

# Characteristics associated with retention in HIV care for hard-to-reach adolescent men of color who have sex with men

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 for the YMSM of Color SPNS Initiative Study Group



**BACKGROUND:** Young men of color who have sex with men (YMSM of color) represent a subpopulation at particular risk of both infection and lack of access to HIV-related clinical care. In 2003 HRSA funded 8 demonstration sites and 1 evaluation center for a Special Projects of National Significance (SPNS) to identify best practices for outreach, linkage, entry, and retention in care for HIV+ YMSM of color.

**METHODS:** The purpose of this study is to characterize factors associated with poor retention among this cohort of hard-to-reach YMSM newly entered into care. Data were collected quarterly at intervention and primary care visits by face-to-face interview and chart extraction for HIV+ YMSM at the 8 sites. Uni-, bivariate, and GEE methods were used to describe characteristics associated with missing a quarterly visit due to inability to contact the participant. Analyses were conducted in Stata 9.0se.

**RESULTS:** Of 224 participants, 72.7% were African American, 28.3% Latino; 66.5% were 19-22 years, 35.0% still in school, and 36.8% living with parents; 96.4% cited sex with a man and 44.8% with a woman prior to infection. At baseline, 20.3% had HIV VL ≥ 100k and 12.2% had CD4 < 200. Of 529 expected follow up visits, 69 (13.0%) were not completed with the majority due to not being able to reach client (75.4%) or medical crisis/hospitalization (20.3%); 12.9% of participants ever missed a visit due to non-contact. Prior to adjustment for confounders, disclosure of HIV-status to a parent was associated with being less likely to miss a visit due to non-contact (OR 0.37, 95% CI 0.17-0.84) as was having parent's medical insurance (0.09, 95% CI 0.02-0.54). After adjusting for insurance and school status, CD4 count < 200 and age ≥ 21 were associated with missing at least one visit for non-contact (5.34, 95% CI 1.10-25.98 and 7.14, 1.05-50, respectively). Reporting a period of depression or suicidal ideation was associated with being less likely to miss a follow-up visit (0.15, 95% CI 0.03-0.80).

**CONCLUSIONS:** Among hard-to-reach YMSM of color, retention in HIV-care was a greater challenge for older individuals and those with lower CD4 counts, suggesting differential adolescent needs across the span of adolescence and disease staging. Potential barriers for adolescent care, including depression, disclosure to parents, and parental insurance did not appear to be barriers to retention in care. Youth- and patient-specific retention strategies are necessary to develop novel approaches to providing this high-risk population with continuity of HIV care.

- ✓ Retention in care is an essential step towards improving outcomes among HIV+ young men of color who have sex with men (YMSM of color)
- ✓ Innovative strategies and programs are required in order to improve retention
- ✓ The eight sites and one evaluation center assessed characteristics associated with retention in a multi-site, longitudinal study of traditionally-considered hard-to-reach youth
- ✓ Measures included a face-to-face behavioral survey and assessment of retention in clinic
- ✓ The purpose of this study was to characterize factors associated with poor retention among this cohort of hard-to-reach YMSM of color newly entered into care using generalized estimating equations (GEE)

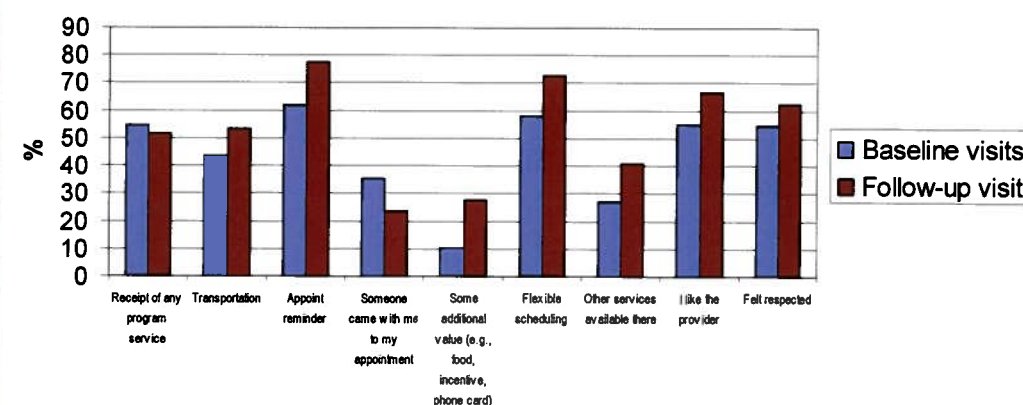
**Baseline characteristics of participants (N=224)**

	n(%)
Age (years):	
< 19	42 (19.0)
19-22	147 (66.5)
> 22	32 (14.5)
Absolute CD4 count <200 (n=164)	20 (12.2)
HIV RNA copies/mL >100,000 (n=123)	44 (35.8)
Race/ethnicity (check all):	
African-American	162 (72.7)
Other	61 (27.4)
Latino/Hispanic	63 (28.3)
Highest level of education:	
Less than high school	63 (28.3)
Completed high school or equivalent	64 (28.7)
Beyond high school equivalent	96 (43.1)
Comfort with Sexual Orientation:	
Very comfortable or comfortable	193 (92.2)
Drug use (ever):	
Marijuana	138 (72.3)
*Heroin, cocaine, painkillers, hallucinogens	148 (66.1)
Problems from drugs or alcohol, 3m	18 (47.4)
Drank alcohol at least one day, 14d	118 (58.7)
Condom use:	
Last insertive oral sex	41 (32.8)
Last receptive oral sex	40 (32.3)
Last insertive anal sex	76 (79.2)
Last receptive anal sex	84 (68.9)
Any at last anal sex, past 3 months	115 (77.7)
Run out of money for basic needs, 3m	
Many times	71 (33.8)
A few times	45 (21.4)
Once or twice	44 (21.0)
Never	50 (23.8)
CES-D score at baseline ≥16	104 (50.2)
Ever depressed	79 (36.1)
Ever attempted suicide	29 (14.0)

**Results**

- ✓ Only 11.5% of all quarterly follow up visits were missed for reasons unknown
- ✓ Significant increases in response to the question "... Did any of these things help you keep your HIV-related medical care appointments in the last 3 months?":
  - ✓ Transportation increased to 53.3% vs. 43.3%
  - ✓ Appointment reminders 77.3% vs. 62.0%
  - ✓ Additional services at visit 27.5% vs. 10.2%
  - ✓ Flexible scheduling 72.7% vs. 58.3%
  - ✓ Other services (e.g., support group, case management) 40.7% vs. 27.3%, and
  - ✓ Feeling respected by the provider 66.7% vs. 55.1%.
- ✓ After adjusting for disclosing HIV status to mother or father the following participant characteristics were associated with fewer missed visits
  - ✓ Age <21 (OR 0.09, 95% CI 0.01-0.74)
  - ✓ Ever feeling depressed (OR 0.15, 95% CI 0.03-0.74)
- ✓ While the following were associated with more missed visits:
  - ✓ CD4 count <200 (OR 4.46, 95% CI 1.05-18.90)
  - ✓ Being Latino (OR 3.85, 95% CI 1.15-12.88)
- ✓ After adjustment for baseline age and CD4 count, the following program characteristics were associated with fewer missed visits
  - ✓ Receipt of any program service (OR 0.16, 95% CI 0.03-0.92)
  - ✓ Feeling respected at the clinic (OR 0.06, 95% CI 0.006-0.58)
- ✓ While having/needing other additional value (e.g., food, incentive, phone card) at the visit was associated with more missed visits (OR 10.36, 95% CI 1.23-87.36).

**Perception that specific services helped keep appointments (N=224 baseline; 396 follow-up visits):**



**Conclusions**

- ✓ Among hard-to-reach YMSM of color, retention in HIV-care was a greater challenge for older individuals and those with lower CD4 counts, suggesting differential adolescent needs across the span of adolescence and disease staging.
- ✓ However, the challenges were fewer than expected.
- ✓ Depression, disclosure to parents, and parental insurance did not appear to be barriers to retention in care.
- ✓ Youth- and patient-specific retention strategies are necessary to develop novel approaches to providing this high-risk population with continuity of HIV care.

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