

Reducing Disparities in STDs: *Breakout Session*

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Overview

- Chlamydia testing and treatment as part of routine care for sexually active women
- Expedited partner therapy for treatment of STDs
- Work with communities and organizations such as historical black colleges and universities (HBCUs) to encourage African American women to be tested
- Support adoption of culturally appropriate prevention, testing and treatment activities by all medical care providers
- Support education programs for health care providers to incorporate HIV testing into routine medical care, add chlamydia screening when Pap tests are performed, and screen for gonorrhea and syphilis more frequently



Chlamydia testing and treatment as part of routine care

- Routine screening of women can reduce chlamydia prevalence and pelvic inflammatory disease (PID) incidence in women
- Key components of the regional infertility prevention programs are:
 - Clinical (screening, treatment, partner management)
 - Training and Education (of clinicians and laboratorians)
 - Laboratory (tests, bulk purchasing, performance, turn-around-time, quality assurance)
 - Surveillance (local, state, regional data collection, management, and analysis).
- Federal funds support screening for and treatment of chlamydia and gonorrhea among sexually-active, low-income women attending public clinics.



Expedited partner therapy for treatment of STDs

- **Expedited Partner Therapy (EPT) is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner.**
- **Inadequacies of current partner notification and referral guidance, combined with the increased incidence of persistent STD occurrence in the United States, warrant increased utilization of EPT**



Legal Status of Expedited Partner Therapy (EPT)

EPT is permissible in 15 states:	EPT is potentially allowable in 24 states:	EPT is prohibited in 11 states:
<p>Arizona California Colorado Iowa Louisiana Minnesota, Mississippi Nevada New Mexico New York Pennsylvania</p>	<p>Alabama Alaska Connecticut Delaware Georgia Hawaii Idaho Indiana Kansa Maine Maryland Massachusetts</p>	<p>Arkansas Florida Illinois Kentucky Michigan North Dakota Ohio Oklahoma South Carolina Vermont West Virginia</p>
<p>Exception: EPT is permissible in Baltimore, Maryland.</p>	<p>EPT is potentially allowable in <u>District of Columbia</u> and <u>Puerto Rico</u>.</p>	



Work with HBCUs

- **Work with the Consortium of African American Public Health Programs (CAAPHP), the member institutions are:**
 - **Charles Drew University of Medicine & Science**
 - **Florida A&M University**
 - **Fort Valley State University**
 - **Howard University**
 - **Jackson State University**
 - **Meharry Medical College**
 - **Morehouse School of Medicine**
 - **Morgan State University**



Work with HBCUs

- **Three part outreach initiative to HBCUs**
- **Part A:**
 - **Develop an STD curriculum and STD training tool (directed to undergraduate and graduate students) to enhance STD services and education;**
 - **Assess and determine the level of STD services available to the students on campus; and**
 - **Develop a directory of STD services to ensure that communities are knowledgeable and able to obtain access to resources**



Work with HBCU

■ Part B:

- Conduct a needs assessment at each of the four medical schools to determine the type of STD training provided to medical school students;
- Review the course curricula and materials used for conducting the training;
- Assess the feasibility of a website to facilitate broad access to STD course curriculum materials and resources; and
- Collaborate with the Consortium of African American Public Health Programs to develop, design, and implement a standardized, objectives-based STD course curriculum that is web-based.



Work with HBCUs

- Part C:
- Implement the STD curricula (addressing basic STD health education and prevention information; and
- Conduct medical school training to faculty, staff, and students that attend these colleges and universities.



Support adoption of culturally appropriate prevention

- **National Network of Prevention Training Centers is working to train medical care providers:**
 - **Alabama/North Carolina PTCs have an initiative to address cultural competency issues among Hispanic/Latino populations**
 - **California PTC has a cultural competency module**



Support education programs for health care providers

- In coordination and collaboration with the Division of HIV/AIDS Prevention (DHAP), DSTDP is working with the National Medical Association (NMA) to improve:
 - Sexual health outcomes
 - Provider comfort and provider-initiated sexual health discussions; and
 - Patient-comfort and patient-initiated sexual health discussions
 - Number of HIV/STD prevention discussions; and
 - Number of HIV/STD tests conducted



THANK YOU

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