



From Project Style Interventions

What is the overarching goal of your project?

To create a sustainable infrastructure in the NC Triangle area focused on researching the HIV medical care and prevention needs of Young MSM of color. To advocate for our population at every level and work to reduce stigmas associated with HIV and sexual health.

What are the specific subgroups of young MSM of color that your project targets (e.g., gay-identified youth, street youth, etc.)?

Our strategy has been to outreach very broadly and establish ourselves as a group of professionals experienced in working respectfully and efficiently with a diverse range of youth particularly Black and Latino MSM. We collaborate with a wide range of like minded student and community groups that support diverse sexual expression and multicultural ideals. The broad approach to serving youth has worked well to galvanize support from University administrators that had previously avoided promoting programs related to issues of sexuality and sexually transmitted infections (STI's) on University campuses. Although the project is focused on YMSMC, through testing events, outreach, social marketing, and youth volunteers we have developed a wide appeal in the community.

Over the course of the initiative Project STYLE has developed a strong position in the community of HIV service and medical providers throughout our region. We have created a social brand identity, our project materials are visible on various University campuses, nightclubs, medical facilities, and community based organizations. Further, we have extended our outreach to include faith based and advocacy organizations, community centers, other agencies integral to the Black and Latino community in our area. Moreover, Project STYLE has worked to overcome systemic problems of cultural competency and capacity among service providers by establishing collaborations and building networks among agencies that share our vision and objectives.

What specific methods are used to identify young MSM of color?

Our PI, Dr. Hightow-Weidman, has tailored her practice to be able to provide care to HIV positive youth identified during the project period. Her position at the UNC Infectious Diseases clinic affords Project STYLE a seamless method of engaging HIV positive youth that are newly diagnosed or out of care. Often we identify HIV positive youth eligible for the multisite survey through her medical services.

Our community outreach events on historically Black colleges and Universities as well as on majority campuses in the area provide HIV screening for students. Throughout the project, outreach has extended to nightclubs, churches, and health fairs throughout the community. However a very small portion of our overall research participants have been identified through these efforts.

When a new participant joins our project we try to reach out to their sex partners that may also be at risk and may not have been tested. These efforts sometimes mean working with the respondent to deal with issues of disclosing their status. We offer HIV testing to all partners or friends of newly diagnosed patients and use of this network based approach has resulted in additional HIV-positive youth being identified and engaged in care.

Project STYLE is also well known at various Infectious Disease and health department clinics throughout our area. Clinicians often call us directly when a young Black or Latino MSM is enrolled in HIV care. Our project offers clinicians additional support for these young patients. As well as specific insight, through research, into how help patients maintain cope with HIV disease.

We work with North Carolina's screening and Tracing Active Transmission (STAT) program to identify patients with acute HIV in collaboration with North Carolina's Public Health Department, UNC and Duke Universities. All HIV screening specimens processed through the state's public health labs are subject to HIV RNA pooling that can identify an infection within a ten day window period. Patients identified with acute HIV disease through this program are brought to either UNC or Duke and asked to participate in a myriad of research procedures focused on tracking the natural history of their infection. A significant amount of these participants fit the criteria for Projects STYLE's multisite survey. Furthermore, the STAT program has rigorous follow ups and young patients are frequently seen by our very own Dr. Hightow-Weidman. Working with this program has not only helped us engage YMSMC into care but has been instrumental in helping our project provide follow up surveys and in effectively retain them in care .

Our partnerships in the community have helped establish our Project as the "go to" referral to engage YMSMC into care. Through our work on planning groups and collaborative testing events agencies throughout our region know that we are available to them and their YMSMC clients at anytime.

What specific methods are used to engage young MSM of color in HIV treatment?

Project staff can make medical appointment for participants and may help transport the participant (that live locally) to their medical visit. We stay with them through the visit. In some cases we may serve as an interpreter for monolingual Spanish speakers or as a patient advocate to those that need help understanding what is involved in HIV healthcare.

Our North Carolina Disease Intervention Specialist (DIS) are very effective at tracking newly diagnosed cases in the state and linking them to treatment. In particular, the North Carolina STAT program works very closely with UNC to refer people that have tested positive with acute infection. DIS refer patients to UNC through the STAT program and often times these referrals are concurrently eligible to enroll the Project STYLE cohort. Considering these patients also enrolled in other studies that focus on documenting the history of their infection, patients are well incentivized to comply with follow ups and keep a close relationship with clinicians. Additionally, DIS will help transport these patients to the ID clinic and help with subsequent follow ups or else receive a reimbursement for traveling to the clinic.

HIV medical providers throughout the Triangle area know to refer young MSM of color to our project as a way to help their patient stay engaged in their treatment. Resources specific to youth are scarce and providers understand that our project serves to focus on the specific needs of these young men.

What specific methods are used to retain young MSM of color in HIV treatment?

Support groups- weekly, Study participants and other HIV positive MSM in their networks have the opportunity to stay connected to the project and attend a support group led by our staff.

Project staff is often available at medical appointments to conduct follow up interviews as well as to discuss barriers that participants have to healthcare. We speak with participants about auxiliary issues that make it difficult for participants to focus on their health such as transportation, living situation, disclosing HIV status, employment, or relationships. In many cases participants are referred to talk to our peer non-medical case manager that can help eligible participant's access local Ryan White funds.

While some participants are harder to reach than others we periodically contact study participants between visits either by phone or text, especially in cases when we think they are vulnerable to being lost to care.

Often we call participants to remind them when they have an upcoming appointment. Especially if we know the individual has trouble making it into the clinic for scheduled appointments. Our outreach workers sometimes accompany participants to appointments or meet with them to help overcome challenges they have to healthcare or adherence to treatment.

Many of our participants are concurrently enrolled in other research projects that provide incentives for transportation, labs, and medications. Research visits often coincides with medical visits to encourage retention.

What specific methods are used to locate a client of your project that has dropped out of care?

Bridging case managers (BCM): With the help of the public health departments we are able to alert BCMs when our project participants have been lost to treatment (out of treatment for six months). With the use of the various county databases we can check for updated contact information if the participant has sought services from another part of the health department.

The NC Department of Corrections website is a public data base that can help know if a participant has been arrested or sent to prison. While the IRB does not allow us to interview participants in custody if they are a local county facility they can receive treatment at their regular provider and we can abstract clinical data from their medical record.

Staff Outreach can be helpful in helping us find participants that are considered lost to care either by encountering them at outreach venues and reconnecting with them with their provider or actively pursuing contact.

What methods for identifying, engaging, retaining, and locating young MSM of color have you tried and discontinued? Why?

We assess the needs and situation of clients individually. Methods that don't work with one participant may work better with others. We have not abandoned any one method for all participants but find that with some participants we work harder through trial and error to find what works best for that individual.

What is the staffing model that your project currently uses to conduct your SPNS-funded project? Staff may include individuals funded by SPNS, as well as other personnel.

Our project staffs two outreach workers in the community. We retain an outreach worker at The Alliance of AIDS Services-Carolina that also serves the project as a non-medical case manager and is instrumental providing our participants with services afforded to them through HRSA funding as well as social support to help keep them in care. The other position we retain is at North Carolina Central University, an HBCU in Durham, this outreach worker often works with campus health, community based organizations, and local health departments at events that reach out to our target populations.

At UNC the Project Manager and a Research Assistant work to recruit potential participants for Baseline survey's, keep track of and administers follow ups. Furthermore, the personnel at UNC maintain study records and manage internal and survey data sets for our site. Our PI is also the medical provider for many of our study participants.

Part D Patient Orientation Protocol

1. SW provides pre-appointment call and documents in Webcis using developed template.
2. At first appointment, SW will provide initial assessment and develop care plan with patient. Orientation book will be provided as well as any other additional literature related to HIV.
3. SW will provide a follow up call the day following the patient's first appointment as well as an email (if consent provided) with additional resources.
4. SW will follow up with patient two weeks after their first appointment.
5. SW will provide appointment reminders prior to each visit and check-ins as needed by each individual patient.

Retention protocol

SW will follow the Part D Orientation Protocol to initially engage new patients in Adult ID Clinic. The following will occur to retain patients:

- SW will provide appointment reminders the week before and the day before a scheduled appointment by pt's preferred means of communication (email, text, phone call).
- If an appointment is missed, SW will follow up with pt within 3 days to assess barriers (transportation, schedule, etc.) and will attempt to reschedule.
- SW will contact pt by preferred means of communication on birthdays and holidays.

Texting Protocol

According to Lacy Farrell (see email below), UNC Privacy and Legal Support Officer, texting is not prohibited at UNC. In order to accommodate patient communication requests, texting will be used for ID Clinic patients if the individual patient gives consent.

Medical information, such as lab results, will not be given via text as texting is not a secure method of communication. However, the following sample messages may be used to communicate:

- Please call me. I have info. (This could be used for lab results or specific resources)
- Just a reminder- your next appointment is _____. (The text will not reflect "ID Clinic")

Texting will also be used as a retention tool, including texting Happy Birthday messages and/or holiday messages.

S.T.Y.L.E. Proposed Campaign Strategy and Timeline

Strategy

In order to achieve the maximum penetration to our target population in a timely matter, while still taking in consideration when schools are in session we propose the following strategy and timeline:

Phase 1

(November 15-December 31)

This phase will feature a teaser ad that will inform the population about the problem of HIV infection in the target population. In addition to print, the same ad will be strategically placed in 9x12 frames on two campuses. The ad will also compliment in design the materials that will be passed out at different functions continuing to fortify S.T.Y.L.E. as a recognizable brand in the Research Triangle Area.

Rationale:

In this phase the campaign's focus is to brand the organization and inform the population of the problem (400% Ad) while also urging people to get tested. This phase sets the stage for the second phase that talks more directly to the population about getting testing.

Print Schedule

School: NC State
Publication: Technician
Ad Size: 1/8 page
of Ads: 3
Dates: Nov. 15, 17, 22

School: UNC Chapel Hill
Publication: The Daily Tar heel
Ad Size: 1/8 page
of Ads: 2
Dates: Nov. 18, 29

School: UNC Chapel Hill
Publication: The Daily Tar heel
Ad Size: 1/8 page
of Ads: 2
Dates: Nov. 18, 29

School: Central State University
Publication: The Daily Tar Heel
Ad Size: full page
of Ads: Dec. 7

School: N/A
Publication: The Independent
Ad Size: 1/4 page
of Ads: 2
Dates: Nov. 16, 23

Phase 2

(January 25- February 29)

A different ad that addresses sexuality and testing more directly will be published in key publications as a "call to action" ad. The actual print ad will be accompanied by animated versions of the same ad in gay nightclub video screens and posters in adult bookstores. S.T.Y.L.E. materials will also be passed out during this phase.

Rationale: In this phase we catch our population coming back from winter break. Many have had sexual relations in other parts of the country and may want to get tested. With a fresh start in school and in the year, it may be the perfect time to catch the attention of students who may otherwise be stressed classes or distracted with midterms or finals.

Print Schedule

School: NC State
Publication: Technician
Ad Size: Full Page
of Ads: 3
Dates: TBD

School: UNC Chapel Hill
Publication: The Daily Tar heel
Ad Size: Full Page
of Ads: 2
Dates: TBD

School: UNC Chapel Hill
Publication: The Daily Tar Heel
Ad Size: Full Page
of Ads: 2
Dates: TBD

School: Central State University
Publication: The Daily Tar heel
Ad Size: Full Page
of Ads: 2
Dates: TBD

School: N/A
Publication: The Independent
Ad Size: Full Page
of Ads: 2
Dates: TBD

Venue Placement

9x12 Framed Venue Poster Placement (Phase 1: November 28-TBD)

Venue placements in the following schools will be produced, laminated, framed and placed on campus dorm rooms, bathrooms and other dwelling areas.

School: Saint Augustine College
of Placements : 25
Contact: TBD (Justin)
Posting Date: TBD (Justin)

School: Shaw University
of Placements: 25
Contact: TBD (Justin)
Posting: TBD (Justin)

Digital Advertisement

(Phase 2: January 25-TBD) A digital advertisement will be produced and placed at Ce's Ce's and Legends.

Club: Ce's Ce's
Contact: TBD (Justin)
Posting: TBD (Justin)

Club: Legends
Contact: TBD (Justin)
Posting: (TBD) (Justin)

Materials

(November 15- December 31) **These dates depends on the production time of the material*

Tee- Shirts

- Black give away
- White wife beater
- Green outreach tee shirt

Coasters

- Key Chains**
- Banner**

Lanyards

- Brochure**

Project STYLE Testing Parties

Goal: To identify young MSM of color with high Social Networking Potential (SNP) to create testing events- referred to as “testing parties”-and prevention messages that appeal to their peers and have a high probability of reaching young MSM color. Using means of communication can be easily forwarded throughout social networks such as Internet, text messages, and word of mouth.

Logic Model

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Longer-Term
Seed participants with SNP. Two Testing Counselors/ Phlebotomist 100% time. Testing coordinator 50% time. Travel Rental space to provide testing in remote or rural areas. Incentives for testing participants Safer sex supplies for distribution. Testing supplies and lab.	Participants with SNP identified through local HIV and STD clinics. Provide incentives to individuals with SNP to host testing event for his social and sexual networks in a venue of their choosing. Provide guidance to promote safer sex messages participants SNP. Screen for ARS and expedite specimens from individuals suspected of having ARS.	Provide targeted CTR for young MSM of color. Encourage YMSMC to create their own “unofficial” HIV prevention campaigns to distribute to their networks. Access to hard to reach at-risk networks Identify individuals in the acute stages of HIV – when they are the most contagious.	Increased number of young MSM of color tested for HIV. Identify new cases of HIV disease in YMSMC. Seamless linkage to medical services.	Increased knowledge, skills and attitudes of HIV/STI Among infected and uninfected participants. Identify high transmission areas were YMSMC networks gather.	Decrease spread of HIV in those at risk. Support leadership skills to promote HIV/STD prevention messages

Description of the Project STYLE testing Parties

The Project STYLE (Strength Through Youth Livin’ Empowered) NTS program, based at the University of North Carolina, School of Medicine, Division of Infection Diseases (UNC-ID) under the supervision of Lisa Hightow-Weidman, MD, MPH Clinical Assistant Professor at UNC-ID. Erik Valera, Research Project Manager at UNC-ID will serve as the NTS coordinator for this site and two full-time HIV counselors/phlebotomists will be hired to carry out direct testing and prevention services for this testing model. Project STYLE NTS will partner with The Alliance AIDS Services Carolina (AAS-C) and El Centro Hispano (ECH) to provide referrals additional support for CTR and Health Education/Risk Reduction for Prioritized Populations (HE/RR) services. Project STYLE would also refer individual from priority groups to AAS-C HIV prevention EBI’s. UNC-ID will be a referral source to link individuals with newly diagnosed HIV into treatment. Project STYLE NTS program also affiliated with UNC SHAC (Student Health Action Coalition), a student group that operates an HIV testing clinic on a weekly basis in Carrboro as well as through community outreach events. The UNC Screening and Tracing Active Transmission (STAT) program Identifying acute HIV infection provides crucial information concerning demographic, geographic and behavioral factors associated with recent infection and to monitor HIV transmission trends.

We propose to identify patients, from UNC-ID and other HIV/STD treatment centers, with high SNP to gather peers from their social and sexual networks for education and HIV/STD testing. Testing events or “parties” are projected to reach young MSM of color in social and sexual networks with known cases of HIV or other STI’s. Parties may be held at people’s homes or at a location of the hosts’ choosing. Project STYLE provides food, an educational presentation tailored to the group, and HIV and Syphilis testing for party guests. The host receives an added incentive for based on how many guest attend. Party guest will be given the opportunity to host their own testing parties with a group of guest they invite. Host will receive incentive credit for guests that have not attended a STYLE testing party for six months or longer. Host may also be paid an incentive to provide a space for the testing otherwise the NTS coordinator will work with the host to identify a venue where the party can be held. Testing parties would take place in any county where networks of young MSM are identified and may include locations are far as Guilford, Cumberland, or New Hanover counties. We would also encourage hosts and guest to promote their party’s using their SNP through internet social networking and dating websites, internet video, text, and word of mouth. Young MSM of color are tightly networked, STYLE testing parties are a way of tapping into this to empower peers and support healthy sexual behavior.

Young MSM of color have the highest incidence of HIV and syphilis in North Carolina, yet are less likely to test for HIV than other groups. Project STYLE testing parties are intended to reach the social and sexual networks of these young men and empower them to become leaders in HIV prevention among their peers. We intend to reach out to people that do not know they have HIV as well people with a known HIV diagnosis to reinforce prevention messages before their peers. Participants will be given an opportunity to confidentially opt out of testing using a coded system. Op out is particularly designed for people with known HIV but would be open to anyone that would like to come for the education but fears being stigmatized by peers for opting out. Testing participants will also be screened for symptoms of Acute Retroviral Syndrome based on a combination of risk and physical symptoms reported at the time of test. Individuals suspected to ARS may have their specimen expedited through the STAT program.

Testing parties may occur once a week and will reach from 8-15 young MSM of color per event. We intend to reach provide testing and/or prevention education to at least 400 young MSM of color per year. Although this number may seem small compared to other programs NTS programs our strategy is focused on using resources to reach those that are most risk and identify undiagnosed HIV within highly impacted networks.