Assessing HIV/AIDS Prevention Needs and Services for Young MSM in Connecticut

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Young men who have sex with men (MSM) bear the greatest burden of new HIV cases (36%) in Connecticut.¹ Although the needs of young MSM have increased, funding for services dedicated to this vulnerable population has decreased. From 2006 – 2009, MSM had the greatest burden of new HIV infections in the United States, accounting for 61% of new HIV cases.²

OBJECTIVES
To better understand 1) the successes, challenges, and barriers Connecticut agencies face in serving young MSM and preventing the spread of HIV in this community, and 2) the nature of inter-agency collaborations among agencies in Connecticut serving young MSM. The information provided from this qualitative research aims to inform the development and expansion of HIV prevention strategies through inter-agency collaboration.

METHODOLOGY
In-depth interviews were conducted with staff members at agencies serving the young MSM population in two Connecticut cities. Participants were asked questions about:

- Personal roles within organization
- Services provided to young MSM
- Characteristics of the young MSM population
- Risk factors and barriers to accessing services
- Challenges faced within own agencies
- Collaboration with other agencies

Transcripts were coded according to the framework approach³,⁴, and Atlas.ti was used to generate systematic data reports.

PARTICIPATING SAMPLE
Interviews included 10 participants at 4 Connecticut agencies from Hartford and Norwalk. Participants included:

- Employees working directly with young MSM such as medical case managers, support group facilitators, etc. (8), and
- Employees providing oversight and staff supervision such as executive directors. (2)

SERVICES OFFERED BY SAMPLE AGENCIES
Participants described a variety of services that were offered by their agencies:

- Support groups and mentorship programs
- Medical services and referrals
- Sessions aimed at building life skills and leadership capabilities, and
- Indirect services that trained providers in cultural competency and sensitivity.

MSM CLIENT PROFILE
Participants described their young MSM clients as:

- Teens to mid-20s
- Predominately African American and Latino
- Part of underground and transient partying culture thought to be associated with various risk behaviors, such as unprotected sex while using alcohol and drugs.
- Vulnerable to neglected and stigmatized mental health conditions.
- Having complacent attitudes and perceptions of low HIV-risk.
- Experiencing financial insecurity, which was cited as a major driver of risky sexual behavior, i.e. sex used as a means of obtaining food, shelter, and transportation.

Due to the limited sample size, findings and recommendations have limited generalizability across agencies.

LIMITATIONS
The three key limitations of this study include: 1) The small sample of participants, 2) That participants came from only two cities and may not represent state-wide views, and 3) Some interviews were conducted by phone and others in person.

References
Agency Challenges - Providing Services to Young MSM

Limitations in programming and staffing, misalignment in priorities of funders and agencies were often cited:

“They’ll give us our budget and then say: Oh, we’re going to have a ten percent cut across the board so we’ve got to re-do all of the budgets… we have to do less of that program… our target goal numbers may change… they’re pulling money back.”

Interviewees also recognized staff burnout and need for cultural competence among employees as a challenge:

“I’m program coordinator but you know, with cuts and being understaffed, I wear many hats.”

Participants called for programs designed to appeal to the cultural, social, and physical needs of young MSM, recruiting clients, coping with the lack of flexibility in some prevention programs and adhering to legal and policy challenges.

Agency Collaboration

Inter-agency collaboration fostered resource-sharing among agencies to better serve clients and expand the reach of their programs:

“If we have a young person that needs assistance of any kind, and [agency name] can help us out - if we don’t have the resource here but [agency name] does, we’ll refer them over there - actually walk them right over if we have to.”

Difficulties included lack of trust in the competency and tolerance of staff at other agencies, additional burden on personnel, and roadblocks to acquiring funding:

“There’s so many things to participate in and to collaborate in and it’s challenging with the staffing, just making all of the good things happen on top of the regular things that you’re funded for, to provide these interventions and do HIV testing and then on top of that to be expected to do all the paperwork and collaborate and get outside of your agency. It’s been tough.”

Best Practices and Successes

Participants emphasized providing a secure and caring environment, tailoring programs to meet the needs of the young MSM culture, incorporating mentorship programs, and collaborating with the young MSM community:

“The program planner has to be more realistic when they design the program for MSMS. They have to do it more according with the MSM needs. And is this program attractive for the MSM who attend it.”

“We have to collaborate with them, and we go out into the community and do prevention work, they get it. Once they, I think once they connect with the program, and they are able to engage and trust and they get it and they’re able to spread the word.”

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