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WHAT WORKS IN YOUTH HIV



## Exploring What Works in Youth HIV Prevention & Treatment

June 20, 2018  
2–3 pm ET

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Katie Saul:

Hi, everyone. We're excited to have you all with us today. This is Katie Saul from the Title X Family Planning National Training Center. And I'm happy to welcome you all to today's webinar. Exploring What Works In Youth HIV Prevention and Treatment.

This webinar is a collaboration between the FPNTC and the What Works in Youth HIV Project, which is funded by the Office of Adolescent Health and also managed by JSI. As many of you know, National HIV Testing Day is a week from today on June 27. So, we hope that today's presentation provides some timely information that can help you serve your Title X clients.

Just a few things before we begin. Everyone on the Webinar today is muted given the large number of participants that we have. So, please use the chat on the bottom left of your screen to ask questions at any time. And we'll address all the questions at the end of the presentation.

As a reminder, a recording of today's webinar will post on [FPNTC.org](http://FPNTC.org) probably early next week along with the slide deck of today's presentation and a transcript. We encourage you all to reference these resources, share them with colleagues, and use them for your own trainings since they're great tools to help train your

networks.

Okay. I'd like to introduce our speaker today. We have Aisha Moore with us from JSI. For the past 16 years. Aisha has worked with state and local programs to improve the health of our nation's young adults. She started her public health career as a peer educator, working on a crisis hotline. And then as a peer sexuality educator. From there, she earned both her bachelors, her master degree is in public health. And for the What Works In Youth HIV Project she directs a team of equally committed ... A team that's equally committed to healthy adolescence and to an HIV free generation. And communicating related facts and issues clearly through the project's website and technical assistance, which you'll hear a little bit more about in a moment.

Aisha, with that. I'm going to turn it over to you.

## Webinar Objectives

By the end of this presentation, participants will be able to:

- Describe the current state of youth HIV/AIDS among youth in the U.S.
- Explain modern HIV prevention and treatment strategies.
- Recognize opportunities for family planning providers to enhance linkages between HIV testing and treatment.

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Aisha Moore:

Thank you for the wonderful introduction, Katie. And hello to everyone participating on today's webinar. First, I'd like to make sure that you all know the webinar objectives. By the end of this presentation, participants will be able to describe the current state of youth HIV/AIDS among youth in the US. Explain modern HIV prevention and treatment strategies. Recognize opportunities for family planning providers to enhance linkages between HIV testing and treatment.

There's been some major HIV prevention advances in the last couple of years. Including the role that treatment plays in prevention. We thought this was a very timely topic in advance of national HIV testing day.

## WWYH Goal

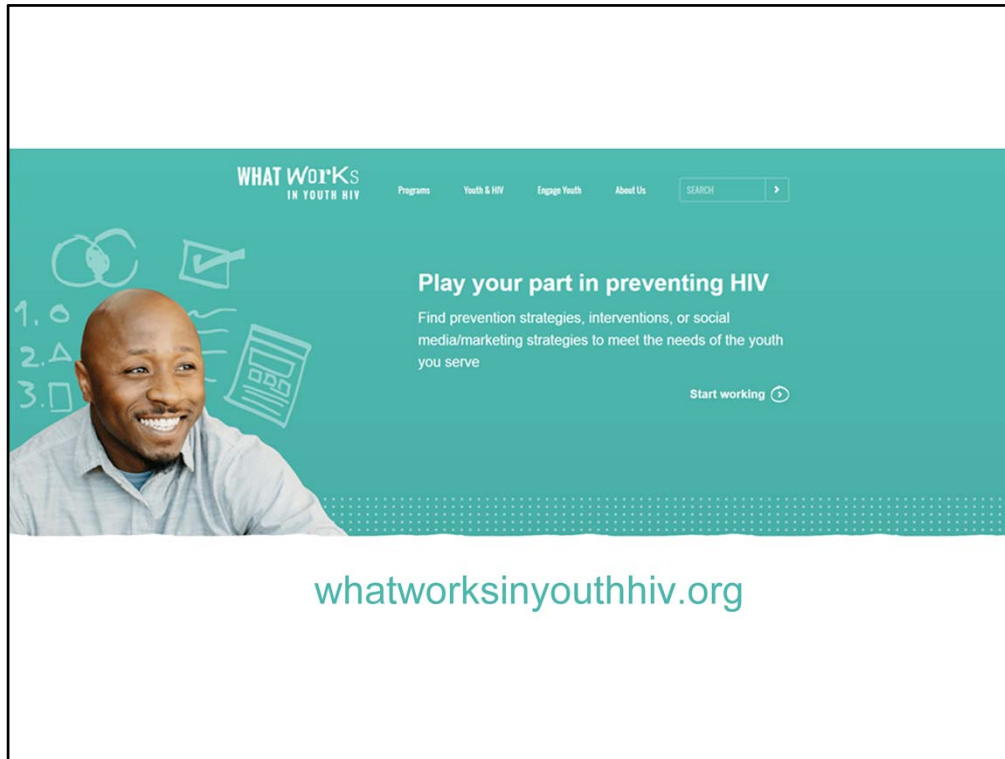
Improve the health and well-being of America's adolescents by providing practical and innovative website content that empowers youth-serving providers to meet the needs of youth at highest risk for HIV/AIDS.

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Aisha Moore:

Let me tell you a little bit about What Works in Youth HIV, as Katie said, I'm the project director. And it's a project funded by the office of adolescent health with funding from the HHS secretaries minority AIDS initiative fund. This project is also managed by JSI Research and Training Institute, which also manages the Family Planning National Training Center.


This project really exists to make sure that all people who work with youth have information they need to educate young people about HIV. This includes people who work in organizations with a primary focus on HIV. But, it also includes health teachers, social workers, and after school program staff.



Aisha Moore:

But, specifically at What Works in Youth HIV we support and promote interventions and strategies to better integrate HIV prevention focus on youth, promote evidence based programs and practices, and connect youth serving providers across the US with training and technical assistance opportunities. Including helping them run social media and educational campaigns. To learn more about us after the webinar you can visit [whatworksinyouthhiv.org](http://whatworksinyouthhiv.org) and we have a robust website.

Most recently, we've been collecting audio and video stories from people on the field. One of our latest podcasts was on using Snapchat for health education in a family planning setting. That's something we definitely would like for you to check out.



Young people under 26 years of age, born after June 5, 1981, have **never known a world without HIV.**

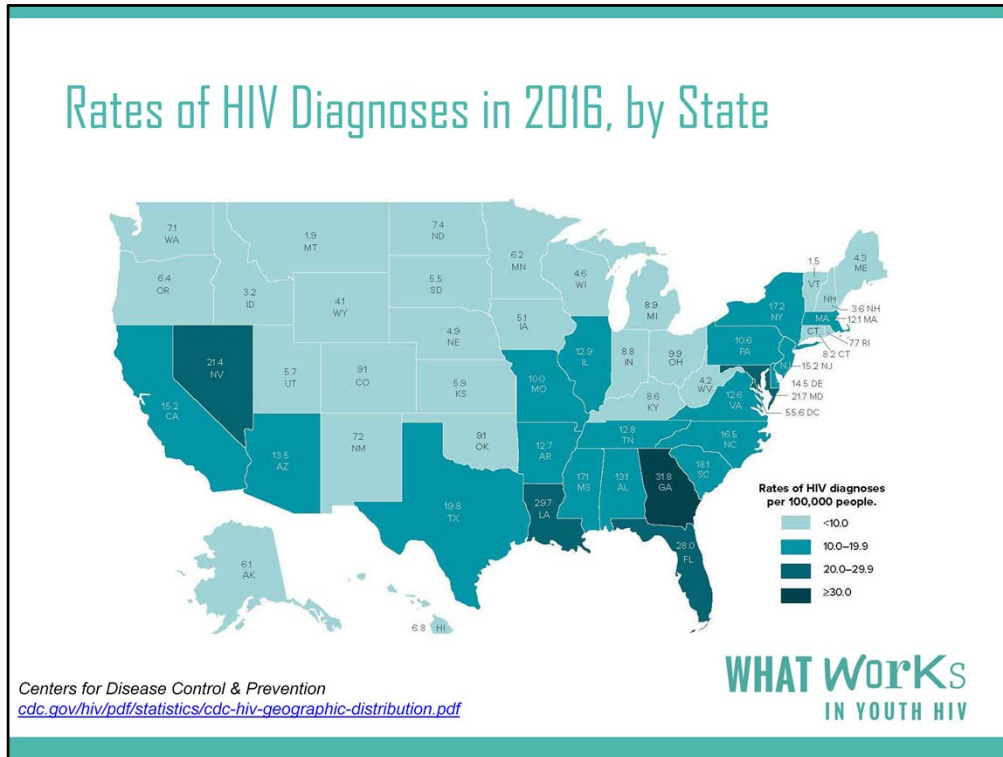
Centers for Disease Control & Prevention  
[cdc.gov/hiv/group/age/youth](http://cdc.gov/hiv/group/age/youth)

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Aisha Moore:

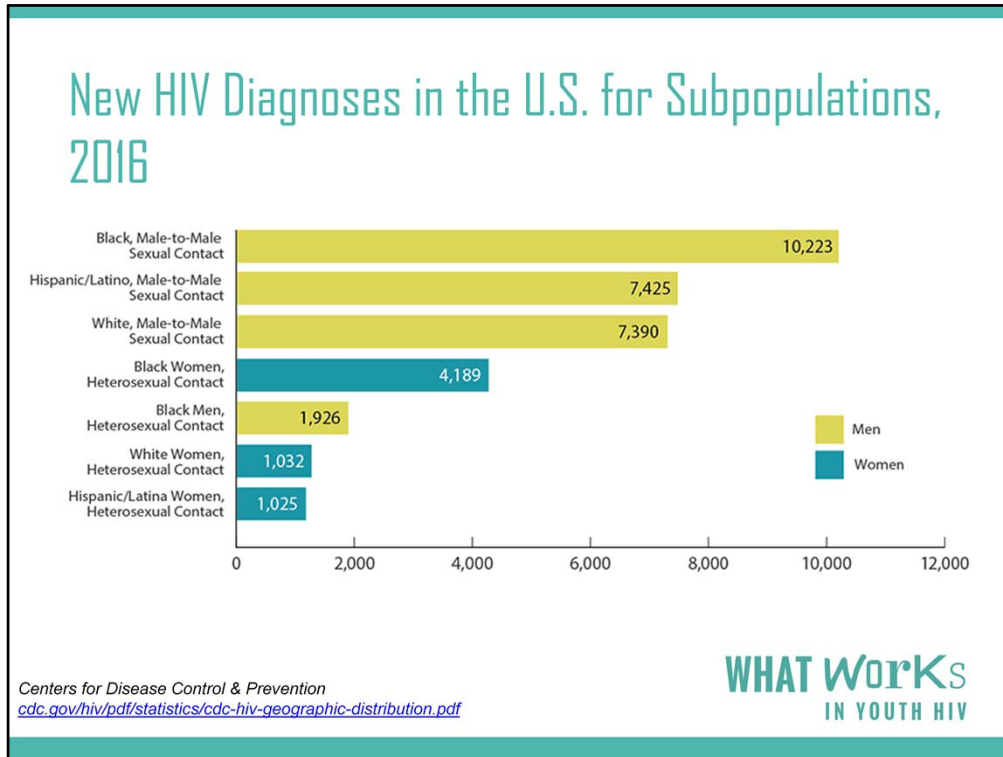
Let's talk a little more about HIV in the US. So, on June 5, 1981 CDC reported the first cases of what we now know as AIDS. Many of us remember the news reports of this disease that was sweeping many communities in the nation.

Anyone that born after this day has never known a world without HIV. They may be the first to see it end. That said, on November 27, 2017, Kaiser Family Foundation survey showed that only 18% of young people 18-30 know someone who is living with HIV or has died from AIDS. Therefore, they have less than a personal connection to the disease. That same survey showed that stigma and misperceptions exist in this young group of people as well.



Aisha Moore:

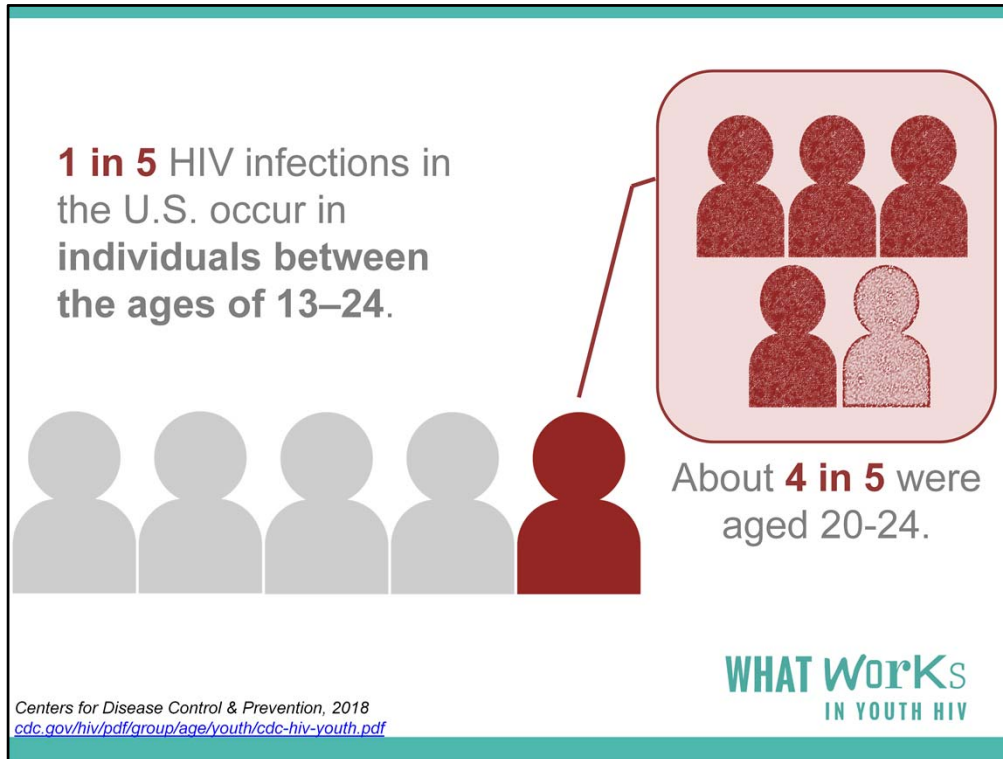
This map shows the rate of HIV diagnosis by state. As has been the case for most of the epidemic, CDC reports that most HIV cases occur in metropolitan areas. Most of the new diagnosis occur in the northeast, and more recently in the south. The rise of HIV in the south is important because the HIV prevention and care infrastructure, and referral relationships are not as well established as they are in places that were a part of the early HIV epidemic



Aisha Moore:

Let's talk about new HIV diagnosis. Within the US there are also differences in new HIV diagnosis rates by gender, race, and sexual contact. Looking at the slide, Black, gay and bisexual men have the highest rate. Followed by Hispanic/Latino and white, gay, and bisexual men. While HIV diagnosis rates among women are going down, HIV testing for women and connection to care still needs to be addressed. So this downward trend, continues.



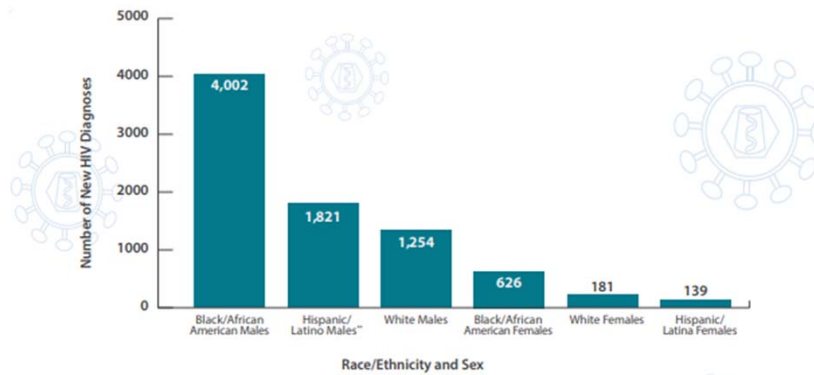


Aisha Moore:

Let's talk a little bit about age. 21% of new HIV diagnosis are among youth. But youth only account for 16% of the US population. This means that young people are disproportionately impacted by HIV.

About four in five HIV infections are among young people 20 - 24 years old. And have half of youth 18 - 24 living with HIV in the US do not know that they are infected. Therefore, it's important to provide education and resources as early as possible.

## New HIV Diagnoses Among Youth in the U.S., by Race/Ethnicity and Sex, 2016



Subpopulations representing 2% or less of all people who received an HIV diagnosis in 2016 are not represented in this chart.

Centers for Disease Control & Prevention  
[cdc.gov/hiv/pdf/group/age/youth/cdc-hiv-youth.pdf](https://www.cdc.gov/hiv/pdf/group/age/youth/cdc-hiv-youth.pdf)

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Aisha Moore:

Similar to the earlier slide on overall HIV diagnosis, Black, Hispanic / Latino, and white young males have the highest rate. Followed by Black, white, and Hispanic / Latina, and young female.

## Why Focus on Youth?

- “Youth”: the period between childhood and adult age
- Physical, cognitive, emotional and social changes occur that impact their health
- Youth 13-24 years old experience disproportionate impact of HIV



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Aisha Moore:

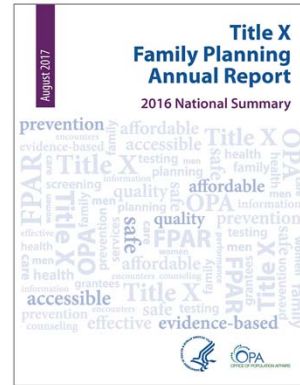
Why are we focusing on youth today? Earlier I spoke about the disproportionate impact of HIV on young people ages 13 - 24. People working with youth 13 - 24 years old, including family planning providers play such an important role in supporting healthy development and encouraging behaviors to prevent HIV. Such as choosing not to be sexual active, consistent and correct condom use if sexually active. And regular HIV testing.

So, adolescence is really this critical time in a person's life. Young people at that time are experiencing physical, cognitive, emotional and social changes during this period. And develop life long behaviors that impact their health.

During this time, youth explore and further develop their identities as individuals within communities and the greater society related their sexuality. Therefore, this is a time when we need to give them this critical information.

## Youth Seeking Family Planning Services

1,750,472 or 43% of all Title X clients are ages 24 years or younger (FPAR, 2016)



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Aisha Moore:

Why should this matter to the family planning community? When you look at the 2016 Title X family planning annual report, youth make up just under half of all Title X clients. Family planning providers can really play an important role in helping young people know their HIV status, and contribute to ending the US, HIV epidemic.

Some young people may not receive education about HIV in their schools and colleges. So, you can provide this basic HIV prevention education, as well as referrals to testing. And connection to care and education along with all of the valuable information and services you provide.

## National HIV/AIDS Strategy (NHAS)

### Goals:

1. Reduce new infections
2. Increase access to care & optimize health outcomes for people living with HIV (PLWH)
3. Reduce HIV-related health disparities & inequities
4. Achieve more coordinated national response to the HIV epidemic

[HIV.gov](http://HIV.gov)  
[hiv.gov/federal-response/national-hiv-aids-strategy/overview](http://hiv.gov/federal-response/national-hiv-aids-strategy/overview)

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Aisha Moore:

That kind of completes our overview of the demographics of who is at risk for HIV and who is being diagnosed. Now, we'll talk about national efforts and frameworks that are informing the current response to HIV.

The first ever national HIV / AIDS strategy was released in 2010 and guides the national response to the HIV epidemic. While the strategies were updated in 2015 to reflect how our prevention tool has expanded, the four goals of the strategy remain the same.

The first one is to reduce new infections. Followed by increase access to care, and optimize health outcomes for people living with HIV. Reduce HIV related health disparities and inequities. And achieve a more coordinated national response to the HIV epidemic.

## Youth as Priority Population in NHAS

- Support engagement in care
- Provide age-, developmentally- and culturally-appropriate programs and education
- Provide comprehensive information about mental and emotional well-being
- Address intersecting issues, such as intimate partner violence
- Promote youth leadership, including youth living with HIV

[HIV.gov](https://www.hiv.gov)  
[hiv.gov/federal-response/national-hiv-aids-strategy/overview](https://www.hiv.gov/federal-response/national-hiv-aids-strategy/overview)

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Aisha Moore:

Youth are a priority population in the national HIV / AIDS strategy. And there are specific strategies that are recommended to address their unique needs. We'll go one by one.

The first thing is, support engagement and care. Many adolescents don't see a doctor regularly, or may have other barriers to care such as transportation, or cost. They may also not have disclosed their HIV status to their families, which makes it more difficult to remain in care. A role that we play to support their engagement and care.

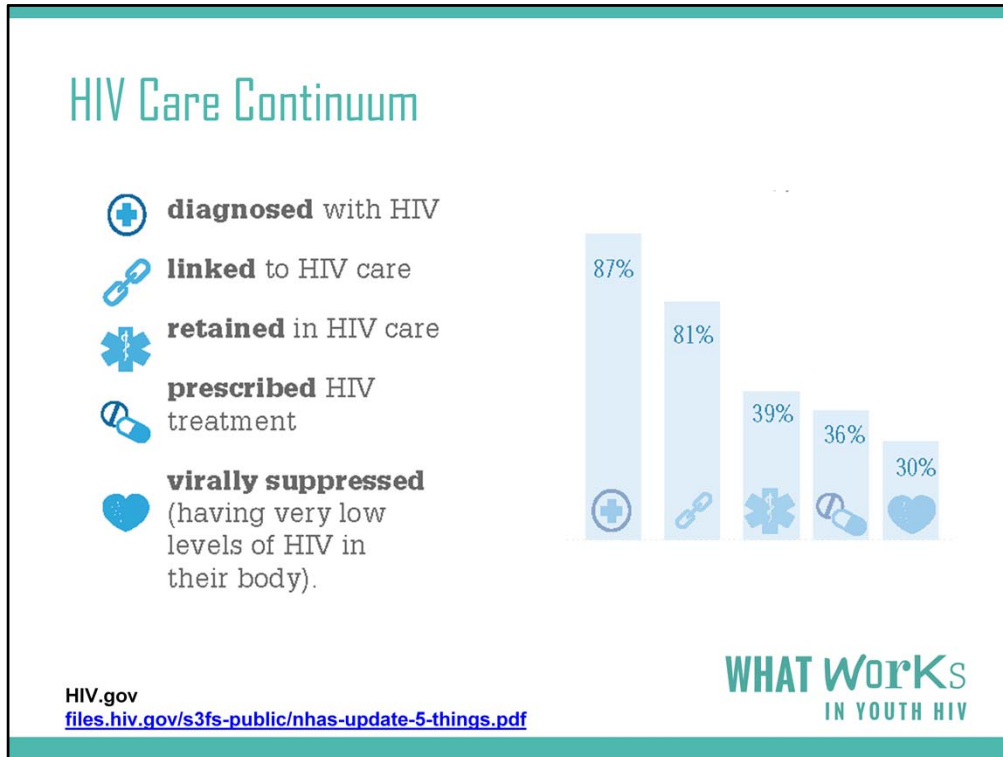
Next strategy is provide age and developmentally and culturally appropriate programs in education. As you well know, young people are different from adults. So, they need services that are tailored to them.

The next strategy is to provide comprehensive information about mental and emotional wellbeing. HIV continues to be a heavily stigmatized disease. You may be hesitant ... A young person may be hesitant to get tested. Or to stay and find the results because they're afraid of how they might be treated. Or they may not get the support that they need at home. Youth living with HIV also needs support after

diagnosis to process their emotion. It's really important to address this mental and emotional wellbeing.

Next is to address intersecting issues such as intimate partner violence. Youth that are homeless, run away, in foster care, or have been exposed to violence don't have prevention at the top of their list. Addressing their other critical needs help them to be able to better make decisions about their health.

The next strategy is to promote youth leadership. Including leadership of those youths who are living with HIV. The HIV community has had a long history of peer services. The positive youth development literature has shown that when youth are involved in the design implementation, and evaluation of programs, they take more ownership. We want to see these types of strategies to continue. These are some of the special strategies that are in the national HIV strategy that are related to serving youth.



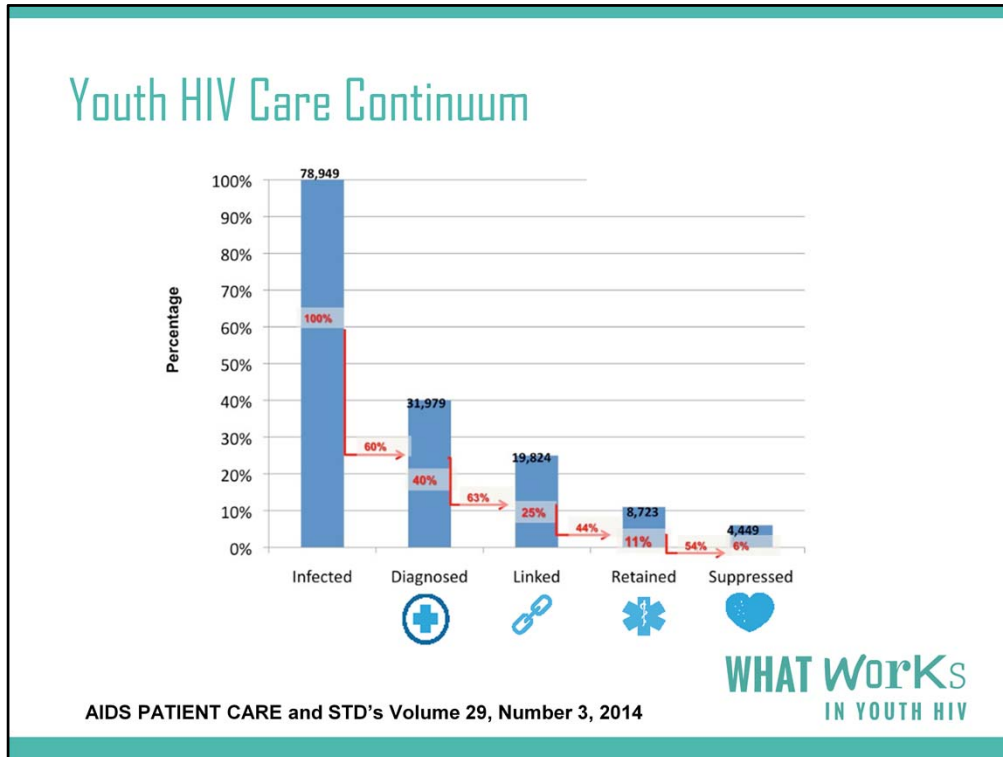
Aisha Moore:

It doesn't stop there. There are other prevention options, and we're going to take a look at them through what's called the HIV care continuum. In 2013 the Federal HIV Care Continuum Initiative, directed federal departments to fund and implement strategies to decrease the number of people with HIV. I'm sorry, to increase the number of people with HIV who are diagnosed with HIV, linked to HIV care, retained in HIV care. Prescribed HIV treatment, and who are virally suppressed.

When you look at this chart, the goal really is to have as many people as possible meeting all of these stages. While the majority of people living with HIV, about 87% know their status, there is still work to do related to linking people to HIV care. Retaining them in care, prescribing HIV treatment, and maintaining viral suppression.

If you note the first column, it's an estimate of people who don't know their status. That's why it's not 100%. We estimate there are an additional 13% of people who not know their status.










Aisha Moore:


Then there's also a youth HIV care continuum. When it comes to youth progress through the continuum HIV care, there's even more work to be done. In a 2014 study in AIDS patient care and STDs they mapped out how youth were fairing in the HIV continuum. Of the nearly 80,000 youth believed to be living with HIV only 40% have been diagnosed with HIV. That means 60% of them don't know their status. We believe that they don't know their status. Many of the people who even do know their status, they haven't been successfully linked to, or retained in care. As you see the charts going down. Therefore, it makes it hard to achieve viral suppression. Therefore, very few young people are becoming virally suppressed.

## HIV Care Continuum

### What Can Family Planning Providers Do?

 <b>diagnosed</b> with HIV	Offer routine HIV testing
 <b>linked</b> to HIV care	Connect to HIV care providers
 <b>retained</b> in HIV care	Connect to other local services/programs to help them meet their basic needs
 <b>prescribed</b> HIV treatment	Connect to HIV care and treatment
 <b>virally suppressed</b> (having very low levels of HIV in their body).	Support clients to continue ART, counsel clients interested in seeking pregnancy

HIV.gov  
[files.hiv.gov/s3fs-public/nhas-update-5-things.pdf](https://files.hiv.gov/s3fs-public/nhas-update-5-things.pdf)



Aisha Moore:

When it comes to HIV testing with youth, CDC recommends that all adolescents be tested for HIV infection at least once. And that persons at increased risk for HIV infection be tested at least annually. Family planning providers play an important role in offering routine testing for HIV as part of their ongoing services provided to their patients.

Looking at linked to care, not everyone who gets tested for HIV is getting into care. This is particularly a problem for youth who face barriers to care, due to limited access to youth friendly services, lack of insurance coverage, and concerns about confidentiality. For example, they might believe that their HIV status might be disclosed on the link they met.

Family planning providers can connect you, if you test positive for HIV to HIV healthcare providers who offer treatment and prevention counseling. To help them stay as healthy as possible. And prevent passing HIV onto others as well.

After being linked to care, you have to be engaged or retained in care. So, because there's no cure for HIV at this time, treatment is a life-long process. To stay healthy, youth living with HIV need to receive regular HIV medical care. Even for those who test negative, family planning providers can play a role in connecting them to care to keep them healthy and HIV negative.

For example, you can connect them to mental health services, and programs to help them meet their basic needs. Like employment, housing, or food. The next stage is being prescribed anti-retroviral therapy. Or ART.

ART are drugs used to prevent a retrovirus such as HIV from making more copies of itself. And it's recommended treatment for HIV infection. The recommendations for starting ARTs have changed. It used to be the case that ARTs were prescribed when a patient's viral level met a certain threshold.

Now, it's recommended that everyone start ARTs as soon as possible after a positive HIV test. Again, family planning providers play an important role in connecting youth who test positive to local services for care and treatment.

Now, we're down to achieving viral suppression. When people living with HIV take their ARTs as prescribed, it reduces the amount of HIV in their bodies. So, it reduces their viral load. What that does, it keeps their immune systems stronger, reduce ... That also, in turn, reduces their risk of transmitting HIV to others. It also prevents drug resistance.

Viral suppression is defined as having less than 200 copies of HIV per milliliter of blood. The goal of viral suppression is to achieve and maintain a viral load that gets HIV to an undetectable level. So, so low that a test can't detect it. Family planning providers can support clients living with HIV to continue to take their ARTs and provide information about mother to child transmission for clients interested in seeking pregnancy.

## Importance of Viral Suppression for HIV Prevention

- People living with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners.
- ARTs need to be used in combination with other tools available to us, including condoms and contraception.

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Aisha Moore:

Let's talk about the importance of viral suppression for HIV prevention. Viral suppression benefits the person living with HIV and their sex partners. Three different studies of the prevention effectiveness of viral suppression to reduce the risk for sexual HIV transmission have shown similar results. Across thousands of couples, with different HIV statuses. So, I mean, one partner was positive, one was negative. And many thousands of sex acts without a condom, these trials were done with couples who were not using a condom, or PrEP, which I'll explain later. There are no HIV transmissions that were observed. When the HIV positive partner was virally suppressed as a result of anti-retroviral treatment.

This really means that getting and staying virally suppressed is not only the best thing for people living with HIV to maintain their own health, but also one of the best ways to prevent new infections through sex. However, this is only about HIV and family ... This isn't only about HIV and family planning providers.

I'm sorry. However, this is not only about HIV and family planning providers need to continue to encourage other methods of pregnancy, and STD prevention. Like condoms and contraception for women with HIV positive partners who are virally suppressed. Viral suppression and taking ARTs still needs to be used in combination

with other tools available to us like condoms and contraception.

## Pre-Exposure Prophylaxis (PrEP) for HIV Prevention

- A biomedical prevention method for people who are not HIV-positive but are at high risk of getting HIV.
- Requires taking an ART every day to prevent HIV infection.
- When taken as directed, PrEP has been shown to reduce the risk of HIV infection in people who are at high risk by more than 90%.
- PrEP need to be used in combination with other tools available to us, including condoms and contraception.

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Aisha Moore:

I'd mentioned earlier, PrEP. And that is called pre-exposure prophylaxis. There's varied prevention methods to help young adults remain HIV negative. Most of these are the methods that you already know about, that involve changing behavior to prevent HIV, for example. Condoms or choosing not to be sexually active.

Pre-exposure prophylaxis referred to as PrEP is a biomedical method for people who are not yet HIV positive, but are at high risk of getting HIV. It requires taking a pill every day to prevent HIV infection. The pill that is currently prescribed and approved by FDA is Truvada. Truvada for PrEP.

And combined with other behavioral strategies, PrEP offers an effective way to prevent young adults from contracting HIV and becoming HIV positive. The effectiveness decreases when PrEP is taken inconsistently. The higher concentration of PrEP medication in a person's system, the more effective it is at preventing HIV. PrEP doesn't protect against other sexually transmitting infections, or pregnancy. That makes other prevention method that necessary to address other sexual health needs.

In 2012 the Food and Drug Administration, FDA, approved Truvada for use as PrEP for HIV prevention in people over 18. And just recently, the FDA approved Truvada for use as PrEP for HIV prevention in people 15 to 18 years old.

## Family Planning Providers & HIV Prevention

- Educate and raise awareness of risks of HIV with youth.
- Provide condoms and condom education.
- Provide routine HIV testing and referrals to HIV treatment and PrEP for youth at high risk.
- Encourage HIV positive youth to maintain viral suppression to remain healthy and prevent HIV transmission to sex partner(s).

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Aisha Moore:

Family planning providers play an important role in HIV prevention. That includes education and raising awareness of risk of HIV with youth. Providing condoms and condom education, providing routine HIV testing, and referrals to HIV treatment, and PrEP for youth at high risk and encouraging HIV positive youth to maintain viral suppression to remain health and prevent HIV transmission to sex partners.

## FPNTC Resources

Sexually Transmitted Disease Services Training Package on fpntc.org

- [Delivering HIV Rapid Test Results: Experiences from the Field](#)
- [Family Planning Provider PrEP Toolkit](#)
- [Guidance for Delivering HIV Pre-Test and Post-Test Results: Integrating HIV Screening Into Title X Services](#)
- [New Advances in HIV Diagnostic Testing: Training for Health Professionals](#)
- [Virtual Coffee Break Webinar: PrEP Series, Part 1: HIV Testing Basics](#)
- [Virtual Coffee Break Webinar: PrEP Series, Part 2: HIV Prevention in Women](#)

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Aisha Moore:

That concludes the formal part of this presentation. But, the FPNTC has many resources around sexually transmitted disease services and training packages. So, there, you can see the links there. Now, I'll turn it over back to Katie. And we can do a little bit of question and answer.





Katie Saul:

Great. Thank you Aisha. We do have a few questions in the cue. I would just encourage anyone with questions to please tap those in now. We can read the ... to Aisha in just a moment. The first question is, can you get a prescription for PrEP without insurance? Are there any options?

Aisha Moore:

There's two things. It depends on where you live. In some places, like New York, this is an option. It's part of their server system that they can get PrEP without insurance. There's some steps that you would have to take as a provider.

Aisha Moore: Then Gilead, who is the manufacturer of Truvada, they have a patient assistance program where someone can apply to get assistance with paying for PrEP.

Katie Saul:

Great. Thank you. I think we're going to chat out some links, or a link to a few resources in just a moment. So, stay tuned in your chat box everyone. And that's coming out shortly.

Aisha Moore:

Yeah, we had a recent webinar-

Katie Saul:

Another question-

Aisha Moore:

... on this. So, if we can chat out the link, we have a FAQ that actually goes into more detail on that question and some other questions.

Katie Saul:

Great. Okay. Another question, Aisha, is why is HIV prevalence higher among men? Is it because women are more scared to tested or men are more willing to come forward? For testing, I assume.

Aisha Moore:

Mm-hmm (affirmative). There really has to deal like with epidemiology. When it comes to gay and bisexual men, that's where HIV is kind of concentrated a little bit. The more people that are available to ... More people that have HIV, within closed communities, and your risk is higher. That's why you see it being higher in men because the rates of HIV among gay and bisexual men are so high. Then there's just more people to transmit.

Aisha Moore: It's not really having to do with testing behaviors. Other than that, because we know it's high in certain populations, then a lot of the testing dollars and testing efforts are focused on the populations who are most at risk.

Katie Saul:

Okay. Another question. Why are there many physicians who have not heard of PrEP who offer PrEP?

Aisha Moore:

So, when they do education on new drugs, and things of this nature, especially around HIV because it's an infectious disease. It is going to the infection disease doctors are the ones who are being the most educated about that. So, it's up to the medical community to make sure that they are spreading the word to more of the front line people because anyone can pass on this message. That's why at What Works in Youth HIV, we don't only try to educate people who already work in the HIV space.

Aisha Moore:

There are so many other people like other doctors, health educators, your person at your YMCA. They're all the people that need to know this information because a lot of times, they are the frontline person and not your infectious disease doctor.

Katie Saul:

Okay. Thanks. Another question about PrEP. Someone said, "I saw in the news that PrEP is not available for young people. Can you say more about that?"

Aisha Moore:

Yes. It is very recent, it has only been about maybe a month or two that the FDA did approve PrEP for young people, as young as age 15. Young people at 15 to 18 can now use PrEP. They can go talk to their doctor about whether PrEP is right for them because you do have to take it, a pill, once a day. And as we know, sometimes that can be difficult for young people. Not only will they prescribe the pill itself, they will, under the new regulations, they will be required to come and see their provider once a month just to check in on them, to make sure they're doing okay with PrEP.

Aisha Moore:

Making sure that they are taking it consistently, and making sure that they are continuing to do other things to keep themselves protected from HIV.

Katie Saul:

Okay. Just a heads up, Aisha, we're getting lots of questions in here. We're going to keep them coming while we have time. Can you recommend any resources for HIV positive adults around housing?

Aisha Moore:

Yes. If you go to [locator.hiv.gov](http://locator.hiv.gov), that is the federal HIV services, testing and services locator. There you can locate by zip code your closest place to get an HIV test. Including other services, like housing and mental health, and substance abuse.

Aisha Moore:

That is a one stop shop locator, where you put in your zip code and it will let you know all of the federally funded places that give services for HIV, substance abuse, mental health, and housing through the housing opportunities for people living with AIDS. That is run by HUD.

Katie Saul:

Great. Thank you. Another one, how long would someone need to take Truvada to be classified as protected against HIV? Or when does Truvada reach it's peak or therapeutic response?

Aisha Moore:

When it comes to using Truvada for PrEP, because that's very different then using Truvada for a person living with HIV. If you're using Truvada for PrEP, for HIV prevention, and HIV negative person, it is seven days.

Aisha Moore:

I don't have in front of me the answer to when it comes an HIV positive person getting the virus lowering your blood because that really depends on how high the persons viral load is when they start an ART. And it may take a while to bring that viral load down, though it varies from person to person because we're they're starting viral load is will be different for each person.

Katie Saul:

Okay. This question is, is PrEP available free of cost? Especially for uninsured people, or folks with low or no income? If yes, where can we send them? Or to what agency can we send them?

Aisha Moore:

The first thing you want to do is check with Gilead, who is the manufacturer of PrEP. They have a patient assistance program, where you can help your patient apply to see if they qualify for any free or discounted PrEP.

Aisha Moore:

Then, the second thing you need to do is check with your local state, or local health department because depending on where you live, some places do have other types of patient assistance programs.

Katie Saul:

Okay. All right. The next question is, when did it go into effect that someone 15 to 18 years old can get a prescription to get into PrEP?

Aisha Moore: I don't have the exact date in front of me, but it's been within the last two months. It's a very, very recent development.

Katie Saul:

Okay. This next question is, does the parent of a minor child have to be notified of a child's HIV status?

Aisha Moore:

Again, that's something that also depends on your states statutes. Every state has different statutes about what is the age that young people can health services on their own, including sexual health services. It depends on state to state.

Aisha Moore:

But, what is pretty regular for most states is that if they are ... If a person, so not just young people. If a person is diagnosed with HIV then they try to do as best they can to notify partners of that person that they may have been exposed to HIV and that they need to get tested.

Aisha Moore:

They will try to notify partners that they are able to contact. But, it depends on your state and local jurisdiction to what their laws are around access to health services for minors.

Katie Saul:

Okay. Another question here is, are you aware of evidence based health education approaches that can be implemented in clinics?

Aisha Moore:

On our website, What Works in Youth HIV, we have a list of several HIV prevention curricula that are HIV specific. But, there is even a wider variety of curricula if you look on the CDC website. They have a list of what they have approved for HIV prevention.

Aisha Moore:

Everyone has to look at the population, how many sessions, what staff you have available to be able to do something in your setting. We do know of clinics who have an educational component. They do use some of these evidence based interventions in their clinics. But, not in their ... There aren't any that I know of that are for a clinical encounter, they're more group programs.

Katie Saul:

Okay. We have a question here that says, can homeless youth receive treatment without consent from a parent or legal guardian?

Aisha Moore:

Similarly, to the question that was asked before. It really depends on your regulations and laws in your state or jurisdiction about minor access to health services. And / or in this case of a homeless youth, if they have become an emancipated minor. Then they can be responsible for their own health services.

Katie Saul:

Okay. Aisha, remind us from what age that PrEP can be used?

Aisha Moore:

Recently, it has changed that it starts at 15 that PrEP can be prescribed to young people 15 - 18. But, the follow-up steps, such as having to see your provider are more frequent for youth than they are for adults.

Katie Saul:

Okay. Someone else has asked, is there an injection for of PrEP?

Aisha Moore:

Not at this time.

Katie Saul:

Okay.

Aisha Moore:

It's one pill per day.

Katie Saul:

Okay. I think our last question, at least for the moment unless a few other come in is what are some recommendations for reaching youth online?

Aisha Moore:

The Pew Internet and Technology Center just did a survey and just released the results of how young people are using the internet. To my surprise, YouTube was the place that they go the most. And they spend the most time there. That's a ... Using video is something that would be a great way to reach youth.

Aisha Moore:

Whether it's short videos, or whether it is a longer video that is more explaining a longer process. But, broken down in a way that is plain language and at the appropriate health literacy level. Half of youth say that they spend their online all the time. When we talk about meeting clients where they are, for young people, online is the place to be.

Aisha Moore:

Places like YouTube, Instagram, and SnapChat are like the top three for young people. You really want to get some ... If you're not using those, you want to get some education about those. You want to learn about those. There's a great resource offered by our other partner, HIV.gov where you can get a one and one, 45 minute consultation about how to use social media for HIV and prevention of anything related to public health, related to the populations at risk. Even family planning providers can take advantage of that resource. You can visit HIV.gov to learn more about how to use social media.

Aisha Moore:

Also, you can check out on What Works in Youth HIV we have a whole section on how to use social media with young people. And as I mentioned earlier, we talked to a few people in the field about their strategies. And one of those that was most recently shared was how do you SnapChat to extend your in person education sessions, online?

Katie Saul:

Great. Well, Aisha that's all the questions that we have for today. I want to thank you very much for presenting today. And to our audience out there, as a reminder we hope to have a recording of today's session available within the next three days, or early next week. That will also include the slide deck from today's presentation, which is the actual PowerPoint slides so that you can replicate this training with your staff, if you'd like.

Katie Saul:

We'll also include a transcript of today's session as well. I know that we shared quite a few resources in the chat box. Hopefully you can take a look at the recording, and the files from the webinar today and reference those. And visit [whatworksinyouthhiv.org](http://whatworksinyouthhiv.org) to explore all of the resources that the website has to offer.

Katie Saul:

In addition, as Aisha pointed out, we have several resources on FPNTC.org. I would direct you specifically to the sexually transmitted disease services training package. Where you'll find quite a few HIV related resources from both the FPNPC, as well as the clinical training center for family planning.

Katie Saul:

If you all received the FPNPC E-news on Monday this week, you'll also see several of our HIV related resources highlighted there. And just a reminder if you don't receive our monthly E-news, you can sign up in the connect with the FPNTC section of our website.

Katie Saul:

Finally, we do just ask that you complete the evaluation at the end of the session today. It's going to pop up when you exit the session. We'd love your feedback, as always. We'll use it to inform future sessions, and we thank you all for joining us today.