

# 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](mailto: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.

### **Funding**

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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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