

Did You Know:

- Youth (aged 13-24) are the least likely to know that they have HIV compared to other age groups.¹
- HIV risk is increased by: a lack of exposure to sexual education in middle and high school, risky sexual behaviors, low rates of testing, substance use, low rates of condom use, low rates of PrEP use, lack of access to care, and stigma.^{1,5-8}

Why is Project HAPPY Important?

- Almost 55% of all teens have had sex by age 18.⁹
- About 46% of all sexually active high school students reported NOT using a condom the last time they engaged in sexual intercourse.¹⁰
- HIV and STD education increases condom use among youth.¹¹⁻¹³
- Proper condom use reduces the risk of getting HIV and STDs.
- Youth must be educated on proper condom use, sexual risk-reduction behavior, and where to seek HIV and STD testing and treatment.



HIV and STD Statistics Among Youth in the U.S.

In 2018, youth aged 13-24 made up 21% of all the HIV diagnoses.¹ Georgia had the second-highest rate (14.9 per 100,000 population) of HIV diagnoses among adolescents aged 13-19.² In Georgia, African American youth in Fulton County are disproportionately affected by HIV (See Tables 1 and 2).³⁻⁴

Table 1: HIV, STD, and Pregnancy Rates in Georgia and Fulton County

	Georgia	Fulton
Rate of people living with HIV per 100,000 population, 2018	625	1,707
Percent of people living with HIV, by Race, 2018	Black: 68.6% Hispanic/Latinx: 7.5% White: 18.0%	Black: 71.5% Hispanic/Latinx: 6.2% White: 16.9%
STD Rate per 100,000, 2018 (aged 15-19)	3,043.1	3,409.1
Pregnancy Rate per 100,000, 2018 (aged 15-19)	34.7	40.2

Table 2: HIV, STD, and Pregnancy Rates for Non-Hispanic Blacks vs Whites in Fulton County

	Blacks	Whites
STD Rate per 100,000, 2018 (aged 15-19)	3,409.1	148.2
Pregnancy Rate per 100,000, 2018 (aged 15-19)	40.2	4.5

Red indicates higher rate or percentage

What is Project HAPPY?

Project HAPPY was a health education program for African American teens, aged 14-18 years old. Project HAPPY addressed HIV/AIDS and STD risk behaviors through education and skills training.

Teens were in 1 of 4 different groups:¹⁴

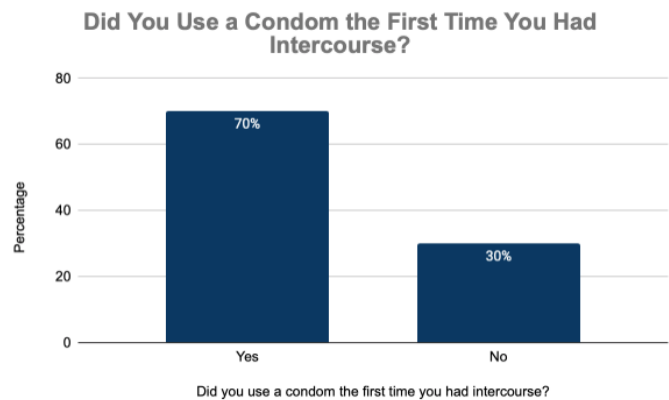
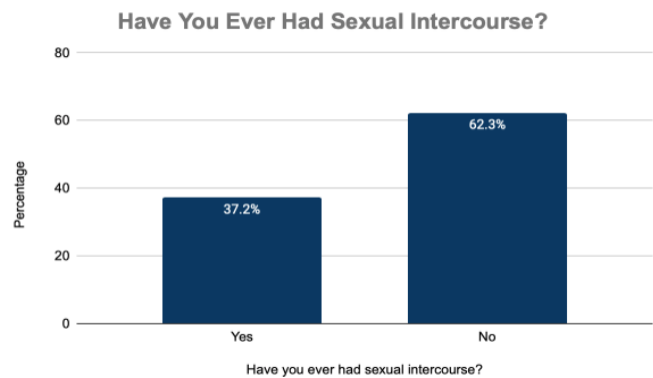
1. **Becoming a Responsible Teen (BART):** A CDC endorsed educational program.
2. **HIV-RAAP:** A culturally-sensitive educational program adapted for teens. HIV-RAAP was developed and used by the PRC for adults.
3. **DHAB A:** Teens created social media messages based on information they learned during the group sessions.
4. **DHAB B:** Teens viewed and interacted with messages on Instagram that were created in the DHAB A arm.



Project HAPPY: Who Participated

- African American teens 14-18, who lived, worked or played in the Morehouse Prevention Research Center research partner communities (5 Neighborhood Planning Units represented by 31 Census Tracts and 40 communities in Metropolitan Atlanta).
- Of the 175 participants who completed Project HAPPY, 94.8% of the study participants were African American/Black, 68.2% were girls, and the mean age was 16.1 years old.

Project HAPPY Participants Sexual Behaviors



Percent of "No Substance Use" in the last month

	Baseline	Immediate Follow-Up
Alcohol	81.2%	84.0%
Marijuana	71.1%	73.7%

Project HAPPY Results

- ⇒ Condom use attitudes improved: Youth had more positive feelings towards using condoms.
- ⇒ Condom use self-efficacy improved: Youth felt more confident about using condoms the right way.
- ⇒ HIV attitudes improved: Youth had more attitudes about HIV prevention behaviors
- ⇒ The percentage of participants **not** using alcohol and marijuana in the last month increased from baseline to immediate follow-up. Not using substances can lead to positive HIV and STD risk-reduction behaviors. For instance, substance use reduces the chance that a person uses a condom during sexual intercourse.⁷
- ⇒ Training on proper condom use and HIV/STD risk-reduction are important in reducing the risk of getting HIV/STDs or passing it on to others.



Project HAPPY Youth Ambassadors

Youth ambassadors were teens from local high schools in our research partner communities. They helped to review and edit the proposed curricula, (language, intervention activities and delivery). They helped train community health educators as a test audience where they provided feedback on their facilitation skills. During the project, they helped promote the project with their peers and recruited peers to be a part of the project. They received training in human research protections using the CIRTification (Community Involvement in Research) program. They were also compensated for their time devoted to project activities.

Youth Ambassadors

- ⇒ Dgenba Keita – Carver High School
- ⇒ Tiye Ridley – Carver High School
- ⇒ Summayyah Sayad - Carver High School
- ⇒ Xavier Jackson – Washington High School
- ⇒ Shay Locklin – Washington High School
- ⇒ Christian Harris – Carver High School
- ⇒ Kavisha Spro – South Atlanta High
- ⇒ Samaiyah Thorton – South Atlanta High
- ⇒ Marcus Richardson – Carver High School
- ⇒ CyRiah Pearson – Carver High School
- ⇒ Sanquya Swanson – CRIM
- ⇒ Kalil Riley – CRIM

Resources/Information

- ⇒ February 7: Annual National Black HIV/AIDS Awareness Day
- ⇒ [Gettested.cdc.gov](https://www.gettested.cdc.gov)
- ⇒ HIV Resources and Support in Metro Atlanta:
<https://www.positiveimpacthealthcenters.org/advocacy-resources/hiv-advocacy/>

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References:

1. Centers for Disease Control and Prevention. (2020, May 18). HIV Among Youth. Retrieved August 8, 2020, from <https://www.cdc.gov/hiv/group/age/youth/index.html>
2. Centers for Disease Control and Prevention. HIV Surveillance – Adolescents and Young Adults. (2018). Retrieved August 8, 2020, from <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2018.pdf>
3. Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). (2020). Georgia Department of Public Health. Retrieved August 09, 2020, from <https://oasis.state.ga.us/>
4. Emory University’s Rollins School of Public Health. (2020, July 29). Understanding HIV where you live. Retrieved August 09, 2020, from <https://aidsvu.org/>
5. Handel, M. V., Kann, L., Olsen, E. O., & Dietz, P. (2016). HIV Testing Among US High School Students and Young Adults. *Pediatrics*, *137*(2). doi:10.1542/peds.2015-2700
6. Siegler, A. J., Mouhanna, F., Giler, R. M., Weiss, K., Pembleton, E., Guest, J., . . . Sullivan, P. S. (2018). The prevalence of pre-exposure prophylaxis use and the pre-exposure prophylaxis-to-need ratio in the fourth quarter of 2017, United States. *Annals of Epidemiology*, *28*(12), 841-849. doi:10.1016/j.annepidem.2018.06.005
7. American Psychological Association. (2020). HIV/AIDS and Socioeconomic Status. Retrieved August 09, 2020, from <https://www.apa.org/pi/ses/resources/publications/hiv-aids>
8. National Association of School Nurses. (2016). Sexual Health Education in Schools. Retrieved August 09, 2020, from <https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-sexual-health>.
9. Abma, J., & Martinez, G. (2017). Sexual Activity and Contraceptive Use Among Teenagers in the United States, 2011–2015. *National Health Statistics Report, Number 104*. Retrieved August 09, 2020, from <https://www.cdc.gov/nchs/data/nhsr/nhsr104.pdf>
10. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance – United States, 2017. (2018). Retrieved August 8, 2020, from https://www.cdc.gov/mmwr/volumes/67/ss/ss6708a1.htm?s_cid=ss6708a1_w.
11. Demissie, Z., Clayton, H. B., & Dunville, R. L. (2018). Association between receipt of school-based HIV education and contraceptive use among sexually active high school students — United States, 2011–2013. *Sex Education*, *19*(2), 237-246. doi:10.1080/14681811.2018.1501358
12. Cornelius, J. B., Dmochowski, J., Boyer, C., Lawrence, J. S., Lightfoot, M., & Moore, M. (2013). Text-Messaging-Enhanced HIV Intervention for African American Adolescents: A Feasibility Study. *Journal of the Association of Nurses in AIDS Care*, *24*(3), 256-267. doi:10.1016/j.jana.2012.06.005
13. Klein, C. H., & Card, J. J. (2011). Preliminary Efficacy of a Computer-Delivered HIV Prevention Intervention for African American Teenage Females. *AIDS Education and Prevention*, *23*(6), 564-576. doi:10.1521/aeap.2011.23.6.564
14. Conerly Holliday, R., Henry Akintobi, T., Mubasher, M., Banerjee, A., Hoffman, L., Walton, S., & Braithwaite, R. (2020). Project HAPPY: A CBPR Intervention Addressing HIV Prevention in Black Youth. *Journal of Health Studies*.