

Results of a Literature Review of Evidence-Based Systems-Level Strategies and Interventions for Reducing Sexually Transmitted Diseases and Unintended Pregnancies among African American Adolescents in Milwaukee

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BACKGROUND

Despite declines over the last decade in case rates of some sexually transmitted diseases (STDs) and the teen birth rate in Wisconsin, STD rates in Milwaukee are among the highest in the nation and the teen birth rate in Milwaukee is two times that of the national average. Therefore the Wisconsin Division of Public Health and the City of Milwaukee Health Department, along with the Medical College of Wisconsin and Health Care Training and Education, Inc., began to explore the extent of STDs and sexual health norms and behaviors in the community. In addition, a literature review was conducted to provide background on the types of interventions that have been proven to successfully reduce STDs and teen pregnancies or that have reduced high risk sexual behavior. This background information, along with existing data on teen pregnancy, will be shared with the community as a foundation for discussing strategies and interventions to prevent teen pregnancies and STDs among Milwaukee's African American youth.

Data on STDs and teen pregnancies in Milwaukee were gathered via:

1. An epidemiologic assessment of STDs and teen pregnancy in Milwaukee to define the target neighborhoods and population;
2. A community assessment of African American teens and young adults regarding sexual health norms and behaviors to better frame the strategic initiative;
3. An evaluation of gaps and strengths of the current prevention and care systems; and
4. A literature review of evidence-based strategies and interventions for reducing unplanned pregnancies and STDs among youth.

This information will be presented at a community forum as a means to initiate discussion of interventions that are needed, likely to be successful and feasible to implement. This forum would consist of representatives from schools, healthcare, community agencies, faith-based organizations, parents, teens, and other stakeholders involved in pregnancy and STD prevention and treatment activities for teens in Milwaukee. The desired outcome of the forum is a prioritized list of strategies and interventions that can be used as the basis of a Strategic Plan, which would focus and guide teen pregnancy and STD prevention efforts in Milwaukee.

The attached literature review focused on systems-level strategies and interventions, which affect the many people at one time by changing their environment (e.g. school or clinic policies). These improvements make it easier for adolescents to make healthy choices regarding sexual behavior and to obtain needed testing and treatment services. These systems-level interventions will complement new and existing individual and community level interventions.

The strategies and interventions described within fall loosely into the following 3 categories, with some overlap:

- Adolescent sexual health care, which targets healthcare settings such as primary care, federally qualified health centers, public clinics, and other venues where adolescent healthcare is provided;
- School-based adolescent sexual health services; and
- Community outreach, which targets youth-serving agencies, including traditional community-based organizations, public health workers, and other agencies and businesses serving youth in the community

A. Adolescent Sexual Health Care

✓ **Improve the youth friendliness and comprehensiveness of adolescent sexual health services in Milwaukee by convening an Adolescent Sexual Health Care consortium of Milwaukee adolescent health care providers to:**

- Adopt evidence-based guidelines and quality indicators addressing the accessibility, acceptability, comprehensiveness and consistency of adolescent sexual health services (e.g. USPSTF, ACOG, AAP, AMWA)

Such guidelines and indicators should include:

- Promoting use of protective behaviors, including use of condoms, oral contraception, and emergency contraception, through counseling, skills development, and referral to sources of free or reduced cost contraception (e.g. *No Condom? No Way!* sites, Emergency Contraception/Family Planning Waiver Response Line (1-866-ECFIRST));
- Preventing re-infection and spread of disease by consistent contact notification and referral of sexual contacts by clinic staff or patients as appropriate, and rapid and consistent reporting of STDs to local health authorities
- Increasing accessibility and acceptability of services for adolescents, using various methods such as convenient hours; drop-in services; “express care” for certain services; assured privacy and confidentiality; deployment of peer outreach or peer counselors^{Error! Bookmark not defined.}; and initial provision of contraceptives without a pelvic exam^{Error! Bookmark not defined.}
- Increasing the universality and consistency of risk assessment, diagnosis and treatment by methods including universal screening; combining contraceptive and STD services; empiric and/or directly observed single-dose therapy for STD treatment
- Clinic Medicaid Family Planning Waiver participation and presumptive eligibility enrollment to reduce financial barriers and enhance follow-up
- Measure quality indicator achievement on a continuous basis (incorporate sexual health into routine continuous quality improvement activities)
- Share lessons that work and support improvement among consortium members
- Collaborate and coordinate with school- and community-based efforts

✓ **Increase the supply of adolescent sexual healthcare services**

Suggested actions include:

- Increase enrollment in the Medicaid Family Planning waiver through marketing and outreach efforts by Medicaid, community and public health organizations, providers and schools
- Training and mentoring of primary care and emergency care providers regarding the provision of evidence-based adolescent sexual health services
- Seek Wisconsin Medical Assistance Program and HMO financial support and obstacle removal for services tailored to address the sexual issues unique to adolescents (e.g. single-dose therapy for STD treatment, peer educator services)
- Increase the number of schools hosting school-linked or school-based adolescent sexual health services

✓ **Improve communication and collaboration with schools, other clinics and community organizations**

Suggested actions include:

- Create an alliance to integrate STD and teen pregnancy prevention activities (e.g. Milwaukee Alliance for Sexual Health)

- Identify opportunities to collaborate and create linkages with other clinics, and with schools and community-based services (e.g. referral for services, shared trainings, shared staff, educational opportunities)
- Promote adolescent sexual health services at local schools and community organizations, especially youth-serving agencies
- Facilitate access to Adolescent Sexual Health Care consortium member services using directories, websites, 211, and other methods

B. School-Based Adolescent Sexual Health Services

✓ **Ensure student access to comprehensive adolescent sexual health services**

Suggested actions include:

- Create formal linkages with nearby clinics to establish school-linked health centers³
- Create a Resource Room that includes comprehensive sexual health information and a directory of local sexual health services⁴
- Refer students to routine and emergency contraception services through linkages with nearby clinics or the Emergency Contraception/Family Planning Waiver Response Line (1-866-ECFIRST)
- Aid students in enrolling in the Wisconsin Family Planning Waiver
- Develop guides to help staff refer students to sexual health services
- Expand the number of schools with school-based health centers that can provide both contraception and STD services
- Partner with the health department or clinics to conduct school-based STD screening programs (for examples see Wiesenfeld et al.⁵ or <http://archive.naccho.org/modelpractices/Result.asp?PracticeID=132>)

✓ **Implement education, skill-building, and access to condoms in Milwaukee's schools (permitting guardians to opt-out of such services by request)**

Suggested actions include:

- Collaborate with the *No Condom? No Way!* community collaborative (www.nocondomnoway.com)
- Begin dialogue among school board members, the superintendent, school administrators, faculty, parents, students, and local community members regarding condom availability in schools
- By 2010, all schools serving middle and high school aged students should commit to providing free condoms

✓ **Create minimum standards for implementing the Human Growth and Development curriculum that are aligned with those described in *Sex and HIV Education programs for Youth: Their Impact and Important Characteristics****Error! Bookmark not defined.*

Suggested actions include:

- Provide training for the staff implementing the human growth and development curriculum (especially where the staff member is not a health teacher)
- Collaborate with school-linked clinics to assist with curriculum implementation and follow-up
- Develop a mechanism (e.g. incentive or enforcement) to ensure that all modules of the human growth and development curriculum are covered

C. Community Outreach

✓ **Improve partner notification and treatment services**

Suggested actions include:

- Promote contact notification and referral by providers
- Promote patient-driven partner notification and referral using patient letters or cards, and the “in Spot” internet site (www.inspot.org)
- Change Wisconsin prescribing regulations to allow Expedited Partner Therapy
- Employ designated Chlamydia Disease Intervention Specialists (City of Milwaukee Health Department) for partner notification and referral

✓ **Increase outreach related to testing and education**

Suggested actions include:

- Utilize “recruiters” (STD positive or high risk negative youth) to encourage testing and treatment of members of their social network. The program should be adapted from that used in HIV counseling, testing, and referral, available at <http://www.cdc.gov/hiv/resources/guidelines/snt/index.htm>.
- Initiate outreach activities to local users of internet sex sites
 - Examples include online partner notification, laboratory testing slip acquisition, chat-room outreach, automated behavioral interventions, and local epidemiology⁶
- Implement screening programs at non-clinical venues, such as youth-serving agencies (for examples, see <http://www.ci.minneapolis.mn.us/dhfs/seenondastreet.asp> or Bauer HM et al., 2004⁷)
- Increase the capability for mobile screening test programs by adding Chlamydia, Gonorrhea and HIV testing to existing van-outreach, home visit and public health nursing programs
- Employ lay health advisors (i.e. youth peer educators) to disseminate information, change attitudes, and improve skills among their social networks⁸
- Partner with schools to conduct school-based screening (for examples see <http://archive.naccho.org/modelpractices/Result.asp?PracticeID=132> and Wiesenfeld HC et al., 2001⁵)
- Explore options to utilize consumer self-testing for Chlamydia and gonorrhea (see examples at <http://iwantthekit.org/>, Bloomfield et. al⁹, or Gotz et. al¹⁰)

✓ **Support the *No Condom! No Way!* campaign (www.nocondomnoway.com)**

Suggested actions include:

- Increasing condom distribution sites
- Increasing *No Condom! No Way!* brochure distribute sites
- Advertise the *No Condom! No Way!* website
- Engage new volunteers to aid the *No Condom! No Way!* campaign

✓ **Improve communication and collaboration with other outreach agencies, and with schools and clinics**

Suggested actions include:

- Create a formal alliance to integrate STD and teen pregnancy prevention activities (e.g. Milwaukee Alliance for Sexual Health)
- Provide training for implementation of human growth and development curriculum
- Develop a relationship with local clinics for referral of clients and medical consultation
- Conduct educational programs to improve social marketing materials about STDs and teen pregnancy at local schools and clinics
- Advertise for sexual health services/programs at local schools and clinics

V. References

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