STEP UP

Students Teaching, Empowering & Preparing an Underserved Population

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The Facts

• >1,300 perinatal HIV+ children in NJ\textsuperscript{1}
• 25% of pediatric HIV patients are diagnosed with\textsuperscript{2}:
  o Major depression, anxiety, and/or behavioral problems
• HIV and HAART in perinatally-infected children is associated with\textsuperscript{3,4}:
  o Encephalopathy
  o Neurologic deficits
  o Developmental delays
  o Learning disabilities
• Depression/Neurologic deficits are strongly associated with nonadherence to HIV medication\textsuperscript{5}
Robert Wood Johnson AIDS Program (RWJAP)

- Est. 1983
- Cared for >1,000 HIV+ Children
  - Current enrollment approx 185
  - Infants to 22yo (avg. age = 17yo)
- Comprehensive Treatment Team:
  - Dr. Sunanda Gaur, MD (Director)
  - Dr. Patricia Whitley-Williams, MD
  - Dr. Amisha Malhotra, MD
  - Dr. Gail Burack, PhD (Psychologist)
  - Roseann Marone, BSN, RN MPH (Program Coordinator)
  - Blanca Jackson, RN (Clinical Coordinator)
  - Judy Kenny, RN (Nurse Case Manager)
  - Manuel J. Castaneda (Family Case Manager)
Our goal

To develop and implement a sustainable biopsychosocial curriculum that addresses the needs of HIV-positive adolescents and young adults.
Population

Our project encompasses the perinatally-infected pediatric HIV population served by RWJAP between the ages of 13 to 22.
How we found the need

• **Project ALIVE**: previous project designed to expose children infected with HIV and their siblings to people, places and things that those of us not encumbered by a serious illness take for granted.

Past events: Trenton Thunder baseball game, holiday party, pumpkin carving, bowling, and many more...

• During these events we observed that these children deal with many of the same issues and stresses that we faced in our adolescent years.

• The kids verbalized that they would like “mentors” with recent, relatable experiences (i.e. medical students).

• Two prominent members of the kids’ health care team at RWJUH, Roseann Marone and Gail Burack, identified the need for a stress-related curriculum to be incorporated into the adolescents’ group therapy sessions.

Thus, we created a curriculum to incorporate mentorship and stress management to enrich the mission of Project ALIVE.
What we have done

- Collaborated with Gail Burack to create a Stress Management curriculum that addresses the needs of the pediatric HIV population
- Developed and implemented unique lesson plans including:
  - What is stress?
  - Stress in your relationships
  - Stress management techniques
  - Inspirational speaker - Scott Fried
  - Reflection and personal expression
  - Kick stress in the butt w/ Zumba!
  - Work readiness skills & employment
  - Healthy Living/Healthy cooking
  - Rutgers Day
  - Sex education
  - Painting session - for ‘summer camp’
  - End-of-the-year dinner
Are we effectively meeting our goals?

**Short-Term**
- **Post-sessions**
  - Reflect and debrief - pinpoint strengths and weaknesses of lesson
  - Modify lesson plans for future use
- **End-of-Year**
  - Quantifiable participant feedback via short surveys
  - Debriefing session with Roseann and Gail

**Long-Term**
- Reassess student needs and adapt curriculum
- Active surveillance of patients’ engagement and suggestions for improvement
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• Dr. Anna Looney, PhD
• Jane Brady, Workforce NJ
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References


2) Murphy et al. (2001). Antiretroviral medication adherence among the REACH HIV-infected adolescent cohort in the USA. *AIDS. Care* 13(1); 27-40.


