

STYLE (STRENGTH THROUGH LIVIN' EMPOWERED)

Evidence-Informed Structural Intervention

Evidence-Informed for Retention in HIV Care

INTERVENTION DESCRIPTION

Goal of Intervention

- Improve retention in HIV care

Target Population

- Recently diagnosed or lost-to-care HIV-positive black or African American and Hispanic/Latino young men who have sex with men (YMSM) aged 17-24 years

Brief Description

STYLE consists of 3 main elements: (1) a social marketing campaign to promote HIV testing among black or African American and Hispanic/Latino YMSM (YMSM of color); (2) intensified outreach to youth-serving venues for YMSM of color and increased provision of HIV testing on college campuses; and (3) a tightly coordinated medical-social support network for both recently diagnosed and lost-to-care HIV-positive YMSM of color. Once found HIV-positive through social marketing, referral, and outreach efforts, YMSM of color receive an appointment with a physician within 72 hours. In addition to routine HIV medical care overseen by a physician, HIV-positive YMSM of color are offered ancillary support services that includes weekly support group meetings and one-on-one phone or in person counseling by social worker if desired; case management; prevention, substance use, and mental health counseling; and assistance with appointment scheduling or medical questions by text and or phone. An individual treatment plan to address identified barriers is developed based on a comprehensive assessment of medical, physical, psychosocial, environmental, and financial needs.

Intervention Duration

- On-going social marketing campaign, targeted outreach, case management, and weekly support group meetings (1.5 hours per meeting); participants who age out of program are transitioned to social worker for adults

Intervention Setting

- HIV clinic and community based organizations/establishments

Deliverer

- Medical case manager, peer outreach worker, research staff, physician

Structural Mechanism of Change

- Access
 - Increased provision of HIV testing services using venue-based and social/sexual network testing approaches
 - Increased retention in care through a tightly linked medical-social support network between HIV-infected youth, care manager, physician, and research staff
- Physical Structure – services provided in a non-traditional setting
 - Provided HIV testing on college campuses and youth-serving venues
- Mass Media – Social marketing
 - Social marketing campaign which included printed materials targeting African American MSM

INTERVENTION PACKAGE INFORMATION

For intervention materials, please contact **Lisa Hightow-Weidman**, University of North Carolina at Chapel Hill, 101 Manning Drive, CB 7030, Chapel Hill, NC 27599.

Email: lisa_hightow@med.unc.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location Information

The original evaluation was conducted in Chapel Hill, North Carolina; one of 8 study sites funded under the Health Research and Services Administration (HRSA) YMSM of Color Initiative.

Study Sample

The STYLE participants (n = 81) are characterized by the following:

- 83% black or African American, 11% Hispanic/Latino, 6% multiracial/other
- 100% male
- 62% gay, 22% bisexual, 1% heterosexual, 15% other (self-identified)
- Mean age of 21 years
- 21% < high school, 20% completed high school or GED, 59% >high school
- 75% recently diagnosed with HIV
- Mean \log_{10} HIV- RNA viral load of 4.0

Recruitment Settings

HIV outreach events at various black or African American and Hispanic/Latino youth-serving venues and college campuses and through referrals by local health departments and AIDS service organizations

Eligibility Criteria

Participants were eligible if they were biologically born male, had sex with other males, between 17 and 24 years old at the time of the first interview, self-identified as non-white, and recently diagnosed with HIV or out of HIV care for at least 6 months.

Comparison Group

Data from the STYLE participants (n = 81) between June 2006 and August 2009 were compared to data from pre-STYLE participants (n = 31) who were black or African American and Hispanic/Latino YMSM and had their first visit at the University of North Carolina School of Medicine's Infectious Disease clinic between January 1, 2003 and December 31, 2005.

Relevant Outcomes Measured

- Retention in HIV care was defined as the proportion of HIV medical visits* (i.e., number of attended visits/total number of scheduled HIV care visits every 4 months) over a 24-month period.

Significant Findings on Relevant Outcomes

- The STYLE participants attended a significantly greater proportion of scheduled HIV medical visits than the pre-STYLE participants (80% vs. 67%, $t = 2.16$, $p = 0.03$).

Strengths

- The study used a serial cross-sectional design with comparable clinic samples.
- The retention outcome was assessed over a 24-month period.

Considerations

For Structural Intervention Chapter:

- The STYLE participants are more likely to attend a clinic visit than the pre-STYLE participants (OR = 2.58, 95% CI = 1.34, 4.95). However, for both groups, attending clinic visits decreased as time passed (31% decrease in the odds of attending the next 4-month visit).
- Sixty-two percent of participants (n = 50) initiated ART during their course of enrollment; however this structural outcome was not significant.

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***Information obtained from the author**

REFERENCES AND CONTACT INFORMATION

Hightow-Weidman, L. B., Smith, J. C., Valera, E., Mathews, D. D., & Lyons, P. (2011). [Keeping them in “STYLE”: Finding, linking, and retaining young HIV-positive black and Latino men who have sex with men in care.](#) *AIDS Patient Care and STDs*, 25, 37-45.

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