A Framework for the Development of the Manitoba HIV Program's Youth Strategy

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Glossary/Abbreviations

For the purposes of this report the following definitions have been established:

At-Risk Youth: Youth (aged 14-24 years) who are at higher risk of STBBI infection based upon their determinants of health which are directly or indirectly correlated with STBBI rates (i.e. street involved "homeless" youth, youth questioning their sexuality/gender, Aboriginal youth).

NC: Nine Circles Community Health Centre

PYD: Positive Youth Development

SEY (Sexually Exploited Youth): Youth (aged 14 to 24 years) engaged in survival sex, that is, youth who are engaging in sexual activity with other another person(s) in exchange for a commodity such as food, shelter, drugs, or alcohol.

STBBI : Sexually transmitted and blood borne infections

Youth: Those people aged 14-24

Background

1. The Importance of a Youth HIV/STBBI/Sexual Health Strategy

Current trends in the epidemiology of youth STBBI in Manitoba are strongly supportive of the development of a provincially collaborative youth specific STBBI/sexual health strategy. Rates of STBBI, particularly those for chlamydia and gonorrhea, have been increasing among the 15-25 year age category in Winnipeg since 1996 (Plourde, Shaw, Nowicki, & Whitlock, 2011). This trend indicates an elevated level of high risk sexual behaviour among this age group. In addition to this trend among all categories of youth, certain economic, social, and cultural factors can converge to create additional sexual health inequalities among at-risk youth (Walker, Thomson, & Mearns, 2011).

Although the majority of new HIV cases in 2010 presented in higher age categories there is strong evidence for targeting youth, and specifically at-risk categories of youth, with HIV specific messaging/programming (Nine Circles Community Health Centre, 2010). In 2010 half of all new HIV diagnoses in Manitoba presented late, with extremely low CD4 counts, suggesting that HIV infection is happening much earlier on in patients' lives (Nine Circles Community Health Centre, 2010; Plourde et al., 2011). From these findings it is becoming evident that getting tested earlier, more often, and being well informed about preventing HIV are strategies that can help to strengthen health outcomes in Manitoba.

2. What This Document Is Meant To Do:

This document combines the findings of the youth and service provider based STBBI evaluations completed by the Manitoba HIV program in 2011, along with other relevant literature, in an effort to establish a preliminary strategic framework for the development of a youth specific health strategy for the program. This is being done in an effort to reduce HIV/STBBI rates among Manitoba youth, and to increase their uptake of STBBI testing, treatment, and counselling services. This being said, when discussing messaging, this document often takes a more comprehensive stance by considering the full gamut of sexual/reproductive/basic health education issues. This is done for several reasons. First and foremost, youth involved in the 2011 evaluations expressed a desire for one main trusted source of information for all youth health issues (for example: sexual/reproductive, physical, and mental health) (Cameron, 2011; Nine Circles Community Health Centre, 2011; Woodgate & Payne, 2011). This indicates the necessity of the youth strategy to form collaboration with all services, schools, and programs that interact with youth (especially with those services which interact with at-risk youth who may be more difficult to reach with traditional educational strategies). Secondly, as discussed later on in the document, a more comprehensive health strategy is a more effective approach when attempting to change youth attitudes and behaviour with regards to HIV/STBBI (Gavin, Catalano, & Markham, 2010; Gavin, Catalano, David-Ferdon, Gloppen, & Markham, 2010).

It is important to note that the evidence supporting this document is based upon evaluations conducted in the city of Winnipeg in 2011. This being said; the Manitoba HIV program youth strategy is meant to be a provincial initiative. In order to be successful such strategies must be

reliant upon the local services available, and the local population targeted, so they are very site/location specific. It may be beneficial for the Manitoba HIV Program to first establish a working plan within the WRHA and then share successful strategies with the other RHA's in order to better tailor the youth program in those regions (for example, tailoring culturally appropriate messages for Aboriginal youth living in northern RHAs). It is also important for the Manitoba HIV program to better establish its provincial authority in HIV/STBBI subject matter, especially among youth, by utilizing a well functioning network between all RHAs in order to encourage the health of youth throughout the entire province.

3. About the evaluations supporting this document:

    a. Positive Youth Evaluation (Woodgate & Payne, 2011):

        This 2011 project interviewed ten (10) Winnipeg youth living with HIV (8 females and 2 males, aged 20 to 24 years) in order to explore their perspectives of living with HIV, their experiences in accessing HIV based services and programs, what they see as areas for improvement in those programs and services, and their experiences in participating in research.

    b. Sexually Exploited Youth Evaluation (Nine Circles Community Health Centre, 2011):

        This 2011 project surveyed eleven (11) sexually exploited youth, 14-24 years of age, in an attempt to understand the unique barriers they encounter when attempting to access testing and treatment for STBBI and access to counselling services. This project also sought to better understand how to make pre- and post-HIV counselling services better.

        A secondary stage of this project interviewed service providers, who target SEY and youth in general, in an attempt to better understand testing barriers and service provision in Winnipeg. This stage of the project asked these service providers what they would require in order to improve testing, treatment, and counselling services, and their overall recommendations in order to decrease STBBI rates among at risk youth.

    c. Aboriginal Youth and Youth at Risk Evaluation (Cameron, 2011):

        This 2011 project conducted five focus groups, with a total of forty (40) at-risk Winnipeg youth (aged 14 to 24 years) in an attempt to ascertain their knowledge and beliefs concerning sexually transmitted infections, and sexual health services and programs in the community.

4. Positive Youth Development Approach as a Theoretical Background:

Positive Youth Development is an effective approach to promoting youth sexual/reproductive health because it recognizes that simply giving youth information about sexual/reproductive health will not prevent them from engaging in risky sexual behaviour (Catalano, Gavin, & Markham, 2010; Gavin, Catalano, & Markham, 2010). This global approach to youth sexual/reproductive health programming combines education along with providing opportunities for developing the following: pro-social bonding, self determination, self efficacy, spirituality, a clear and positive identity, belief in the future, self determination, and cognitive, social, behavioural, moral, and emotional competence (Gavin, Catalano, David-Ferdon et al., 2010). In this way, youth based services and programs teach youth the competencies and confidence required to make the health promoting decisions taught in sexual/reproductive health education.

By combining youth developmental approaches and evidence based sexual health education, with easy access to clinical services, it is much more likely that youth health outcomes will improve (Catalano et al., 2010; Gavin, Catalano, & Markham, 2010). This type of encompassing approach can lend a tremendous amount of stability to a multi-sector endeavour, such as developing a youth sexual/reproductive health strategy, as well as emphasize and strength the importance of the contributions of all services/programs involved.

5. Leadership and Commitment:

The Manitoba HIV Program is in a unique position to help provide leadership for a provincial Youth HIV strategy, and at the same time to make itself more recognizable among youth (thereby becoming a trusted source of information about youth). The MB HIV Program can help provide a provincial information sharing forum for service providers and programs that have interaction with youth, including at-risk youth, for the development of a comprehensive youth strategy. This can be achieved by building upon the already existing network of youth services in the WRHA to form a model/framework that can be emulated/used to inform and support all of Manitoba's RHA's youth programs. Below are some recommendations for a preliminary work plan that includes the major findings from the 2011 youth and service provider based evaluations and related current literature.

Recommendations for a Working Plan

1. Where are we now with regards to Youth HIV/STBBI messaging?

As similarly found in other provinces there is a general lack of knowledge, and a fair bit of confusion, about sexual/reproductive health basics among youth (Cameron, 2011; Frappier et al., 2008; Nine Circles Community Health Centre, 2011; Woodgate & Payne, 2011). This is very concerning considering the evidence pointing towards the high risk sexual behaviours exhibited among this cohort; if youth are getting the message, they are not putting knowledge into practice (Cameron, 2011; Plourde et al., 2011). Most youth feel very uncomfortable discussing their own health with anyone, and many feel as if STBBI is something that will never happen to them (Cameron, 2011). Encouragingly though, youth do possess an honest desire for this knowledge to be made available to them.

Youth expressed a desire for information to be given in greater detail (for example: information about all forms of sex, relationships, drugs and their long and short term effects, nutrition, hygiene, mental health, and dealing with violence, and gangs) (Cameron, 2011). Youth also agreed that sexual/reproductive education should start at an earlier age, and be given in a more consistent manner; the messaging they are currently exposed to is disjointed, often contradictory, and frequently based on word of mouth rumours spread peer to peer which youth recognize as problematic (Cameron, 2011).

There is also a lack of knowledge about what services and programs are available for youth in Winnipeg, especially among those who are most vulnerable (Cameron, 2011; Woodgate & Payne, 2011). If youth do happen to be aware of service providers in the city they are seldom aware of what those services provide (Cameron, 2011). For example, many youth do not know where to go for STBBI testing in Winnipeg, or when those services may be open (Cameron, 2011).

It would therefore be beneficial, at the onset, to create a youth resource map in each of the RHAs. This would be initiated by inviting/contacting youth engaged stakeholders and determining their level of involvement with youth. In addition to this evaluation it would be important to determine exactly what messaging they were giving youth with regards to sexual/reproductive health and in particular about HIV. It would be beneficial to include all youth engaged stakeholders, as the 2011 evaluations indicated that such a network would help to increase youth uptake into a myriad of programs (including testing, counselling, service use) (Cameron, 2011; Woodgate & Payne, 2011). It was indicated in the 2011 youth evaluations that in order for youth to be aware of services available it would help youth services helped advertise for each other (referrals, visiting representatives, easily read resource maps physically present at service providers) (Cameron, 2011).

Once established, this network of partners could collaborate to first define a consistent HIV/STBBI message and then use the network to help facilitate the dissemination of that messaging. Ultimately the Manitoba HIV Program would serve as a main provincial contact for network information, facilitating network discussions and distributing material with regards to youth sexual/reproductive health (especially HIV specific messaging). In this respect youth would begin to recognize the existence of the Manitoba HIV Program and their authority in the subject matter; trust in the source is extremely important to youth messaging (Cameron, 2011; Woodgate & Payne, 2011).

Objective	Activity	Tasks	Output
Determine the current sexual/reproductive health education landscape in Manitoba	Facilitate discussions with RHAs, youth based organizations/programs, school boards, schools, and other interested stakeholders to determine who is teaching youth sexual/reproductive health, and determine the content of that education. i.e. does it include accurate information about HIV, does it include information about the other issues important to youth	- Compile list of stakeholders (By RHA) who engage youth - Run sexual/reproductive health education audit - Determine what current strategies are beneficial, and well received by youth, and which are not -Find an efficient method of communication/information sharing between multiple stakeholders for these tasks (such as the free communication resource developed by the CPHLN)	-A map of Youth services in MB -Valuable network created with provincial educational partners -Understanding who is responsible for delivering messages -A map of current HIV messaging in the RHAs

2. Determining a Consistent Message:

We may think that we have HIV messaging well developed in Winnipeg, but as evidenced by the 2011 youth evaluations, this is not the case (Cameron, 2011). Much confusion persists among youth about STBBI, HIV, sexual and reproductive health basics (Cameron, 2011; Woodgate & Payne, 2011). A consistent message for youth in Manitoba is needed. In order for the HIV message to be well received it has to be part of a larger sexual health educational plan which encompasses all issues important to youth and at-risk youth. The messaging developed must approach sexuality as something that is a normal and an important part of youth development, and it must be sensitive to the sexual/reproductive rights of youth (Cameron, 2011; Nova Scotia Roundtable on Youth Sexual Health, 2006). In the 2011 evaluations youth expressed a desire for more messaging that was age appropriate, culturally sensitive, respectful to youth, and that came from a trusted source (Cameron, 2011).

Objective	Activity	Tasks	Output
Facilitate the development of a consistent message (with consistent language) to youth about HIV/sexual/ reproductive health (Cameron, 2011)	Have the collaboration decide upon a series of youth based HIV messages (tied into sexual/reproductive health education) (Cameron, 2011).	-Messaging to be based upon stakeholder's expertise and experience, literature review of standards, policy, guidelines, and best practices (Nova Scotia Roundtable on Youth Sexual Health, 2006). -Messaging to include information about: HIV virus, modes of transition, safer sex, where to get tested (and hours of operation), types of testing, what occurs during the testing process,	-One consistent HIV message, promoted by the provincial HIV Program
	Ensure messaging enforces youth sexual health as normal and important part of human development (Cameron, 2011; Nova Scotia Roundtable on Youth Sexual Health, 2006)and that it respects youth sexual/reproductive rights.	-Include youth representatives and advocates in the collaboration for the definition of a message -Base this consideration upon stakeholder's expertise and experience, literature review of standards, policy, guidelines, and best practices (Nova Scotia Roundtable on Youth Sexual Health, 2006)	Messaging which is attentive to the sensitivity of this issue with youth and which is sensitive to youth rights
	Ensure culturally sensitive messaging is included	-Use the expertise of existing programs who target Aboriginal Youth and At-Risk Youth, in order for messaging to be better tailored to these vulnerable subsets of the population (Cameron, 2011; Woodgate & Payne, 2011)	Messaging that is better received by all categories of youth in Manitoba

3. Dissemination of the Message

During the 2011 evaluations At-Risk Youth indicated that they do not follow complicated posters (or the website links those posters often contain), and they do not like to read pamphlets as they find the language used in them too complicated (Cameron, 2011). On the other hand, most youth have access to computers either through school, home, or service providers (Cameron, 2011). They understand that caution must be used when accessing information via the web, but usually that is the first place they look for answers to sexual/reproductive health questions (Cameron, 2011; Shoveller, Knight, Davis, Gilbert, & Ogilvie, 2012). This fact presents a unique opportunity for the Manitoba HIV Program for targeting youth.

Objective	Activity	Tasks	Output
Consistent and age appropriate messaging throughout youth development (Cameron, 2011; Frappier et al., 2008; Woodgate & Payne, 2011)	Prepare educational packages based upon the messaging agreed upon by the coalition	-Age/Grade, culturally appropriate message packages should be made available in hardcopy and online -Assist RHAs in tailoring their programs to incorporate updated STBBI/HIV messaging	Consistent message made available to those who are to disseminate it/and tailored to At-Risk Youth
	Support youth sexual/health educators/ service providers by providing resources	-Prepare educators/service providers to disseminate messaging to youth by providing training for presenters -Provide informational materials (perhaps make a package available online),	Provincial youth service providers well supported with informational materials
	Consider one easily remembered, easily accessible website for youth which is recognizably tied to	-Include information about all issues important to youth: STBBI (causes, treatment, where and when to get tested), HIV, violence, drugs (their long and short term effects), gangs, relationships, sexuality, and just as importantly: service providers in Manitoba, when they are open, and what services they provide. -Include information about where to get in person help with regards to the above issues. -Include links to provincial service providers: list of services available at those locations, hours of operation (see the CDC website widget: users enter a postal code and get a listing of testing services available in their area) (Centers for Disease Control and Prevention, 2011) This type of quick and interactive feedback is important/popular with youth; perhaps make it available on youth service providers' websites as well?	Increased knowledge about what services are available; uptake to positive youth development programs increased Increased dissemination of HIV/STBBI messaging

4. Youth Services

Youth desire more youth specific services which are respectful of youth, comfortable to utilize, friendly, and easy to access (Cameron, 2011; Nine Circles Community Health Centre, 2011; Woodgate & Payne, 2011). This opinion held true for all categories of youth who took part in the 2011 evaluations. It is therefore important to consider how youth decide whether or not certain services were acceptable, as it will have future bearing on how well testing, treatment, counselling, and other services are utilized.

One important finding of the youth evaluations was that privacy is very highly valued by youth, and it is often the defining factor in whether or not a particular location is trusted and utilized (Cameron, 2011; Woodgate & Payne, 2011). What the health/service provider system may consider as appropriately private services is not necessarily what the users of these services actually experience. For example, there is great stigma associated with STBBI, therefore youth prefer to enter a youth health clinic and not a youth "STI" specific clinic (Cameron, 2011). That way, individuals observing the users of that clinic will not automatically assume clinic patrons have an STBBI; they could be entering the service for any number of health reasons (Cameron, 2011). Many youth cited this approach as being used at some Winnipeg school clinics that offer STBBI testing, where a nurse was available to see for any number of reasons.

In order to be prepared to handle an increase in testing it will be important to ensure appropriate systematic capacity among service providers. As indicated in the 2011 evaluations the two things that youth service providers said they required is increased nursing staff/increased nursing staff hours and funding to support this increase (Woodgate & Payne, 2011). Pop up/short term programs will not be efficient in this circumstance. Youth often cited their approval and use of nurses who are available at the very service providers they are already utilizing (for example: school based health clinics, RAY nurse(s)) (Cameron, 2011). Strong support for established, long running programs was voiced among youth in the 2011 evaluations. High turnover of staff and programs at service providers can lead to a sense of unfamiliarity, discomfort, distrust, and a subsequent disinterest in entering the service provider for help (Cameron, 2011).

Objective	Activity	Tasks	Output
Increase testing among youth	Support testing (including counselling) capacity increase at all participating service providers: Long term funding for this endeavour is important	-Long term funding required for increases (Woodgate & Payne, 2011). -Expanded trained nursing staff required (Woodgate & Payne, 2011) -Consider rotational nursing clinics at service providers; outreach opportunities (remember youth would like to come in for any health problems) (Cameron, 2011).	Strong service provider support for increase in testing
	Ensure youth privacy is respected (Cameron, 2011)	-Talk to youth advocates, youth representatives -Review literature for best practices for STBBI/HIV, treatment, counselling practices with youth/at-risk youth	Testing more attractive, acceptable to youth
	Ensure staff who interact with youth have appropriate sensitivity training (Cameron, 2011)	-talk to youth advocates, youth representatives -review literature for best practices for STBBI/HIV, treatment, counselling practices with youth/at-risk youth	
	Ensure review done of counselling youth with regard to STBBI/especially HIV (see section 5 below)	-Review best practices/literature with regards to counselling youth pre and post testing. (see section 5 below)	
	Advertise capacity increase to youth	-campaign online/at service providers: include where testing is occurring and hours of operation	

5. Youth Living with HIV

Discussions in 2011 with Youth living with HIV centered mostly about the experience of diagnosis, the period after that, and access to services (Woodgate & Payne, 2011). Youth expressed that current counselling practices are not meeting their needs during this stressful and frightening time (Woodgate & Payne, 2011).

With regards to using services, positive youth said they do not feel ready, and as in the other youth evaluations, they do not feel comfortable using those services (Woodgate & Payne, 2011). It currently takes months or years for youth to finally access HIV specific services; they are frightened by the prospect of walking into service providers for a number of reasons including: stigma, fear of the unknown, fear of other patrons, presence of other stressful issues within their lives (violence, pregnancy, lack of resources) (Woodgate & Payne, 2011). It is acknowledged by positive youth that the presence of even one friend/support person can help to somewhat negate these fears/reservations (Woodgate & Payne, 2011).

Positive youth development strategies are definitely the way to orientate a positive youth health program. Positive youth voiced an interest and approval of programs that deal with the whole individual (Woodgate & Payne, 2011).

Objective	Activity	Tasks	Output
Get positive youth into services soon in an attempt to improve health outcomes	Review current best practices for testing/ counselling	-Review policies and best practices with pre and post counselling practices with positive youth -Develop mental health strategy for positive youth	Up to date, age and culturally appropriate counselling for youth during diagnosis period, and during the
	Ensure social support for youth at diagnosis	-Make youth are aware of support services available at the start -Perhaps have a positive youth advocate at health service providers	
	Develop a more comfortable atmosphere at health service providers	-Talk to positive youth about what a comfortable place looks like; does it depend highly upon privacy? (as evidenced from the other youth evaluations from 2011) What are the barriers? -Provide more comprehensive services for youth (a health clinic, not an HIV clinic) (Woodgate & Payne, 2011)	
Support services targeting positive youth	Form coalition of services which provide HIV specific care to youth	-Information sharing, networking with service providers, linking positive youth with many different programs/opportunities -Assist each other expand the knowledge base around positive youth, mental health, diagnosis, -Network to become the positive youth development approach which is recommended by positive youth	Have the MB HIV Program become a well established point of reference for all provincial service providers who interact with positive youth

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