

**-- FOR DISCUSSION ONLY --**  
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Milwaukee Alliance for Sexual Health  
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**Issue Paper Topic:** Outreach

**Problem Description** Sexually-transmitted infections, including human immunodeficiency virus (HIV) infection, and unintended pregnancies are most prevalent in Milwaukee populations who have the greatest barriers to prevention and health care, including adolescents. Outreach is here defined as community-based activities including components of: (a) face-to-face communication (with exception of Internet outreach); (b) distribution of risk reduction materials; and (c) referrals for (or direct provision of) a variety of services including screening, treatment, further education or other needs. Outreach is critical for addressing “core” populations that sustain the epidemics of sexually transmitted diseases and unintended pregnancy, as well as other populations experiencing barriers to “typical” health care. Emphasis in this issue paper is placed on intensive, community-based person-to-person communications rather than broader “community health education” that seeks to promote healthy behaviors to larger groups. Thus, for example, broad-based school-based education programs that do not involve one-on-one outreach do not fall within the scope of this paper. On the other hand, recruitment of individual members of targeted risk groups into effective group-level interventions is considered.

**Issue Paper Summary**

Milwaukee is currently battling overlapping epidemics of STDs and unintended pregnancy. Among the populations most affected are teens and young adults. As described in the papers on clinic services, chlamydia testing, family planning services and condom distribution programs, many overlapping and mutually reinforcing barriers discourage youth from obtaining reproductive health services even when they are offered in the community. For this reason, outreach programs including peer outreach workers have been utilized with good effect to increase utilization of services.

Additionally, certain networks of people in the community maintain an ongoing endemic reservoir of sexually-transmitted infections and HIV related to a combination of (a) higher numbers of sexual partners combined with (b) reduced utilization of health care. These “core” populations are a persistent source of epidemic spread and are inadequately addressed by existing programs. Outreach may be particularly needed to effectively reach individuals in these networks.

**Background**

As in the US overall, Milwaukee adolescents and young adults are the population that suffers the highest rates of sexually-transmitted diseases like gonorrhea and chlamydia. Prevalence appears to be higher higher in females than males. Milwaukee’s 15-19 year olds have incidence rates of gonorrhea and chlamydia infection that are six and five times the national rates respectively. In 2004 Milwaukee ranked 9<sup>th</sup> and 17<sup>th</sup> in the overall reported rate of chlamydia and gonorrhea infections respectively, among large US cities, a relative position which has improved only modestly over the past several

**-- FOR DISCUSSION ONLY --**  
**DRAFT DATE: JULY 30, 2006**

years. In 2003, Milwaukee ranked 4<sup>th</sup> highest among the 25<sup>th</sup> largest US cities for birth rates to girls under 18 as well as for repeat birth rates to teen mothers.<sup>1</sup>

Sixty percent of Milwaukee Public School students reported being sexually active in 2005. 23% reported four or more life partners, and only 32% reporting condom use during recent intercourse. Thus a large proportion of public school students have high risks for both STDs and unintended pregnancy.<sup>2</sup> It is plausible that risks may be even higher for the sizable population of youth who have left school.

Other populations associated in national studies with high rates of sexually transmitted diseases include sex workers; persons engaged in exchanging sex-for-drugs; persons with gang involvement; visitors to public sex venues; those using the Internet to find sexual partners; persons with substance abuse disorders; persons in the correctional system; runaway and homeless youth; parenting youth; youth with histories of sexual abuse; and girls with poor parental (particularly maternal) support. These same populations are those who may have the greatest barriers to accessing reproductive health care. Outreach to members of many of these communities may require particular knowledge, attitudes and skills that may be in short supply among traditional health workers.

The application of network analysis to sexual relations and sexually-transmitted disease has shed considerable light on the dynamics of STDs in communities.<sup>3</sup> The combination of increased risk (largely from increased numbers of sexual contacts and concurrent (more than one simultaneous) sexual relationships) and inadequate utilization of reproductive health care may makes some of these populations a reservoir for endemic sexually-transmitted disease in a community. Elevated rates of STD prevalence are found among social networks of these individuals. These are often referred to as "core" networks or populations. So long as members of these "core" networks are not promptly and successfully treated for STDs and converted to safer sexual practices, then a sizable reservoir for disease persists in the community.<sup>4</sup> Different groups may be core transmitters for different diseases in a community.<sup>5</sup>

Contacts between "core" members and members of lower risk networks are associated with outbreaks of STDs in which incidence rates may climb rapidly among susceptible, previously uninfected persons. The dynamics of the interactions between different social networks and community disease transmission is the subject of considerable inquiry. For example empirical observations of sexual interactions among African Americans (more likely to form sexual relationships within the racial group, and between persons of high-risk sexual activity with persons with lower-risk behaviors) are consistent

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<sup>1</sup> Fillmore CM, Jones B, Blair K and Chen V. JUST THE FACTS: Teen Risky Sexual Behavior in Milwaukee. 2006. Posted at <http://www.city.milwaukee.gov/display/displayFile.asp?docid=16576&filename=/Groups/healthAut hors/DCP/PDFs/finalteenpregnancyfactsheetrev406.pdf> . Accessed July 23,2006.

<sup>2</sup> Fillmore op cit.

<sup>3</sup> Rothenberg R. The transformation of partner notification. Clin Infect Dis 2002;35(suppl 2):S138-45.

<sup>4</sup> Rosenberg D, Moseley K, Kahn R, et al. Networks of persons with syphilis and at risk for syphilis in Louisiana: evidence of core transmitters. Sex Transm Dis 1999;26:108-14.

<sup>5</sup> Stoner BP et al. Comparative epidemiology of heterosexual gonococcal and chlamydia networks: implications for transmission patterns. Sex Transm Dis 200;27:215-23.

**-- FOR DISCUSSION ONLY --**  
**DRAFT DATE: JULY 30, 2006**

in network theory with the observed outcome of higher disease prevalence.<sup>6</sup> Thus, in addition to addressing “core” populations, it may be both effective and necessary to interrupting disease transmission between high-risk and lower-risk populations. (Individuals who are found to connect high- and low-prevalence networks have been labeled “active bridgers”.)<sup>7</sup> This concept may be particularly relevant in Milwaukee given the age disparity noted between teen mothers and older male partners in Wisconsin. In 20% of couples the males are at least 6 years older than the female and may represent an “active bridging” population.<sup>8</sup>

Network research findings also emphasize the importance of understanding and responding to changing dynamics of partner-seeking behavior, for example, the use of Internet services, where high- and low-risk networks potentially intermingle with resulting epidemic outbreaks.<sup>9</sup>

One further outgrowth of social network theory is the use of social network outreach as a cost effective approach to reach high risk populations with screening tests or other interventions. HIV tests among recruited social network members of newly diagnosed HIV cases and partners (performed by nine community-based organizations) had six times the HIV incidence as standard confidential testing programs.<sup>10</sup> Network mapping and testing recruitment can be driven by one-time network-member volunteers who require little training.

Given the large numbers of at-risk adolescents and young adults in Milwaukee, it would be advantageous to find ways to focus potentially expensive outreach efforts on persons with the greatest likelihood of having and spreading disease or the greatest risk of unintended pregnancy. For STD prevention, outreach, diagnosis, treatment and hazard reduction could be focuses on four groups (in order of declining priority). *Among* these groups identifying and reaching persons who serve as “active bridgers” to lower-risk networks may be particularly cost-effective:

- a. Known contacts of persons diagnosed and treated for STDs (assuming the index cases is already counseled and treated)
- b. Social networks of persons with STDs and their sexual contacts.

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<sup>6</sup> Laumann EO and Youm Y. Racial/ethnic group differences in the prevalence of sexually transmitted diseases in the United States: a network explanation. *Sex Transm Dis* 1999;26:250-61.

<sup>7</sup> Gorbach PM et al. Sexual bridging by Cambodian men: potential importance for general population spread of STD and HIV epidemics. *Sexually Transmitted Diseases* 2000;27(6):320-6.

<sup>8</sup> Wisconsin Subcommittee on Adolescent Pregnancy Prevention, DFS 1998 cited in *United Way of Greater Milwaukee. If Truth Be Told: Teen Pregnancy, Public Health and the Cycle of Poverty*, 2006 p. 18.

<sup>9</sup> Wohlfeiler D and Potterat JJ. Using gay men’s sexual networks to reduce sexually transmitted disease (STD)/human immunodeficiency virus (HIV) transmission. *Sexually Transmitted diseases* 2005; 32(10 Suppl):S-48-52.

<sup>10</sup> Centers for Disease Control and Prevention. Social Networks Testing: A community-based strategy for identifying persons with undiagnosed HIV infection. Posted May 10, 2006 at <http://www.cdc.gov/hiv/resources/guidelines/snt/pdf/SocialNetworks.pdf> Accessed July 23, 2006.

**-- FOR DISCUSSION ONLY --**  
**DRAFT DATE: JULY 30, 2006**

- c. Members of groups with very high STD rates (and their social networks and sexual contacts) including sex workers; persons engaging in sex-for-drugs exchanges; frequenters of public sex environments or Internet sex sites; persons with gang or corrections histories; substance abusers, homeless and runaway youth, and others with frequent partner changes or concurrent sexual relationships.
- d. Broader populations of moderate and lower risk persons, with emphasis on persons with or seeking testing for unintended pregnancy, women (given higher rates of asymptomatic infection and severe sequelae), especially girls lacking maternal support, and older partners of sexually-active young people.

Unintended pregnancy outreach might similarly be prioritized to include:

- a. Women experiencing unintended pregnancy or STDs, and their sexual partners (especially older males) and social networks.<sup>11</sup>
- b. Women seeking pregnancy testing for unintended pregnancy and their sexual partners (especially older males) and their social networks.
- c. Members of groups with very high rates of unintended pregnancy (and their sexual partners and social networks) including offspring of teen parents, foster children, siblings of pregnancy and parenting teens<sup>12</sup> and possibly other groups.

(Persons in the corrections system, and those seeking medical care after sexual assault, can be targeted specifically through correctional and post-assault emergency health care respectively, and are not be further discussed in this paper.)

Reaching persons in these orders of priority helps ensure that those with higher risks are reached in preference to those at lower risk. If the outreach intervention is effective among the group in question, then more rapid declines in STD and unintended pregnancy rates would be anticipated. Clearly, intervention against STDs should also target unintended pregnancy, and vice versa.

This being said, there may be one additional outreach strategy that might be advisable despite being less targeted. Given the finding that peer outreach can significantly increase the utilization and impact of reproductive health care (see issue papers on family planning and general care clinics), the development of youth peer outreach workers to improve familiarity, comfort with and efficacy of clinic-based reproductive health services may be an additional outreach program worthy of community investment.

There are several different outcomes that might be achieved through outreach programs:

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<sup>11</sup> Since Milwaukee ranks fourth worst in repeat births to teens (as noted above), effective interventions among teens who have already delivered are clearly insufficient.

<sup>12</sup> California Adolescent Sibling Prevention Program. Evidence-Based Practices for Healthiest Wisconsin 2010, 2005. <http://dhfs.wisconsin.gov/statehealthplan/practices/obj/u-pregnancy.htm> (Accessed 4/28/2006)

**-- FOR DISCUSSION ONLY --**  
**DRAFT DATE: JULY 30, 2006**

- Preventive behavior change (individual counseling)
- Preventive behavior change (recruitment to group interventions)<sup>13</sup>
- Providing harm reduction supplies (eg, condoms, EC, needle-exchange)<sup>14</sup>
- Increase access to and utilization of fixed-site health services (including counseling, testing and referral (CTS) or broader reproductive health services)
- Contact ascertainment, notification and other services
- Social network ascertainment, notification and other services
- Field (mobile) screening or testing
- Field (mobile) delivered therapy

Finally, different outreach methods may be especially suited to specific populations or situations. Unfortunately, empirical evidence to support one method over others is often lacking.<sup>15</sup> These include (in roughly ascending order of cost):

- Internet advertising, forums, and other outreach to Internet site users<sup>16</sup>
- Social network outreach for testing or other intervention<sup>17</sup>
- Notification and referral by STD cases
- Peer educators, peer outreach, lay health advisor workers<sup>18</sup>

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<sup>13</sup> A set of group interventions supported by either effectiveness research or adherence to theoretical learning models are listed at [www.effectiveinterventions.org](http://www.effectiveinterventions.org), a project of the Academy for Educational Development with the US Centers for Disease Control and Prevention. (Accessed 4/28/06) Program foci include gay men of color (including men on the 'down low'), injection drug users, men, women and youth living with HIV infection, runaway and homeless youth, African American women, and STD clinic attenders.

<sup>14</sup> See MASH issue paper on condom distribution, and Needle exchange. Evidence-Based Practices for Healthiest Wisconsin 2010, DHFS, 2005.

<http://dhfs.wisconsin.gov/statehealthplan/practices/obj/hiv.htm>. (Accessed 4/28/06)

<sup>15</sup> Rothenberg, op cit.

<sup>16</sup> McFarlane M et al. Internet-based health promotion and disease control in the 8 Cities: Successes, barriers and future plans. Sex Transmitted Dis. 2005; 32(10 Oct. Suppl.):S 60-64.

<sup>17</sup> CDC. Social Networks Testing. Op sit.

<sup>18</sup> A set of peer outreach and leadership interventions supported by either effectiveness research or adherence to theoretical learning models are listed at [www.effectiveinterventions.org](http://www.effectiveinterventions.org), a project of the Academy for Educational Development with the US Centers for Disease Control and Prevention. Programs focus on condom use, STD/HIV prevention, changing sexual norms, and for young men having sex with men. One study on lay health advisors demonstrated impact on health care utilization but not protective behaviors: Thomas JC, Earp JA Eng E. Evaluation and lessons learned from a lay health advisor programme to prevent sexually transmitted diseases. Int. J. of STD & AIDS 2000 11(12):812-18.

**-- FOR DISCUSSION ONLY --  
DRAFT DATE: JULY 30, 2006**

- Full-time or part-time professional outreach workers
- Partner notification professionals (DIS/PNCS trained)<sup>19</sup>
- Advanced health professionals (substance abuse counselors, nurses, physician assistants, physicians)

A few other considerations include the following:

- In general, programs regardless of type, without real community and target-group involvement in design and buy-in are unsuccessful.<sup>20</sup>
- At present, PCRS and DIS resource capability is utilized only for syphilis, HIV and under-16-year-old gonorrhea cases
- One aspect of health care access and utilization outreach could include outreach for Medicaid Reproductive Health Waiver enrollment which is relatively lacking in this community (see issue paper on the MA Family Planning Waiver Program).

Given these considerations regarding the three dimensions of target, outcome and method, the following might be considered for maximum cost-effectiveness.

<b>Population Target</b>	<b>Outcome (not necessarily in priority order)</b>	<b>Outreach method</b>	<b>Comment</b>
STD case contacts	Field testing and/or treatment, health care utilization, preventive behavior, risk reduction resources	Disease Intervention Specialist or Partner Counselling and Referral Services (PCRS) worker	Currently available only for syphilis, HIV and gonorrhea <16 years old  Emphasis may be placed on partners appearing to be "active bridgers" eg, older male contacts of teens
	Health care utilization (referral for treatment)	Case notification and referral of partners (partner-initiated referral)	Should assess/equip case with resources for effectiveness
STD case social networks	Health care utilization (testing); Possibly harm	Social network volunteers (among cases, contacts and	One-time training facilitates

<sup>19</sup> Partner counseling and referral services. Evidence-Based Practices for Healthiest Wisconsin 2010. <http://dhfs.wisconsin.gov/statehealthplan/practices/obj/hiv.htm> (Accessed 4/28/2006)

<sup>20</sup> Ross MW and Williams ML. Effective targeted and community HIV/STD prevention programs. J Sex Research 2002;39(1):58-62.

**-- FOR DISCUSSION ONLY --  
DRAFT DATE: JULY 30, 2006**

	reduction and education	social network members)	outcome; possible pool for future outreach workers
Sex workers	Field testing, health care utilization (referral for care), preventive behavior, harm reduction resources	Professional outreach workers Peer (lay) outreach Social network volunteers (for health care utilization)	
Persons exchanging sex-for-drugs or vice versa	Field testing, preventive behavior, harm reduction resources, health care utilization	Professional outreach workers Peer (lay) outreach Social network volunteers	Potentially hazardous environment
Public sex environments	Field testing, preventive behavior, harm reduction resources, health care utilization,	Peer outreach	
Internet sex site users	Preventive behaviors, health care utilization (has included printable lab requisitions in some cities)	Banner or frame ads, chat group messages, internet conferences, referrals or vouchers for testing	Use best internet practices of internet design <sup>21</sup>
History of gang, corrections	Testing, health care utilization, preventive behavior, harm reduction resources	Peer outreach Social network volunteers (for health care utilization)	
Substance abuse	Field testing, health care utilization, harm reduction resources, preventive behavior	Substance abuse counselors Professional outreach workers Social network volunteers (for health care utilization)	
Homeless and runaway youth	Field testing, health care utilization, preventive behavior,	Shelter and case workers	

<sup>21</sup> Keller SN et al. Talking about STD.HIV prevention: a look at communication online. AIDS Care 2004;16(8):977-92.

**-- FOR DISCUSSION ONLY --  
DRAFT DATE: JULY 30, 2006**

	harm reduction resources	Professional outreach workers  Peer outreach  Social network volunteers (for health care utilization)	
Women experiencing unintended pregnancy	Testing, health care utilization, preventive behavior, harm reduction resources	Public health nurses  OB/Gyns and midwives  Perinatal outreach workers  Peer outreach and social network volunteers	A very large population; advantageous to involve partners, <i>especially older males</i>
Women seeking pregnancy tests for unintended pregnancy	Testing, health care utilization, preventive behavior, harm reduction resources	Home-test inserts and hotline  Public health nurses  School nurses  Professional outreach workers  Peer outreach and social network volunteers	A very large population; ideal to involve partners as well <i>especially older males</i>
Offspring and siblings of teen parents, foster children	Health care utilization, preventive behavior, harm reduction resources	Case workers  Public health nurses and school nurses  Professional outreach workers  Peer (lay) outreach and social network volunteers	A very large population
Youth in and out of school	Health care utilization, ?preventive behavior, ?harm reduction resources	Professional outreach workers  Peer outreach	A very large population

**-- FOR DISCUSSION ONLY --**  
**DRAFT DATE: JULY 30, 2006**

**Potential Outreach Venues**

- Hospital Emergency Rooms
- Substance Abuse/ Detoxification Centers
- School-based clinics
- College Health Centers
- Churches and faith-based organizations
- STD Clinics
- Fetal Alcohol Programs
- Pre-natal Care Coordination Programs
- Home Visitation Programs
- Correctional facilities
- Homeless shelters
- Methadone clinics
- Meal delivery programs
- Areas where sex workers do business, parks, houses, etc.
- Drug shooting galleries/crack houses
- Bath houses
- Recreation centers
- Civic organizations
- Other community organizations

**Potential Outreach Services**

- Individual and Group Education
- Individual counseling
- Community education
- Screening for STD/ HIV
- Screening for pregnancy
- Follow-up for positive screenings
- Treatment
- Distribution of male latex condoms
- Distribution of female latex condoms
- Emergency Contraception
- Assuring continuous care for STD/ HIV
- Assuring continuous care for pregnancy
- Referrals for maternity support services, abortion or adoption services
- Communication about sexuality issues, questions, concerns
- Help make appointments
- Linkage and referral to family planning
- Reproductive and sexuality health education
- Outreach to men and women eligible for Medicaid
- Outreach to men and women receiving Medicaid
- Partner notification assistance for STD/ HIV
- Control of epidemics

**Barriers and Gaps**

As previously noted two glaring gaps exist in current community capabilities. First is in STD partner counseling and referral services (PCRS). Partners of known STD cases are the most likely persons to be infected and spreading infection. Literally thousands of STD cases go annually without expert partner notification, testing and treatment because DIS and PCRS workers are in short supply and utilized for various functions. Without addressing such high priority outreach, it is unlikely that substantial impact will be felt. Such interventions also provide a platform for implementing low-cost, high volume outreach strategies such as social network testing. Adding to this gap in reaching partners of known cases is that Milwaukee has never developed a comprehensive program to support case- or private-physician notification of partners (eg, providing written resources that would facilitate rapid treatment of known contacts, such as specifying in writing the diagnosis and providing a reliable list of accessible treatment sources). Without these gaps being addressed, innovations such as expedited partner therapy are unlikely to have great impact by themselves.

**-- FOR DISCUSSION ONLY --**  
**DRAFT DATE: JULY 30, 2006**

A second significant gap is in outreach for the Medicaid Family Planning Waiver Program, such that a large proportion of people who may be eligible to access free reproductive health care fail to know about or benefit from the program. This will blunt the impact of other programs that seek to increase reproductive health care utilization.

Other barriers include:

- Current community-based outreach programs in the city are undertaken by several public and private agencies based on funding from many different sources. These do not meet together or plan together. It is not currently possible to ascertain what proportion of target populations are reached, or know which practices are employed. Opportunities for joint planning, training, knowledge-sharing, cross-referral and sustainable development are not identified or acted upon. Given the closing of several volunteer-driven efforts such as Brady free clinic it is likely that peer-outreach may be occurring at lower levels today than in the past.
- Outreach activities by agencies that are inadequately staffed, trained and equipped are likely to be ineffectual. Outreach strategies should assure that adequate capacity has been built in the organizations expected to conduct them.<sup>22</sup>
- Cross-training and cross-referral can only progress to a certain point before efficiency and quality is affected. Increased human resources are needed in addition to greater use of volunteer non-professional resources.
- Community involvement by the highest risk communities and networks is difficult to engage and sustain.
- There is relatively little dialog between public health and private health care resources about STD and unintended pregnancy strategies.
- High turnover, training and supervision problems have marked several earlier programs utilizing community outreach workers both at Milwaukee Health Department and community-based agencies.
- Because outreach activities may involve work with persons engaged in some illegal activities, and discussion of sensitive matters with youth. Agency, local, state and federal government policies may inhibit the employment of youth or engagement of minors in programs; accessing Internet and public sex locations by agency employees; use of educational or other facilities for the purposes of reproductive health; obtaining funding for harm-reduction resources; etc.
- Outreach to highly-marginalized high-risk communities such as sex-for-drug exchangers and gang members may entail physical risks and also require considerable expertise in the particular subculture. Appropriate professional staff and lay-outreach workers may be hard to find, train, and retain.

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<sup>22</sup> Capacity building. Evidence-Based practices for Healthiest Wisconsin 2010. DHFS 2005. <http://dhfs.wisconsin.gov/statehealthplan/practices/obj/hiv.htm> (Accessed 4/28/06)

**-- FOR DISCUSSION ONLY --**  
**DRAFT DATE: JULY 30, 2006**

- Before engaging in outreach to increase utilization of reproductive health care utilization or other services, adequate capability to meet increased service demands must be assured.

**Community Outreach Strategies**

1. Bring DIS and PCRS workforce to full complement and focus effort on broadening the numbers and network characteristics (eg, “active bridgers”) of STD case-partners reached. Consider incorporating field diagnosis and expedited partner therapy as appropriate.
2. Create a kit for use by healthcare providers city-wide to enhance the quality and effectiveness of STD case-initiated partner notification and referral.
3. Enhance the impact of outreach by producing for outreach use an accurate reproductive health services directory that addresses concerns regarding potential access barriers.
4. Enhance impact of DIS and PCRS programs by creating a social network testing program. Workers would recruit willing cases and contacts (social network volunteers to receive brief training and materials to promote testing and health care utilization among their social networks. The social network testing program could be operated in collaboration with one or more community-based organizations.
5. Increase the numbers of professional outreach workers and/or peer (lay) outreach programs among highest risk populations for field testing, educational counseling, harm-reduction resource distribution and reproductive health care access. Consider multiplying their reach by having peer outreach workers recruit social network volunteers (see 4, above). Consider using social network volunteers as a potential recruiting pool for peer outreach workers.
6. Work with public health nurses, school nurses, case workers, AODA counselors to develop highly focused screening and intervention services for sexual health in their client populations. Consider increasing the availability and use of STD and pregnancy tests, expedited therapy, and harm reduction resources. Consider multiplying their reach by allowing having them recruit social network volunteers (see 4. above).
7. Develop staff to monitor use of sex-partner oriented internet sites prominent in the Milwaukee market and design on-line interventions to reach the user populations with appropriate messages and tools. Internet access and use policies may make this work difficult inside a public agency.<sup>23</sup>

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<sup>23</sup> Kachur RE. The Internet Alert Project: spreading the word about high-risk sexual activities advertised on the Internet. *AIDS Care* 2004;16(8):971-4. Theoretically this project advises local health officials about Internet trends of importance to allow responsive programming. No subscription information could be located (<http://www.cdc.gov/programs/hiv11.htm> ) Accessed July 31, 2006.

**-- FOR DISCUSSION ONLY --**  
**DRAFT DATE: JULY 30, 2006**

8. Increase the numbers of youth peer outreach workers to enhance teen access to reproductive services.<sup>24</sup>
9. Seek greater distribution of educational and harm reduction resources provided at schools and other youth venues.<sup>25</sup>
10. Ensure the inclusion of accurate and practical STD/HIV prevention into unintended pregnancy prevention outreach and vice versa.
11. Consider geographic analysis of the residences and meeting places of cases, contacts and social network members to identify additional possible venues for outreach.<sup>26</sup>
12. Enhance the impact of individual network outreach volunteers, peer outreach workers and professional outreach workers through group-level interventions facilitating group education and social support related to healthy sexual behaviors<sup>27</sup>  
see also 13

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<sup>24</sup> "One example of an existing program that is currently using this strategy to reach out to adolescent social-networks with targeted programming, to address these neighborhood "hot spots" is called Teen SMART Outreach. Teen SMART targets teens that are sexually active in the California counties of Oceanside, Carlsbad, San Marcos, Encinitas and Ramona" (State of California Office of Family Planning, Teen SMART Outreach Program).

"Teen SMART targets and reaches out to teens facilitating access to family planning services in NCHS Health Centers. The Outreach Worker focuses on teens living in "hot-spot" neighborhoods (census tracts) with statistically high birth rates; for example, several San Marcos and Oceanside neighborhoods have rates much higher than those of the county or the state. The Outreach Worker also works with school health peer educators and social service agencies reach teens who are at risk for sexually transmitted diseases, including HIV/AIDS, and unplanned pregnancies" (State of California Office of Family Planning, Teen SMART Outreach Program).

<sup>25</sup> Teen Pregnancy in Minneapolis, Minneapolis Department of Health and Family Support, Decreasing Barriers to Contraception in School Based Clinics, January 2002

<sup>26</sup> During the 2005-06 MPS School year High School A experienced 24 cases of Chlamydia and GC. An informal social network analysis of this HS with two (2) neighboring High School campuses revealed a potential neighborhood "hot spot". This particular "hot spot" was linked by Grade, Class, Age and Address. A potential connection of students from these three (3) different High Schools were positive STD test results for chlamydia and gonorrhea, all of these students were 16 years old (age), all were Sophomores (class), and finally all of these students resided within 5 blocks of each other. In addition, a sexual contact named by one of these students also lived within this 5 block area. The attributes of these students was never formally established, but the size, composition and extent to which these individuals were connected merits additional social-network investigation. The range of this potential adolescent network combined with its multiplicity may possibly link it to other or much larger sexual networks.

<sup>27</sup> Marrion County's community coalition, Stamp Out Syphilis coalition is another example of this type of "hot spot" strategy. This group is actively involved in educating and increasing awareness about syphilis. One "hot zone area" activity involved work with the Mid North Weed and Seed Program and Mapleton Fall Creek Neighborhood Association. The strategy utilized here was to conduct block parties in targeted zip code area which were in "hot zone areas" for syphilis. These block parties attracted over 300 youth and adults. Additional and more intensive activities were

**-- FOR DISCUSSION ONLY --**  
**DRAFT DATE: JULY 30, 2006**

13. Enhance the impact of outreach activities through a Community Service Office that provides walk-in health services and harm reduction resources, combined with infrastructure support (supervision, networking, supplies and training) for outreach efforts. One model of such walk-in center has been established in Seattle-King County.<sup>28</sup>
14. Establish a regularly-meeting network of all sexual health outreach programs to help ascertain gaps in service coverage, and to improve training, coordination, funding and program design.
15. To extent practical, track contacts made by various agencies in order to assess outreach penetration into various target communities. An Aggregate Outreach Intervention Report Form which can be used for monitoring STD, HIV and Family Planning outreach services in targeted communities is attached (Source: Idaho Health and Welfare Program, STD/ HIV Program Evaluation form, PEMS Version 9/05) but may involve too much data collection to be "field-friendly".

[UNABLE TO FIND LINK TO THIS PROGRAM] STD/ HIV and Family Planning is a natural fit. A Model Practice of an existing program can be found by visiting Denver Public Health at [www.denverhealth.org](http://www.denverhealth.org) Denver Public Health has recently implemented a program for women at-risk for unintended pregnancy with the understanding that they are also at-risk for sexually transmitted disease. This program came about as the result of research conducted at the Denver Metro Health (DMHC) to determine the effectiveness of initiating contraception in an STD Clinic setting. Integration of Family Planning Services into the STD/ HIV setting at MHD could also follow this Model Practice.]

**Relevant Community Assets (Partial)**

- Teen Health Crew – Children’s Health Education Center
- Planned Parenthood of Wisconsin peer outreach
- Youth-serving agencies
- Planned Parenthood of Wisconsin
- City of Milwaukee Health Department health centers
  - South Side Health Center
  - Northwest Health Center
  - Keenan Central Health Clinic
  - STD, TB and other special clinics
- Community health centers
- Women’s Health Center?
- HIV Outreach Center?
- MLGBT Community Center
- ARCW including Harm Reduction Center

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also focused in these “hot zone area” activities, which were expanded to included an Outreach Team. This Outreach Team establishing a testing site right in the public housing community (Stamp Out Syphilis Coalition, Marrion County).

<sup>28</sup> <http://www.metrokc.gov/health/famplan/cso.htm> Accessed July 26, 2006

**-- FOR DISCUSSION ONLY --  
DRAFT DATE: JULY 30, 2006**

- Center for AIDS Intervention and Research
- Community-based HIV counseling-testing-referral agencies
- Healthcare for the Homeless, Milwaukee
- Homeless shelters and programs
- AODA programs (eg, Meta House)
- Programs for foster youth
- Weed and Seed and other community crime intervention programs
- Prenatal care outreach, newborn outreach programs
- City of Milwaukee Health Department – STD/HIV & TB, Adolescent Health, Well Woman and Maternal Child Health programs. Home Environmental Health and Medicaid Outreach very experienced with outreach workers. Epidemiology resources for network mapping and other analysis.

**Additional Resources Consulted:**

If Truth Be Told, Teen Pregnancy, Public Health  
and the Cycle of Poverty  
United Way of Greater Milwaukee 2006

Teen Pregnancy Prevention in Minneapolis  
Minneapolis Department of Health and Family Support 2002

California STD Initiatives – Challenges and Opportunities  
Action Agenda for Chlamydia Prevention and Control in California 1999

The Center for Health and Health Care in Schools  
Impact of School Based Health Centers on Sexual Activity

CDC  
Healthy People 2010  
Disparities in Sexually Transmitted Disease, HIV and Family Planning

Model Family Planning Services at Denver Metro Health Clinic  
Denver Public Health, CO

Public Health Seattle & King County  
Family Planning Program

Program Operations: Guidelines for STD Prevention  
Social Network Analysis

CDC Community-Based Outreach  
Division of STD Prevention

Adolescent Social Networks: Friendship Cliques, Social Isolates,  
and Drug Use Risk, Susan T. Ennett and Karl e. Bauman. UNC-Chapel Hill