

Population-specific Challenges Contributing to Disparities in Delivery of Care

Deborah A Mulligan MD
Institute for Child Health Policy, Director
Nova Southeastern University

Iris Marroquin
AIDS Service Center
Pasadena, California



Topic C Team

Sherilyn Adams, LCSW
Executive Director, Larkin Street Youth Services

Praveen Basaviah
William J. Clinton Fellow for Service in India 2008-2009,
American India Foundation

Cristina Peña
Ambassador, Elizabeth Glaser Pediatric AIDS Foundation

Iris Marroquin
AIDS Service Center Pasadena, California

Deborah A Mulligan MD
Institute for Child Health Policy, Director
Nova Southeastern University



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.



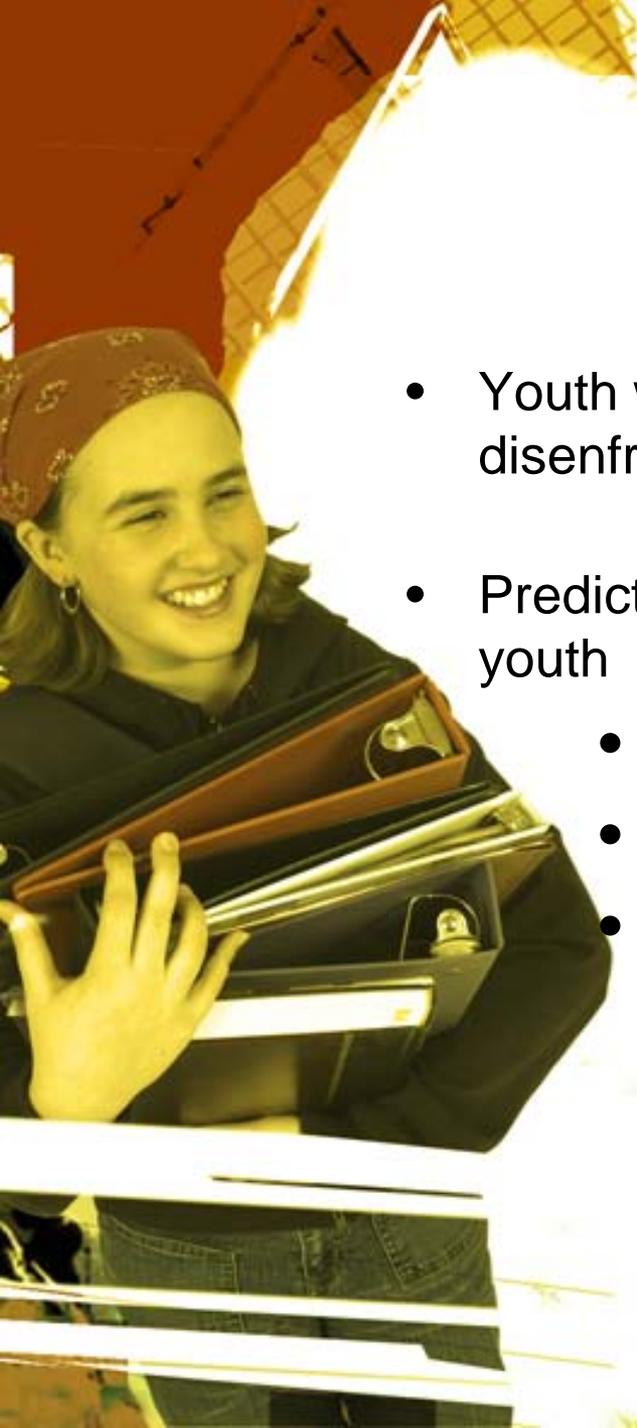
Challenges for Homeless Youth:

- 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



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 window showing a view of trees.

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

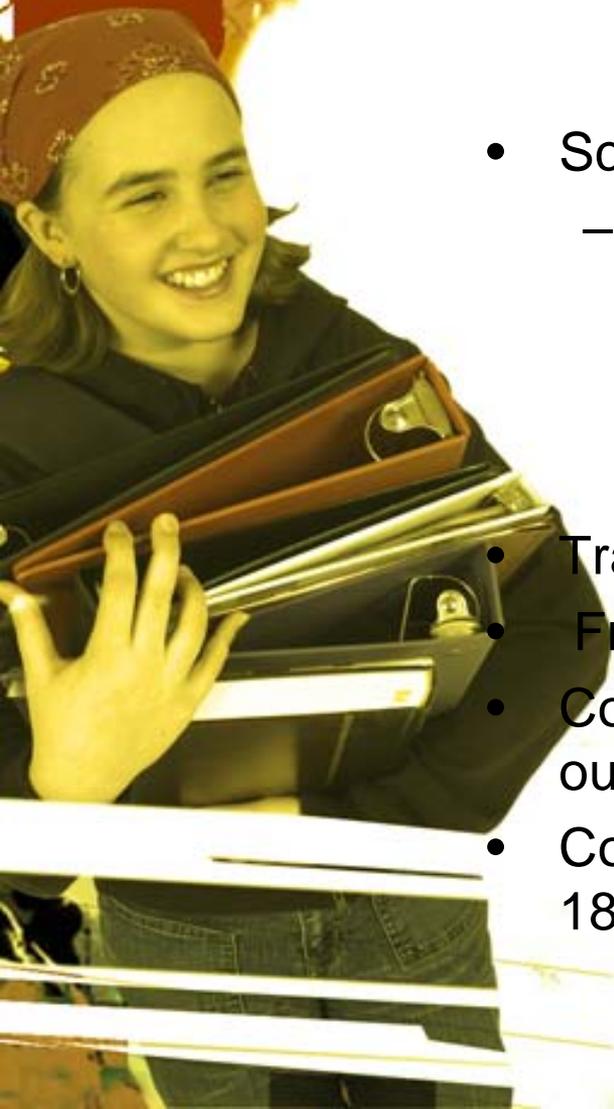
Fear Confusion Conflict

- 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

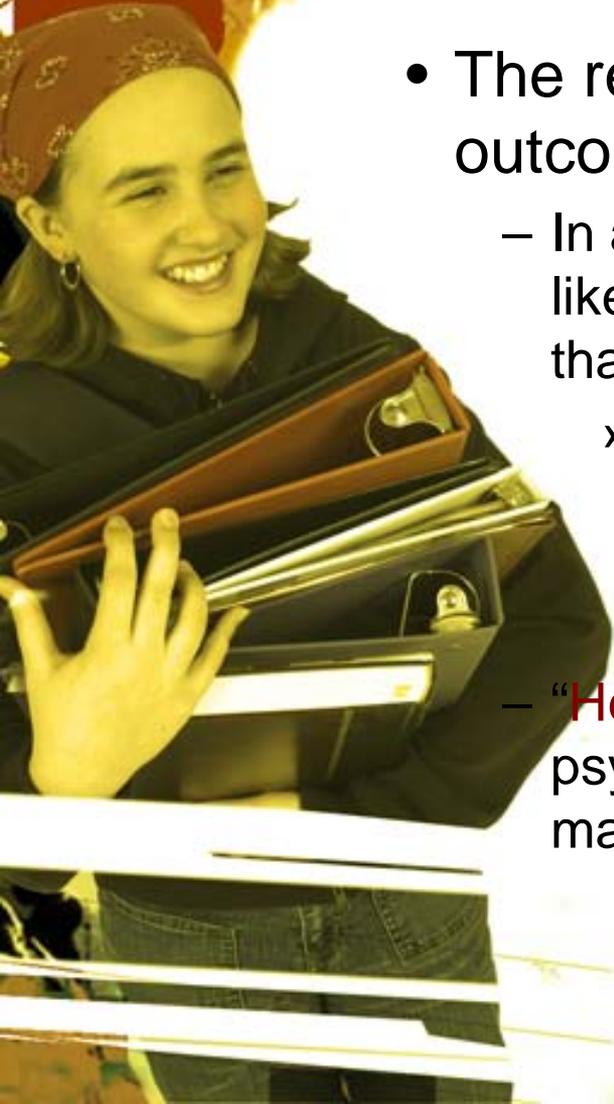
- School-based programs
 - Mandatory and implemented HIV/AIDS
 - prevention education in all Middle and High Schools taught by Certified Health Educators.
 - Human Sexuality education in Middle and High Schools, taught by Certified Health Educators.
- Transitional Health Care coverage
- Friendly Community-based 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.

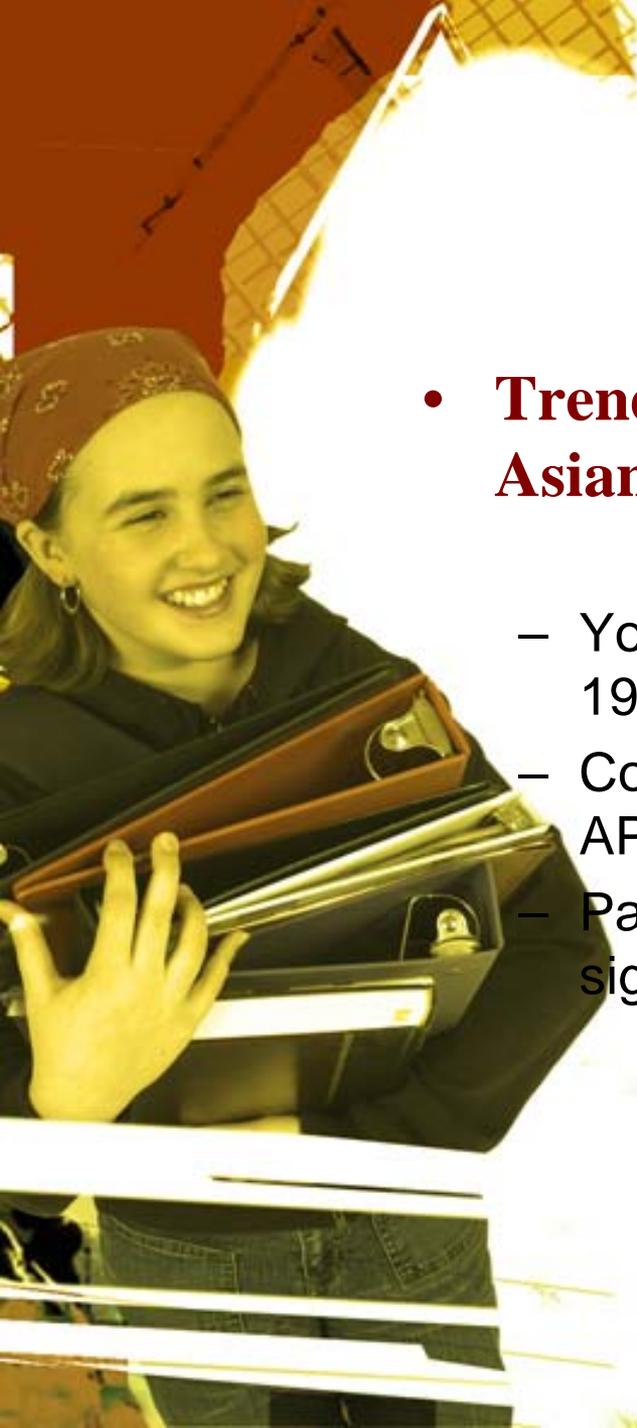
- African Americans represent less than 13 percent of the U.S. population,
 - 46 percent of the estimated 1.1 million cases of HIV/AIDS
 - 45 percent of new HIV cases in 2006
- For African American men, the leading cause of infection is MSM
- For African American women the leading transmission route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

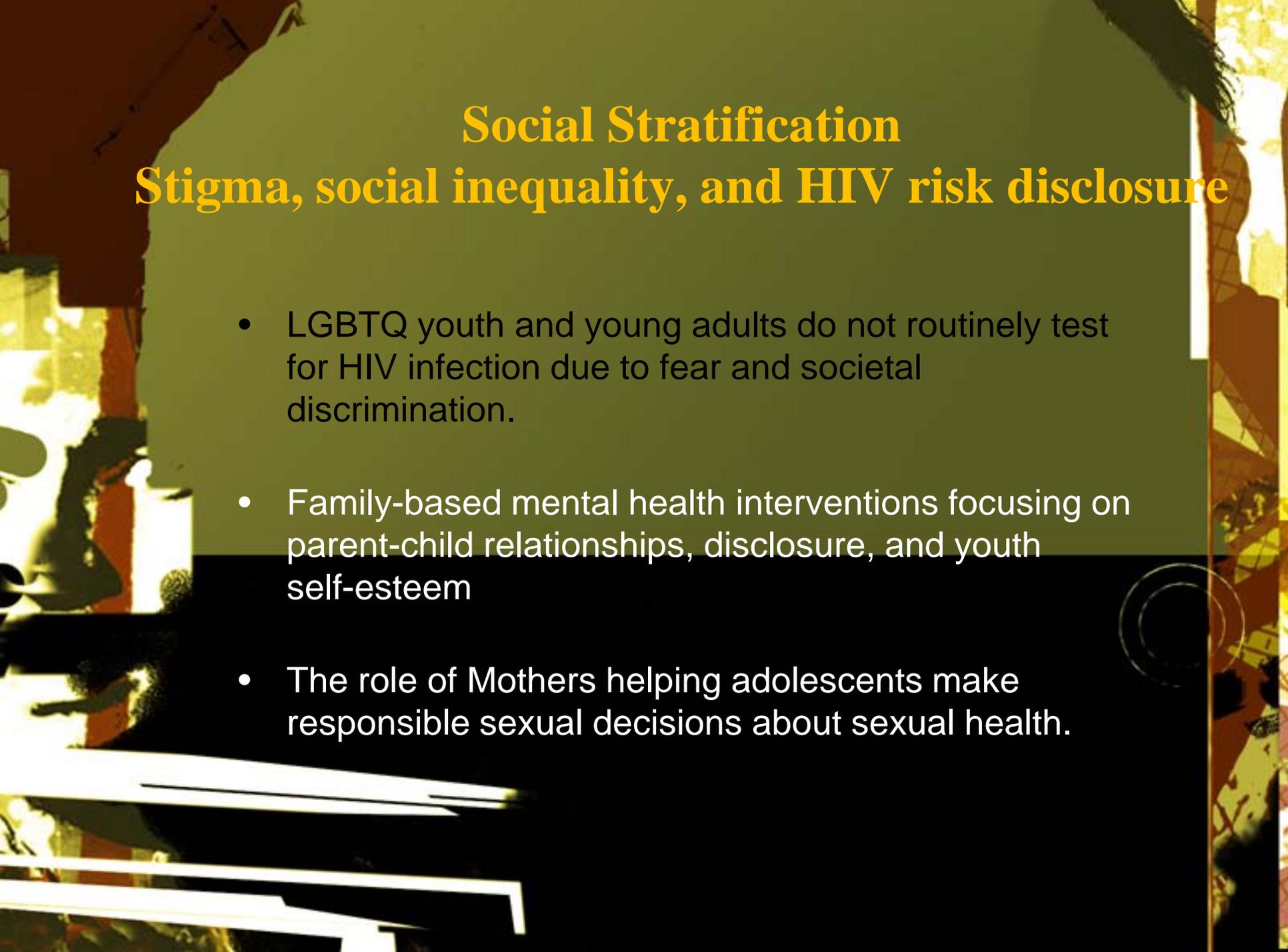


'Model Minority' Stereotype

- **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”



A young woman with a red headband is smiling and holding several binders. She is wearing a dark jacket and jeans. The background is a dark, textured wall with some light-colored elements.

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

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, orange-toned wall with a white flag or banner hanging from the top left.

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

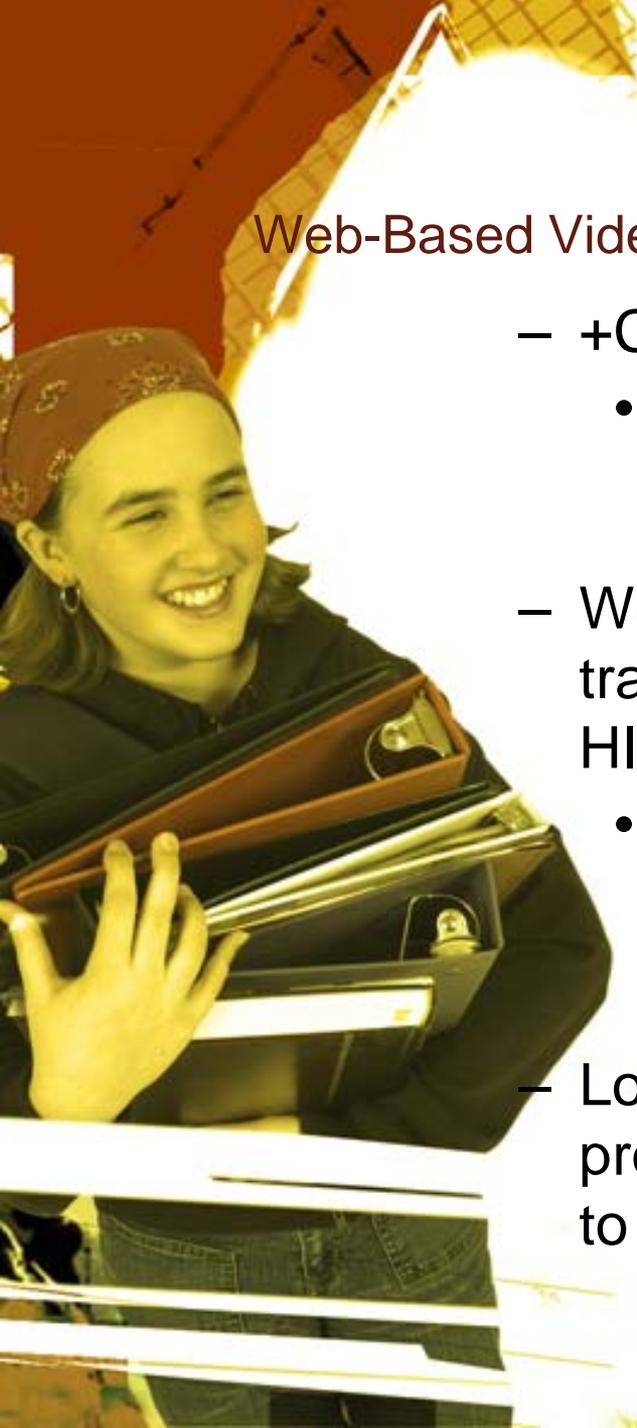
- +CLICK

- 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 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)

