

# DATA DAY: Addressing the Service Gaps in Adolescents

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What are the demographics of this population?

Demographics of Adolescents Diagnosed with HIV Infection Between 13 and 21 Years of Age (N=4503), by Current Clinical Status, as of December 31, 2004, NYC

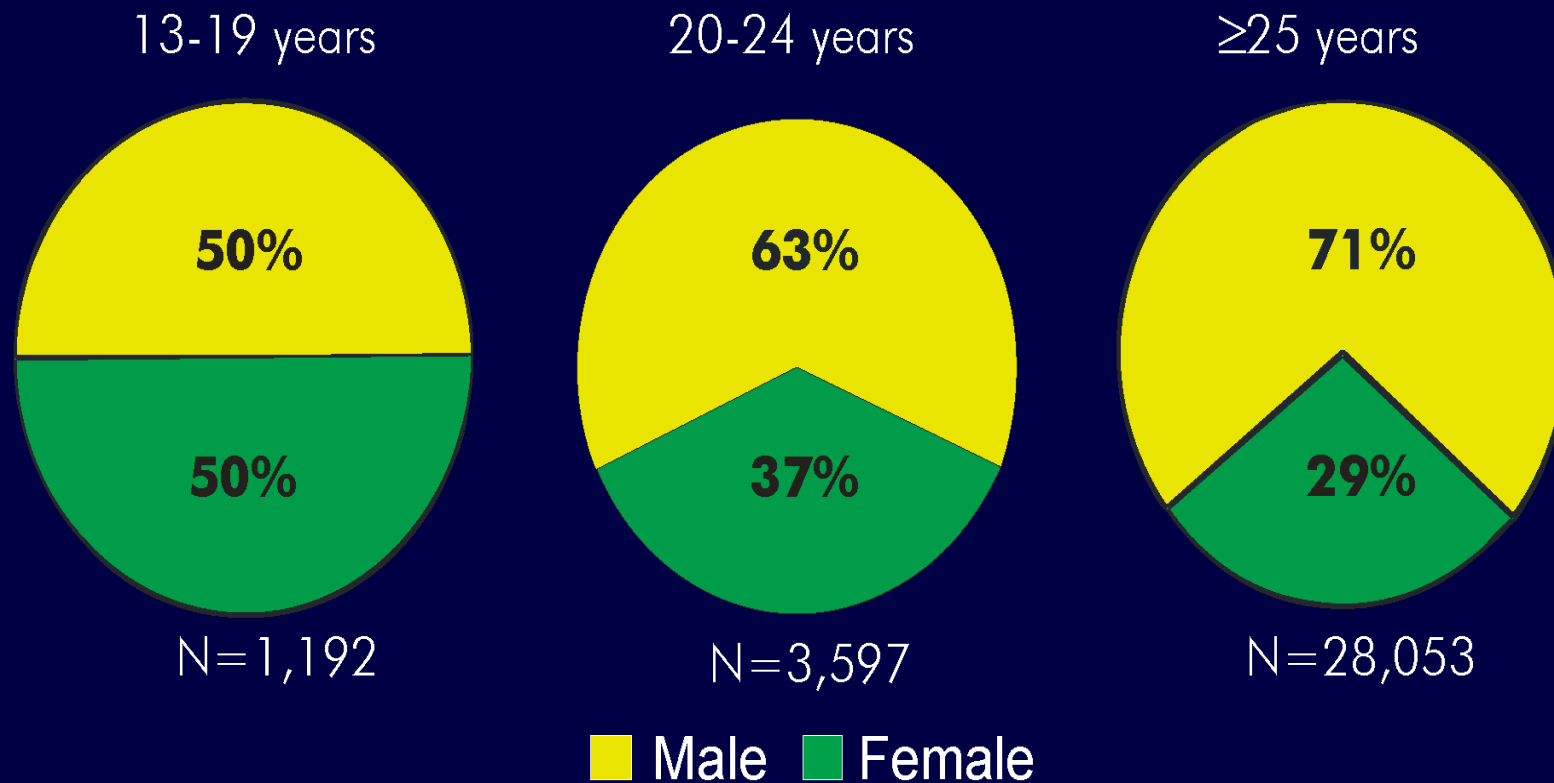
MALES

FEMALES

HIV TRANSMISSION CATEGORY	HIV	AIDS	TOTAL	HIV	AIDS	TOTAL	TOTAL COMBINED
MSM	485	974	1459 55%	--	--	--	1459 32%
IDU	36	316	352 13%	39	285	324 17%	676 15%
MSM/IDU	14	83	97 4%	--	--	--	97 2%
HETEROSEXUAL	48	142	190 7%	257	586	843 45%	1033 23%
BLOOD PRODUCTS	6	64	70 3%	3	20	23 1%	93 2%
PERINATAL	1	2	3 <1%	0	0	0 0%	3 <1%
SEXUAL ABUSE	0	0	0 0%	11	15	26 1%	26 1%
NOT SPECIFIED	194	269	463 18%	348	305	653 35%	1116 25%

<http://www.nyc.gov/html/doh/downloads/pdf/dires/ped12-2005.pdf>

# Proportion of Cases of HIV Infection (not AIDS) among Adults and Adolescents, by Sex and Age Group Reported in 2003—41 Areas



Note. Data from 41 areas with confidential name-based HIV infection reporting as of December 2003. Data based on person's age at diagnosis.



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RACE/ETHNICITY	HIV	AIDS	TOTAL	HIV	AIDS	TOTAL	TOTAL COMBINED
BLACK	327	769	1096 42%	395	632	1027 55%	2123 47%
HISPANIC	305	724	1029 39%	208	464	672 36%	1701 38%
WHITE	131	329	460 18%	43	103	146 8%	606 14%
OTHER	12	19	31 1%	7	7	14 1%	45 1%
UNKNOWN	9	9	18 1%	5	5	10 1%	28 1%

<http://www.nyc.gov/html/doh/downloads/pdf/dires/ped12-2005.pdf>

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Borough At Dx	HIV	AIDS	TOTAL	HIV	AIDS	TOTAL	TOTAL COMBINED
Bronx	194	381	575 22%	229	365	594 32%	1169 26%
Brooklyn	192	464	656 25%	209	391	600 32%	1256 28%
Manhattan	231	535	766 29%	115	228	343 18%	1109 25%
Queens	109	263	372 14%	69	154	223 12%	595 13%
Staten Island	13	33	46 2%	18	25	43 2%	89 2%
Ouside NYC	12	88	100 4%	6	23	29 2%	129 3%
Unknown	33	86	119 5%	12	25	37 2%	156 4%

<http://www.nyc.gov/html/doh/downloads/pdf/dires/ped12-2005.pdf>

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Survival Status	HIV	AIDS	TOTAL	HIV	AIDS	TOTAL	TOTAL COMBINED
Dead	5	601	606 23%	5	422	427 23%	1033 23%
Alive	779	1249	2028 77%	653	789	1442 77%	3470 77%
TOTAL	784	1850	2634	658	1211	1869	4503

<http://www.nyc.gov/html/doh/downloads/pdf/dires/ped12-2005.pdf>

How does this age group compare  
to other age groups?

## HIV DIAGNOSES, 2004

TOTAL HIV DX

WITHOUT AIDS

WITH AIDS

AGE GROUP YEARS	N	%	N	%	N	%
0-12	15	0.6	12	0.7	--	--
13-19	75	3.0	70	3.9	--	--
20-29	544	21.7	454	25.5	90	12.4
30-39	813	32.5	602	33.8	211	29.2
40-49	711	28.4	448	25.2	263	36.4
50-59	256	10.2	144	8.1	112	15.5
60+	88	3.5	49	2.8	39	5.4

[http://www.nyc.gov/html/doh/downloads/pdf/ah/surveillance2004\\_table3.2.1\\_to\\_3.4.4.pdf](http://www.nyc.gov/html/doh/downloads/pdf/ah/surveillance2004_table3.2.1_to_3.4.4.pdf)

The actual number of HIV+ youth is probably significantly higher, given underreporting and the fact that many youth at risk do not get tested.

**Homelessness:** In addition, among persons known to be at highest risk for HIV infection, those without a stable home are even more likely to be HIV+. Estimates of homeless NYC youth range from 4,000-40,000.

*Assistant Commissioner for Homeless and Runaway Youth, NYC Department of Youth and Community Development, February 2003, cited in "Central Brooklyn Youth and HIV/AIDS, Risks and Resources – A HEAT Program Report," Mourad, Warnke & Associates, LLC LLC, June 2003*

**Education:** Only half of all NYC high school students graduate, with 23% of African-American and 26% of Latino students dropping out, compared to 12% of White and 11% of Asian youth.

*NYC Commission on HIV/AIDS, Recommendations to make NYC a national and global model for HIV/AIDS prevention, treatment and care, October 31, 2005*

**Sexual Activity:** HIV is increasingly a disease of the young and sexually active. Nearly 15,000 NYC public high school students report having sex before age 14.<sup>1</sup> In 2003, 48% of all NYC public high school students reported having sex, and 17% have had sex with 4 or more partners. Among teen girls in NYC in 2003, there were about 25,000 pregnancies<sup>2</sup> and more than 10,000 reported cases of chlamydia and other STD.<sup>3</sup>

*1 2003 NYC Youth Behavioral Risk Survey.*

*2 NYC Department of Health and Mental Hygiene. Summary of vital statistics 2003.*

*3 Unpublished data, NYC Department of Health and Mental Hygiene Bureau of STD Control.*

**Substance Abuse:** OASAS estimates that 8.8% of NYC's adolescents (ages 12-17) are chemically dependent and in need of substance abuse treatment.

In 2000, there were 12,810 juvenile arrests for drug related violations in NYC. Of these, 67% were for possession of marijuana and 71% were for possession of any illicit drug. Arrests for sale or manufacturing of illicit drugs accounted for 29% of total juvenile arrests.

*NYS Office of Alcoholism and Substance Abuse Services (OASAS), Prevention Risk Indicator/Services Monitoring System (PRISMS) Data, 2004.*

**Mental Health:** One study of behaviorally-infected youth found that 53% had received a psychiatric diagnosis prior to presenting for treatment, 50% had a documented history of sexual abuse, and 82% had a history of substance use. More than half of HIV+ adolescents in that sample also suffered from depression.

*Pao M, Lyon M, D'Angelo LJ, Schuman WB, Tipnis T, Mrazek DA. Psychiatric diagnoses in adolescents seropositive for the human immunodeficiency virus. Arch Pediatr Adolesc Med 2000;154:240-4*

So what are the service gaps for adolescents?

**Case finding:** efforts to identify HIV+ adolescents must be expanded in order to make an earlier diagnosis in a larger number of adolescents and young adults

In order to do this, HIV counseling and testing must take place in venues that are youth-friendly and have youth focused and developmentally appropriate services

While the general trend is for routinization of HIV counseling and testing, for adolescents, HIV counseling and testing should continue to be targeted on marginalized and difficult to reach youth populations with an emphasis on long term engagement and access to other essential services

- **Sense of immortality**
- **Risk taking is the norm**
- **Challenging authority figures**
- **Emerging sense of identity**
- **Emerging sense of autonomy and independence**
- **Experimentation with sex and gradual development of sexual identity**
- **Experimentation with substance use**
- **Peer pressure**

## Youth At Risk for HIV

- **Young males who have sex with other males regardless of their sexual identity**
- **Heterosexually active females**
- **Transgendered youth**
- **Sexual abuse**
- **Survival sex**
- **Teen pregnancy**
- **Youth in foster care system**
- **Homeless youth**
- **Substance using youth**
- **Youth in justice system**
- **Long term survivors of perinatal HIV infection**

**Sexual health:** services should follow adolescent STD patterns and teen pregnancy rates; services which deal with adolescent pregnancy must have the capacity to deal with HIV testing and linkage to care for positives; medical providers who can address the sexual health needs of young MSM's and transgender youth from communities of color, in particular, should be supported

**Developmental perspective:** Adolescents are much more labor intensive from a case management and mental health standpoint; services such as housing assistance, education, substance use, and mental health, should be developmentally appropriate; available services in pediatric or adult HIV programs often do NOT address client needs in a developmentally appropriate manner resulting in youth avoiding services or dropping out of care