



Improving Health Outcomes

Moving Patients Along the HIV Care Continuum

INTERVENTION GUIDE

SPNS Demonstration Model on Project STYLE
(Strength Through Youth Livin' Empowered)

SEPTEMBER 2018



HRSA
Health Resources & Services Administration

U.S. Department of Health and Human Services
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Improving Health Outcomes

Moving Patients Along the HIV Care Continuum

INTERVENTION OVERVIEW & REPLICATION TIPS

Project STYLE (Strength Through Youth Livin' Empowered)

University of North Carolina at Chapel Hill

This intervention guide examines an intervention focused on linkage to care and provides information on key components of the intervention and the capacity required by organizations/clinics to conduct this work.

This intervention guide is part of a training series entitled, “Improving Health Outcomes: Moving Patients Along the HIV Care Continuum,” and is published by the Special Projects of National Significance (SPNS) Program, under the HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS). The purpose of this intervention guide and others featured as part of the *Translation of SPNS Findings and Technical Assistance Support to Implement New Models of Care* project is to highlight SPNS-funded interventions along the HIV care continuum and support replication of these evidence-informed innovative models of care. The HIV care continuum refers to the fluid nature of HIV health care delivery and client experiences, and research has demonstrated the importance of moving clients along the continuum with the goals of being fully linked, engaged, retained, and virally suppressed. This framework has received attention as research has demonstrated the importance of these activities. Therefore, finding programs that help clients move along the stages of the continuum are particularly important.



Diagnosing HIV



Linkage to Care



Retention in Care



Prescription of ART & Medication Access

About SPNS

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving health care to people who are geographically isolated, economically, or medically vulnerable. The Special Projects of National Significance (SPNS) Program is a part of the HRSA HIV/AIDS Bureau (HAB). The SPNS Program supports the development of innovative models of HIV care and treatment in order to quickly respond to emerging needs of clients served by HAB. SPNS advances knowledge and skills in the delivery of healthcare and support services to underserved populations living with HIV. Through its demonstration projects, SPNS evaluates the design, implementation, utilization, cost, and health-related outcomes of treatment models while promoting the dissemination and replication of successful interventions.



About the Outreach, Care, and Prevention to Engage HIV Seropositive Young MSM of Color Initiative

The featured evidence-informed intervention was part of the SPNS “Outreach, Care, and Prevention to Engage HIV Seropositive Young MSM of Color Initiative.” For this initiative, SPNS supported eight demonstration sites for five years to develop innovative interventions to assist the population of interest—HIV-infected young (ages 13–24) men who have sex with men (MSM) of color—to learn their HIV status, link them into HIV primary care, and prevent further HIV transmission. The demonstration projects developed and locally evaluated innovative service models designed to reach HIV-infected young MSM of color and to link them to culturally appropriate clinical, supportive, and preventive services. The demonstration sites also participated in a robust multi-site evaluation. To learn more about this initiative, visit: <https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/spns-initiative-outreach-care-and-prevention-engage-hiv-seropositive-young-msm-color-2004-2009>.

Project STYLE (Strength Through Youth Livin' Empowered)

University of North Carolina at Chapel Hill



Why This Intervention?



Project STYLE (**S**trength **T**hrough **Y**outh **L**ivin' **E**mpowered) results in increased HIV testing and identified cases, clinic visits, antiretroviral therapy (ART) initiation and adherence, retention in care, and viral load suppression.¹

Project STYLE increases awareness about HIV through the provision of outreach and testing events on college campuses—including leveraging a relationship with a historically black university—and the larger community, development of partnerships and fostering of linkages to care. The pre-Project STYLE cohort attended 67 percent of their visits, compared to 80 percent by those enrolled in Project STYLE.¹

Two-thirds of Project STYLE clients were retained in care, 62 percent initiated ART, and at 12-months 76 percent achieved viral load suppression—an impressive achievement considering the population is young (mean age of 21), 83 percent African American, and nearly half report drug use and/or depressive symptoms.¹






At-a-Glance

The table below provides a general overview of the Project STYLE intervention conducted by the University of North Carolina (UNC) at Chapel Hill's Infectious Disease Clinic to help readers assess the necessary steps required for replication. The intervention aims to reach HIV-positive young Black and Latino men who have sex with men (YMSM) at college and university campuses through a social marketing campaign and link them into care.

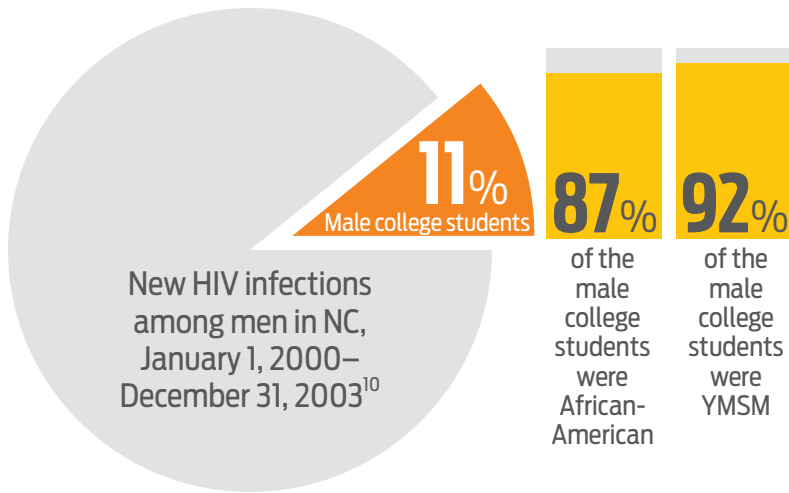
Model at-a-Glance	
Step 1 	Assess Staff Resources Ensure that your staff—HIV outreach workers, case managers, and medical personnel—possesses the skills and cultural competence necessary to deliver and/or provide linkages to HIV care and ancillary services to HIV-positive Black and Latino YMSM.
Step 2 	Engage Partners Assess synergies and create partnerships and linkages with agencies in your area already working with HIV-positive Black and Latino YMSM. Be prepared to fill in gaps and coordinate services with these <i>Service Partners</i> (defined below).

¹ Hightow-Weidman, LB, Smith JC, Valera E, et al. Keeping Them in "STYLE": Finding, Linking and Retaining Young HIV-Positive Black and Latino Men Who Have Sex with Men in Care. *Patient Care and STDs*. 2011(25): 37–45.

Model at-a-Glance

<p>Step 3</p> 	<p>Engage Community in Research and Development</p> <p>Create a social marketing campaign (preferably with support from an advertising/design vendor) that reflects input from Black and Latino YMSM, as well as the following persons who have access to the target populations:</p> <ul style="list-style-type: none"> • <i>Community Members</i>: non-health entities, such as club owners and college administrators; and • <i>Current/Potential Service Partners</i>: aligned HIV and ancillary service agencies, like medical clinics, and local/State health departments). <p>Materials should raise HIV awareness, speak directly to Black and Latino YMSM, and be disseminated through print (on public transportation and at universities, for example) and online outlets (such as social media and GPS locator apps). From this formative research, establish an <i>Advisory Board</i> to help oversee and provide input during the ongoing creation and roll out of the intervention.</p>
<p>Step 4</p> 	<p>Initiate HIV Education, Outreach, and Testing</p> <p>Supplement social marketing efforts with intensified in-person outreach, such as HIV informational town halls or HIV testing at venues and events including health fairs, dance clubs, and college campuses, frequented by Black and Latino YMSM.</p>
<p>Step 5</p> 	<p>Leverage Alternative Approaches Identifying HIV-Positive Black and Latino YMSM</p> <p>Obtain referrals of HIV-positive Black and Latino YMSM from aligned entities, including local and State health department HIV studies, clinics, faith- and community-based organizations (FBOs/CBOs), and AIDS service organizations (ASOs). Review your clinic's medical files to re-engage HIV-positive Black and Latino YMSM who have fallen out of care.</p>
<p>Step 6</p> 	<p>Link and Engage HIV-positive Black and Latino YMSM in HIV Care</p> <p>Link HIV-positive Black and Latino YMSM into a tightly integrated medical and social support network. This should be a warm handoff, with an HIV Outreach Worker linking newly diagnosed/re-engaged YMSM with a case manager and a medical appointment within 72-hours of identification.</p>
<p>Step 7</p> 	<p>Retain HIV-positive Black and Latino YMSM in HIV Care</p> <p>Medical and support staff work together to stay connected with HIV-positive Black and Latino YMSM and support retention in care.</p>

Source: University of North Carolina at Chapel Hill. Outreach, Engagement and Retention of Young Men of Color Who Have Sex with Men in HIV Care (Demonstration Sites). [Final report.] 2009.



presence of positive HIV nucleic acid testing.⁹ Two of these cases were YMSM of color.¹⁰ Concerned by these findings, UNC conducted a record review of new HIV infections that occurred in the State between January 1, 2000–December 31, 2003. They found that male college students accounted for 11 percent of all HIV cases among men during that time period; of these, 87 percent were African-American, and 92 percent were YMSM.¹¹

In response, UNC created Project STYLE. Its integrated service “arms” facilitated the identification, engagement, and linkage of HIV-positive Black and Latino YMSM into care through:

- 1) community outreach (through a social marketing campaign);
- 2) increased HIV testing and education of the local community, with an emphasis on reaching Black and Latino YMSM; and
- 3) simplified linkage to care that connected HIV-positive Black and Latino YMSM with case management and a medical appointment within 72 hours of initial diagnosis or referral.

Clients were approached about participating in Project STYLE, and nearly all gave their consent. Participants overall shared similar characteristics of HIV-positive persons who tend to fall out of care. They were young (mean age of 21 years) and lived far from care (mean distance of 47 miles). Yet the streamlined approach to service delivery helped retain two-thirds of enrollees in care (defined conservatively by UNC as attending a health care appointment every four months). Of the 62 percent of study participants who initiated HIV drug therapy, three-fourths achieved viral suppression. The high rates of retention in care and viral suppression spoke to the integrated support services provided to clients participating in Project STYLE. Investigators hypothesized that integrated support mitigated the depression often reported by HIV-positive Black and Latino YMSM—ensuring their retention in care.

Lisa Hightow-Weidman, Associate Professor at UNC, School of Medicine, and Principal Investigator of Project STYLE, says the power of the intervention stemmed from the personalized relationships between staff and HIV-positive Black and Latino YMSM. “Having a peer HIV outreach worker engage our clients was key,” she explains. “Hearing someone say, ‘I know you’re positive, but I’m going to introduce you to a doctor, and she knows what she’s doing,’ helped our HIV-positive Black and Latino YMSM clients overcome fears about whether staff will judge them and treat them with disrespect, and encouraged them to stay in care.”

⁹ AIDSInfo. *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents. Considerations for Antiretroviral Use in Special Patient Populations.* January 28, 2016. Available at <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/20/acute-and-recent--early--hiv-infection>.

¹⁰ Multicampus outbreak of HIV in North Carolina spurs quick state action: prevention, testing program targets black colleges. *AIDS Alert*. December 2003;18(12): 144, 151–2.

¹¹ University of North Carolina at Chapel Hill. Outreach, Engagement and Retention of Young Men of Color Who Have Sex with Men in HIV Care (Demonstration Sites). [Final report.] 2009.

Description of the Intervention Model



CHALLENGE ACCEPTED

THE CHALLENGE: Streamlining linkage to care among newly diagnosed Black and Latino YMSM ages 17–24, ultimately facilitating their retention in care.

Intervention Model: Project STYLE

Project STYLE helps facilitate efficient and timely identification and engagement of HIV-positive Black and Latino YMSM into HIV care. These efforts help ensure these populations are successfully retained in HIV care to improve their health outcomes, including reduced morbidity, mortality, and HIV transmission. The intervention encompasses three interconnected sets of activities or “arms”:

Arm I: Awareness

Project STYLE begins with raising HIV awareness among Black and Latino YMSM and the general community through a social marketing campaign. Activities include:



Conducting Formative Research: Campaign development starts with formative research—that is, focus groups with Black and Latino YMSM, as well as representatives from communities (for instance, night club owners and college administrators) and current/potential service partners (such as food pantries and mental health centers).



Establishing an Advisory Board: Criteria for Advisory Board membership is defined by the intervention’s lead agency; however, it should include community stakeholders, current/potential service partners, and Black and Latino YMSM. Members are recruited during the formative research stage, and ensure that the final campaign reflects the lived realities of Black and Latino YMSM. The Advisory Board should meet quarterly to review the intervention’s operations and whether it has been meeting the measures of success detailed below, providing feedback on how to adjust its approach as needed.



Creating the Social Marketing Campaign: The lead agency and design/advertising vendor leverage input gleaned from formative research and the Advisory Board to create a logo and collateral materials: electronic and printed posters, brochures, educational booklets, and so on, and posts for distribution on social media.



Multifaceted Distribution: The lead agency, as well as its community stakeholders and current/potential service partners, posts the campaign in physical spaces (such as college campuses and public transportation) and online channels. The latter encompasses community stakeholder and current/potential service partner websites and social media channels like Instagram, Facebook, and Twitter, and proprietary outlets including GPS dating websites popular with YMSM of color, such as *Grindr* and *Jack’d*.



Measures of Success: Evaluation of this part of the intervention is process-oriented:

- How many people participated in the focus groups? What agencies/geographic locations/group of YMSM did they represent (as appropriate)? Did they join the Advisory Board?
- Was a timeline created and were organizational guidelines established for the Advisory Board?
- What materials were produced in print and online, and where and when were they distributed?
- Who distributed materials in their physical spaces and/or on their online outlets?

Arm 2: Education/Outreach

With the social marketing campaign in place, the second arm of Project STYLE focuses on intensified outreach and HIV testing.



Coordinating Outreach: Working with Black and Latino YMSM, community stakeholders, current/potential service partners, and Advisory Board members is highly recommended. They can generate buy-in and interest in HIV testing and awareness education within the local community and further the intervention's reach to HIV-positive Black and Latino MSM.



Targeting Black and Latino YMSM: Testing event sites can be determined based on staff and organization experience, as well as the formative research data and Advisory Board input. These should include venues popular with Black and Latino YMSM, including college campuses, dance clubs, and health fairs. While venue-based testing can be geared to a wider audience, more targeted testing sites can be determined through social/sexual networks.¹²



Educating Health Care Providers: This arm of the intervention also offers an ideal mechanism to educate providers, primary care providers in particular, about HIV service delivery and providing care to Black and Latino YMSM.



Measures of Success: Evaluation of this part of the intervention also is process-oriented:

- What types of outreach events were facilitated, including where and when?
- How many people did each event reach? What were their demographics (race, age, geographic location, and so on)? What about the people who tested?

¹² Amirkhanian YA. Social networks, sexual networks and HIV risk in men who have sex with men. *Current HIV/AIDS Reports*. Mar 1, 2014;11(1):81–92.

Arm 3: Linkage

The final arm, Linkage, involves engaging HIV-positive Black and Latino YMSM with a medical-social support network. Potential participants were referred to Project STYLE after testing positive at STYLE-sponsored testing events, the NC Screening and Tracing Active Transmission Acute HIV testing program (STAT), and through referrals from HIV testing at local health departments and AIDS service organizations (ASOs). Potential participants were also referred by Disease Intervention Specialists. Moreover, the majority of YMSM of color at the UNC Infectious Disease Clinic who qualified for the intervention also consented.¹³



Identification of HIV-Positive Black and Latino YMSM: Target populations are identified and engaged in care through:

- Project STYLE testing events
- Referrals from other HIV studies, community stakeholders, and current/potential service partners
- Re-engagement after being lost to care for at least six months



Linkage to Care: HIV-positive Black and Latino YMSM are linked to care—provided counseling and scheduled for an initial primary care appointment—within 72-hours of identification as HIV-positive. This most often involves an immediate, “warm” handoff by a Peer Outreach Worker to a Case Manager. For example, a Peer Outreach Worker might escort a Black or Latino YMSM who has tested positive for HIV at a public event to a private area to consult with a Case Manager. In addition to HIV primary care, clients also are linked to ancillary services, such as weekly support group meetings facilitated by trained Peers, food pantries, and so on. New clients also are given staff text/telephone information in case they have treatment, care, and scheduling questions.



First Appointment Interview/Assessments: At their first medical appointment, HIV-positive Black and Latino YMSM are invited to enroll in Project STYLE. Clients are considered retained in care based on whether they attend a medical appointment every four months.

Although data collection and evaluation of the intervention and its participants is not required, data tracking can provide useful insight into the intervention’s success and the client population. For organizations wishing to conduct a data component, information can be collected through a one-hour interview at baseline, and then again at months four, eight, and 12. These data can be gleaned using the following tools: Patient and Provider Perspectives about Routine HIV Screening in Health Care Settings Patient Questionnaire (captures basic demographic information and HIV risk behavior); the Center for Epidemiologic Studies Depression Scale (CES-DR)¹⁴; and the HIV Stigma Scale (Berger Scale).¹⁵ Lab work also should be conducted at these times to determine if clients were taking their medication as prescribed and had achieved viral suppression. UNC also looked at electronic health

¹³ Hightow-Weidman L, Smith J, Valera E, Matthews D, Lyons P. 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*. 2011 (25)1: 37–45.

¹⁴ Eaton WW, Muntaner C, Smith C, Tien A, Ybarra M. Center for Epidemiologic Studies Depression Scale: Review and revision (CESD and CESD-R). In: Maruish ME, ed. *The Use of Psychological Testing for Treatment Planning and Outcomes Assessment*. 3rd ed. Mahwah, NJ: Lawrence Erlbaum; 2004:363–377.

¹⁵ Berger B, Ferrans CE, Lashley FR. Measuring stigma in people with HIV: Psychometric assessment of the HIV Stigma Scale. *Research in Nursing and Health*. 2001;24:518–529.

records of existing clients and, once enrolled, looked at client visits every four months.¹⁶ Outcomes of interest can be adjusted based on the replicating agency’s resources, goals, and so on. As funding and staff permit, additional baseline data can be collected on variables known to impact YMSM of color’s retention in care—high risk behaviors, depression, and HIV stigma.



Measures of Success: Evaluation of this arm is outcome-based. Agencies may want to work with a biostatistician to conduct logistic and multiple regression analyses and/or t-tests to assess trends/associations between the outcome (retention in care) and other variables (such as demographic information). Questions to consider:

- Did HIV-positive Black and Latino clients attend medical appointment within a month of diagnosis?
- Were HIV-positive Black and Latino clients adherent to treatment?
- Did they achieve viral suppression?
- Have your Black and Latino YMSM clients experienced changes (increases or reductions) in HIV risk behavior, depression, and or HIV stigma?
- Did race, socioeconomic status, testing location, and other factors impact clients’ retention in care and/or treatment adherence?
- Is retention in care associated with decreases in HIV stigma and depression?

¹⁶ Hightow-Weidman L, Smith J, Valera E, Matthews D, Lyons P. 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*. 2011 (25)1: 37–45.

Logic Model

Project STYLE Intervention				
Resources	Activities	Outputs	Outcomes	Impact
<ul style="list-style-type: none"> • Diversified funding: Ryan White HIV/AIDS Program (RWHAP); other government agencies; foundation grants; private and in-kind sources • Staff members (HIV primary care provider, HIV outreach worker, case worker, etc.) with knowledge and expertise in delivering culturally/linguistically competent care and services to Black and Latino YMSM • Relationships with key vendors/consultants (as necessary): advertising/design vendor(s), statisticians, aligned studies, etc. • Collaborations with community stakeholders and/or current/potential service partners 	<ul style="list-style-type: none"> • Formative research (namely focus groups) with Black and Latino YMSM, community stakeholders, and current/potential service partners in intervention and social marketing campaign planning • Establishment of Advisory Board (including Black and Latino YMSM, community stakeholders, and current/potential service partners) to ensure community-wide support and buy-in • Creation of HIV awareness campaign targeting entire community, with special emphasis on Black and Latino YMSM • Facilitation of HIV testing and educational outreach activities with support from community stakeholders and service partners • Review of patient records to identify patients who had fallen out of care • Work with community stakeholders and current/potential service partners to create coordinated network of referrals, HIV primary care, and ancillary services (transportation, incentives, free lab reports, and so on) for HIV-positive Black and Latino YMSM 	<ul style="list-style-type: none"> • HIV awareness campaign placed in diverse physical and online outlets • HIV-positive Black and Latino YMSM identified through: <ul style="list-style-type: none"> ▶ Testing events ▶ Re-engagement after falling out of care ▶ Referrals from service partners, other studies, and so on • HIV-positive Black and Latino YMSM engaged in ongoing HIV primary care and ancillary services 	<ul style="list-style-type: none"> • Among participating HIV-positive Black and Latino YMSM: <ul style="list-style-type: none"> ▶ Ongoing engagement in HIV care ▶ Reductions in HIV risk behaviors, as well as feelings of depression and stigma ▶ HIV viral suppression and subsequent reductions in HIV transmissions • Within the implementation agency and its service partners: <ul style="list-style-type: none"> ▶ Establishment as the go-to resource(s) about and among HIV-positive Black and Latino YMSM ▶ Creation of more responsive, integrated/cohesive case management network of care and ancillary service delivery ▶ Strong relationships with aligned community stakeholders and current/potential service partners 	<ul style="list-style-type: none"> • Reduction in HIV morbidity and mortality among engaged HIV-positive Black and Latino YMSM • Reduction in HIV transmissions by engaged HIV-positive Black and Latino YMSM



Staffing Requirements & Considerations

Staff/Organizational Capacity

Based on UNC's work, here are the types of staff capacity and characteristics necessary to replicate this intervention.

Staffing Capacity

Project STYLE offers a flexible approach to staffing, as long as intervention personnel can create a social support network for HIV-positive Black and Latino YMSM.

Peer Outreach Workers serve as the public face of the intervention, facilitating HIV education and testing events geared to the local community, YMSM of color, medical professionals, and others. They also play an integral role in facilitating warm handoffs of HIV-positive Black and Latino YMSM to Case Managers. Ideally, incumbents in this position share the same background(s) as the target populations and have experience engaging hard-to-reach youth into HIV testing, treatment, and care.

Case Managers primarily are tasked with coordinating with Peer Outreach Workers to schedule HIV-positive Black and Latino YMSM for their first medical appointment and engage them in ancillary services, such as support groups, mental health services, transportation, and providing support for or referrals to additional services as needed to help improve Project STYLE engagement and retention in care. Case Managers also work with HIV Primary Care Providers and Research Support Personnel to evaluate the three arms of the intervention—education, outreach/awareness, and linkage—through data collection. This includes facilitation of interviews with Black and Latino YMSM following their initial medical visit as required throughout the first year.

HIV Primary Care Providers for Project STYLE are infectious disease board-certified physicians with a demonstrated expertise in delivering HIV primary care to HIV-positive Black and Latino YMSM. They need to have responsive schedules and cultural and linguistic competency in order to meet the needs of their vulnerable clients—many of whom are navigating issues related to unstable housing, histories of physical and mental abuse, substance use, and limited experience with care and treatment. Providers may be included in educational events to bolster the intervention's reach and credibility with diverse audiences.

Research Support Personnel: Depending on the funding and scope of work intended for this replication of Project STYLE, research personnel, such as a part-time biostatistician or data manager, can help collect, track, and analyze study data.

Note: All of these personnel interface with the **Advisory Board**, an interagency/community body comprised of:

- *Community Members and Stakeholders: non-health entities, such as club owners and college administrators;*
- *Current/Potential Service Partners: aligned HIV and ancillary service agencies like medical clinics, and local/state health departments); and*
- *Black and Latino YMSM: Representatives of this population who feel comfortable sharing their experiences and input. (They should be at least 18 years old and not feel compelled to disclose their HIV status.)*

The Advisory Board provides feedback on the intervention's implementation and operations, suggesting adjustments and new approaches, as needed.

Staff Characteristics

Core competencies of all staff include:

- Experience and enthusiasm around working with underserved youth populations
- Cultural and linguistic competency serving vulnerable Black and Latino YMSM
- Knowledge of the social determinants driving psychological, social, and physical health outcomes of Black and Latino YMSM
- Ability to foster an environment of trust and support for Black and Latino YMSM clients
- Skill in creating dynamic, coordinated partnerships with diverse entities (e.g. colleges, health departments)
- Flexibility and willingness to answer questions from Black and Latino YMSM clients by telephone/text during off hours
- Superior organizational and team building skills
- Experience with data collection and assessment; familiarity with longitudinal cohort studies is beneficial
- Ability to work with a community/interagency Advisory Board

Source: University of North Carolina at Chapel Hill. Outreach, Engagement and Retention of Young Men of Color Who Have Sex with Men in HIV Care (Demonstration Sites). [Final report.] 2009.

Replication Tips for Intervention Procedures and Client Engagement

This section provides tips for readers interested in replicating the intervention and, where applicable, includes grantee examples for further context.

Successful replication of Project STYLE involves clearly defining your target population(s), fostering trust between staff and clients, and having realistic expectations:

- *Defining Your Target Population.* Although the SPNS initiative focused on YMSM of color from 13–24 years of age, Project STYLE limited its intervention to YMSM who identified as Black and/or Latino, ages 17–24 at the time of initial interview/outreach, cisgender male, and identified as HIV-positive within the past six months or reengaged in care after being out of care for at least six months. For your replication process, consider:
 - ▶ What populations of YMSM of color do you already serve? Can you recruit them for focus groups when designing your social marketing campaign?
 - ▶ Will you be narrowing or expanding the age range served? Will you include transwomen from your population?
- *Fostering Trust between Staff and Black and Latino YMSM.* Most HIV-positive Black and Latino YMSM will need the diverse, multifaceted support of Project STYLE to make active, informed decisions around their health care. This is assured by:
 - ▶ Hiring staff with experience working with YMSM of color living with and at risk for HIV. Staff should have linguistic competency to communicate with clients who speak a language other than English.
 - ▶ Holding cultural competency trainings with staff about the psychosocial and economic determinants that drive HIV infections among the target population(s) and prevent them from accessing care.
 - ▶ Protecting the confidentiality of Black and Latino YMSM. This includes requiring clients to provide written consent to participate in Project STYLE, as well as ensuring privacy during HIV testing events (delivering tests in screened areas, not directing participants who test positive to a specific area).
- *Realistic Expectations*
 - ▶ You will want materials that speak to all of your target populations, but keep your demographic realities (and budget) in mind. For instance, UNC targeted Black and Latino YMSM, but a significant majority of their clients were Black YMSM. As a result, they created a generic logo geared to all YMSM of color, while their advertisements were primarily directed to Black YMSM. Educational materials, however, were produced in both English and Spanish, to engage Latino YMSM.
 - ▶ Successful retention in care is outlined here as attending a medical appointment every four months. Using this as your intervention's outcome, along with the collection of the additional metrics related to depression and HIV stigma, may not be feasible. In those instances, consider adjusting your outcome as appropriate, to six months.^{17,18} Also keep in mind that Project STYLE investigators noted that clients who did not attend their primary care appointments every four months still kept many of their medical providers and maintained close contact with their case manager and other staff through support group sessions, e-mails, and texts.

¹⁷ Yehia BR *et al.* Comparing different measures of retention in outpatient HIV care. *AIDS*. June 1, 2012; 26(9): 1131–1139.

¹⁸ Tedaldi EM. Retention in care within 1 year of initial HIV care visit in a multisite U.S. cohort: who's in and who's out? *J Int Assoc Provid AIDS Care*. May–June 2014; 13(3): 232–241.

Securing Buy-In

Successful replication of Project STYLE depends on the buy-in of community stakeholders, current/potential service partners, and Black and Latino YMSM. Each group can provide much needed feedback during the design of the program overall, and the creation of Arms 1 and 2 in particular. Their voices, acquired through formative research (focus groups), and as members of an Advisory Board, give your intervention credibility with the community overall.

That, in turn, will help bolster your visibility. Community stakeholders and current/potential service partners will feel they have a stake in the intervention, encouraging them to disseminate social marketing materials through their online channels and in their physical spaces, as well as serve as a venue for HIV education and testing events. Indeed, these materials may be critical in reaching vulnerable Black and Latino YMSM. While these groups are engaged with social media, many still look to printed materials and public interactions for information due to limited access to the Internet during times of housing instability and loss of phone service. In addition, service providers also will feel encouraged to participate in the integrated medical-social support structure you create for Black and Latino YMSM.

In addition to visibility, be sure to generate buy-in through ongoing availability. As Hightow-Weidman explains: “Whenever we were asked to conduct an HIV education, lecture, testing event, we were there. That way, whenever *anyone* thought ‘young men of color at risk for or living with HIV,’ they thought about Project STYLE.”

Overcoming Implementation Challenges

There are always challenges when implementing a new intervention. Several that might be anticipated, as well as possible solutions, are noted below:

- *Reinventing the Wheel:* Avoid duplicating services, which can alienate other agencies and confuse your target audiences. Invite local agencies to give input during your planning processes, ensuring that your intervention will fill gaps in local service delivery. This will create an integrated medical-social support structure for HIV-positive Black and Latino YMSM. Partners also can share updated client contact information and details about additional support services and studies for clients.
- *Empowering YMSM to Engage in Care:* Black and Latino YMSM often need additional support to be retained in care, due to their limited experience with the health care system and other psychosocial and economic barriers, such as depression, substance use, housing instability, and transportation limitations. To overcome these barriers, provision of integrated services, such as mental health support for clients with past sexual, emotional, and physical abuse, is highly recommended. Clients who have self-medicated through substance use disorder also may require additional harm reduction services, if available. Transportation assistance may also assist clients with accessing care.

Successful replication of Project STYLE depends on the buy-in of community stakeholders, current/potential service partners, and Black and Latino YMSM.

Promoting Sustainability

Replicating Project STYLE is just the beginning—now it is time to keep it going. This starts with the strong relationships forged throughout the intervention with community stakeholders and current/potential service partners. Their buy-in and support of Project STYLE will encourage these entities to promote the intervention to their clients, as well as provide space for public events and help facilitate the intervention's integrated medical-social support structure. This expanded reach is essential to Project STYLE's success, and often will help encourage community stakeholders and current/potential service partners to support applications for additional funding to ensure its sustainability. Diversifying and expanding support for the intervention, through repurposing of any federal funds as well as private foundation grants, will ensure the program continues to be available and responsive to the needs of Black and Latino YMSM.

In addition, it is highly encouraged that you keep detailed, consolidated records about the program's setup and implementation. This information can be used to create standard operating procedures that can be used to maintain the program, even after staff turnover.

Project STYLE: By the Numbers

- The pre-Project STYLE cohort attended 67 percent of their visits, compared to 80 percent by those enrolled in Project STYLE.
- Two-thirds of Project STYLE clients were retained in care—an impressive achievement considering the population is young (mean age of 21), 83 percent African American, and nearly half reported drug use and/or depressive symptoms.
- Among the newly diagnosed group, 84 percent of all scheduled visits were made, compared to 73 percent of scheduled visits made in the reengaged group.
- Additionally, “among those who missed at least one four-month visit, and were therefore considered not retained in regular clinical care, among the newly diagnosed, participants still made 73 percent of their visits, and the reengaged still made 67 percent of their visits. The two most common reasons cited for missing appointments included forgetting and having issues with transportation.”
- 62 percent of clients initiated ART during the course of their enrollment in Project STYLE.
- At 12 months, 76 percent of clients had suppressed viral loads.
- The percentage of persons with CD4 counts 350 or more increased from 71 percent at baseline to 85 percent at study end.

Source: Hightow-Weidman, LB, Smith JC, Valera E, et al. Keeping Them in “STYLE”: Finding, Linking and Retaining Young HIV-Positive Black and Latino Men Who Have Sex with Men in Care. *Patient Care and STDs*. 2011(25): 37-45.

Conclusion

Project STYLE offers clinics a novel approach to leveraging interagency and community resources to create and implement a medical-social support structure geared to identifying and serving vulnerable HIV-positive Black and Latino YMSM. This streamlined approach to referrals and case management makes service access less overwhelming to providers *and* their target populations, encouraging clients' retention in care—the ultimate goal of this intervention.

Project STYLE has been successfully leveraged in multiple environments, including academic and non-academic, rural and urban. It has proven particularly helpful to agencies already serving Black and Latino YMSM who wish to expand and/or consolidate their HIV service delivery. Overall, it provides a highly effective approach to identify, engage, and re-engage HIV-positive Black and Latino YMSM into care, reducing their chances of transmitting the virus to others and reducing their risk of morbidity and mortality.

Tested and Proven HIV Strategies

The Integrating HIV Innovative Practices (IHIP) project is an outgrowth of SPNS. HAB created IHIP to share knowledge gained from SPNS interventions, and to promote their replication. IHIP takes tested innovations and turns them into practice. IHIP is where training meets implementation, with the intended results being more informed providers, better care delivery and, ultimately, healthier clients and communities.

This intervention guide is part of a larger series of resources and capacity building assistance activities including webinars about the interventions, a dedicated IHIP listserv, and a help desk.

Tell Us Your Replication Story!

Are you planning to implement this intervention? Have you already started or know someone who has? We want to hear from you. Please reach out to SPNS@hrsa.gov and let us know about your replication story.

Other Resources

Project STYLE Publications

- Hightow LB, Leone PA, Macdonald PD, McCoy SI, Sampson LA, Kaplan AH. Men who have sex with men and women: a unique risk group for HIV transmission on North Carolina College campuses. *Sex Transm Dis*. October 2006;33(10):585–93. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/16641826>.
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- Hightow LB, Miller WC, Leone PA, Wohl D, Smurzynski M, Kaplan AH. Failure to return for HIV posttest counseling in an STD clinic population. *AIDS Educ Prev*. June 2003;15(3):282–90. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/12866839>.
- Hightow LB, Leone PA, Macdonald PD, McCoy SI. Men who have sex with men and women: a unique risk group for HIV transmission on North Carolina college campuses. *Sexually Transmitted Diseases* 2006; 33:585. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/16641826>.
- Hightow-Weidman L. *Outreach, Engagement and Retention of Young Men of Color Who Have Sex with Men in HIV Care Initiative (Demonstration Sites)*. U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, Special Projects of National Significance (SPNS) Program. Final Report. 2010.
- Hightow-Weidman L, Hurt C, Phillips I. Transmitted HIV-1 drug resistance among young men of color who have sex with men: a multicenter cohort analysis. *Journal of Adolescent Health*. 2011;48: 94–99. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4482803/>.
- Hightow-Weidman LB, Smith JC. The mythology of the down low: a critical exploration of black men who have sex with men and HIV transmission. *Infectious Diseases in Corrections Report*. 2007; 9:3.
- Hightow-Weidman L, Smith J, Valera E, Matthews D, Lyons P. 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*. 2011(25)1: 37–45. Available at: <http://online.liebertpub.com/doi/abs/10.1089/apc.2010.0192>.
- Torrone E, Thomas J, Leone P, Hightow-Weidman L. Late diagnosis of HIV in young men in North Carolina. *Sexually Transmitted Diseases*. 2007;34:846. Available at: http://journals.lww.com/stdjournal/Fulltext/2007/11000/Late_Diagnosis_of_HIV_in_Young_Men_in_North.3.aspx.

U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, Special Projects of National Significance (SPNS) Program Resources:

- Integrating HIV Innovative Practices (IHIP). Engaging Hard-to-Reach Populations: Outreach. (Webinar). April 18, 2013. Available at: <https://careacttarget.org/library/engaging-hard-reach-Populations-outreach>.
- *Integrating HIV Innovative Practices (IHIP)*. Innovative Approaches to Engaging Hard-to-Reach Populations Living with HIV/AIDS into Care: Tools from the Integrating HIV Innovative Practices Program Training Manual and Curriculum. 2012. Available at: <https://careacttarget.org/ihip/engagement>.
- Outreach, Care, and Prevention to Engage HIV Seropositive Young MSM of Color Initiative. Available at: <https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/spns-initiative-outreach-care-and-prevention-engage-hiv-seropositive-young-msm-color-2004-2009>.

Appendix: SWOT Analysis

SWOT is an acronym for Strengths, Weaknesses, Opportunities, and Threats. A SWOT analysis is a structured planning method that can be used to assess the viability of a project or intervention. By conducting a SWOT analysis in advance of an intervention, organizations can proactively identify challenges before they occur and think through how best to leverage their organizational strengths and opportunities to improve future performance.

UNC Project STYLE Intervention
<p>Strengths: Streamlines identification and ongoing engagement of HIV-positive Black and Latino young men who have sex with men (YMSM) into care by:</p> <ul style="list-style-type: none">• Creating an HIV awareness campaign targeting Black and Latino YMSM and beyond through a process that reflects input and buy-in from the target populations and the local community (community stakeholders and current/potential service partners);• Supporting HIV testing and educational “tours” throughout the local community, with particular emphasis on areas frequented by Black and Latino YMSM;• Facilitating review of intervention agency records to re-engage HIV-positive Black and Latino YMSM who have fallen out of care;• Providing aligned agencies and studies a place to refer HIV-positive Black and Latino YMSM; and• Engaging HIV-positive Black and Latino YMSM in a tightly woven case management network comprised of HIV primary care and ancillary support services provided by the intervention agency and service partners.
<p>Weaknesses: Agencies will find it challenging to implement Project STYLE without the following:</p> <ul style="list-style-type: none">• Funding and time to adequately support intervention activities (such as HIV testing “tours”) and vendors/contractors (including an advertising/design firm and statistician);• Knowledge of how to find and target Black and Latino YMSM (Project STYLE does not provide insight on how to develop this reach);• Patient records with accurate, up-to-date contact information to re-engage Black and Latino YMSM who previously dropped out of care;• Culturally and linguistically competent staff members who have skills and experience to deliver and/or work with community stakeholders and/or service partners to deliver HIV primary care, case management, and ancillary services to Black and Latino YMSM;• Experience creating/working with vendor(s) to create social marketing campaign materials for dissemination both online and in print;• Current relationships with, or leads on, community stakeholders and current/potential service partners who can facilitate creation/placement of marketing materials; HIV testing/educational outreach efforts; and case management/service delivery; and• Technical/research infrastructure in place to collect, track, and analyze data collected, for example, though focus groups and patient interviews.

UNC Project STYLE Intervention

Opportunities:

Project STYLE offers opportunities to:

- Establish the intervention agency as the go-to HIV resource for Black and Latino YMSM among the target populations and the local community overall;
- Establish benchmarks of success related to viral suppression and decreases in HIV risk behavior, depression, and/or HIV stigma; and
- Create cost-effective and non-duplicative network of services via relationships with community stakeholders and service partners supporting Black and Latino YMSM.

Threats:

Threats to Project STYLE's success at an agency include the following:

- Inability to secure ongoing funds to implement/maintain intervention;
- Rejection of social marketing campaign by Black and Latino YMSM and/or community overall;
- Lack of success in finding, recruiting, and/or retaining HIV-positive Black and Latino YMSM through testing events, referrals from other agencies, studies, and so on; and re-engagement of patients who had fallen out of care;
- No discernible changes in behaviors and/or health outcomes among recruited HIV-positive Black and Latino YMSM;
- Failure to identify, recruit, and/or secure buy-in from community stakeholders and current/potential service providers working with Black and Latino YMSM; and
- Duplication of services provided by other agencies, resulting in patient confusion and/or undermined relationships with community stakeholders and current/potential service partners.

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