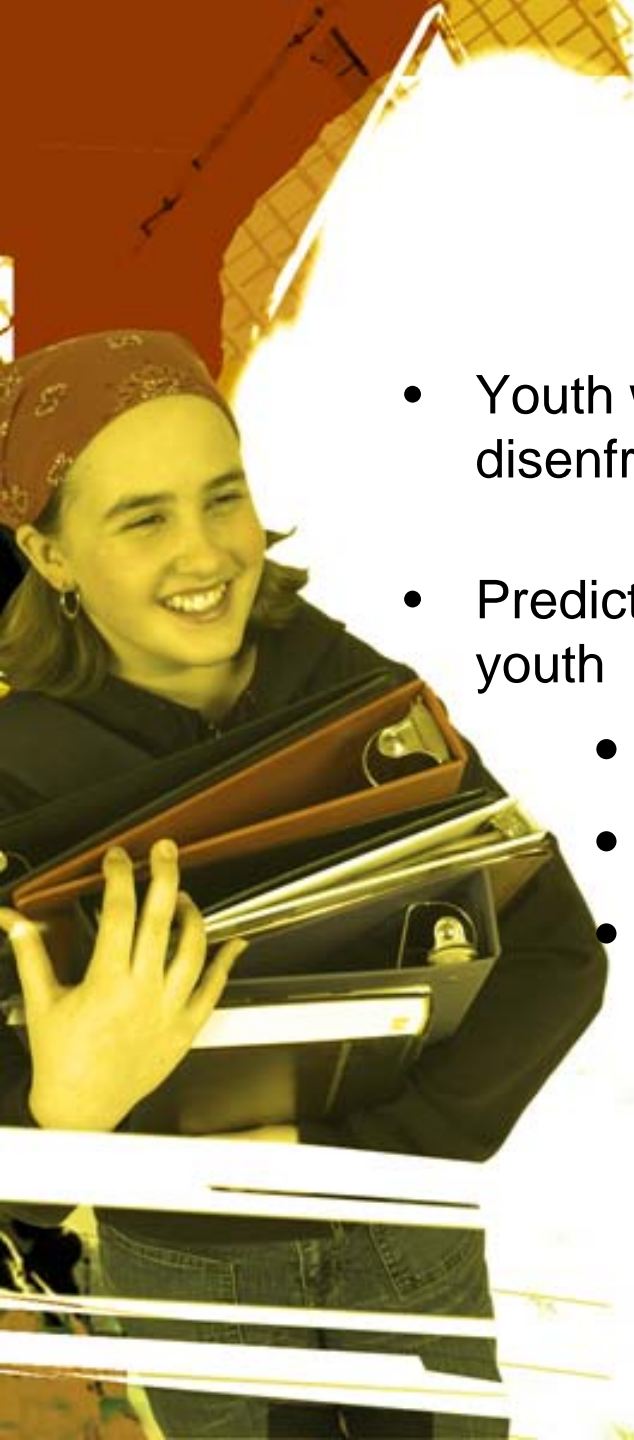
## Challenges for Homeless Youth:

- Focus on meeting basic needs
- Difficulty obtaining necessary documents
- High levels of behavioral health issues
  - Inability to decrease substance use
  - Unaddressed mental health issues
- Challenge of navigating multiple service delivery systems
- Engagement in high risk behaviors in order to survive



# Environment Homeless Youth

- Youth who are homeless and LGBTQ are one of the most disenfranchised and marginalized groups in our society
- Predictors of sexual risk behaviors among newly homeless youth
  - living with non-family members
  - drug use
  - survival sex



A young woman with a red headscarf is smiling and holding several binders. She is wearing a dark jacket and jeans. The background is a light green wall with a white railing in the foreground.

## Environment

### Family Culture and Traditions

Latinos are the largest racial/ethnic minority group of US children/youth

- Culture & language can profoundly affect health
  - Latinos are underrepresented at every level of the health profession
    - Cultural Competency Training
    - Linguistically appropriate care
  - Latino Youth are at high risk for
    - school dropout,
    - lack of health insurance,
    - nonfinancial barriers to health care access, and
    - impaired quality of care.

# Health care Delivery/Access to Youth

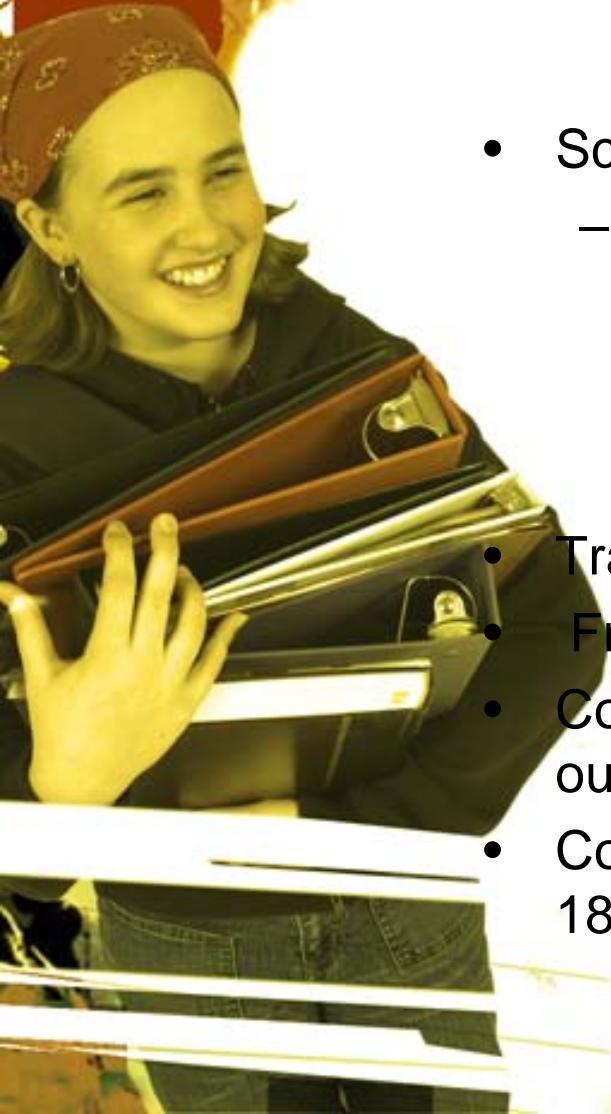
## Fear Confusion Conflict

- Fears experienced by HIV-infected parents and their children
  - misconceptions about modes of HIV transmission.
- Opt out Health Education; Screening
- Conflicting instructions in state laws and the CDC guidelines,
- Issues of informed consent
  - and the stigma associated with HIV
- Linkage to friendly community-based health care and family behavioral/mental health counseling.



## **Increasing the acceptability of HIV counseling and testing: convenience, confidentiality and credibility**

- School-based programs
  - Mandatory and implemented HIV/AIDS
    - prevention education in all Middle and High Schools taught by Certified Health Educators.
    - Human Sexuality education in Middle and High Schools, taught by Certified Health Educators.
- Transitional Health Care coverage
- Friendly Community-based accessible Medical Home
- Community-based prevention programs for out of home/out of school youth
- Community-based prevention programs for 18 – 24 yo youth.



## Health Literacy

Low literacy skills lend toward poor working knowledge of HIV/AIDS and rationale for benefits of treatment.

- The relationship between literacy and health outcomes are well documented in adult medicine:
  - In a 2008 study African Americans were 2.4 times more likely to be non-adherent to their HIV medication regimen than whites.
    - » However, when literacy was included in the model, the effect of race diminished by 25 percent to non-significance. *American Journal of Preventive Medicine* 33(5), pp. 374-378
  - “**Health-Learning Capacity**” constellation of cognitive and psychosocial skills drawn upon to promote, protect and manage one’s health. (Parent, Caregiver, Youth)



## Family Culture and Traditions

**Latino Children are the largest US racial/ethnic minority**  
**One-half of Hispanic children live in less-aculturated households**

- **Hispanic population is not homogeneous**

- designation of Hispanic ethnicity alone does not capture adequately the underlying diversity of:
  - nationality,
  - immigration status, and
  - acculturation
- Implications of language, level of acculturation, preferences related to seeking/using health care and barriers to accessing health care:
  - **On study results - Prevalence of prescription medication use 70% lower among Hispanic children in Spanish speaking households**



## Race/Ethnicity

**African Americans are the racial group most affected by HIV/AIDS.**

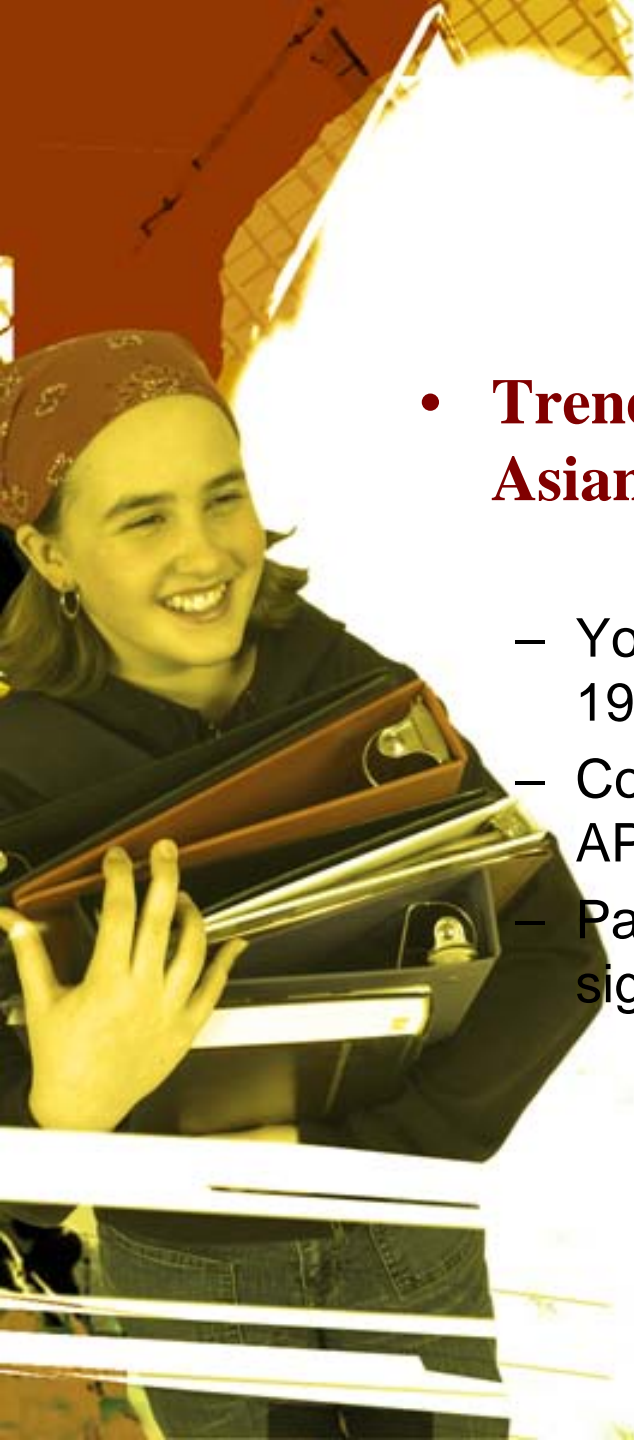
- African Americans represent less than 13 percent of the U.S. population,
  - 46 percent of the estimated 1.1 million cases of HIV/AIDS
  - 45 percent of new HIV cases in 2006
- For African American men, the leading cause of infection is MSM
- For African American women the leading transmission route is heterosexual sex
- *Regardless of age or gender, the perceived risk of HIV infection remains low*



# 'Model Minority' Stereotype

- **Trends in health risk behaviors among Asian/Pacific Islander HS students**
  - Youth Risk Behavior Survey (YRBS) between 1993 and 2005
  - Condom use at last sexual intercourse lower among API students than their cross-ethnic peers
  - Parental communication regarding HIV/AIDS significantly less frequent and decreased over time

J Sch Health. 2009 Aug;79(8):347-54





## Social Stratification

### Stigma, social inequality, and HIV risk disclosure

- LGBTQ youth and young adults do not routinely test for HIV infection due to fear and societal discrimination.
- Family-based mental health interventions focusing on parent-child relationships, disclosure, and youth self-esteem
- The role of Mothers helping adolescents make responsible sexual decisions about sexual health.

# Barriers to Care for LGBTQ Youth

- Dealing with stigma
- Prior negative experiences
- Lack of culturally competent services
- Heterosexual-centric policies and procedures
- Lack of LGBTQ-specific programs
- Transphobia
- Social Isolation



## Youth in Immigrant Families

- 
- Comprise 1 in 5 children in the US
- 80% are US Citizens
- Over 50% live in mixed-citizenship families
- “The immigrant paradox”
  - cultural health behaviors may be protective in some areas of health.
- Farm workers’ children
  - uninsured at 3 times rate of all children
  - twice of those near the FPL
- Families are among the:
  - Poorest
  - Least educated
  - Least insured and
  - Least able to access health care



# Transitions

- Undocumented youth:
  - Fear of deportation
- Transitional Health Care/Medical Home:
  - Subspecialty services
  - Adequate insurance coverage





## Strategies for engaging youth in care:

- Youth-centered continuum of care model
- Harm reduction principles
- Culturally and linguistically competent care
- Have policies, practices, and dedicated resources to support needs of LGBTQ
- Services to address high level of behavioral health needs
- Easy access to culturally competent support services, “one-stop shopping”

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# Youth-Focused Social Marketing Campaign

- Use of a social marketing strategy to increase the HIV testing rates of marginalized youth population
  - Community-level collaborative partnership among service providers identified as "youth-friendly"
    - **National Youth Advocacy Coalition**
      - 18 regionalized community-based LGBTQ youth-serving organizations)
      - Increased numbers of youth accessing services through phone calls, "walk-in" visits,
      - Increased numbers of HIV tests performed on youth including number of HIV-positive test results identified.
      - Increased capacity of organizations to collaborate on a community-level

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## **Social Marketing Peer-driven Programs Prove Highly Effective**

- Project ORE: A Friendship-Based Intervention to Prevent HIV/STI in Urban African American Adolescent Females
- VOICES/VOCES  
Video Opportunities for Innovative Condom Education and Safer Sex for the Minority Re-entry Population
- Second Chances – SAMHSA CRUSHH

# Social Marketing

## Web-Based Video Game Scheduled Public Release in 2010

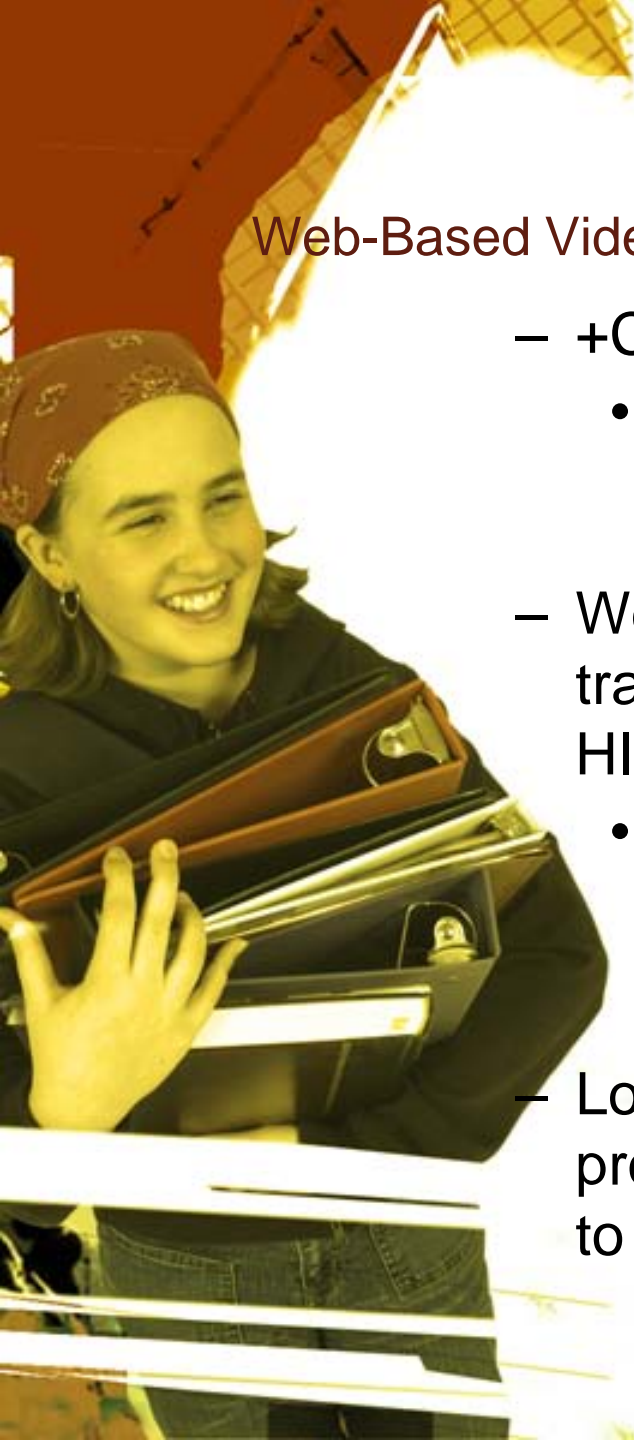
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- University of Texas School of Public Health and Baylor College of Medicine Center for AIDS Research

- Web-based game designed to reduce secondary transmission of the virus by educating youth with HIV infection

- game is designed to customize itself to each person who plays: such as their age, gender and sexual experiences

- Longer-term studies needed to determine if Web program goes beyond changing attitudes leading to higher rates of safer sex and abstinence.



# Youth Recommendations

New programs to prevent HIV & sexually transmitted diseases should be tested against programs w/ proven effectiveness

- Programs should focus on maximizing positive and lasting health outcomes with clear definitions
  - of the behaviors targeted for change;
  - addressing a range of sexual behaviors and be available to all Youth including:
    - alcohol/drug users,
    - gay and lesbian adolescents,
    - homeless,
    - mentally ill,
    - migrant youth,
    - runaways,
    - school dropouts,
    - youth exploring same-sex relationships,
    - youth of color, and
    - youth offenders (re-entry populations)

