167. The Importance of "Youth Friendly" Clinical Environments for Linking Newly Diagnosed HIV-Positive Adolescents to Care

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Abstract:

Purpose: Clinic-specific factors, including physical space and staff characteristics, are associated with linkage to care and engagement in care for newly diagnosed HIV-positive youth. Little research has addresses key components of "youth-friendly" clinical settings, especially for HIV-positive youth. Using data from an NIH, CDC, and Adolescent Medicine Trials Network (ATN) partnership research study, we describe the conceptualization and implementation of "youth friendliness" within the 15 ATN clinics.

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Methods: Trained researchers conducted site visits at all 15 ATN clinical sites. Data collected included 64 in-depth interviews with clinic staff (e.g., outreach workers, case managers, nurses) to obtain perceptions of the clinic's physical space and staff in terms of acceptability and comfort for HIV-positive youth. Transcripts of staff interviews were coded to identify key themes. Photographs taken of each clinic space systematically focused on clinic location, layout, décor, signage, educational materials, and organization. Discourse and visual narrative analysis was used to assess clinic environments.

Results: Analysis of transcripts and photographs revealed four major elements associated with "youth friendliness." First, there was wide variation in the function of space used for serving HIV-positive youth. Some clinics treat both adolescents and a broader pediatric patient population. This was seen as a potential barrier to care: "The rooms have giraffes and monkeys juggling, and chalkboards at four-year-old level. So you're 19, you're HIV-positive, and you're a gay boy. You're like, 'What the heck am I doing in here?" "Youth friendliness" thus referred to responsiveness to a range of patient characteristics: gender, age, disease, and sexual orientation. Photographs showed that some mixed-use clinics designated youth-only sections or allocated specific exam rooms for youth. A second "youth friendliness" element was clinic style: "To create a space that's more modern, kind of funky, like IKEA-y meets Manhattan or something, would be better." A third element was clinic staff attitudes. "Youth friendliness" in these instances was also defined along the lines of gender and sexual orientation: "We are very gay-friendly. And we've done some training around that specifically. … Because while I may be really open to whatever, it doesn't help if the front desk was like 'what are you wearing today?'" It's other departments that aren't really used to that, that deal with little kids … We need everybody to be cool about our transgendered youth. A fourth "youth friendliness" element was identified through photographs, illustrating challenging and facilitating clinical characteristics. These elements included structural barriers to interactions (locked doors, security windows), complex signage, and youth-oriented art and print material. Photographs also illustrated use of clinic areas as communication devices for a variety of prevention messages and service announcements.

Conclusions: Linkage to care and engagement in care is critical to the long-term health of HIV-positive youth and for reducing secondary transmission events to others. The creation of "youth-friendly" clinical spaces and clinical programs may reduce barriers to successful linkage and treatment. Our data suggest some common elements of "youth friendliness" that could guide the integration of clinic architecture/interior design with the organization of clinical programs for HIV-positive youth.

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