

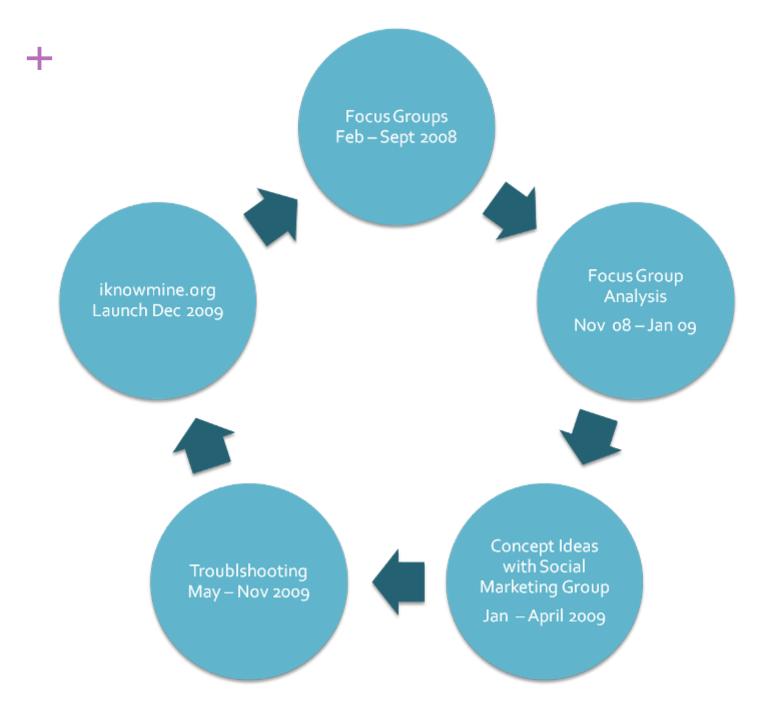
+ Making Youth Count in STD Prevention

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+ Why?

- n High rates of STD in Alaska Native people
- n High rates of STD in AN youth (15-24) and women
- n Endemic rates of chlamydia
- n Outbreak of gonorrhea
- n The potential shift of HIV infection
- n The desire to promote health and wellness

+ How do we promote health and wellness among Alaska
Native youth?

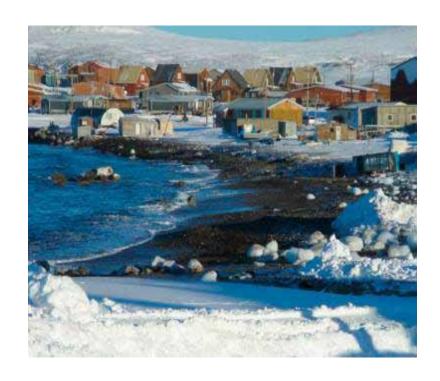




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Alaska Native Focus Group and In-Depth Interview Project

- n Alaska Native adolescents (n=105) from five rural communities in Alaska, ages 15-24, 21 focus groups.
- n In-depth interview with 35+ community members
- Assessed themes related to knowledge and beliefs about STD, HIV/AIDS, and unplanned pregnancy, as well as perceptions of how adolescents prefer to learn about sexual health issues.



+ Results

n STD/HIV and unplanned pregnancy messages are viewed within a framework of disease prevention and health protection activities



⁺ Results

n Sexual health messages should be delivered via the internet and school

- n "Well, a lot of people are like they don't want to go and ask somebody. They get embarrassed or something. So I think the Internet's a good way because not everyone's knowing what you're doing. So you could look it up. You could learn this stuff and no one has to know you're doing this and you don't get embarrassed. It makes it a lot easier for people who have questions but are too embarrassed to ask people these questions."
- n "To get the awareness out I think they should do a lot more in the schools because teenagers spend most of their time in school..."

⁺Results

n Young adults want to hear messages promoting STD/HIV testing and condom use

- n "Tell them to use a condom at all times, tell them to get tested and make sure it doesn't stay in our community. Don't need that stuff around here."
- n "If you tell kids not to do anything, you know they're going to do it. So just tell them to be safe and promote condom using, and other things to prevent pregnancies or diseases."
- n "Just be safe man: use a condom every time."

⁺Results

n Easier access to condoms is needed

- n "I've had a friend who asked me to get them from the clinic because she's too embarrassed to go."
- n "I don't know very many teens that want to walk into the store, grab a pack of condoms. You know, go down to the store, grab some condoms, go up to the front desk and go to the check stand, and they'll buy some condoms."

+ Results

n There is a basic understanding of sexual health, but adolescents have a lot of unanswered questions pertaining to STD/HIV

- n "Is there a shot or medicine that you can get for you not to get it?"
- n "Can you cure it?"
- n "What does it do to you and like all the symptoms?"
- n "Who brought it to Alaska?"

⁺Results

n Alcohol and drug use affect sexual behavior and risk taking

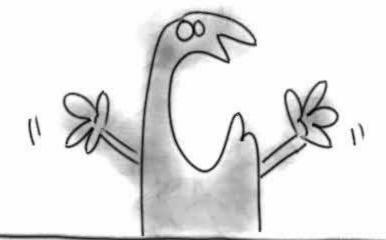
- n Kids get wasted and then don't think about a condom, and they wake up the next day, and they're like, "Oh, she's pregnant. That sucks. My life's ruined."
- n I think that the most concern is people drinking alcohol and getting too drunk, and don't even remember that they messed around or something. And it's just that people should just be careful and try not to drink that much.

⁺Results

n Issues of confidentiality and embarrassment affect healthcare seeking behaviors for sexual health issues

- n "And another thing is our clinic is so small that you can hear all the conversations and people knowing what you're going there for. It kind of makes you feel like you have to be more quiet."
- n "I don't think anyone would go to the health aides and ask them because they're maybe scared to come forward and try ask about that stuff."

Now What ?!



Building the Intervention

- n Deliver in a framework of health promotion
- n Deliver on the internet and in schools
- n Promote STD/HIV testing and condom use
- n Make access to condoms easier
- n Answer questions
- n Alleviate privacy concerns

+ Next Steps

n Alaska Native Youth Social Marketing Campaign

- n Alaska Native Youth Website
- n Education/Health Promotion
- n STD Screening/Treatment

+ Marketing

iknow mine:

- § Internet / Technology
 - § iknowmine.org, Facebook, MySpace and Twitter
- § Posters / Flyers / Brochures / Digital Stories
- § Promotional Items
 - § T-shirts
 - § Stickers
 - § Condoms





*www.iknowmine.org





+ On iknowmine.org youth can:

- § Order condoms;
- § Ask sexual health questions to Anchorage-based providers;
- § Find specific information on STDs, HIV, unplanned pregnancy;
- § Find HIV/STD testing locations throughout Alaska;
- § Request testing appointments;
- § Watch videos and read stories about STDs/HIV & unplanned pregnancy
- § Participate in polls, surveys and a blog.
- § Order chlamydia and gonorrhea home testing kits (coming soon!)







Web-based at home GC/CT testing Services: www.iwantthekit.org

Goals

- n Increase chlamydia and gonorrhea screening among high incidence populations in AK
- n Decrease overall chlamydia and gonorrhea rates in AK
- n Increase utilization of web-based technologies for accessing STD-related screening prevention services
- Standardize the use and application of self-collected specimens as an available STD screening option for AK resident

+ Why?

- Allow persons in rural AK additional opportunities to obtain STD education, screening and treatment
- n Overcoming barriers of
 - Access to screening
 - n Access to treatment
 - Confidentiality and privacy



Screening

The goal of screening is to test apparently well people to find those at increased risk of a disease or disorder

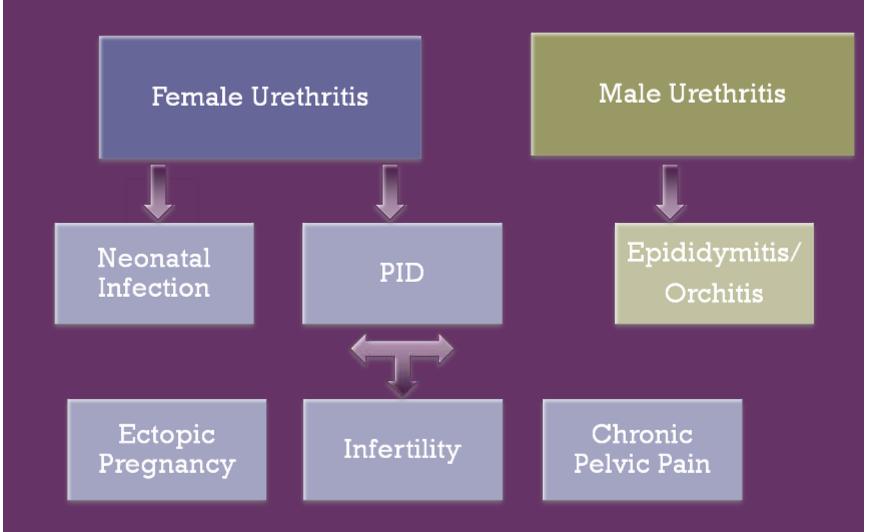


Complications of Chlamydia

Why Screen?

- n Up to 75% of women with CT have NO SYMPTOMS of disease
- n Untreated CT can result in PID, leading to infertility or ectopic pregnancy
- n CT screening can reduce overall costs
 - When left untreated: 10-15% of CT cases will develop into PID at a cost of \$1,167 per patient
 - Of women with untreated CT who develop PID, 1 in 5 will become infertile, 1 in 5 will suffer from chronic pelvic pain and nearly 1 in 2 will have ectopic pregnancy
- n A woman infected with CT has a 3- to 5- fold increase of acquiring HIV infections; with the lifetime cost of HIV infection estimated to be \$195,189 without HAART.

Untreated Genital Chlamydia Infection



+ Chlamydia Screening Recommendations

n Routine Screening for women who:

- n sexually active and <26 years,
- n have new or multiple sexual partners, regardless of age,
- n have a history of STDs within the last year, regardless of age
- n Test all pregnant women at least once, regardless of age
- n **Re-screen** 3-4 months after treatment due to the high incidence of re-infection.

⁺ Gonorrhea Screening Recommendations

- n No CDC Recommendations, suggesting a Regional Approach
- n US Preventative Services Task Force recommends:
 - n Screening women under age 25
 - Older women with risk factors
 - n previous GC infection,
 - n other STDs,
 - n new/multiple partners,
 - n inconsistent condom use,
 - n commercial sex,
 - n drug use.

Biological Link Between HIV and Other STDs

Increased risk of acquiring HIV infection:

- § Women who are infected with other STDs have an increased number of HIV target cells (e.g., CD4+ cells) present in cervical secretions.
- § Having a larger number of these cells increases a woman's likelihood of acquiring HIV infection if she is exposed to HIV.
- § Genital ulcers caused by some bacterial and viral STDs are an efficient portal of entry for HIV.

Biological Link Between HIV and Other STDs

Increased risk of transmitting HIV infection

- § When HIV-infected individuals are also infected with other STDs:
 - § More likely to shed HIV in ulcerative and inflammatory genital secretions
 - § More likely to shed HIV in greater amounts
- § Individuals who are infected with both HIV and other STDs were more than 2x more likely to have HIV genetic material detectable in their genital secretions than those who are infected with only HIV.

HIV: like any other infection Why Screen?

- n HIV is a serious health disorder that can be diagnosed before symptoms develop
- n HIV can be detected by reliable, inexpensive, and noninvasive screening tests
- n Infected patients have years of life to gain if treatment is initiated early, before symptoms develop
- n The costs of screening are reasonable in relation to the anticipated benefits
- n Among pregnant women, screening has proven substantially more effective than risk-based testing for detecting unsuspected maternal HIV infection and preventing perinatal transmission



STD Treatment May Slow the Spread of HIV

- n When STDs are detected and treated, HIV transmission is substantially reduced.
- n STD treatment reduces how much and how often HIV is shed.
- n STD treatment reduces the spread of HIV infection in communities.

+ What the CDC recommends for HIV Testing ...

n Routine HIV screening for

- n All patients aged 13-64
- n Patients seeking treatment for STDs
- n Patients initiating TB treatment

n Repeat HIV screening for

- n Persons at high risk
- n Persons starting a new sexual relationship
- n Others based on clinical judgment
- n General consent is sufficient
- n HIV prevention counseling is NOT required

- n IV drug users & their sex partners
- n Persons exchanging sex for money
- n Sex partners of HIV infected persons
- n Persons who had more than one sex partner since their last HIV test

<u>http://depts.washington.edu/hivaids/</u> (online course)

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HIV Myths

- n "I am not at risk for getting HIV."
- n "If I have only one partner, I don't need to use condoms."
- n "If I have anal sex, I cannot get HIV."
- n "I can't get HIV infection from oral sex."
- n "Having a STD does not increase my risk for HIV."
- n "I can tell if my partner has HIV."
- n "I don't need to use condoms, I tested negative for HIV."

People get HIV because they...

- n Have unprotected sex (sex without a condom).
- n Share needles to inject drugs.
- n Have unprotected sex under the influence of drugs and alcohol.
- n Do not feel they have the power to get their partner to use condoms or are afraid to ask.
- Do not know enough about HIV nor how to prevent it.
- n Trust their sexual partners and believe their sexual partners are not infected, clean and faithful.
- n Think HIV won't happen to them.

What you can do...

- n Provide an environment in which clients feel comfortable talking about sexual health issues and concerns.
- n Educate patients about HIV/STDs transmission and risk behaviors.
- n Offer HIV/STD testing as a routine part of comprehensive healthcare.
- Seize opportunities to provide HIV prevention counseling that offers options for behavior changes to reduce the risk of infection.

+ Breaking New Ground:
Behavioral Interventions for
Alaska Native Youth

Rural Alaska Native Youth Project

- n Native American Research Centers for Health (NARCH) Grant
- n Culturally adapt, implement and evaluate an HIV/STD evidence-based intervention (EBI) supported by the CDC
- n American Indian and Alaska Native (Al/AN) adolescents and/or young adults (age 15-19 years)
- n Choose EBI through community-based participatory research (CBPR) process with Alaska Native communities.
- n HIV/STD Behavioral Interventions: Changing risk behavior and behavioral determinants to reduce the spread of HIV/STD and promote healthy behaviors.

It's Your Game... Keep it real

- n CDC Special Interest Project in collaboration with the University of Texas and other tribal organizations
- n Adapt and test Internet-based HIV/STD and pregnancy prevention curriculum called IYG
- n American Indian/Alaska Native middle school-aged youth (12-14 years)
- n Classroom and computer based
- n Group-based classroom activities and individual computer activities

⁺Resources

- n Alaskan AIDS Assistance Association (4As):
 http://www.alaskanaids.org/alaskanaids new/education.hivt
 esting.html
- n State of Alaska: http://www.epi.alaska.gov/hivstd/hiv.stm
- n HIV Web Study: http://depts.washington.edu/hivaids/
- n Alaska Native Tribal Health Consortium: www.iknowmine.org
- n Centers for Disease Control and Prevention:
 http://www.cdc.gov/std

+ Questions?

With Thanks

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