

GBHHSPC: March 15 Planning Council Data Presentations Q&A

How can [the planning council] be of the most service to you and the community you work with?

The planning council could most be of service by providing opportunities for the STAR TRACK team to train other health care providers and allied health professionals on the unique health challenges of young people living with HIV.

How well does the transition for youth in to adult specialty HIV care/ primary care go?

In general youth living with chronic health conditions tend to transition poorly to adult health care. Transitioning to adult care can often be traumatic for youth who have been under the care of the same medical team since their diagnosis; which in some case is over half their life. During this transition time, youth are more likely to fall out of care and return to their pediatric/adolescent care team in medical crisis after years of not being in care.

During transition to adult care do many youth and teens fall out of care?

See above.

What is the greatest problem for receiving housing or staying at a shelter as a youth living with HIV? If youth do not qualify for shelters or transitional housing how are youth serviced?

Youth is a time of boundary testing and experimentation in the United States. Most shelters are not prepared to serve youth (18-24) and have policies which are not congruent with the developmental stage for persons within this age group. Shelters/Housing facilities often have punitive policies which deter youth from entering and remaining in their programs. Safety is also a concern for young people. Youth are more likely to be victims of assault and/or bullying in shelters. This exacerbated for young women, as well as sexual and gender minorities.

For youth experiencing homelessness, they are mostly served by drop-in agencies such as YES, who specialize in working homeless and transient youth.