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Looking at Social Support for Lesbian, Gay and Bisexual Adults Age 50 and Older

Blase E. Masini, Ph.D. & Hope A. Barrett, MPH

In 2006, Howard Brown conducted an Internet-based survey of lesbian, gay, bisexual, and transgender (LGBT) people aged 50 and over. The following are excerpts from a peer-reviewed article that will appear in the *Journal of Gay and Lesbian Social Services* Fall, 2007.

In 2000, there were 35 million persons who were 65-years-old or older.¹ By 2030, when the baby boomer generation reaches 65, the number of older adults will almost double to approximately 70 million.² Although it is difficult to estimate the precise number of older lesbian, gay, and bisexual (LGB) adults, it can be fairly assumed that parallel growth patterns will exist among this population.

Although the number of LGB seniors is growing, knowledge about aging issues and available resources is not advancing as rapidly. More information about the impact of social support on older LGB adults' psychological adjustment is needed. This study reports the findings of a nationwide study focusing on the relationship between social support and LGB seniors' psychological adjustment, and also discusses implications for future research programs focused on LGB seniors.

An operational definition of social support has been difficult for scholars to agree upon. For purposes of this study, social support is defined as the presence of emotional, practical, financial, and social guidance from a network of friends, family, and co-workers, among others.

in 2006 through e-mail solicitations to social service agencies serving LGBT adults, e-mail lists, websites, distribution of palm cards at local venues, and word of mouth. Much of the success of the data collection was due to snowballing, where participants solicited friends. Prospective participants received an e-mail that included a description of the study and a live link to a website with a brief introduction describing the purpose of the study.

A sample of 220 older lesbian, gay, and bisexual adults is used in this analysis.³ Participants ranged in age from 50 to 79, with an average age of 57. Participants resided throughout the United States, with the majority (75%) living in the Midwest. Table 1 presents descriptive statistics for the total sample. Overall, this sample of 220 participants was employed, educated, and insured.

The percentage of each type of network member is presented in Figure 1. Over one-third, or 178, of the total reported network members were close friends. Family members represented another third, or 183, of the network members: 17 percent siblings; 11 percent parents; and five-percent other relatives. On average, participants had 2.5 members in their social network. Of the 220 study participants, 41 percent reported a partner in their social network, 56 percent reported at least one close friend in their network, and 48 percent reported at least one family member in their network.

Participants for this study were recruited

(see *Social Support*, page 2)



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(Social Support, from page 1)

As shown in Table 2, types of support varied dramatically across types of members. Percentages indicate the percent of members providing each type of support. Participants were more likely to receive emotional, practical, advice, and socializing support from partners and close friends. Partners were more likely to provide financial support. Support from parents, siblings, and other relatives was consistently low.

Analyses showed how social support was related to health and well-being. Support from friends proved to be predictive of well-being, while support from family did not. Study participants who reported greater support from friends also reported higher mental quality of life and lower instances of depression, anxiety, and internalized homophobia. At face value this may suggest there were less family members in participants' social networks. But in fact, the detailed data on the structure of participants' social networks collected in this study showed that family members and friends were equally represented. Therefore, family members were present,

but not supporting the participants to the degree that close friends were. This finding speaks to the importance of networks that extend beyond the traditional familial boundaries.

As the general aging population increases, so too does the aging LGB population. The complexity of social relations for LGB adults and how the various players affect human development requires continued attention.

This study shows the positive effect that support from friends can have on psychological well-being, while also showing that support from family pales in comparison. Thus, service providers must develop policies, programs, and practices that recognize and engage partners and friends in the delivery of care to their older LGB clients. Intake forms, assessment tools, treatment plans and the like should offer space to include persons outside of the traditional family structure. Practitioners may also use peer-to-peer models of support to care for LGB seniors. This model of care can decrease isolation and encourage the

development of safety nets for LGB seniors in the communities where they live, work, and socialize.

Additionally, as people age, so too does their network of friends. Therefore, approaches that bring services to groups of seniors may prove to be effective. Naturally occurring retirement communities (NORC) may provide one means of doing so. These communities are neighborhoods where longtime residents grow old and few younger families move in. As such, NORCs provide opportunities for social service agencies to come into neighborhoods with a concentration of seniors who are aging in their homes. (AARP, 2006). Over time, it is likely that urban neighborhoods will support greater and greater concentrations of LGB seniors. In this way, NORCs can provide services, prolong independent living, and support existing networks of friendships while creating new ones.

1 American Association of Retired Persons (2006). Aging in place and naturally occurring retirement communities. Statement before the Senate Committee of health, education, labor, and pensions subcommittee on retirement security and aging. Retrieved May 31, 2007, from http://help.senate.gov/Hearings/2006_05_16/Ginzler.pdf.

2 Centers for Disease Control and Prevention (CDC). (2006). National Health Interview Survey (NHIS). Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

3 Six transgendered participants were dropped from this analysis. While certainly of interest, the number of transgendered participants was too low to allow for reliable analysis of this group.

Demographics	
Demographic	Total (n = 220)
Race/Ethnicity	
Caucasian	90%
African American	4%
Latino/a	3%
Other	3%
Employment status	
Full time	64%
Part time	10%
Retired	11%
Out of work	6%
Disabled	4%
Student	1%
Other	5%
Income level	
Less than \$25,000	13%
\$25,000 to \$49,999	18%
\$50,000 to 74,999	23%
\$75,000 to \$99,999	15%
\$100,000 or more	32%
Relationship status	
Coupled, living with partner	40%
Single	38%
Coupled, living alone	7%
Married	4%
Widowed	4%
Divorced	4%
Other	4%
Health insurance status	
Yes	91%
No	9%

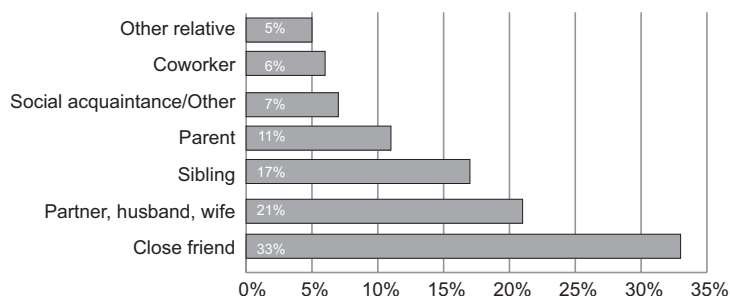
Table 2

Network Member Type by Support Type

	n	Emotional	Practical	Financial	Advice & Guidance	Socializing
Partner	542	25%	29%	56%	30%	26%
Parent	542	9%	9%	14%	9%	6%
Sibling	542	15%	15%	11%	12%	13%
Other relative	542	5%	4%	3%	4%	5%
Coworker	542	5%	7%	2%	5%	5%
Close friend	542	35%	30%	11%	35%	37%
Social acquaintance/Other	542	5%	5%	1%	5%	7%

Figure 1

Percentage of Network Members



Hepatitis C and HIV+ Coinfected Persons Sought for SENECA Study

Natalie Kaech, BA, Project Coordinator

The SENECA Trial (A Study Evaluating a Noninvasive Assay in Coinfected Adults) is a study at HBHC that looks at liver functioning of individuals coinfected with Hepatitis C and HIV. The study is designed to introduce a diagnostic paradigm for coinfected individuals. Coinfected individuals may have limited access to medical services, and thus have restricted access to biopsies that would allow them to determine the stage of their liver disease. The potential use of a safe and affordable serologic tool may play an important role in optimizing the liver functioning of these coinfected individuals.

SENECA has screened 55 individuals who are either coinfected with HIV and Hepatitis C, or who are HIV+ and at risk for contracting Hepatitis C infection. The study hopes to recruit 250 participants by May 2008. Participation in this study includes four visits over eight weeks, and involves several laboratory tests including a complete metabolic panel, complete blood count, alpha-feto protein, PTT/PT/INR, lipase, hepatitis C viral load, and a hepscore liver fibrosis panel, which includes total bilirubin, hyaluronic acid, alpha 2 macroglobulin, and GGT. At the conclusion of the study, each participant is provided with an individual results session with a medical provider, and receives copies of lab results. The goal of the study is to evaluate the extent of liver fibrosis in individuals coinfected with HIV and Hepatitis C, and with the highest risk for liver disease progression. For more information, call 773-388-8880.

Project MIX: End of Study Update

Jenny Hopwood, MPH, Project Coordinator

The end of September 2007 marks the completion of Project MIX at Howard Brown Health Center. To date Project MIX, Chicago has enrolled approximately 488 participants for the first two arms of the study, and a total of 150 men who have sex with men (MSM) for the control arm. Chicago was the leader in recruitment of respondents for the third arm cohort. The recruitment team successfully pre-screened over 1000 local (MSMs) working in collaboration with local bars and community sites.

Project MIX is a controlled randomized trial to test whether an HIV prevention behavioral group intervention works to reduce sexual risk among men who have sex with men. The study is part of a national multi-site research study (along with agencies located in New York, Los Angeles and San Francisco) sponsored by The Centers for Disease Control and Prevention (CDC). The purpose of this project is to test the efficacy of an HIV prevention behavioral intervention to reduce sexual risk for HIV infection among non-injection, substance-using men who have sex with men (SUMSM). The primary goal of the intervention is to reduce HIV transmission by reducing the incidence of unprotected anal sex while under the influence of alcohol and other drugs (AOD).

Project Mix incorporates discussions and activities that address the link between substance use and risky sexual behavior. The intervention teaches assertive communication skills, how to use condoms, and strategies for negotiating safer sex in the context of substance use. Respondents are encouraged to discuss HIV status with their partners, and to take personal responsibility to protect themselves and their partners from HIV transmission. Respondents develop personalized, specific, attainable plans for decreasing risk. The intervention is delivered in six group sessions, once a week for six weeks. MSM also receive

two individual risk-reduction counseling sessions, once before the discussion group begins, and again one year after the conclusion of their group. The primary goals of the intervention are (1) to decrease the number of unprotected anal sex partners while under the influence of AOD as well as the number of acts, and (2) to decrease the total number of unprotected anal sex partners for HIV-negative men and to decrease the total number of unprotected anal sex partners for HIV-positive men with sero-discordant or unknown serostatus partners. The purpose of the study trial, which is currently underway, is to test the efficacy of the six-session multi-component intervention ("discussion group") arm, and the video comparison ("video group") arm versus control group.

Preliminary baseline data has been analyzed by the CDC from all four sites for the first two arms of the study, totaling 1538 respondents. This initial look at the data has brought to light interesting trends and associations. Chicago's cohort has proven to be unique to the city and its continued diversity within the LGBT community. Complete analysis continues in all sites. As the study winds down, each site will be looking at the significant trends within their cohorts and overall sites.



Have you had your last visit with PROJECT MIX?

The study is about to end...

Just a friendly reminder!

Project MIX is asking you to return for your final visit. The stipend can be as much as \$50 for your visit

Call us at 773-388-8880

A research project by  **UIC**

Preliminary Evidence of a Syndemic in Need of Attention

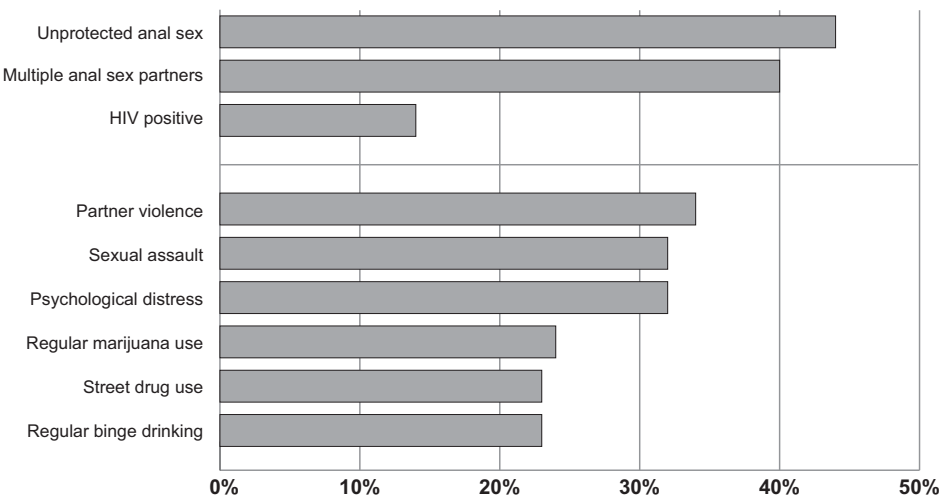
Brian Mustanski, Ph.D.
 Robert Garofalo, MD, MPH
 Amy Herrick, MA
 Geri Donenberg, Ph.D.

Twenty-five years into the epidemic, HIV/AIDS continues to be a major public health problem throughout the United States, although risk is not distributed evenly across the population. It has been estimated that half of the approximately 40,000 annual new HIV infections occur in youth below the age of 25. Within this subgroup, substantial health disparities exist based on race, gender and sexual orientation.

The epidemic of HIV among YMSM does not exist in a vacuum, instead YMSM experience multiple psychosocial health disparities. For example, in the CDC's Young Men's Survey (YMS) almost 90 percent of 15-22 year old MSM reported using alcohol, 66 percent reported illicit drug use, 29 percent used drugs on a regular basis, and 28 percent reported polydrug use (all in the six months prior to the interview). Rates of drinking were similar to other national samples of young adults while rates of drug use were higher. Data from samples of youth show high rates of psychosocial stressors, such as verbal, physical, and sexual abuse. Another study found that self-identified gay male

Figure 1

Rates of Health Problems and Sexual Risk



youth were more likely than their heterosexual peers to have reported a recent suicide attempt. Collectively, these studies suggest disparities in substance use, mental health, and victimization/abuse among YMSM.

A focus on multiple co-occurring diseases and disorders differs from the traditional biomedical approach of treating them as distinct entities. The idea of multiple co-occurring afflictions has tended to vary by academic discipline. In the fields of Public Health and Medical Anthropology, the term "syndemic" has been increasingly used.

In 1994, Singer coined the term to describe what he saw as intertwined and mutually reinforcing connections between substance abuse, violence, and AIDS among the urban poor. Syndemic research focuses on communities

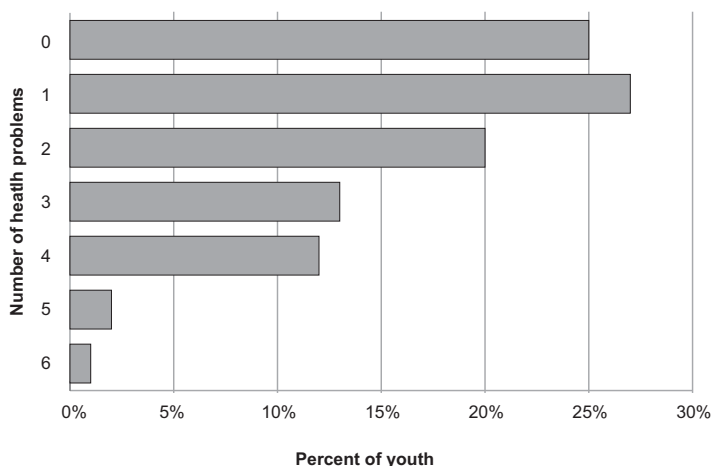
experiencing co-occurring epidemics (substance abuse, psychological distress, partner violence) that additively increase negative health consequences (e.g., HIV).

A recent study looked at psychosocial health problems, including polysubstance use, depression, and sexual abuse in adult men who have sex with men (MSM). The interconnections of these problems additively exacerbated the effects of the HIV epidemic. Research presented in this article highlights a recent study conducted at the University of Illinois at Chicago and Howard Brown. We built on previous syndemic research to examine a set of psychosocial health problems among YMSM, and test the presence and impact of the combination of these variables on HIV risk.

A community-based sample of 310 ethnically-diverse, 16-24 year old, self-identified YMSM from Chicago participated in the study. Youth were recruited consecutively over 12 months in 2004-2005. Psychosocial health problems measured for this study included substance abuse, psychological distress, sexual assault, partner violence. The number of psychosocial health problems was calculated by summing the (see *Syndemic*, page 10)

Figure 2

Syndemic Score



MACS news

Health Issues From Aging vs. HIV: Medical Records Hold the Key

John Phair, MD, MACS Principal Investigator

The benefits of effective antiretroviral therapy (HAART) are apparent to everyone. In the MACS, the most significant change has been the prolonged survival of men who had advanced HIV infection. Before the availability of HAART, the median survival of MACS men who had clinical AIDS was 15 months. That means that half of men with AIDS died before 15 months had passed. Now the survival of the MACS men who have had an AIDS defining illness is 15 or 16 years and counting. It is estimated that the majority of men with HIV infection will live 35 years or more.

With longevity comes naturally occurring health issues. Therefore, older infected



persons will most likely experience the same health issues as those of older uninfected individuals. With this, a new research question surfaces: Which health issues are a direct result of aging, and which are a direct result of HIV? And what role do HIV medications play? The MACS is positioned to be able to provide much needed information regarding these questions. These issues will be a major emphasis of the research going forward.

Having an accurate history of illnesses, medications, and medical emergencies for each MACS participant goes a long way in helping MACS researchers to understand the relationship between aging and HIV. Therefore, it is extremely important that each MACS participant

reports any illness that has occurred since the last visit.

It is also important to provide records of hospitalizations for the MACS investigators to review. Increased protection of privacy has made hospital records increasingly difficult to obtain even when participants give permission. These records are by law the patient's property. Therefore the hospital must give the patient a copy if he asks for it.

How can you help? The most efficient way to have the records available to the MACS is for the participant to obtain them, and bring them to the clinic. These records are covered by our certificate of confidentiality and will not be available to anyone except the MACS investigators. If you have questions about this, be sure and ask the MACS Team at your next visit.

Mental Health Issues

Cheryl Watson, MSW, WIHS-MACS Neuropsych and Mental Health Coordinator

Mental health affects every area of life. Left untreated, mental health issues can undermine physical health, lead to poorer physical health, and lower sense of well-being. A report by the National Institute of Health stated,

Depression has been found to occur at a higher rate among people who have other serious illnesses such as heart disease, stroke, cancer, HIV, diabetes, and Parkinson's. Symptoms of depression are sometimes mistaken for inevitable accompaniments to these other illnesses. However, research has shown that the co-occurring depression

can and should be treated, and that in many cases treating the depression can also improve the outcome of the other illness (<http://menanddepression.nimh.nih.gov>).

Regular, active MACS participants receive a general physical exam twice yearly during their visits. It should be noted that like other physicals, the MACS pays closer attention to physical health than it does to issues of mental health.

Men commonly ignore, or are unfamiliar with identifying their own need for mental health care. In particular, men of color

have traditionally lacked the necessary insurance funding to pay for mental health care services.

There is no need to suffer in silence. Mental health care is available from a variety of public and private sources, including low-cost or free care. Improved mental health is worth the effort. Life becomes easier to manage when mental health status is also positive.

Physicians are able to provide referrals to mental health providers during routine

(see *Mental Health*, page MACS4)

MACS Train Keeps Chugging Along

Michelle Johns, MACS Research Associate

In working daily on the MACS over the last two years, I am consistently impressed with the invested interest that each participant who walks through our doors has in the long term goals of the MACS. With both those that have been in the study since its conception (“original cohort”), and those who joined at the beginning of the new millennium (“new cohort”), I field many questions about the evolution of the MACS, and the state of well-being of the MACS population as a whole. How many were with us when we began, and how many are still coming after all these years?

The total number of MACS participants ever enrolled in the study from 1984 until today is an impressive 6973. Of course, not all of these men commenced their journey with the MACS at the same time. Our veteran participants joined with the study in 1984, when MACS recruited the initial 4954 gay or bisexual men to take part of this groundbreaking longitudinal study of the progression of HIV disease. Down the road, the MACS made racial diversity amongst its population a priority. Between the years of 1987- 1990, 668 more men joined MACS, and even more recently, between 2001- 2003, 1351 hopped aboard. These two new cohorts included many African American and Latino men, providing the MACS with a more accurate cross-section of the gay and bisexual communities nationwide.

Throughout the years, our ranks have shrunk. Some members of the MACS family were lost to HIV/AIDS, some died of other non-HIV causes, a small number have withdrawn from the study of their own accord, and still others have moved to parts of the world that make keeping up with the MACS difficult. Today, nationwide, we have 2703 active participants, and an additional 362 who are reachable, but have not come in for their last few visits. Over MACS’ 24 years, nearly half of the original population is still with us – an astonishing 1445 seronegative men and 1258 seropositive men – who tenaciously come into their local MACS center twice yearly for physicals, blood work, and behavioral questionnaires.

This loyalty is what makes the MACS a groundbreaking research enterprise. Across the nation, employees of the MACS experience the same sight that I do: friendly, memorable faces with a personal commitment to the longevity of the MACS.

The MACS @ Howard Brown

The MACS Blood Draw

Fasting is essential to obtaining accurate readings for cholesterol, glucose, and triglycerides. For optimal results, participants should fast a minimum of eight hours prior to their visit. Blood draws are typically performed at the start of each MACS visit. In appreciation for your time and loyalty to the MACS, we provide a beverage and filling snack.

MACS Labs: What is included?

During each MACS visit, participants are asked to donate 18-19 tubes of blood. Each draw tests for the following:

- Hemoglobin A1C (early detection of diabetes through monitoring of glucose),
- Chemistry “Chem” Panel (measures chemicals and nutritional elements in the blood specifically for the MACS),
- Complete Blood Count (“CBC” which monitors HIV infection by measuring the number of red blood cells, white blood cells and platelets, as well as CD4 and CD8 cell counts and percentages.
- HIV Testing (for HIV- participants)
- Cholesterol and Triglycerides (HDL, LDL)
- Urine screening for total protein with creatinine

Occasionally, the MACS runs other tests including Hepatitis Testing for B and C, including protime (PT). Participants are selected for these occasional tests based on their individual results.

Fast Facts!

- Approximately 65,000 individuals in North America, Western and Central Europe became infected with HIV in 2005.
- Throughout North America, Western and Central Europe, the number of people with HIV rose to 1.9 million in 2005.

(see Howard Brown, page MACS4)

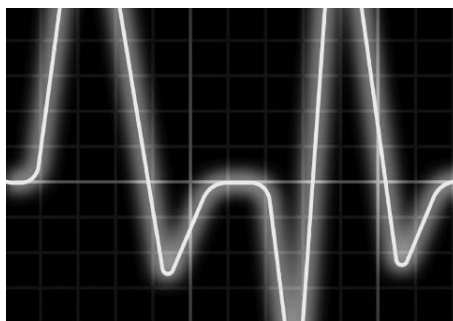


MACS Cardiovascular Study

John Phair, MD, MACS Principal Investigator

The initial results of the MACS Cardiovascular Study were presented at the International AIDS Conference held in Australia this past July. Dr. Kingsley of the Pittsburgh MACS reported on the prevalence and extent of coronary artery calcification in HIV infected and uninfected MACS participants. This calcification is the result of atherosclerosis, the cause of heart attacks and strokes. The goal was to determine if HIV infection and long term HAART use increased the risk and extent of calcification in coronary arteries. The results were adjusted for known risk factors such as age, serum lipids (including the good and bad cholesterol), body mass index (height/weight), and family history of coronary heart disease.

The study enrolled 332 HIV uninfected participants, 84 infected men not receiving HAART and 531 HAART users. All participants were at least 40 years old, and had no history of heart disease or stroke.



The study demonstrated that calcification was only marginally increased among long-term HAART users in comparison to HAART naïve men who had used HAART for less than 7 years. The extent of calcification was significantly reduced among HAART users in comparison to uninfected men. This effect on the extent of calcification was greatest amongst men not receiving lipid lowering therapy such as statins. The lower level of coronary artery calcification in HIV infected men may be partially due to the lengthy period of low density lipoprotein,

the “bad” cholesterol seen in HIV infected individuals before HAART use. Alternatively, men with a higher risk of atherosclerosis, men with high cholesterol, and other serum fats may have selectively started on lipid lowering treatment that prevented or slowed progression of coronary atherosclerosis.

A report of the findings of the carotid ultra sound study will be presented shortly. The women’s HIV study (WIHS) used the same protocol, allowing a comparison of the effect of gender, in addition to the usual factors associated with heart disease and stroke.

This fall the MACS will begin a follow-up cardiovascular study. Each participant will be asked to have a second carotid artery ultrasound and coronary artery CAT scan approximately three years after their first examination. This will allow assessment of progression of atherosclerosis in uninfected, infected HAART users and HAART naïve men.

Kidney Functioning Within the MACS

Frank J. Palella, MD, Chicago MACS Coinvestigator

MACS investigators have become more interested in evaluating kidney function over time. This heightened interest has developed in response to the recognition that kidney disease has emerged as an important cause of illness among HAART-treated persons, particularly amongst those with co-existing diabetes or hypertension (high blood pressure), those whose HIV infection is poorly controlled, and those of advancing age.

It has long been known that African-Americans are disproportionately affected by kidney disease. Also, the increasingly common use of the antiretroviral tenofovir (Viread, a medication also found in the fixed-dose combination pills Truvada and Atripla), which is known to exert potentially adverse effects upon the

kidney, has further underscored the need to monitor kidney functioning. Recently reported data from a large well-known French cohort of HIV-infected persons participating in the Aquitaine study identified several of these factors as being associated with a greater likelihood for occurrence of kidney disease, including more advanced age, higher plasma HIV RNA (viral load) levels, and lower CD4 lymphocyte counts. Recent data from the MACS evaluating kidney function also revealed age-related declines in kidney function over time, but failed to find an association between worsening kidney function and HIV status, prior AIDS diagnosis, HIV viral load, CD4 cell count levels or tenofovir use, except among persons who already had evidence of poorer kidney function.

Over the past year, the MACS has incorporated routine measurements of urine protein levels. This is being done to assess early signs of kidney disease, regardless of its cause. Preliminary data from the MACS has indicated that the presence of abnormal urine protein levels is associated with declines in kidney function over time.

Beginning this fall, the Chicago MACS will undertake an innovative research study in which a number of MACS participants will undergo precise direct measurements of kidney function. This will involve intravenous infusion of a harmless sugar-like substance called iohexol. Iohexol is filtered and eliminated through the

(see Kidney, page MACS4)

(Mental Health, from MACS1)

check-ups. Additionally, community mental health centers, and numerous social service agencies can provide assessment and counseling on a sliding scale basis. Bilingual staff is often available to meet the needs of specific communities. One such source is the phone line "311" which can provide a list of referrals, including sites like the Metropolitan Family Services, and Pilsen-Little Village CMHC.

Two of the most common mental health problems are depressive and anxiety disorders. While individuals respond differently to mental health issues, and will manifest mental health disorders differently, the following may be strong indicators of a pervasive affective problem:

- Consistently feeling irritated and frustrated
- Behaving violently
- Taking unnecessary, reckless risks
- Avoiding family and friends, and social activities that once were pleasurable
- Increasing consumption of alcohol and/or recreational drugs

A symptom checklist follows, as does a checklist for daily functioning:

Depressive Disorders

- Persistent sad, anxious, irritable or "empty" mood
- Feeling guilty or feelings of worthlessness, helplessness, or hopelessness
- Loss of interest or pleasure in work, hobbies or activities that were once enjoyable
- Difficulty with concentration, remembering, and/or decision-making
- Insomnia, early-morning awakening, or oversleeping

- Appetite and/or weight loss or overeating and weight gain
- Thoughts of death or suicide; suicide attempts

Mania

- Excessive happiness, hopefulness, and excitement
- Sudden changes from feeling joyful to irritated, angry, and hostile
- Restlessness, increased energy and less need for sleep
- Rapid talk, talkativeness

Racing thoughts

- Inflated self-esteem or grandiosity—unrealistic beliefs in one's ability, intelligence, and powers; may be delusional

Anxiety Disorders

- Chronic feelings of fear or fearfulness for no apparent reason
- Endless checking or rechecking actions
- Constant and unrealistic worry about everyday occurrences and activities.

If after reviewing these symptom checklists you have concerns, start by asking yourself a few questions to get an idea of your daily functioning:

1. Do you feel hopeful and upbeat about the future?
2. Do you feel you are taking good care of your physical health?
3. Do you fall asleep and wake up without difficulty?
4. Do you have at least two close friends or loved ones with whom you can talk and trust in important matters?
5. Do you feel like you are able to accomplish most of your daily goals?

If you feel concerned about your responses to the checklist, then you should consult with a physician as soon as possible.

(Kidney, from MACS3)

kidneys. The serial measurement of blood iohexol levels over a period of several hours will allow precise measurement of kidney functioning.

(Howard Brown, from MACS2)

- Antiretroviral therapies have helped to decrease the number of AIDS-related deaths to approximately 30,000 per year throughout North America, Western and Central Europe.
- 2003 was the first year that the number of people living with HIV in the United States exceeded one million.

MACS Clinic Hours:

Mondays: 1 - 6 pm
Tuesdays: 9 - 11am
Wednesdays: 9 - 11 am

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(Source: http://www.unaids.org/en/regions_countries/regions/nthamer_west_cent_europe.asp)



Howard Brown

The MACS @ Howard Brown

Visit 47 ends 9/26/07 Visit 48 starts 10/01/07

Call ahead for your appointment!

MACS Main Line: 773-388-8889

MACS4

Increasing the Number of Condoms Taken at Howard Brown's Broadway Youth Center

Fawna Stockwell, BA

One significant barrier to using condoms correctly during sexual encounters is not having them available during sex. If young adults have condoms at their disposal during sexual situations, they are more likely to use them. For this reason, this informal study involved recording the number of condoms taken from each condom bowl at Broadway Youth Center over six days. The effectiveness of two separate interventions was measured: placement of additional condom bowls in the 3 private restrooms, and distribution of small bags of condoms to all individuals visiting the STD test counselor.

Prior research has indicated that placement of bowls may be a major factor on whether or not individuals choose to take condoms. Private locations have been shown to have much higher rates of condom-taking than if the bowls are placed in areas where individual can be seen directly by counselors or other professionals (Amass et al. 1993, Carrigan et al. 1995).

In light of this research, and the very low number of condoms taken from the testing counselor's office during baseline, condom bowls left in the restrooms and bags given out by counselors were carried out on separate days to determine if either of these actions would increase the total number of condoms taken. The Broadway Youth Center currently offers condoms in seven different receptacles throughout the building. Bowls are located in the lobby, group and examiner rooms, and in the drop-in service area.

Condoms were counted for two days without any modifications to the current setup. During another two days, bowls were placed in the three private restrooms, and during the final two days

testing counselors were asked to hand out small, unmarked paper bags of condoms to all individuals visiting their office who were being tested or receiving test results. Because of time constraints, it was not possible to account for overall traffic of the Center per day or the number of individuals visiting STD testing counselors each day. However, the results demonstrate that both interventions did increase the number of condoms taken on those days when compared to baseline numbers.

Condoms taken from bowls in the restrooms accounted for 11.6% of the total amount on those two combined days, 38 of the total 327. Bags given out to those visiting the testing counselor's office accounted for 13.8% of the combined amount measured on those two days, or 72 of the 519 that were taken.

This preliminary investigation of what factors influence condom-taking will be useful in future tactics utilized at the Broadway Youth Center and at Howard Brown. Because both of the interventions were responsible for increases in overall rates of condoms taken, it is likely that they will be valuable when used in conjunction with existing STD testing and educational programming. More research is needed to determine how effective the interventions will be when combined and used in a long-term capacity.

Amass, L., Bickel, W. K., Higgins, S. T., Budney, A. J., & Foerg, F. E. (1993). The taking of free condoms in a drug abuse treatment clinic: The effects of location and posters. *American Journal of Public Health*, 83, 1466-1468.

Carrigan, D. R., Kirby, K. C., & Marlowe, D. B. (1995). Effect of dispenser location on taking free condoms in an outpatient cocaine abuse treatment clinic. *Journal of Applied Behavior Analysis*, 28, 465-466.

Howard Brown Helps to Connect YMSM with Social Support Systems

Ace Robinson, BA

The Adolescent Medicine Trials Network recently awarded the city of Chicago with a second Connect to Protect (C2P) site at Children's Memorial Hospital in collaboration with Howard Brown. As with other major metropolitan areas (New York City and Washington, DC), C2P now has a site focused on the needs of young men who have sex with men (YMSM) in addition to the initial site at Stroger Hospital that has been focusing on supporting young women of color.

A need for community prevention and intervention within the YMSM population is essential to support its healthy development. Testing conducted by Howard Brown throughout Chicago has shown that young men of all races are significantly affected by HIV infection.

Due to lack of significant social support for today's LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex) children and young adults, many adolescents lack the necessary resources to maintain or develop behaviors that will prevent the spread of HIV/STIs. Without this support, YMSM are often at even greater risk for infection. Furthermore, infected youth often do not receive the medical support to avoid problematic development of advanced viral and bacterial infections.

In order to protect the future of these youth, C2P will attempt to connect LGBTQI boys and young men to competent healthcare services that address their needs. These needs will include: community programs; safe and affirming schools; open and protective shelters; and various other harm-reduction modules. Howard Brown will work in unison with local community-based organizations, businesses and Children's Memorial Hospital on community development and structure that will protect Chicago's LGBTQI youth from unnecessary harm.

Update of CDC Funded Culture and Prevention Study for African American MSM Project ICARE:

Intervening for Community, Awareness, Respect and Empowerment

Nicky Martin, MS, LCPC, ICARE Project Coordinator

Last year the Centers for Disease Control and Prevention (CDC) called for research proposals to address obstacles faced by African Americans in HIV prevention. Howard Brown Health Center responded to this request, along with the South Side Help Center, and the Chicago Department of Public Health, as well as sites in other cities. Together the sites proposed a collaborative approach to help deal with this crisis. This study, the Intervening for Community, Awareness, Respect and Empowerment, study is being called Project ICARE.

Over the past year, a Community Advisory Board (CAB) for ICARE has played an active role. The ICARE team drafted a group counseling curriculum, and worked closely to modify and edit the document. ICARE is very thankful to its members. Staff and volunteers associated with Project ICARE have written a protocol for pilot testing of the study. Pilot testing entails recruiting approximately 20 men to complete a group intervention and brief questionnaire. This protocol is slated for implementation by early Fall 2007.

Based on Pilot test results, the Project ICARE study protocol will be modified and developed into a Full Trial Protocol. The Full Trial hopes to develop a behavioral intervention that will reduce sexual risk behavior, and decrease acquisition and transmission of HIV among African American MSMs. Project ICARE will treat both HIV positive and negative participants.

Project ICARE hopes to recruit 200 men, who will receive either a "standard of care" comparison group and counseling, or risk reduction counseling services. Primary outcomes will serve as evidence of intervention feasibility, indexed by

recruitment and retention of high risk African-American MSMs, as well as intervention efficacy, assessed via self-reported risk behaviors over a follow up period of three to five months.

David McKirnan, PhD is the Principal Investigator for Project ICARE. Most recently McKirnan served as PI for other Howard Brown studies, including Project MIX and Project TAP.

In summary, Project ICARE will assess:

- High risk African-American MSM (n=200)
- Diverse range of sexual and ethnic identities
- Diversity in socio-economic status, education & alcohol/drug history
 - With a group + individual intervention approach
 - Initial individual motivational interview
 - Integrate with HIV/STI testing or HIV care
 - "Free standing"
 - Four 2-hour group sessions

Dissemination perspective

- High market value;
 - Use of compelling video stimuli
 - Integrate sexuality into larger community/identity content
 - Deliver in non-clinical/community settings
- Trained para-professional facilitators
- High structure + "client-centered"

Pilot test plans:

- Focus Groups with research protocol approved by CDC/UIC/CDPH"

Additional information and the trial start date will be posted on Howard Brown's website at www.howardbrown.org.

(Syndemic, from page 8)

scores for each of the six dichotomous psychosocial health problems: regular binge drinking, street drug use, regular marijuana use, psychological distress, intimate partner violence, and sexual assault. From here on, we refer to this count of psychosocial health problems as the syndemic variable.

The prevalence of psychosocial health problems varied from 23 percent for regular binge drinking to 34 percent for experiencing partner violence. Rates of sexual risk behaviors were high, and 14 percent of YMSM reported receiving a HIV+ test result. All rates are listed in Figure 1. Psychosocial health problems co-occurred in 12 of 15 possible combinations (e.g., street drug use and partner violence). Approximately 25 percent of the youth scored zero on the syndemic variable (no health problems); another 28 percent reported scored one. Syndemic scores (number of health problems) are listed in Figure 2. The number of psychosocial health problems significantly increased the odds of having multiple anal sex partners, unprotected anal sex, and an HIV positive status. Each additional psychosocial health problem increased the odds of multiple anal sex partners by 24 percent, unprotected anal sex by 42 percent, and an HIV positive status by 42 percent. Furthermore, YMSM with four or more psychosocial health problems (syndemic score of four or more) had three times the prevalence of HIV relative to those with fewer problems.

These data suggest the existence of co-occurring epidemics, "syndemic," of health problems among many YMSM. On the other hand, just as many of the youth appeared resilient to these risk factors. Research is critically needed to identify both risk and resiliency factors, and such findings need to be translated into validated HIV prevention interventions targeted at YMSM. Researchers at the University of Illinois at Chicago and Howard Brown will continue to study syndemics to help guide HIV prevention efforts, particularly among youth.

New Research Team Members



Taylor Casey is co-facilitator and recruitment specialist for Life Skills. She acts as mentor for young trans women, helping them to make

healthier life choices, and to feel more positive about their identities. Taylor hopes to continue to expand her leadership role with the LGBT community. She was an active member of the BYC's transgendered youth program for years, and aspired to work there. Now Taylor hopes to gain the experience she needs to help her become a leading facilitator in the near future.



Vea Cleary is recruiter and lead facilitator for the Life Skills study at the Broadway Youth Center. Vea has worked at the BYC for

the last year, where she helped to implement TWISTA, an HIV prevention program targeting transgender young women of color using existing CDC-approved curricula. She has been an integral part of developing the program curriculum for Life Skills. Once implementation begins, she will perform intakes, act as co-facilitator, and perform CRCS work. Vea hopes that her work with Life Skills will help to fuel future trans studies. Vea is originally from Philadelphia, and has focused on harm-reduction and education issues related to gender and socioeconomics. She enjoys painting, guitar playing, and believes in true love.



Jenny Hopwood was recently appointed as Project Coordinator for Life Skills, a new feasibility study that will develop an intervention for HIV

prevention in young trans women, ages 16-24. Jenny's passion for the trans community, and her strong belief in preventative interventions are sure to

assist her in this new role, where she will work on curriculum development, focus groups, and development and implementation of pilots and interventions. Jenny originates from Jamaica, where she worked in HIV prevention for 6 years. She joined Howard Brown 7.5 years ago, and most recently worked as Project Coordinator for Project MIX and TAP. In her spare time, she enjoys hosting dinners at home, and frequenting farmers markets.



Michelle Johns was promoted from MACS Research Assistant to MACS Research Associate. In her new role, she is responsible for

managing 120 MACS participants, assisting with retention, and continuing as tester for the neuropsychology substudy. Michelle has been with Howard Brown since 2005, and moved to Chicago from Washington State. She takes classes at Northwestern, and hopes to earn her MPH in the future. On the weekends Michelle frequents hotspots throughout Chicago and Andersenville.



Jesse Lefebure was hired as research assistant to Clinical Research and the IRB. Jesse moved to Chicago recently from Green Bay, WI. She

has worked in child welfare, and as a hospital phlebotomist for the last three years. At Howard Brown she will work throughout clinical research studies, assist the manager of research compliance for the IRB, and perform blood collections. Jesse hopes to finish nursing school, and eventually aspires to become a nurse practitioner. In her spare time she enjoys outdoor activities like motorcycle riding, biking, running, and playing Frisbee.



MACS Research Associate **Amy Miller** transferred from Project MIX where she worked as Research Assistant. In her current position,

Amy manages a caseload of 120 MACS participants. Amy has already contributed to the MACS Team with her phlebotomy skills and retention techniques. Prior to joining Howard Brown, she worked in the non-profit sector for seven years. Outside of work she acts as half of the Eddie Edge and Magic Madge duo, writes, performs, and aspires to write for the *L Word*.



Ace Robinson is project coordinator for the Connect to Protect (C2P) project, a study under the Adolescent Trials Network. Ace is completing his MPH

at the University of Cape Town. He plays an active role in the community, where he works to build relationships among community partners, and promotes HIV prevention among youth. Ace is originally from St. Louis, and completed his undergraduate studies at Duke University. He enjoys reading and playing a myriad of sports.



Senior Coordinator of Youth Research **Amy Stauffer** oversees data collection on all youth studies. Amy hopes to develop the youth research team,

and to integrate research in the youth programs at Howard Brown. She divides her time between the department of Research at Howard Brown and the BYC. Amy is an MSW, and has worked in case management, as well as policy issues for the State of Illinois. She has a strong background in research, particularly with data analysis. A Chicago native, Amy spends weekends training for marathon running.

New Frontier: Howard Brown Surveys LGBT Parents



Blase Masini, Ph.D., Director of Research at Howard Brown will launch an online survey directed to LGBT parents. The survey will focus on the development of children raised by LGBT parents. The survey questions are drawn from the National Survey of Children's Health to allow for national comparisons. Research questions of interest include: Do children of LGBT experience different levels of depression and stress? Are LGBT families differently integrated into their neighborhoods? Do LGBT parents have different or similar concerns about their children? Do families led by LGBT parents function in a manner similar to their heterosexual counterparts?

This pilot study will be used to build an application for a larger research study that would include data collection from peers, teachers, and the children of LGBT parents themselves.

A modest amount of research has been conducted with children raised by

lesbians. Researchers found that the psychosocial adjustment and school outcomes did not differ between adolescents raised by lesbian couples when compared to heterosexual couples. This body of research needs to be strengthened and expanded to include children conceived by or adopted by gay, bisexual, and transgender parents.

The research generated from children of LGBT parents has strong legal and policy implications. There are still many barriers to LGBT parenthood, particularly in adoption and foster care. The growing number of children in need of adoptive and foster homes demands more comprehensive, scientific evidence to demonstrate that children raised in LGBT homes fair as well as children raised by heterosexual parents.

Look for the survey link on www.howardbrown.org this fall.

www.howardbrown.org



Howard Brown

**4025 North Sheridan Road
Chicago, IL 60613
(773) 388-1600**

Services at the main location include all medical services, behavioral health and social services, research, youth services, case management, and the Walk-in Clinic. This location serves the community as the preeminent source for LGBT health care. Most HMO/PPO plans accepted.

**TRIAD Health Practice
3000 North Halsted Street,
Suite 711
Chicago, IL 60657
(773) 296-8400**

TRIAD Health Practice provides all of our medical services, including primary care, gynecological services, family planning, and health screenings and check-ups. TRIAD accepts both HMO and PPO plans, and provides on-site parking.

**Broadway Youth Center (BYC)
3179 N. Broadway
Chicago, IL 60657
(773) 935-3151**

BYC is a program of Howard Brown and our community partners, offering comprehensive services to all youth 24 and under. Services include: case management for youth who need help with housing, job placement or basic needs; HIV testing and STD screening and treatment; medical services and education; individual and group counseling; and drop-in services including computer and internet use, laundry, food, and shower facilities.



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