Disclaimer

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $4,067,580 with 0 percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government. For more information, please visit HRSA.gov
MATEC Statement on Equity and Inclusion

MATEC has a strong commitment to fair, respectful and unbiased representation of humankind. We strive to be anti-racist, gender-affirming, culturally humble, and honor all people in an authentic way. This is our goal in all of our work, including this presentation.

Our commitment to you is that we take this stance seriously and invite you to do the same. We ask that if you find something offensive, off-putting, or inaccurate to please let us know.

We continue to grow and evolve and welcome you on our journey.

“When we know better we do better.”
–Dr. Maya Angelou
Objectives

1. Describe strategies for effectively engaging youth individuals

2. Discuss the use of technology to retain youth in care
STRATEGIES FOR THE EFFECTIVE ENGAGEMENT OF YOUTH
What does the research say?

(Image Source: iStock)

(S. N. Mothi et.al, 2011; ClinicalInfo.HIV.gov., 2023)
Successful Strategies

- Youth Involvement
- Youth Peer Educators
- Incorporation of Community Partners
- Integration of HIV Service Delivery
- Incorporate Technology
- Integrated Health Care Team
- Tailored Interventions
- Flexibility in Service Design
- Established Transitioning Plans
- Holistic Care and Support

(BeintheKnow.org, 2023; Fhi360.org, 2014; Hivinfo.NIH.gov, 2023; S. N. Mothi et.al, 2011; S. Arayasirikul et.al, 2022)
Exercise 1

“Our program is specific to that age group living with HIV. So, when a young person comes into our program and they come into our [...] space – which has a clinic, case management, food services, all of that – all of the other people in that space who are not staff are under the age of 25 and they’re all HIV-positive.”

[Male, nurse practitioner]
Exercise 2

“I think some of it is just using technology in the first place – like, lends itself to being a little bit more youth-friendly because it’s sort of the norm for them that it’s sort of creating services in that norm. I think, you know, figuring out ways that those tech-based services can be monitored or, you know, still active in nontraditional hours.”

[Male, nurse practitioner]

Flexibility in Service Design
Incorporation of Technology

(Image Source: iStock)
Exercise 3

“...we have three adult teams, and then we have one youth team [...] but every youth provider is also on an adult team. Because we feel like that would make the transition easier – when someone sort of ages out of the youth program, they don’t have to necessarily change providers. That wasn’t the case in the past, when someone turned 25 and suddenly they had to have another provider.

[Female, nurse practitioner]

Established Transition Plan

(Image Source: iStock)

(P. Saberi et.al, 2018)
Scenario 1: Incorporation of Community-based participatory research

Collaborative Community Research Project

- Research Team
- Case Managers
- Youth

Empowering youth to contribute

- Community Events
- Focus Groups
- Interactive Workshops

Results

- More Invested
- Increased Participation
- Adherence to preventative measures

(Image Source: iStock)
Scenario 2:
Tailored Interventions for Specific Populations

HIV Education
Access to Culturally Competent Healthcare
Provides Comprehensive Support Through...
Assistance with Social/Economic Resources
Mental Health Services
Scenario 3: Holistic Support

Whole Person Approach

- Social Well-Being
  (Image Source: iStock)
- Emotional Well-Being
  (Image Source: iStock)
- Psychological Well-Being
  (Image Source: iStock)
USE OF TECHNOLOGY
Expanding the Use of Technology

- Expanding Use Through:
  - Web-based Services
  - Telehealth Services
  - Mobile Services
  - Smartwatches
  - With Text Messaging as the Gold Standard

(C. Fuller et.al, 2022, whitehouse.gov, 2021)
Text Messaging via Mobile: Pros & Cons

**Positives**
- Youth Forward Methods
- Flexibility
- Active engagement
- Real-time Monitoring
- Engagement Across Larger Areas
- Tailored Message Delivery

**Challenges**
- Potential Cost of Programming
- Loss of Phone
- Phone Disconnection
- Frequently Changing Numbers
- HIPAA Compliance

(L.B. Hightow-Weidman et al., 2022, whitehouse.gov, 2021; P. Saberi et al., 2018; TargetHIV, 2019)
Text Messaging via Mobile: Efficacy

- Increased medication adherence
- Improved engagement in medical visits
- Automated texts sent appointment and medication reminders
- Programming + mood and health alerts = increase in youth reaching viral suppression

(Image Source: iStock)

(L.B. Hightow-Weidman et al., 2022, 2021; P. Saberi et al., 2018; TargetHIV, 2019)
E-volution: Two-Way Text Messaging Intervention

- Medication Reminders
- Appointment Reminders
- Questions About Ability to Pay Bills
- Questions About Housing
- Questions About Mood

(targethiv, 2019)
## Highlights and Outcomes of the E-volution

**Evaluation Results**

<table>
<thead>
<tr>
<th></th>
<th>@ Baseline</th>
<th>@ 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>N = 100</td>
<td>N = 74*</td>
</tr>
<tr>
<td>Participants</td>
<td>Suppressed vs. Unsuppressed</td>
<td>Suppressed vs. Unsuppressed</td>
</tr>
<tr>
<td></td>
<td>49 vs 51</td>
<td>52 vs 22*</td>
</tr>
<tr>
<td></td>
<td>49%</td>
<td>70%</td>
</tr>
<tr>
<td>Average Viral Load Baseline</td>
<td>23,151.55 (SD=72,681.09)</td>
<td>6,371.36* (SD=17,697.36)</td>
</tr>
</tbody>
</table>

*Four participants did not obtain viral load.

### Outcomes
- **Viral Load Suppression Improvement**
- **Attendance at Medical Visits**
- **Text Messaging Improved Case Managers and Clients Communication**
Conclusion

- Strategies for engaging young individuals in care
- Reviewed two-way messaging intervention strategy E-volution
References 1


References 2


Saberi, P., Ming, K., & Dawson-Rose, C. (2018). What does it mean to be youth-friendly? Results from qualitative interviews with health care providers and clinic staff serving youth and young adults living with HIV. Adolescent health, medicine and therapeutics, 9, 65–75. https://doi.org/10.2147/AHMT.S158759
