The Unique Needs of Youth in HIV and LGBT Programs Forced to Go Virtual

"Brave spaces" are needed, explains Youth Advocate of the Year Lamar Brown-Noguera of AIDS Project Worcester. Here's how the group is adjusting to the COVID-19 crisis.

April 9, 2020 By Trent Straube

The accomplishments of HIV and LGBT advocate Lamar Brown-Noguera came to POZ's attention March 5, when a press release announced he'd been named New England's Youth Worker of the Year, or YOUTHIE. (The awards are presented by the BEST Initiative—Building Exemplary Systems of Training for Youth Workers—and its parent organization, Health Resources in Action, which works to address health and racial inequities.)

Lamar Brown-Noguera (center) of AIDS Project Worcester poses with his YOUTHIE Youth Worker of the Year award with Moacir "Mo" Barbosa (left) and Laurie Jo Wallace (right), both of the BEST Initiative at Health Resources in Action.Courtesy of Health Resources in Action/Christine Gordon-Davis

National Youth HIV & AIDS Awareness Day (#NYHAAD) is observed each April 10, and it seemed an

excellent time to profile Brown-Noguera. He's the community relations manager and program co-coordinator for SWAGLY (Supporters of Worcester Area Gay and Lesbian Youth), a program of AIDS Project Worcester (APW) in Massachusetts. He's also been instrumental in engaging youth in the Getting to Zero Massachusetts initiative. What's more, he is married to Alfredo Brown-Noguera, who is a housing case manager at APW (the duo are pictured above the headline of this article, along with APW executive director Michelle Smith). We wanted to learn more of his story.

But a lot has changed in the world since March 5, namely the spread of the COVID-19 pandemic and the resultant stay-at-home orders. So when we caught up with Brown-Noguera, he filled us in on how the health crisis is affecting APW's outreach. The interview has been lightly edited for clarity.

How has the COVID-19 situation affected your organization?

APW is open with modifications to our operations in order to comply with the mandated edicts implemented by local and federal governments. At the present time, we are working to transition to telecommunication as well as virtual platforms for support groups and group-centered training. We recognize the importance to remain connected with the populations we serve, especially during a time when social distancing looks and likely feels like complete isolation. We have transitioned to "open-air" service delivery for food, syringe access and Narcan [the med to treat opioid overdoses].

Can you tell us more about "open-air" services?

We set up tents in our parking lot, where clients can pick up food boxes. We have reduced our staff to doing four hours of client services in the morning and four hours of prevention screening services in the afternoons. With that type of setup, we have reduced the amount of traffic of both staff and clients in the building. This allows for better air circulation and less contact with doorknobs and surfaces that would be prone to transmitting the virus.

We are also better able to space out clients to meet physical distancing recommendations. We have been organizing round-trip Lyft services for clients—it's somewhat like a drive-through pickup for food boxes and other material supplies. This reduces the need for waiting and/or having a significant number of clients at the agency or tents at the same time.

How are the youth you work with being affected by the current situation? For example, one might think that younger people would be able to transition to virtual life easier than some older folks.

I believe in general that youth are transitioning to virtual life much easier than older folks. However, it is not my sense that they are less impacted by social or physical isolation. We are seeing concerns especially from LGBTQ youth who are now moving back home from their college or boarding schools where they have had the opportunity to be living as out LGBTQ individuals. They are going back in the closet out of fear of family and community backlash. They are essentially separate from the supportive environment that they may have had at their school.

They may have a better command of the use of various software, but they still are significantly impacted by the lack of “brave spaces” that would allow for them to socialize with peers in person.

What are some of the biggest concerns and challenges you are hearing from your clients?

In general, just the knowledge and information about what is happening with this pandemic. Many homeless clients do not have news connections or the means of accessing accurate information. Another challenge facing our clients is the ability to wash their hands and remain sanitized. So many services are not accessible because of the quarantine mandates.

Finally, how are you reaching clients during this time period?

We increased phone calls to check on our clients and offer support; we use social media—Facebook, Instagram, Twitter—and post messages on the front door of our building, especially when we are closed for business, and leave outgoing voicemail messages on our phone system.

Our street outreach team is still operational, and we remain well connected to medical providers, our local public health department, city government, social services providers, faith communities, family members of clients and the clients themselves, and we access these opportunities to ensure that clients are being cared for.

Additionally, we have established mobile alternative numbers for our service coordinators to allow easier access via call-in to clients who may be seeking assistance that can be done remotely. These services include detox referral and transportation, health care navigation, housing support and advocacy, medical transportation and general information support.

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