

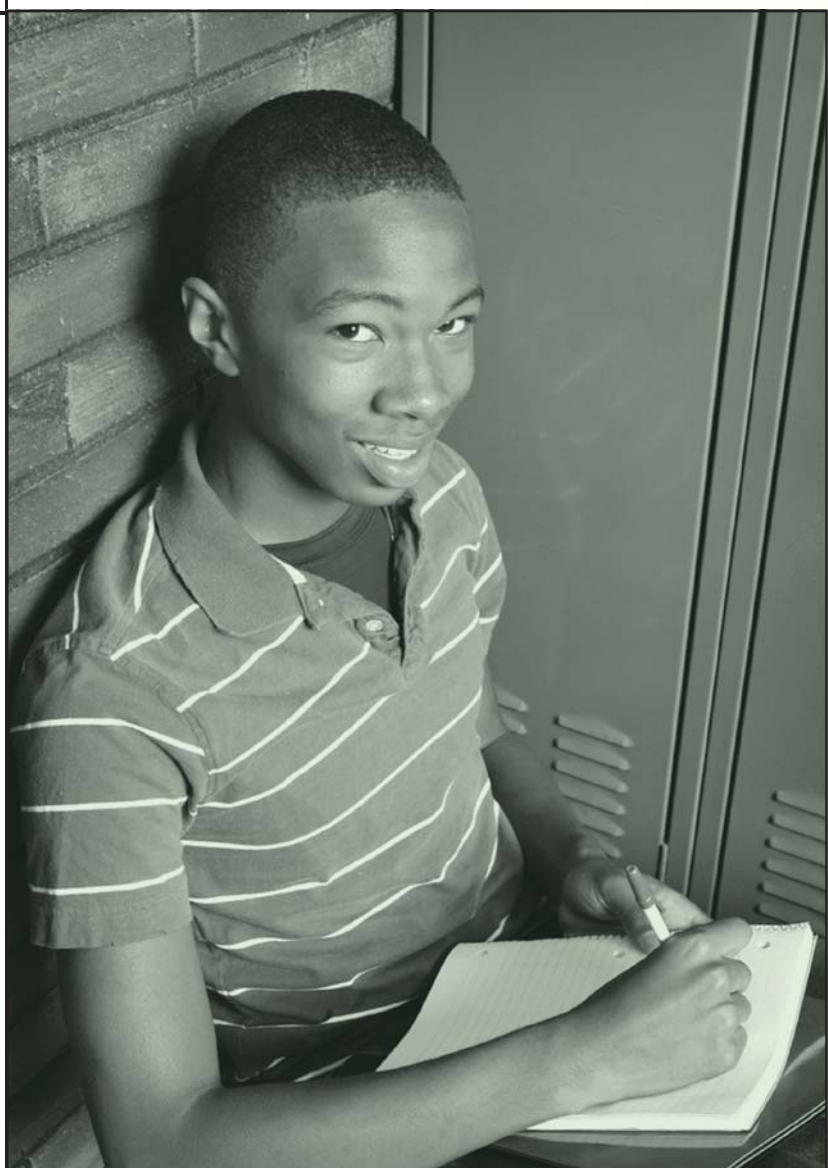
Community-Based STD Clinic for LGBT Youth (13-23): A Collaborative Approach that Finds High Positive Rates

BACKGROUND:

Lesbian, gay, bisexual, and transgender (LGBT) young people, especially young men who have sex with men (YMSM) in Duval County, Florida, have unique and frequently unmet health care needs. The clients who utilize LGBT service centers are extremely reluctant to seek treatment in traditional medical facilities because of treatment costs and perceived stigma.

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- In Duval County, over half (55%) of new HIV cases in 2007 were African American MSM and at least one in 13 Black MSM are living with HIV. Young males / adolescents (ages 13 – 29) make up 33% of the HIV cases among men. These reflect high rates of HIV cases among predominantly African American YMSM. (The Partnership 4 Comprehensive HIV/AIDS Prevention Plan 2007 – 2009, revised June 2008)
- The June 27, 2008, MMWR, Trends in HIV/AIDS Diagnosis Among MSM reports from 2001 – 2006 statistically significant increases in diagnoses were observed in nearly all racial/ethnic populations of MSM ages 13 – 24, with an increase of 93% observed among young Black MSM, twice as many as their white counterparts.
- In a study in the CDC Fact Sheet: HIV/AIDS among MSM, 77% of YMSM who were HIV+ believed they were not infected. Young Black MSM were more likely to be unaware of their infection, 9 out of 10 young black MSM compared with 6 out of 10 young white MSM. Of these YMSM who tested HIV+, 74% had previously tested negative for HIV and 59% believed they were at low or very low risk.
- Duval County ranked first of Florida in the number of Gonorrhea cases reported in 2007, second in Chlamydia, and sixth in Syphilis cases. The high rate of STD infection creates an added risk factor, especially African American YMSM. According to Out in the Open, in the presence of most STDs, the likelihood of acquiring or transmitting HIV increases 3 – 5 fold.
- “Fear of discrimination and stigma keep many in the GLBT community from seeking care for themselves or their families or from disclosing relevant personal information once in care.”, The GLBT Health Access Project, described in the American Journal of Public Health (June 2001).
- The special needs of GLBT youth are also discussed in the Healthy People 2010 Companion Document for LGBT Health, by the Gay and Lesbian Medical Association: “Among all age groups, adolescents are the most uninsured and underinsured group and are the least likely to receive office-based medical care or to use primary care services. Despite having poorer overall health status, ethnic and racial minority youth are less likely than white peers to receive needed health or mental health care. Minority youth are at higher risk for serious health problems and poor outcomes, and are less likely to have health insurance or a routine source of care for health maintenance or acute care needs.” (Ryan and Futterman, Lesbian and Gay Youth: Care and Counseling, P.208, 209)
- There are multiple conditions that work together to magnify the opportunity for the risk behaviors that lead to exposure and infection from HIV. These include STD infections, mental health and substance abuse issues. Combined with the community’s stigma around HIV and homophobia, the lack of access to safe, supportive, and affordable health care, and the developmental challenges of adolescents, these conditions create a variety of institutional barriers and individual and community challenges.

COMMUNITY-BASED STD CLINIC OBJECTIVE:

To increase STD / HIV testing and access to health care for LGBT youth

METHODS: The Duval County Health Department (DCHD) and the Jacksonville Area Sexual Minority Youth Network, (JASMYN), a community-based LGBT youth center, have developed an innovative collaboration to provide health services to LGBT youth through the establishment of an onsite STD clinic. JASMYN supports and empowers LGBTQ youth, ages 13 – 23, by creating safe space, providing youth development services, and bringing people and resources together to promote diversity and human rights. The Duval County Health Department Field Operations Division has a long history of seeking testing venues in neighborhoods and community settings where HIV and STD rates are high. This collaboration provides a



first-time opportunity to bring STD testing and treatment services to a youth center that specializes in reaching high risk sexual minority youth in Duval County. The clinic, offered twice monthly at the JASMYN House, provides STD screening and treatment, HIV rapid testing, referrals, and linkages to further care. DCHD provides an ARNP with a specialty in STD treatment, medications, and medical supplies. JASMYN provides the facility and educational outreach to young LGBTQ clients in a friendly venue with peers and culturally appropriate staff and medical volunteers. JASMYN staff provide the overall coordination and follow-up for the clinic. The clinic is also complemented by JASMYN’s other youth development programs, including leadership development, evidence-based HIV prevention models such as D-UP! Defend Yourself and Street Smart, health education, comprehensive sex education, and case management for high risk youth. Since the clinic opened in May 2007, first with medical support from the University of Florida Department of Pediatrics, it has had over 100 visits from LGBTQ teens and young adults, and has identified at least one pregnancy and over 25 STDs, including Gonorrhea, Chlamydia, Syphilis, Herpes, and HIV.

RESULTS: A total of 112 clients received 149 clinical services during 46 clinic sessions. Of these, 13.4% tested positive for HIV, Chlamydia, Gonorrhea, and/or Syphilis. For Black gay, bisexual and other YMSM, 16.3% tested positive for at least one STD. A total of 71 HIV tests were administered, with a 7% positivity rate; all of which occurred in Black YMSM. Charts for demographics and positives with types – see Below

CONCLUSIONS: Locating an STD clinic at the LGBT youth center increased testing and STD services to underserved high-risk youth, and yielded high rates of positivity for both STD and HIV.

IMPLICATIONS FOR PROGRAMS, POLICY OR RESEARCH:

Collaborations between public health programs and specialized youth-oriented community organizations are extremely positive in terms of the opportunity to provide core STD services to disenfranchised high-risk populations. In a time when clinical outcomes (i.e., positivity rates) are critical measures of program effectiveness, the partnership described here represents a viable low-cost and extremely effective public health intervention. Innovative partnerships

such as the DCHD/JASMYN project should be fostered and expanded because of the significant potential for disease control, prevention education, and risk reduction in underserved LGBT youth. Such programs are especially relevant in urban centers with high STD/HIV rates. Program expansions that would broaden the impact of non-traditional clinics could include immunizations, expanded reproductive health care, including care for transgender youth, mental health and substance abuse referrals, and primary medical care.

