

Outreach Services to Medically Underserved Adolescents

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Introduction

Many sexually active teens who are at the highest risk for unwanted pregnancies and for contracting sexually transmitted diseases, are also the least likely to be receiving systematic medical care. Their underutilization of primary care facilities may be due to a combination of circumstances. These include extreme poverty with associated lack of insurance coverage, absent information about or fear of traditional sources of medical care, ignorance due to youth, ignorance of health care providers and to the rights of minors to seek such services confidentially, estrangement from or absence of parents and psychological problems that may interfere with adequate self-care.

The Teen (Adolescent) Outreach Project of the University of Miami (TOP-UM) determined that one way of addressing the needs of at-risk youth would be to offer free family planning and prevention services in the community via mobile van. By this means, youth would be able to access confidential health care without having to initiate the search for medical providers and without having to enter traditional, and perhaps unfamiliar, care-giving locations. The ultimate objective of the TOP-UM Project is to test and identify HIV-positive youth who were unaware of their HIV status, and enroll them in appropriate ongoing health care services.

Location

TOP-UM is located in Miami-Dade County, Florida, an area that has a documented high rate of HIV infection. Because the greatest numbers of new AIDS cases are

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Services

Lessons Learned

Lesson #1: Outreach health services are useful in reaching underserved teens.

Lesson #2: A mobile van may not be the best method.

Lesson #3: Peer-based outreach services require intensive training and care.

Project Chronology

Further Information and Technical Assistance

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diagnosed in individuals who are 20-29 years old, it would seem plausible to expect to find a large number of HIV-infected 13-18 year olds. It was also would seem reasonable to expect that many of these youth are included in the group of persons who do not have regular sources of medical care and are unaware of their HIV status.

Services

Nontraditional means of accessing youth for sexual health services are important from both public health and clinical perspectives. TOP-UM is conducted in collaboration with the largest community-based social service and educational agency addressing HIV/AIDS issues in the county.

Preliminary canvassing of the city by a youth peer case manager resulted in locating a number of areas where poor, racial and ethnic minority youth congregate. Local HIV

seroprevalence information was helpful to highlight specific areas to target. A mobile van staffed with a physician or nurse practitioner, a psychologist, and two peer case managers travels to these locations. At the selected locations, the peer case managers provide both verbal and written descriptions of the project to interested teens.

Staff members of the mobile van are equipped to offer a wide range of sexual health services beyond HIV pre- and post-test counseling and screening, including the distribution of condoms and

Of the 263 youth enrolled:

- 55 received hepatitis-B vaccines
- 71 accepted hormonal contraceptives
- 15 diagnosed with HPV
- 33 diagnosed with chlamydia
- 16 diagnosed with gonorrhea
- 5 diagnosed with syphilis
- 4 identified with HIV
- 1 hospitalized for PID

Youth are enrolled through the TOP-UM mobil outreach van and offered a wide range of sexual health services.

literature for prevention education. Interested youth are offered tests for HIV, pregnancy, chlamydia, gonorrhea, syphilis and hepatitis-B, as well as genital examination and Pap smear. A psychological screening survey is administered and scored while the teen receives other services, so that crisis interventions and referrals can be made immediately.

All participants are given appointments to the medical center offices to receive test results. Those who qualify are offered the hepatitis-B vaccination series, and young women who desire family planning interventions are started on their choice of oral or injectable hormonal contraception. Females with positive pregnancy tests are referred to obstetrics services, while individuals with diagnosed sexually transmitted infections are treated according to public health standards. All services are provided at no cost to clients. Incentives for participation included tokens for mass transit transportation, meal coupons, movie passes, free interventions and condoms.

Lessons Learned

Lesson #1: Outreach health services are useful in reaching underserved teens.

It is possible to access medically underserved youth using a mobile van, under the conditions described above. Two hundred fifty-one participants, the number targeted for recruitment at the beginning of the project, were enrolled by midway through the second year. Eventually 263 subjects were included (55 percent female, 43 percent African American or Caribbean black, 33 percent Hispanic).

Service needs

Case finding in this way is likely to lead to identification of youth with needs for a variety of physical and mental health services. Fifty-five of the adolescents who participated in the project received hepatitis-B vaccines, and 71 accepted hormonal contraceptives (injectable and oral). The number of unwanted pregnancies that were avoided as a result of the project's outreach efforts is not known. However, the long-range employment difficulties of women who become single mothers as adolescents, and the educational and emotional deficits of children unwanted by single mothers, are well documented. Further, the project found 15 cases of HPV, 33 cases of chlamydia, 16 cases of gonorrhea, and five cases of syphilis. One female was hospitalized for pelvic inflammatory disease. Outreach to underserved youth is also likely to lead to the identification of youth who have both a very high level of need for psychological help and a willingness to accept services. Almost half (44 percent) of the participants in this project received psychological treatment as a result of their contact with the project.

Difficulty with follow-up

The project did encounter some difficulties with follow-up visits. Follow-up mostly did not occur in the van, but rather in the academic-based office setting. Staff time to track subjects was enormous, coupled with the transience of living situations for many of the youth. Two of the four identified HIV-infected youths were lost to follow-up.

Lesson #2: A mobile van may not be the best method.

Even in an area where HIV prevalence is relatively high among young adults, case finding of HIV-infected teens by using mobile van outreach efforts may not be successful.

Client-based reasons

Many teens believe that they are invincible in general, and this may extend to a feeling of invulnerability to HIV infection. Some of the most at-risk youth may therefore not recognize a need for accessing services at all, even if they easily accessible. Other adolescents who understand they may be infected, may be even more averse to exposing themselves to testing. By including psychological and family planning

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services, which are viewed as valuable from the adolescents' perspective, the reluctance to test can be reduced. It is also important to continually reinforce prevention information.

Other client-based reasons for the low level of case finding may include anxiety over accessing mobile health screening services, quite different than traditional health care encounters. Concern about the confidentiality of TOP-UM interventions for minors, as well as general lack of advertisement and knowledge about this new project, may be other contributing factors.

Systems-level reasons

On the systems level, the inability to find a sufficient number of appropriate youth venues, or at least those that would allow access to the most at-risk population, may contribute to the low level of case finding. It is also possible that HIV infection is not as common in this age group as anticipated, even in a relatively high seroprevalence area. Search for additional means of identification of HIV-infected youth in Miami-Dade County still is needed.

Lesson #3: Peer-based outreach services require intensive training and care.

Ongoing training and supervision requirements

The hiring, training and ongoing mentoring of the peer case manager outreach workers requires intensive efforts and close monitoring by staff professionals. The amount of time needed for these functions is greater than anticipated. The information and skills required to operate in the field are extensive as are the protocols needed to guide peer-to-peer interactions. Training and supervision had to be ongoing in order to achieve a consistently high level of information sharing and to reduce the risk to both peer workers and the youth they target.

Potential risks to peer workers

The risk profiles of peer case managers often mirror those of the target group. Assuming a leadership role is not an inoculation against risk or vulnerability and the peer providers were in need of services. In some cases the psychological impact of working with an at-risk group required intervention by the mental health specialist on the project. With constant supervision these interventions could be made in a timely manner. TOP-UM supervisory staff developed a mentoring strategy that utilizes much the same approach as risk reduction strategies for youth. In this way more honest dialogues were possible with the peer workers about their own life conditions and relationships to risk. These conversations provide opportunities to strengthen the intervention overall and increased the peer workers awareness of potential risks in the target populations.

TOP-UM Project Chronology

April-May 1996

- Teen Outreach Project - University of Miami (TOP-UM) workgroup formulated for SPNS grant proposal development.

- Workgroup included both UM interdisciplinary professionals and community HIV agency staff.
- Agreement with the Florida Department of Health's state laboratory for STD/HIV testing explored.

June 1996

- Submission of completed SPNS grant proposal to HRSA.

September 1996

- Notification of three-year grant award for TOP-UM SPNS project

October 1996

- Submission of project protocol to the Medical Sciences Subcommittee for the Protection of Human Subjects in Research of the University of Miami's IRB.
- Hiring of staff and initiating of training in protocol accomplished.
- TOP-UM workgroup continues to meet to formalize process.
- Collaboration with community agency for mobile van use with modifications for adolescent and TOP-UM specifics completed.
- Florida Department of Health's lab services confirmed.

November-December 1996

- Community assessment for appropriate outreach venues (i.e., areas to target at-risk adolescents) completed.
- Informed consent form revised in response to IRB's mandates.
- Advertisements and marketing tools obtained.
- Peer case manager and psychology assistant trained in protocol.

December 1996

- Final approval of University of Miami's IRB received.

January 1997

- Begin recruitment with outreach events, initial data collection and interventions.
- Marketing continues and weekly events scheduled.

February 1997

- Review of outreach process and data forms performed for initial quality control, and revisions made accordingly.
- First SPNS PSC meeting convened in Potomac, MD, and Adolescent, Women, and Children (AWAC) workgroup membership established for cross-project collaboration.

February-April 1997

- Computer database constructed and revised in response to identified needs. Weekly van outings and subject recruitment continued.

March 1997

- Poster presented at University of Miami Comprehensive AIDS Program.

April 1997

- First SPNS progress report submitted to HRSA.
- Paper describing TOP-UM concept presented at the annual meeting of the Society of Pediatric Psychology in Washington, DC.

January-June 1997

- A total of 97 subjects are enrolled. Two HIV infected adolescents are identified. Three cases of chlamydia, one case of gonorrhea, and five cases of genital warts (or Pap smear evidence of human papilloma virus) are treated; seven females receive contraceptives (four oral contraceptive pills and three depo-medroxyprogesterone injections); two pregnancies are detected. The hepatitis-B Vaccine series is initiated in 19 subjects. Psychological interventions are provided for 26 individuals.
- One HIV case enrolled into NIH REACH study here.

July 1997

- ARNP leaves project, but recruitment and interventions continue.
- Florida Department of Health designates the Division of Adolescent Medicine as a certified HIV counseling and testing site for youth.

August 1997

- Psychology assistant leaves project.
- Noncompeting SPNS continuation application submitted to HRSA.

September 1997

- New psychology assistant, second peer case manager and new ARNP hired and trained in protocol.

November 1997

- ETAC site visit occurred.
- Presentation at meeting of previous SPNS grantees in Miami Beach.

December 1997

- Local university and community presentations for World AIDS Day commemoration.

July-December 1997

- Begin six- and 12-month follow-up visits, as well as continue new subject enrollments.
- Forty-two youth participate in ongoing psychological services. One additional HIV case identified, bringing total to three.

February 1998

- Semi-annual progress report submitted to HRSA.
- Article for *Innovations* publication prepared.
- Receive annual approval of University of Miami's IRB.
- ETAC training done for submission of SPNS multisite evaluation codebook.

March 1998

- Abstract presented at the Society for Adolescent Medicine's annual scientific meeting, Atlanta.

April 1998

- Submit local Dade Community Foundation grant application to fund additional youth outreach workers.

June 1998

- Dade Community Foundation grant application funded.

January-June 1998

- Continue with new enrollments, to achieve total of 251. Fifteen cases of chlamydia (18 total since inception), five cases of gonorrhea (six total), three cases of syphilis (three total), two cases of genital warts (seven total) are diagnosed and treated. No new HIV cases seen. Forty-six subjects receive hormonal contraceptives (20 depo-medroxyprogesterone, 26 oral pills). Nine pregnancies are detected. Hepatitis-B Vaccine is given to 28 subjects. In addition, 38 new clients are provided psychological interventions.

July 1998

- SPNS annual continuation application submitted to HRSA.

August 1998

- Paper presented at American Psychological Association annual meeting.
- Evaluator relocates to Cincinnati, OH, but maintains role as consultant.

September 1998

- Participate in annual Florida Ryan White CARE Act All-Titles meeting in Orlando.
- Article published in the Florida Regional Society for Adolescent Medicine's newsletter.

November 1998

- Document concerning product development possibilities submitted to SPNS office.

July-December 1998

- Continue with follow-up visits and ongoing psychological interventions.
- Six, 12- and 18-month follow-up interventions completed
- Seven additional cases of chlamydia and one case of gonorrhea are identified and treated. Two new pregnancies identified. Fifty-eight subjects are given hormonal contraception (32 oral contraceptive pills, and 26 depo-medroxyprogesterone injections). Fifty-six subjects given hepatitis-B vaccine. Thirty-two subjects remained in psychological treatment.

February 1999

- Submitted semi-annual SPNS progress report to HRSA, in which request for extension of TOP-UM was made in order to continue for an additional year.

March 1999

- Paper presented at the National Hispanic Medical Association annual meeting in Washington, DC.
- Receive annual approval of University of Miami's IRB.

April 1999

- Paper presented at the Florida Conference on Child Health Psychology.

May 1999

- Congressional Black Caucus grant, via TOP-UM's affiliation with the Adolescent Medicine HIV/AIDS Research Network consortium of clinicians, awarded to implement the social marketing campaign in South Florida to encourage youth HIV testing and linkage to comprehensive care for those identified as infected.

January-June 1999

- Concentrate on follow-up visits for repeat HIV and STD screening tests, along with psychological intervention.
- Winding down of project to concentrate on evaluation necessitated by impending end of funding.
- One additional case of HIV is diagnosed in an individual seen for follow-up visit, bringing total number of identified cases to four.

July 1999

- Submit annual SPNS yearly summary to HRSA, and seek a continuation of funding for a fourth year.
- Peer case manager leaves project; another hired.

October 1999

- Attend annual Florida Ryan White CARE Act All-Titles meeting in Tampa, FL.

November 1999

- Paper presented at University of Miami's Mailman Center for Child Development's research highlights conference.
- Social marketing campaign in full swing in South Florida.

July-December 1999

- Ongoing services continued, now starting on 30- and 36-month follow-up visits.
- Eighteen new subjects are added when continuation granted by HRSA for fourth year. One additional case each of chlamydia and gonorrhea are diagnosed and treated, two cases of trichomonas. Hepatitis-B vaccine is given to eight subjects. Eight subjects are given hormonal contraception (four depo-medroxyprogesterone, four oral contraceptive pills). In addition, four new clients are provided psychological interventions.

January 2000

- Poster about TOP-UM presented at First Ryan White CARE Act All-Titles Meeting in Washington, DC.

- Co-principal investigator/psychologist leaves University of Miami position and relocates to Ft. Lauderdale, but participation as consultant continues.

March 2000

- Poster presented at the annual Society for Adolescent Medicine scientific meeting in Washington, DC.

May 2000

- Annual approval of University of Miami's IRB received.

July 2000

- Continuation funding for another year of social marketing campaign secured from federal sources with additional supplementation by local county initiative.
- Ryan White CARE Act Title IV funding obtained for formalization of youth outreach efforts regarding HIV and STDs.
- Coordinator hired from those funds and Florida DOH regulations are met.

September 2000

- Psychology assistant leaves project.
- Cost extension for expenditure of unused remaining funds sought and granted by HRSA.

Further Information and Technical Assistance

If you are interested in obtaining further information about the Teen Outreach Project University of Miami (TOP-UM) and the service delivery model, please contact the project director:

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