Population-specific Challenges Contributing to Disparities in Delivery of Care

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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
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
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
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 Confliction

- 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-acculturated 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**
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

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”
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
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

– +CLICK
  • 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 with 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)