

ORIGINAL ARTICLE

Indiana Youth Access Project

A Model for Responding to the HIV Risk Behaviors of Gay, Lesbian, and Bisexual Youth in the Heartland

ERIC R. WRIGHT, Ph.D., CHRISTOPHER GONZALEZ, B.A., JEFFREY N. WERNER, B.A.,
STEVEN THAD LAUGHNER, M.P.A., AND MICHAEL WALLACE, M.A.

The Indiana Youth Access Project (IYAP) is supported by the Special Projects of National Significance Program, Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) Bureau, Health Resources and Services Administration. The IYAP is a model HIV care program being developed at the Indiana Youth Group, Inc. (IYG) in conjunction with the Indiana State Department of Health and Indiana University. Previous studies indicate that gay, lesbian, and bisexual youth are at increased risk of acquiring HIV because of the stigmatization and social marginalization they experience as a result of their sexual identities. During the course of the first 3 years of the demonstration, the program has served 418 young people, including nine who are HIV infected. The IYAP targets the special needs of this special population by confronting institutional barriers which limit these young people's access to HIV care services, assisting them in building stronger peer support networks, and providing them with professional case management and related services. The model builds upon the successful peer-support program established at IYG by incorporating a unique set of health, mental health, and social case-management services provided by trained professionals. In addition, the program incorporates an extensive peer-counselor training and outreach program which targets street youth and other at-risk young people. The program has provided education and training workshops

on the special needs of gay, lesbian, and bisexual youth to thousands of health care, education, and social service professionals both in central Indiana and around the nation. © Society for Adolescent Medicine, 1998

KEY WORDS:

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Gay, lesbian, and bisexual youth are at increased risk of acquiring the human immunodeficiency virus (HIV) because of the stigmatization and social marginalization they experience as a result of their sexual identity (1-4). Homophobic reactions by significant others, as well as the internalization of self-stigmatizing beliefs about homosexuality or gender deviance, make it difficult for gay, lesbian, and bisexual youth to develop or maintain the self-esteem, self-efficacy, and support necessary to reduce their risks of contracting HIV (3-6). The Indiana Youth Access Project (IYAP) is a health services project implemented by the Indiana Youth Group, Inc. (IYG), and developed in conjunction with the Indiana State Department of Health (ISDH) Division of HIV/Sexually Transmitted Disease (STD) and researchers at Indiana University. The demonstration, which was funded initially in December 1993 by a grant from the Special Projects of National Significance (SPNS) Program of the Health Resources and

From the Department of Sociology, Indiana University Purdue University Indianapolis (E.R.W.); The Indiana Youth Group, Inc. (C.G., J.N.W., S.T.L.); and the Division of HIV/STD, Indiana State Department of Health (M.W.), Indianapolis, Indiana.

Address reprint requests to: Eric R. Wright, Ph.D., Department of Sociology, Indiana University Purdue University Indianapolis (IUPUI), Cavanaugh Hall 303, 425 University Blvd., Indianapolis, IN 46202-5140.

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Services Administration (HRSA), expanded the services available through IYG to include: (a) an expanded risk-reduction counseling program, (b) a risk assessment and health status evaluation program that includes HIV testing, (c) outreach services, and (d) focused case-management and referral services to integrate youth into existing HIV services. In addition, the demonstration grant provided funds to conduct a comprehensive evaluation of the model, the key assumptions associated with the program, and client-level outcomes. This article describes the IYG, the specific components of the program, and the evaluation.

Organizational Background

Indiana Youth Group, Inc., was founded in December 1987 by Christopher Gonzalez and Jeff Werner. Originally, the group was a grass-roots response to the absence of any formal support systems for gay, lesbian, and bisexual youth. During the 1980s, the local gay/lesbian switchboard received hundreds of calls from young people struggling with their sexual identity, raising their concern about inadequate resources for these young people. In December 1987, Gonzalez and Werner and several leaders from the local gay/lesbian community organized the first meeting to which young people who self-identified as gay, lesbian, or bisexual, or who were simply questioning their sexual identity were invited. By January 1989, the meetings had grown so large that they had to be moved to the Damien Center, a large acquired immunodeficiency syndrome (AIDS) service organization located in downtown Indianapolis. Others volunteered to organize activities, raise funds, and provide additional adult support for the youth.

The early youth meetings were intended to provide an alternative environment for young people to learn about being gay, to meet peers, and to foster an increased sense of self-worth. Gonzalez and Werner noticed that the youth often engaged in numerous high-risk activities, including unsafe sex, hustling and prostitution, and frequent use of hard drugs and alcohol in their search for a better understanding of their sexual identity and for a sense of belonging, an observation which continues to be substantiated in the scientific literature (2-4,7).

As demand for the program continued to grow, Gonzalez and Werner decided to formalize the services they were providing. In late 1989, they applied and received official recognition for IYG as a not-for-

profit, youth-serving social service agency. Their early observations evolved during this period into a professional philosophy which emphasized empowering youth to take control of their lives. Their philosophy eventually became the foundation of the agency's mission:

The mission of the Indiana Youth Group, Inc. (IYG) is to support self-identified gay, lesbian, bisexual, and transgendered youth under the age of twenty-one and enhance the self-esteem and self-worth of this population . . . Through its efforts the IYG provides this segment of the population with social activities, educational forums, emotional support, peer support, direct and referral services, and acts as an advocacy group on their behalf.

As the HIV epidemic among youth has grown since the early 1990s, IYG has become a major center for technical assistance for agencies interested in developing programming for this underserved population. Because it was difficult for young people and adults outside of Marion County to participate, IYG began establishing chapters in 1990 in other parts of the state. Currently, there are eight active IYG chapters and two chapters in development outside the Indianapolis area. In 1991, IYG received a grant from the U.S. Conference of Mayors to expand its services by establishing the first toll-free peer-counseling hot line, an increasingly popular source of information about both homosexuality and HIV/AIDS. Further, because most HIV/AIDS education programs are designed for and directed toward either adult gay men or adolescent heterosexuals, IYG became a clearinghouse for information about gay, lesbian, and bisexual youth for other professionals serving the population. IYG staff worked with ISDH officials on the development of more gay, lesbian, and bisexual youth-oriented HIV prevention efforts and materials. In March 1992, IYG received a grant from the Health Foundation of Greater Indianapolis to purchase a building and open the IYG Youth Center.

In 1993, Chris Gonzalez, working with Dennis Stover and other staff at the ISDH Division of HIV/STD, began designing a new, expanded program that could respond directly to the multiple and varied needs of gay, lesbian, and bisexual young people identified during the early history of the IYG program. The new model was called the Indiana Youth Access Project and became the basis of a grant application to the HRSA's SPNS Program. The expanded funding made it possible to add professional staff and complete an array of services envisioned by the founders. What is described below is the resulting model of service.

Regional Information

As of December 1996, a total of 7231 cases were included in the HIV and AIDS registries maintained by ISDH (8). The two registries include 2245 cases of HIV/AIDS diagnosed in persons <29 years of age, representing 31% of all cases of HIV/AIDS reported in Indiana. As elsewhere in the nation, the annual incidence of HIV infection among adolescents and young adults (13–24 years old) has continued to rise (8,9). A total of 706 13–24-year-old people were reported to the ISDH Division of HIV/STD's Clinical Data and Research Program through the end of 1996 (8). However, these numbers do not reflect the real extent of the problem in Indiana, where failure to report both HIV and AIDS is believed to be significant. For example, Indiana public health officials estimate that fewer than one fourth of HIV-infected Hoosiers are believed to know that they are infected (personal communication, Indiana State Department of Health, 1996).

Recent surveys of Indiana youth reveal that young people know about HIV and its risk behaviors, but are not engaging in preventive behaviors. One of those, the Indiana Student Health Survey (ISHS), which closely replicated the Centers for Disease Control and Prevention's (CDC) 1990 National Youth Risk Behavior Survey, was conducted between May 1991 and July 1992 (10). The ISHS found that 36% of ninth graders reported the first experience of sexual intercourse occurred prior to age 13 years, and 25% of 12th-grade students have had sexual intercourse with four or more partners. Of the sexually active students, only 21% of ninth-grade and 31% of 12th-grade students used a condom the last time they had sexual intercourse. Three percent of ninth-grade students and 5% of 12th-grade students reported having had an STD. Data from the ISDH STD Program affirm the high incidence of STDs among adolescents and young adults. In the first quarter of 1997, young people (under the age of 24 years) accounted for 80.6% of *Chlamydia* cases, 66.1% of gonorrhea cases, and 38.5% of reported early-stage syphilis cases (11). Similar factors influence sexual activity and substance-use behavior patterns, and engaging in one behavior increases the likelihood of engaging in the other (12–14). Substance use among Indiana adolescents is also common. According to findings from the ISHS, 19% of ninth-grade students and 33% of 12th-grade students have used marijuana one or more times, and a significant number reported having used other illegal drugs, including drugs by injection.

Homeless and runaway young people also present special challenges for HIV care in the Heartland. In a recent survey of homeless youth in Indianapolis (15), researchers located and interviewed over 500 young people living on the streets of Indianapolis during a 3-month period. Over 90% of them reported being sexually active, and 50% indicated that they had been, or had gotten someone, pregnant. One third of these youth also reported having had one or more STDs, and 32% stated that they had recently exchanged sex for money, food, or a place to stay.

However, HIV/AIDS in Indiana is spreading fastest among young white males who have sex with men (8). Data provided by ISDH Division of HIV/STD Clinical Data and Research Program indicate that approximately 60% of the cases of HIV and AIDS cases among adolescents 13–24 years old involve men having sex with men. African-Americans represent a disproportionately large number of the reported cases of HIV/AIDS (29.5%) in Indiana (compared with 7.8% in the state's population, as reported in the 1990 U.S. Census). The majority (80.6%) of the young people living with HIV/AIDS were diagnosed in their early twenties.

The absence of culturally and developmentally appropriate services for gay, lesbian, and bisexual youth who are HIV seropositive or at significant risk for HIV infection has been a significant gap in the array of services available in Indiana. The IYAP was designed to address this deficit and increase access to much-needed support services for this high-risk population.

Description of the Model

The IYAP model combines a mentored, peer-empowerment program with an array of culturally sensitive, HIV-related social and allied-health services for gay, lesbian, and bisexual youth. The program targets young people who are <21 years of age and who self-identify as gay, lesbian, or bisexual, or who are questioning their sexual identity. Being gay, lesbian, or bisexual is not an explicit criterion for entrance into the program. All services are free of charge and aim to help youth cope with the special stigma of homosexuality. All programs, services, and staff are supervised by a full-time executive director who is responsible to the agency's board of directors. Figure 1 describes the IYAP model and the flow of clients through the program.

Young people enter the program through several

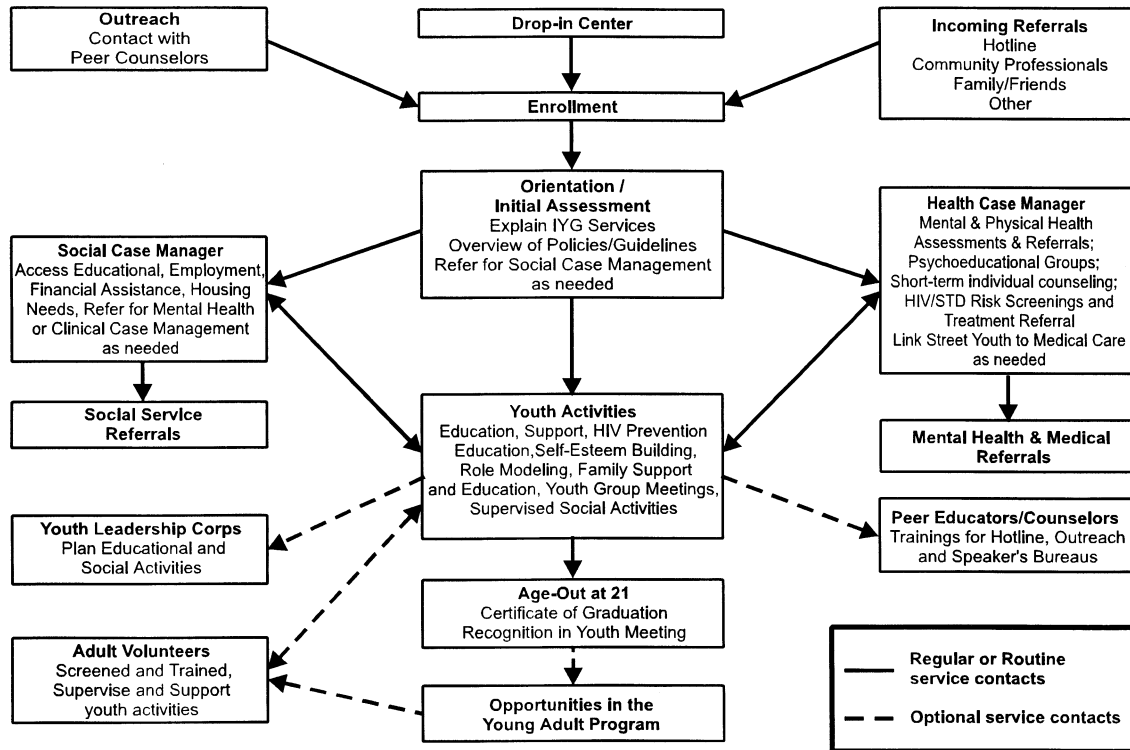


Figure 1. *The IYAP Service Model*

doors. Historically, local service providers and community professionals have provided the largest source of referrals. However, as the network of youth has expanded, extended family and friends have become major referral sources as well. In October 1992, shortly after the opening of the IYG Youth Center, IYG began holding drop-in hours 7 nights/week. Since then, the drop-in center has increased in popularity and has become a major portal of entry for new clients into the program. Most recently, the SPNS Program provided for the development of an expanded outreach program. Under the supervision of a full-time professional outreach coordinator, peer counselors interact with other young people and professionals through programs at local schools, speaker's bureau presentations for larger groups or other agencies, and in other locations where youth congregate.

When youth decide to get involved with the program, they are invited to participate in an initial orientation and assessment. During this one-on-one meeting, a professional staffperson describes the various programs and services, reviews IYG's policies and procedures, and conducts an initial psychosocial assessment. The staff member will then refer a

young person to one of the two case managers for further assessment and referral.

Occasionally, young people will come with (or develop during their tenure in the program) serious problems. The social case manager and the health case manager are specially trained, full-time, professional staff persons who are available to help youth identify problems and access needed services. The social case manager specializes in issues related to education, employment, and financial assistance. A number of the young people who have entered the program are runaways, high school dropouts, or emancipated minors who often require extensive support in finding food and/or a place to live. More commonly, this staffperson assists youth in developing basic work and job skills, helps them navigate the social service systems, and provides career and educational counseling. During the first 3 years, the social case manager has been successful in forging partnerships with various agencies and businesses where gay, lesbian, and bisexual youth can acquire much-needed training and/or work experience in a supportive atmosphere. Finally, the social case manager also assists in developing basic life skills—fo-

cused activities which are part of the ongoing regular program of youth activities (see below).

In contrast, the health case manager focuses on assessing the health and mental health status of the young people and, when appropriate, linking them with needed services. Young people contact the health case manager with a variety of problems ranging from the stress associated with the process of disclosing their sexual orientations to serious health problems, including the management of HIV disease. Because of the wide range of needs, in most cases the emphasis is on developing sufficient rapport with the young people to be able to understand their problems and assist them in accessing appropriate primary or specialty health care or mental health care services. The health case manager also offers short-term individual and family counseling and a number of psychoeducational groups for program youth (see below). Youth who have more serious problems or who require more extensive care are referred to one of IYG's health or mental health care referral partners for further assessment and/or treatment.

Once a youth has completed orientation, she or he is encouraged to participate in the youth activities offered. Youth activities form the backbone of the agency and are organized by a part-time (15–25 h/week) professional youth activities coordinator. The activities provide a hook that motivates youth to stay involved in the program, and serve as mechanisms through which program staff and volunteers can educate and support the young people. These activities also provide opportunities for the professional staff to continuously reevaluate the young people's needs and to intervene as youth become more comfortable in the program.

The hallmark activity continues to be the Thursday night youth meetings or peer education groups, which combine elements of a traditional support group with active-learning programming designed to help youth develop socially and psychologically. In the past, these meetings have integrated HIV prevention messages in a number of creative ways. For example, several meetings were devoted to role-play exercises to help develop assertiveness and negotiation skills, whereas other meetings have been more emotion-focused and encouraged youth to talk about their fears of HIV or to discuss individuals they knew who died of HIV disease.

In addition to the Thursday night peer education group meetings, IYG offers many other opportunities, including more socially oriented activities and formal therapeutic groups. Each year, IYG sponsors several dances, including a formal spring prom. In

addition, there are regular movie nights and coffee-houses at the Youth Center. All of the social activities are geared toward providing opportunities that the youth might not otherwise have because of their sexual orientation. All activities are chaperoned by staff and adult volunteers to ensure safety and to provide ongoing adult support as needed. Occasionally, the young people have expressed interest in focused discussions about specific issues. To meet these needs, IYG offers several regular therapy groups, including "Chic Chat" or "Guy Gab" (gender-specific discussion groups), "Youth Positive" (a psychoeducation and support group for HIV-positive youth), and "Take Control" (a support group for HIV-negative young people).

As the young people become more experienced and self-confident, they often find themselves taking on increased responsibility at IYG. Some join the IYG Youth Council, a group of IYG young people who work closely with staff to plan educational and social activities. Staff often provide special training for them to help develop their leadership, planning, and time-management skills. Youth leaders are similar to peer counselors, and many are involved in both program components. Peer counselors represent the front-line workers and are those young people who are called upon to serve as speakers to other groups, staff the hot line, and work with the outreach coordinator to make contact with high-risk young people on the streets. All youth who are interested in becoming peer counselors are expected to participate in regular and continuous training about HIV risk behavior, the major cofactors of HIV infection, and the development of interpersonal and public speaking skills.

Young people officially graduate from the program at age 21 years. Many graduates, however, are interested in continuing to be involved with IYG, both to continue to interact with friends and to help mentor younger members. To facilitate their continued involvement, IYG staff launched a Young Adult Program for IYG alumni who are between 21 and 25 years of age. This program offers several parallel activities for young adults which do not overlap with the youth activities (e.g., the Young Adult weekly meeting is held on Saturday nights). The Young Adult Program is designed to provide alternative social outlets and to build upon and reinforce the traditional IYG prevention and empowerment messages.

The IYG volunteer program provides adults (over 25 years of age) with opportunities to serve as positive role models while assisting staff in chaper-

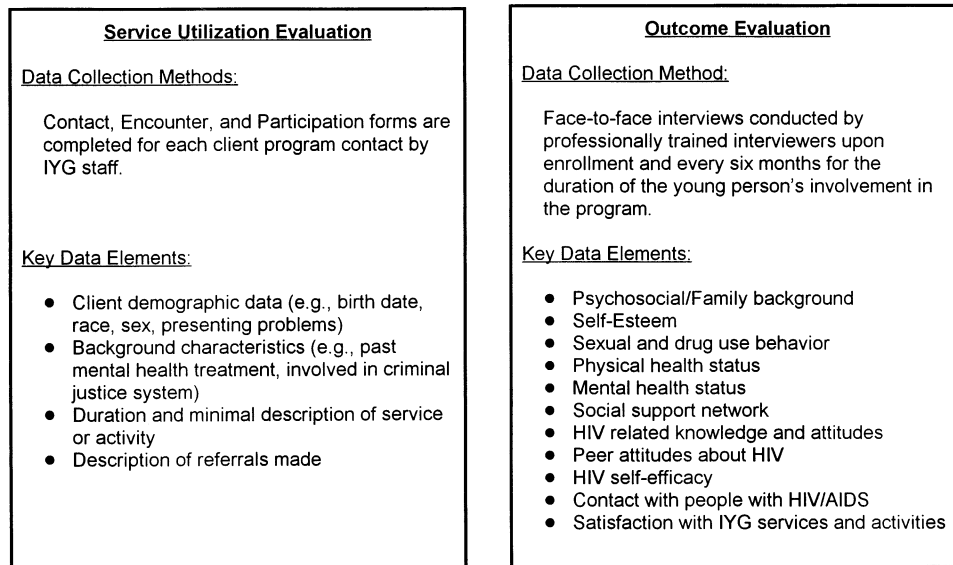


Figure 2. Central components of the IYAP evaluation design.

oning IYG youth during social and educational events. All adult volunteers are carefully screened and required to participate in an extended training program prior to beginning to work with youth. In addition to educating volunteers about the various IYG programs and policies, the training sessions are designed to help them learn about the complex issues facing gay, lesbian, and bisexual youth and to reflect on their own adolescence and how that might influence their interactions with the young people. In many ways, volunteers serve as an extension of the IYG staff through their own networking in the community and through their help in supervising youth activities. The volunteer program is supervised by one of the full-time professional staff. IYG Young Adults may also function as volunteers providing program alumni-organized opportunities to give something back to the agency (e.g., helping to maintain the IYG Center grounds, stuff envelopes for mailings).

Evolution of the Model

The core structure and philosophy behind the IYAP model has remained stable throughout the demonstration. A few structural refinements have been made to the model in response to unanticipated constraints. During the implementation phase, a number of state legal statutes and liability concerns prevented the IYG nurse practitioner from providing on-site medical care and HIV antibody testing. Con-

sequently, it was decided to restructure the medical intervention and referral process in early 1997. The restructuring consolidated the mental health counselor and nurse practitioner positions into the single health case manager position described earlier. This refinement eliminated some duplication of services (e.g., many of the high-need youth were being evaluated independently for both mental health and health care issues) and focused services on the provision of health education and support.

Evaluation

Evaluation Design

Like all of the SPNS Program Adolescent projects, the IYAP staff are participating in a cross-cutting evaluation in addition to conducting an independent, site-specific evaluation of key program elements. The IYAP evaluation component is based on two integrated data collection efforts, designed to incorporate and complement the cross-cutting evaluation efforts. The major components of the evaluation and the focal data elements are presented in Figure 2.

The service utilization evaluation is designed to record enrollment, encounter, and participation activity of all youth involved in the program. Service data collection forms are completed by IYG staff and submitted to the national evaluator for processing. Separate forms are designed for the different types of

contact youth have with the program (e.g., enrollment, individual encounter/contact, and group/activity participation), but are designed so that they can be aggregated in a variety of ways to facilitate the analysis of utilization patterns by individual clients, types of clients, specific staff members, or even particular program areas. The primary objectives of this portion of the evaluation are to monitor the volume and patterns of services used and provided and to describe the population of young people served by the program.

Program outcomes are being measured through face-to-face interviews conducted by trained interviewers who are not IYG employees. Young people are recruited into this segment of the study within 1 month of their joining the program. Follow-up interviews are conducted with the youth at 6-month intervals for the duration of their involvement in the program. The interview schedule includes items developed for the cross-cutting evaluation and scales developed for the IYAP site-specific evaluation. The aim of these interviews is to collect attitudinal and behavioral data that are tied to specific program objectives. For example, as noted above, a key objective is to reduce the distress often associated with being gay or lesbian. The interview schedule includes measures of general self-esteem, gay, lesbian, and bisexual role-specific self-esteem, and mental health status. In addition, standardized measures of both sexual and drug-related HIV risk behaviors are included, as are questions about the young person's knowledge about the virus and contact with people living with AIDS. Finally, each young person is asked to describe his or her current social support network and how often HIV-related issues are topics of discussion in their networks. These data are being used to examine the social support that program participants have to reduce their HIV-related risk behavior. A brief summary of the major outcome measures and the corresponding baseline descriptive statistics for all youth interviewed through mid-1997 is provided in Table 1. The outcome data are being analyzed using a single-subject repeated-measures design to identify significant correlates of various patterns of change on the key outcome variables.

Description of the Population Served and Services Used

Through May 1997, IYAP staff have provided a total of 7363 service-related contacts since the beginning of the demonstration in 1993. In addition to these young people, peer counselors staffed an additional

2210 contacts over the hot line during the same period. The demographic and background characteristics of the clients served (excluding hot line contacts) are presented in Table 2.

Data from the baseline interviews collected through mid-1997 provide an in-depth perspective on the youth's risk behavior and other psychosocial needs (Table 1). Overall, 89% of the youth interviewed reported that they are sexually active, 86% reported using one or more drugs, and 90% reported having used alcohol. Mental health, however, stands out as an area in which youth are especially likely to have significant problems when they enter the program. Comparison of the youth's baseline Global Severity Index scores on the Symptom Checklist 90-Revised with those of nonpatient adolescent norms (16) indicates that program youth are entering the program with significantly high overall levels of psychological distress (Figure 3).

The service-use data indicate that there has been a steady expansion of IYG's capacity both to provide more units of service and to serve more youth. Table 3 provides a detailed description of the major IYAP services from May 1994 to May 1997. Approximately two thirds (64%) of all service contacts with youth were through the peer education groups ($n = 1913$), Drop-in Center visits ($n = 1736$), and social case-management services ($n = 1079$). A total of 121 clients (28.9% of all clients served during this period) received social case-management services, while only 60 (14.4%) had contact with the nurse practitioner. The most frequently used services were the peer education groups/Thursday night youth meetings ($n = 245$; 58.6%), mental health counseling and case management ($n = 211$; 50%), youth activities ($n = 180$; 43.1%), and the Drop-in Center ($n = 173$; 41.4%). Of the three primary professional services, social case management typically involved more contacts [mean \pm standard deviation (SD) = 8.92 ± 18.92] with a young person than mental health (4.59 ± 7.54) or primary health case management (4.32 ± 6.46). The typical youth participated in 7.81 (SD 10.24) peer education groups and dropped in at the Youth Center an average of 10.03 times (SD 13.73).

As anticipated, not all youth need the in-depth professional services supported under the IYAP. Table 4 presents the distribution of youth included in the service use database who (a) were contacted through outreach (and never enrolled), (b) enrolled but never followed through or requested other services, (c) participated only in peer activities (e.g., the weekly peer education groups), (d) received one or more of the professional services (e.g., case manage-

Table 1. Description of Outcome Indices and Descriptive Statistics for Respondents Completing a Baseline Interview Through Mid-1997 ($n = 146$), Indiana Youth Access Project

Outcome Measure	Description	Range	Baseline [Mean (SD)]
Psychosocial risk indices			
Subjective concern about HIV*	How concerned are you about HIV and AIDS?	Not at all (1) to very (4)	3.50 (0.73)
Perceived risk of contracting HIV*	How would you rate your own risk right now of getting HIV?	At no risk (1) to at great risk (4)	1.74 (0.87)
Worry about getting HIV*	How often do you worry that you might get HIV/AIDS?	Never (1) to all the time (5)	2.65 (1.02)
AIDS Efficacy Index [†]	Mean response across 13 items measuring the confidence the youth has in being able to engage in a variety of preventive behaviors.	Not at all sure (1) to very sure (5)	4.36 (0.66)
Impulsive decision making [‡]	Sum of 12 four-point scale items which measure the youth's tendency toward impulsive decision making.	12 (not very impulsive) to 48 (extremely impulsive)	29.05 (4.04)
Self-esteem [§]	Sum of Rosenberg's 10 four-point scale items measuring the youth's global self-esteem.	10 (low self-esteem) to 40 (high self-esteem)	29.25 (5.05)
Psychological distress	The Global Symptom Index (GSI) from the Symptom Checklist 90-Revised provides an overall indication of the youth's level of current (past 7 days) psychological distress.	0-2.90	0.94 (0.65)
Behavioral risk indices			
Alcohol Use Days Index [#]	Number of days in past month respondent consumed alcohol (any type)	0-20 days	2.04 (3.74)
Drug Risk Index [#]	Number of 15 illegal/addictive psychoactive substances used in previous 6 months.	0-15 drugs	1.08 (1.60)
Drug Days Index [#]	Number of days in past month respondent used illegal/addictive drugs (any type)	0-9 days	5.25 (11.07)
Sexual Risk Behavior Index [#]	Total number of nine different risky sex behaviors respondent engaged during past 6 months.	0-9 behaviors	1.73 (1.47)
Sexual Activity Level Risk Index [#]	Categorical measure of the frequency the youth engaged in any of nine different sex behaviors during past 6 months.	1-12	4.81 (4.24)
Sexual Partner Risk Index [#]	Estimated number of different partners the youth had in any of the nine different sex behaviors during past 6 months.	1-100	4.86 (10.01)
No. of preventive behaviors*	Number of things the respondent reports he or she did to reduce his or her risk of getting HIV during past 6 months.	0-4	0.70 (0.94)

* Items and/or scale developed by the IYAP Evaluator for the site-specific evaluation. For more information, contact the first author.

[†] The items used represent the questioning potential sex partners and condom use subscales of the Self-Efficacy scale developed by Stephanie Kasen, Roger Vaughan and Heather J. Walter ("Self-efficacy for AIDS preventive behavior among tenth grade students, *Health Educ Q* 1992;19:187-202).

[‡] Items and scale developed by Rick Zimmerman, Ph.D., Department of Behavioral Science, School of Medicine, University of Kentucky, Lexington, Kentucky.

[§] Developed by Morris Rosenberg, and available in *Society and the Adolescent Self-Image*, Princeton: Princeton University Press, 1965.

^{||} Leonard Derogatis, *Symptom Checklist-90-R: Administration, Scoring and Procedures Manual*, Minneapolis, MN: National Computer Systems, 1991.

[#] Developed by George Huba, Ph.D., and Lisa Melchior, Ph.D., The Measurement Group, Culver City, California.

ment, health screenings by the counselor or nurse practitioner), or (e) both received professional services and participated in peer activities. A total of 418 clients were served by the IYAP staff during this period. Of these, 250 (59.8%) received one or more of the professional services made available through the

IYAP. Eight-seven (20.9%) individuals were provided services through the outreach effort or were enrolled, but had no subsequent participation in any of the services or activities provided at IYG. A sizable minority ($n = 81$; 19.4%) of youth participated in only IYG-sponsored peer activities.

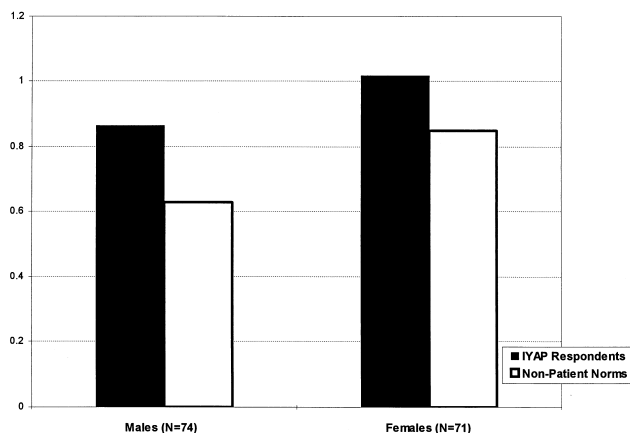
Table 2. Demographic and Selected Background Characteristics of Youth Served in the Indiana Youth Access Project, May 1994 to May 1997 ($n = 418$)

Characteristic	<i>n</i>	%
Age (yr)		
13-19	220	52.6
≥ 20	198	47.4
Mean (SD) = 19.4 (2.12)		
Gender		
Male	250	59.8
Female	168	40.2
Race		
African-American	46	11.0
Caucasian	355	84.9
Hispanic-Latino	7	1.7
Native American	4	1.0
Other	6	1.4
Self-identifies as gay, lesbian, or bisexual*	275	65.8
In junior or senior high school	149	35.6
In college	76	18.2
Homeless	5	1.2
Runaway	14	3.3
HIV infected [†]	9	2.2
Pregnant	5	1.2
Hemophiliac	9	2.2
Involved in criminal justice system	7	1.7
Involved in mental health treatment system	54	12.9

* This figure indicates the number of young people who self-identified as gay, lesbian, or bisexual at the initial intake. A large number of youth often state that they are "undecided," and the program welcomes all youth who are questioning their sexual orientation.

[†] Based on client self-report.

The increases in both the absolute number of service episodes and unique youth served have been accomplished through the continuing development and refinement of the programming activity and the

**Figure 3.** Global levels of psychological distress for IYAP Program respondents at baseline, by gender ($n = 145$).

expansion of outreach efforts. For example, during the first 3 years, IYG staff succeeded in increasing the total number of youth participating in peer activities by more than 30%; in peer education groups by more than 150%; and in the Drop-in Center by more than 350%. IYG's growth during this period has been partially the result of efforts to increase the diversity of the program participants. In particular, the number of young women served nearly doubled during the first 3 years of the demonstration. The expansion of the peer outreach program has brought in larger numbers of street youth and youth from other parts of the region than had been seen in prior years. The increasing size and diversity of the program participants has been a key to the initial success of the program.

Early Program Outcomes

Through mid-1997, 66 initial follow-up interviews have been completed, coded, and analyzed. Table 5 presents the baseline and follow-up values for these subjects on the central psychosocial risk indices. In general, the pattern of effects suggests that the program is having a significant effect on the psychosocial dimensions of these young people's risk behaviors. Specifically, data comparing baseline with follow-up show that youth in the program are worrying more about getting HIV ($p \leq 0.001$) and have stronger feelings of efficacy that they can reduce their HIV risk ($p \leq 0.01$). In addition, there was a statistically significant improvement in self-esteem ($p \leq 0.05$) and a declining trend in psychological distress ($p \leq 0.10$) over the course of the young people's involvement in the program. Multivariate analyses of the amount of change suggest that they are robust even after controlling for the youth's age, gender, race, education, and amount of time that they have self-identified as gay, lesbian, and bisexual. In summary, the general pattern of psychosocial change suggests that IYG's empowerment philosophy and program is having multidimensional and positive effects on the participating youth.

The impact of the program on actual risk behavior is more complicated. Preliminary analyses of the drug and sexual risk indices suggest that the rates of sexual behavior increased slightly during the same period (Table 5). This finding, however, is not surprising given the normal increase in sexual activity and experimentation which occurs during mid to late adolescence and young adulthood (17,18). Unfortunately, because it was not possible to construct an equivalent control group for this study, it is not

Table 3. Numbers of Service Episodes and Clients Receiving Each Service, by Service Type ($n = 418$), Indiana Youth Access Project (IYAP), May 1994 to May 1997

	Service Contacts		Clients Served		Descriptive Statistics for No. of Contacts per Client Who Used the Service			
	<i>n</i>	%	<i>n</i>	%	Range	Mean	Median	SD
Focal professional services								
Social case management	1079	14.6	121	28.9	1-160	8.92	3.00	18.92
Mental health care management*	969	13.2	211	50.5	1-46	4.59	2.00	7.54
Primary health care and health case management*	275	3.7	60	14.4	1-41	4.32	2.00	6.46
Other IYAP program services								
Peer education groups	1913	26.0	245	58.6	1-64	7.81	3.00	10.24
Youth activities	989	13.4	180	43.1	1-36	5.49	3.00	6.36
Drop-in Center visits	1736	23.6	173	41.4	1-74	10.03	4.00	13.73
Peer counselor training/activities	249	3.4	86	20.6	1-12	2.89	2.00	2.22
Residential services [†]	153	2.1	7	1.7	1-67	21.86	23.00	22.89
Totals	7363	100.0						

* The mental health case manager and nurse practitioner positions were consolidated into a single health case management in May 1997.

[†] Residential services were discontinued in August 1994.

possible to determine how this compares with behavior of gay, lesbian, and bisexual youth who are not enrolled in the program. Nevertheless, two sources of data suggest that the program is having a positive effect on the youths' sexual risk behavior. As part of the follow-up survey, each youth is asked: "Have you changed your behavior in any way during the last 6 months to reduce your risk of getting HIV/AIDS? If so, what specifically have you done?" Forty-four percent (43.9%) indicated that they have been trying to protect themselves from getting HIV. Of those who said they were trying, the largest number said they were either using condoms or other latex barriers (41.4%) or abstaining from sexual relationships altogether (24.1%). Qualitative data collected in focus groups and informal interviews with program youth suggest a similar pattern. Specifically, the youth report that their sexual behavior is less consistently risky than in the past, and that they have periods when they are very successful in adhering to basic prevention strategies, and other peri-

ods when they are less successful. A limitation of the measurement strategy adopted for the cross-cutting outcomes evaluation is that it is not sensitive enough to detect or measure these youths' sporadic efforts to change their behavior.

Development of Local Professional Networks

In addition to direct services for clients, IYAP supports IYG staff to work on new initiatives and conduct presentations to educate other health and social service professionals and other youth-serving agencies on the special needs and challenges of working with gay, lesbian, and bisexual youth. These initiatives have resulted in the development of more permanent partnerships with a number of agencies willing to work with the IYAP project in serving this high-risk population. Through May 1997, staff have conducted a total of 227 presentations and training sessions to an estimated total audience of 11,726 people. While the majority of these training sessions have been for local service providers, many have been for state and national organizations. The primary objectives of these presentations, especially at the local level, have been to improve the knowledge and attitudes about the special needs of gay, lesbian, and bisexual youth and to identify new professionals or organizations who are interested in becoming partners with IYG in serving them. One important consequence of the local efforts has been the development of a larger and more accessible network of providers available to the gay, lesbian, and bisexual

Table 4. Number and Percentage of Clients Served by Type of Services Used ($n = 418$), Indiana Youth Access Project, May 1994 to May 1997

Services Used	<i>n</i>	%
Outreach contact only	60	14.4
Enrollment only (no subsequent participation)	27	6.5
Peer activities only	81	19.4
Professional services only	42	10.0
Professional services and peer activities	208	49.8
Total	418	100.0

Table 5. Preliminary Descriptive Statistics on Major Outcome Measures for Youth Completing a Baseline and 6–12 Month Follow-up Interview Through Mid-1997 ($n = 66$), Indiana Youth Access Project^a

Outcome Measure	Baseline [Mean (SD)]	6–12-Month Follow-up [Mean (SD)]
Psychosocial risk indices		
Subjective concern about HIV	3.62 (0.60)	3.68 (0.50)
Perceived risk of contracting HIV	1.83 (0.89)	1.91 (0.81)
Worry about getting HIV	2.60 (0.99)	2.95** (1.03)
AIDS Efficacy Index	4.30 (0.64)	4.45** (0.49)
Impulsive decision making	29.09 (3.74)	28.59 (2.95)
Self-esteem	29.20 (4.88)	30.20* (4.85)
Psychological distress	1.04 (0.92)	0.92 [†] (0.80)
Behavioral risk indices		
Alcohol Use Days Index	2.06 (3.65)	2.20 (3.80)
Drug Risk Index	0.85 (1.54)	1.07* (1.82)
Drug Days Index	4.86 (12.25)	6.29 (14.50)
Sexual Risk Behavior Index	1.63 (1.48)	2.06** (1.20)
Sexual Activity Level Risk Index	4.06 (3.61)	6.59*** (4.21)
Sexual Partner Risk Index	3.47 (3.54)	5.03* (6.65)
No. of preventive behaviors	0.52 (0.73)	0.55 (0.68)

^a The means values for the baseline and follow-up outcome measures were compared using a one-tailed Student's *t* test.

Significant changes are indicated using standard notation as follows: * $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$, [†] $p \leq 0.18$, one-tailed test.

youth in need of professional health care or social services. The two largest partnerships are with the Adolescent Health Clinic at Wishard Hospital, which provides HIV-related health and medical services and more standard medical care to youth who do not have a family physician, and with the Marion County Public Health Department, which is providing on-site confidential and anonymous HIV testing for program youth.

Conclusions

In the early planning phases, the program developers theorized about what would be needed to increase access to social and health care services for gay, lesbian, and bisexual youth and lower their HIV risk. The first 3 years of the demonstration have generated some important program process-related insights which may help others in developing HIV programs for this underserved and at-risk population.

A Holistic, Multidisciplinary Team Approach Has Significant Advantages

A consistent finding in the evaluation is that the vast majority of the young people enrolling in the program exhibit one or more factors which contribute to increased risk of exposure of HIV. The complex and

varied nature of the psychosocial and health-related problems of gay, lesbian, and bisexual adolescents will challenge even the most seasoned professionals. The IYAP experience suggests that a well-integrated, multidisciplinary team of professionals is an extremely effective approach to reaching and providing services to this high-risk population.

The multidisciplinary nature of the team allows the team to respond to diverse needs that cut across traditional service systems (e.g., mental vs. physical health care) and provide holistic support for young people (19). Moreover, the preliminary analyses reported above underscore the interconnected nature of the youths' problems and their HIV risk behavior, and the importance of addressing the full spectrum of these young people's needs as an important HIV risk-reduction strategy (2).

The team structure also contributes to better and more stable integration of individual youth into the program. If a young person gets angry with a particular service provider, she or he can turn to other team members for support. Other team members also can follow up immediately with the youth to encourage her or him to continue in the program and to assist her or him in working through the conflict with the other staff member. Making multiple staff members available to youth increases the likelihood that the young person will develop a rapport with at least one staff person and get involved in the program.

The Development of a Network of Supportive, Professional, Social Service, and Medical Providers Is Critical

While the agency has been successful in meeting many of the needs of clients on-site, some of the youths' problems clearly require the assistance of other professionals and agencies better equipped to provide specialty and/or more comprehensive support services. Referrals have become a central feature of the services provided by IYG professional staff, and the staff pay special attention to cultivating strong working relationships with agencies and individual professionals who are interested and willing to work with gay, lesbian, and bisexual youth. Surprisingly, we continue to find that many youth (and in particular, those who are HIV positive) prefer IYG professional staff to serve as advisors or brokers in both seeking help and in negotiating access with other providers in the health and social service systems.

Youth Activities and Peer Support Are Critical for Engaging Clients in the Program and for Changing Their Behavior

Numerous program planners have emphasized the value of having a variety of activities for youth to encourage involvement in health and youth development programs (20–22). As noted above, involvement in the program also facilitates the development of new social network contacts that can encourage and reinforce positive changes. Growing up gay, lesbian, or bisexual often means growing up in social isolation (4,7). Not only does this social isolation decrease the likelihood that the youths will have any information about HIV/AIDS, it also decreases the likelihood that they will have anyone with whom they can discuss their concerns or worries about HIV transmission. Recent studies have documented the importance of peer norms in encouraging young people to engage in HIV-preventive behavior (23,24). While our preliminary results support prior studies which conclude that peer influence is important, they also highlight that for gay, lesbian, and bisexual young people, not all peers are equally influential with regard to HIV-preventive behavior.

In conclusion, the IYAP is demonstrating the potential value of developing specialized, comprehensive, community-based service programs for gay, lesbian, and bisexual youth. The expanded assessment process coupled with the development of an extensive, culturally sensitive referral network has

contributed to IYG staff's success in linking young people, including HIV-positive youth, with needed services. Moreover, the integration of HIV care and youth empowerment skills into the various youth groups and activities has proven to be a powerful approach that has contributed to significant improvements in these young gay, lesbian, and bisexual people's knowledge about HIV transmission, their concern about getting the disease, and their motivation to protect themselves against HIV. Many of the IYAP accomplishments would not have been possible without an enhanced program of outreach to young people and to professionals in the local service area. Community outreach and education have helped to raise awareness about gay, lesbian, and bisexual issues generally and about the growing problem of young people and HIV specifically. Most importantly, the IYAP has demonstrated that developing effective gay, lesbian, and bisexual-specific programs is possible even in more conservative regions of the country.

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