Optimizing HIV Prevention in Young MSM: Tackling Individual Barriers and Substance Use Through Primary Care Integration

Nicholas Gray, Natalie Labossier, MD, Bevin Gwiazdowski, MSW, Marne Castillo, PhD, Seun Felade-Nwulia, MBBS, MPH,
Andrea Wirtz, PhD, MHS, Nadia Dowshen MD, MSHP, Christopher Hammond, MD, PhD, Noya Galai, PhD, Renata Arrington Sanders, MD, MPH, ScM

Children's Hospital of Philadelphia® RESEARCH INSTITUTE

BACKGROUND

- HIV continues to disproportionately affect young Black and Latino men who have sex with men (YBLMSM) in the United States
- Substance use (SU) with alcohol, cannabis, and other illicit drugs **significantly** increases HIV risk, diagnosis delay, and non-adherence to treatment and prevention, including ART and PrEP
- Some data suggests that 75% of youth assigned male at birth at risk for or living with HIV report lifetime alcohol and marijuana use, often with frequent use
- These **co-occurring behaviors** are strongly associated with poor engagement in care
- Collaborative Care (CC) is an evidence-based, team-driven model used to integrate mental health and substance use care into primary care, but it has not yet been adapted for YBLMSM

OBJECTIVE

- Identify **internal and external level** barriers to integrating substance use (SU) treatment care into care settings serving YBLMSM at-risk for and living with HIV

INTRODUCTION

- The formative data of the Collaborative Care Prevention, Treatment, Navigation, Engagement, and Resource (CC PrTNER) project, led by Dr. Renata Sanders, seeks to inform an evidence-based intervention to address the barriers YBLMSM have in uptake of HIV and SU prevention and treatment in YBLMSM

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Study email: sandersstudygroup@chop.eduthis

METHODS

- **Study Design:** Qualitative Study
- **Subjects & Procedures:**
  - N=22 providers (n=12 **medical** [nurses, physicians, nurse manager] and n=7 **social service** [navigators, coordinators, social workers])
  - Clinics providing care for YBLMSM in Philadelphia, PA and Baltimore, MD
- **Data Collection:** Semi-structured 45-minute interviews focused on challenges and opportunities to integrate SU treatment into HIV prevention and treatment services Interviews were recorded and transcribed verbatim.
- **Qualitative analysis**
  - Inductive and deductive coding used to organize data.
  - Codes were then categorized and grouped to identify emergent themes in Dedoose.
  - Interviews conducted until thematic saturation met.

Conclusion

- Key external and internal barriers in primary care settings serving YBLMSM included internal (ex., internalized stigma, Co-occurring conditions, motivation) and external (e.g., interpersonal barriers including lack of support networks and visit requirements related to appointment follow up)
- The most frequently cited barriers were related to co-occurring conditions, support network limitations, internalized stigma, adherence to follow-up, and motivation with adherence to follow up and internalized stigma being **the most** cited barriers

RESULTS

Barrier Level	Barriers	Description	Selected Quotes
Internal	Cooccurring conditions	Patients often face multiple physical and mental health issues (ex., depression, chronic pain, migraines), making it difficult to prioritize or engage in SU/HIV care.	"Most of the patients that I see have five or more complicated medical conditions… often the thing that seems the most medically pressing has to be dealt with."
Internal	Motivation	Lack of familial or community support makes it harder for patients to maintain treatment plans or seek help, particularly when trust in providers is limited.	"It can be difficult… if you don't have a multidisciplinary team… or referral relationships… to get the patient what they need."
Internal	Internalized Stigma	Patients may feel ashamed or fearful of judgment for their substance use or care needs, which limits disclosure and care-seeking behaviors.	"A lot of my youth don't want to discuss substance use… they're more shameful or embarrassed of it."
External	Visit requirements	Challenges with visit requirements including regular appointments or consistently taking medication	"Asking too much of patients may result in no shows… adolescent no show rate is relatively high."
External	Support Network Limitations	Lack of familial or community support makes it harder for patients to maintain treatment plans or seek help, particularly when trust in providers is limited.	"And if we're going to uplift our youth, we kind of have to uplift those people that are their safety net, because our system doesn't really provide a safety net. ..So supporting the family unit is really the key."

Implications

- Data formed CC PrtNER intervention through demonstrating gaps in provider capacity and coordination around substance use treatment, pointing to peer coaches, addiction psychiatrists, and medical providers to mitigate risk.
- This formative data moves the field forward by providing a scalable model for integrating substance use treatment into HIV prevention and care, addressing long-standing gaps for YBLMSM.