

# High Risk Sexual Behavior

Healthiest Wisconsin 2010 Priority  
2005 - 2007 Progress Report

September 12, 2007



# Priority Objectives

## Objective 1: Adolescent Sexual Activity

Overall Progress: Improving

- In the 2005 Wisconsin Youth Risk Behavior Survey, 40 percent of Wisconsin high school students reported having had sexual intercourse.
- This represents a 15% decrease from 1993 but a slight upturn from 2003 (37%).

# Priority Objectives

## Objective 2: Unintended Pregnancy

Overall Progress: Improving, with concerns

- Improving In the 2005 Wisconsin Youth Risk Behavior Survey, the majority (65.3%) of sexually active students reported using a condom - a 12% increase from 1993 (58.3%).
- Improving The 2006 Wisconsin BRFS indicates that for women who “had been pregnant in the past five years”, about 50% said, (she) “wanted to be pregnant then”, and about 20% said, (she) “wanted to be pregnant later”. (unintended)
- Improved, but slowing. The 2005 Milwaukee Teen Birth Rate has decreased 27% since 1993.

# Priority Objectives

## Objective 3: Reducing the incidence of Sexually Transmitted Infections (STIs), including HIV

Overall Progress: Variable, with concerns

- Improving progress on **syphilis** (incidence of primary and secondary syphilis to be 0.2 cases per 100,000 population) with a decrease from a 2.2 incidence rate in 2000 to a 1.2 incidence rate in 2006.
- Ongoing effort on **chlamydia** (incidence of genital *Chlamydia trachomatis* infection to be 138 cases per 100,000 population) with 20,092 cases in 2006 - a rate of 361 cases per 100,000.

# Priority Objectives

## Objective 3: Reducing the incidence of STIs, including HIV *continued*

- **Ongoing** effort on **gonorrhea** (incidence of *Neisseria gonorrhoeae* infection to be 63 cases per 100,000 population) with 6883 cases reported in 2006 – a rate of 123.9 cases per 100,000; cases had previously been declining regularly.
- **Ongoing** effort on **HIV** (incidence of HIV infection to be 2.5 cases per 100,000 population) with 407 reported cases in 2006 - a rate of 7.3 cases per 100,000. Overall improvements in all populations countered by a dramatic increase in recent MSM cases.

# Social and Economic Influences

Common factors for all high risk sexual behaviors:

## ■ Poverty

- Drive to address basic needs for food, shelter, safety outweighs longer-term considerations
- Reduced access to healthcare/reproductive services
- High-risk behaviors may be exchanged for drugs/money/support
- Pregnancy (and even HIV) perhaps viewed as "...a way out..." to access services/support.
- Fatalistic attitude among some youth... "I'll be dead or in jail by the time I'm 30..."

# Social and Economic Influences

Common factors *continued*:

## ■ Stigma & Discrimination

### □ race/ethnicity

- Historical events and their interpretations impact view of healthcare systems, disease, etc.
- Language issues may be a barrier
- Data sparse for some racial/ethnic groups [e.g. Native Americans, A/PI populations]
- Service provider/client cultural differences often hinder effective healthcare delivery [cultural competency]

### □ gender

- Gender issues can contribute to disparity in control over sexual behavior

# Social and Economic Influences

Common factors *continued*:

## ■ Stigma & Discrimination

- HIV/STI status
  - Discrimination remains - persons w/ HIV/AIDS and STDs may be viewed as “dirty”, “immoral”
  - Persons w/ STD usually lack the constituency often available to persons w/ HIV
- MSM often face strong social stigma, lack of supportive institutions, contributing to risk behaviors

# Social and Economic Influences

Common factors *continued*:

## ■ Substance use

- Drug addiction creates additional basic need(s) [access to drug] that must be fulfilled
- Legal issues create additional complexities/barriers to healthcare access and behavior change
- Judgment is impaired when under the influence of certain drugs
- Use of certain drugs can increase susceptibility to infection, exacerbate symptoms, complicate pregnancy
- IDU behaviors are major vectors for HIV, Hep B and Hep C infection

# Social and Economic Influences

## Common factors for all high risk sexual behaviors:

- Resistance to behavioral change
  - Risk perceptions vary by culture, age. Cultural concepts impact view of pregnancy (at what age appropriate, etc.) Any pregnancy is celebrated to some extent.
  - Effective behavioral interventions are sometimes viewed as 'taboo' [SEPs, non-abstinence behavioral options, etc.]
  - Behaviors people are being asked to modify are viewed as intensely personal by American culture
    - Changes may impact identities of faith, culture, family, etc.

# Financing & Resources

## Adolescent & Reducing Unintended Pregnancy programs

- MAPPP \$121,783
  - State GPR \$77,600
  - MCH Title V \$31,383
  - Federal Medicaid Match \$12,800
  
- Federal-CDC from DPI \$70,450

# Financing & Resources

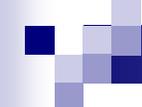
Other sources of support for [Adolescent & Reducing Unintended Pregnancy](#) programs (not tracked by allocation) include:

- TANF [Temporary Assistance for Needy Families] Block Grants
- Title X Family Planning [Planned Parenthood]
- Federal Abstinence Education Funds- restricted to 'abstinence-only' prevention programs
  - \$452,219 requiring a 75% local match for the nine month period 10-1-06 to 6-30-07.
  - Eligible community-based organizations have continued to receive funds for abstinence-only programs directly from the federal government.

# Financing & Resources

## STI/STD Prevention

- CDC CSPPS - ~\$1.15 million  
*(Comprehensive STD Prevention Services)*
- State GPR - ~ \$55,000



# Financing & Resources

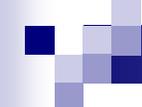
## HIV Prevention

- CDC – HIV Prevention ~\$2.8 million
- DCFS-AODA block grant \$75,000
- GPR – HIV Prevention ~ \$1 million

# Financing & Resources

Other sources of support for **STI/STD and HIV Prevention** programs (not tracked by allocation) include:

- Additional funding for community & ASO efforts available from local gov't sources, private foundations (United Way, etc.) – largely devoted to AIDS care efforts, with some support for prevention.
- Additional STI/STD prevention activities may occasionally be supported by the same sources supporting HIV prevention, but are generally much more limited than HIV prevention funds.



# Coordination of Health Systems and Partnerships

- Adolescent-serving partnerships include the [Milwaukee Adolescent Pregnancy Prevention Partnership Project](#) and the [Milwaukee Area Sexual Health \[MASH\] network](#).
- The DPH collaborates with DPI to provide age-appropriate interventions for school-aged youth
- The DPH also collaborates with Title X providers in reducing unintended pregnancy among women statewide.

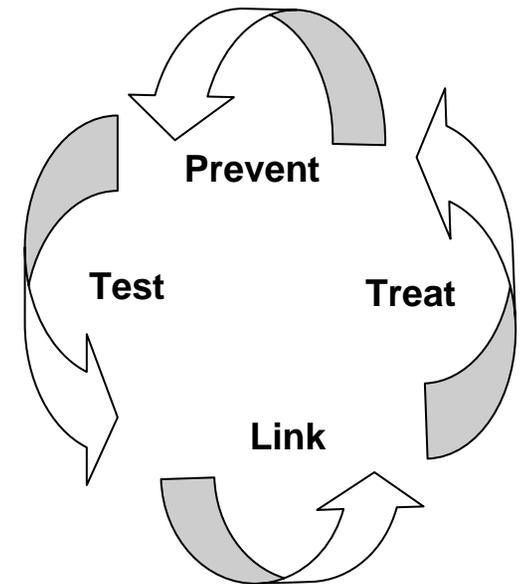
# Coordination of Health Systems and Partnerships

- Through the [Region V Infertility Prevention Program](#) the DPH STD Program collaborates with the DPH FP Program, PPW and Title X, the State Laboratory of Hygiene, Health Care Education and Training (HCET), and states in Public Health Region V (Minnesota, Indiana, Illinois, Ohio, Michigan, Wisconsin) to further testing, treatment, education and training efforts for the prevention of STDs (chlamydia and gonorrhea).
- Wisconsin has developed a network of 2 ASOs, 14 CBOs and dozens of local health departments who deliver effective behavioral interventions, HIV testing and STI testing and treatment to persons at risk.

# Coordination of Health Systems and Partnerships

Better integration of HIV care, prevention and surveillance services via the “Prevent – Test – Link – Treat” concept:

- combined community planning process;
- increased collaboration between Care and Prevention program staff;
- improved and enhanced PCRS services to HIV-positive individuals; and
- piloting and evaluating new models for the delivery of comprehensive care and prevention services to HIV-positive individuals.



# Health Disparities

- Racial/Ethnic groups, particularly African Americans, disproportionately experience the impact of HRSB.
- MSM are disproportionately impacted by HIV and syphilis, and perhaps other STDs as well.
- Geography – Urban areas are disproportionately impacted, with sections of Milwaukee representing the hardest-hit areas for many of these indicators. In some areas, geography is a stronger correlation to HRSB impact than race, age or other factors.

## Health Disparities *continued*

- The *Framework for Action to Eliminating Racial and Ethnic Disparities in Birth Outcomes* outlines one set of initiatives currently underway, many of which target teens and young women in the Milwaukee area.
- HIV prevention provides specific capacity building and technical assistance to minority-based and minority-serving agencies statewide, including collaboration with national organizations such as the CDC and NASTAD.
- Key initiative to address MSM HIV rates include the initiation of *Social Networks* CTR pilot projects and a planned campaign to encourage annual, routine HIV testing among sexually active MSM.
- HIV CTR and other efforts are looking at the feasibility of a *geographic* targeting approach, based on epi data at the ZIP-code level.

# Recommendations to Consider

## Common themes:

- **Invest** in programs addressing unintended pregnancy, STI & HIV at a level more commensurate with the economic and societal costs that will be saved.
- **Remove barriers** to implementing HRSB interventions that have been proven to be effective.
- Increase cost effectiveness through broader support of and **collaboration with “overlapping” program areas** (mental health, AODA, etc.)

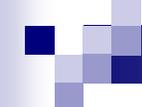
# Recommendations to Consider

- A. Support the *Institute of Medicine's* strategies to reduce unintended pregnancy, outlined in the report *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*
- 1) improve knowledge about contraception and reproductive health;
  - 2) increase access to contraception;
  - 3) explicitly address the major roles that feelings, attitudes, and motivation play in using contraception and avoiding unintended pregnancy;
  - 4) develop and scrupulously evaluate a variety of local programs to reduce unintended pregnancy; and
  - 5) engage in research to answer important questions about how best to organize contraceptive services

# Recommendations to Consider

## B. Support the reauthorization of the Department's *Family Planning Waiver* program:

- Initiated in January 2003, program aims to reduce the number of unintended pregnancies, provide statewide access to quality and affordable contraception, and promote early identification of pregnancy and timely access to appropriate care.
- The Waiver allows teen and adult women aged 15 through 44, who are at or below 185% of the federal poverty level and seeking contraception, to receive confidential family planning health care services and supplies at no charge.
- Support advocacy to the Federal level for inclusion of males in the Waiver (already approved at the state level)



# Recommendations to Consider

- C. Support increased programmatic and funding support for communities and families to help build teen skills allowing adolescent males and females to successfully navigate the passage to adulthood pregnancy- and disease-free.
  - More resiliency needed across the ethnic and racial spectrum to close this disparity gap.

# Recommendations to Consider

D. Continue support of HIV prevention targeting high-risk persons, based on data from surveillance, public health and community planning sources:

- People living with HIV
- Men who have sex with men
- Injection drug users
- Men who have sex with men and inject drugs
- Heterosexuals at increased risk

# Recommendations to Consider

- E. Address racial and ethnic disparities in STI and HIV infections by delivering culturally competent and language-appropriate services including capacity building, testing and behavioral interventions to African American women, MSM of color, Native Americans and Hispanics at risk for HIV and other disproportionately impacted communities.

# Recommendations to Consider

- F. Support system changes to address the health disparities experienced by LGBT populations, particularly MSM and MTF transgender individuals:
- I. Inclusion of age-appropriate questions specifically addressing sexual identity, orientation and same-sex behaviors in the *Youth Risk Behavioral Survey* and the *Wisconsin Behavioral Risk Factor Survey*;
    - Lack of accurate data on the health status, knowledge, attitudes and behaviors of this population hampers coordinated health response.

# Recommendations to Consider

F. Support system changes to address the health disparities experienced by LGBT populations, particularly MSM and MTF transgender individuals: *continued*

II. Support the creation of a state-level entity ("*LGBT Health Liaison*", "*Office of LGBT Health*" etc.) to enhance government and community awareness of LGBT health issues, foster complete and accurate health status data and surveillance of LGBT populations, recommend and implement strategies to eliminate LGBT health disparities in Wisconsin, and to improve access to LGBT-sensitive and culturally-competent systems of care.

# Recommendations to Consider

- G. Support increased resources to provide effective behavioral interventions to persons at highest risk for HIV and STIs, with the following priorities:
- Development of new interventions for persons living with HIV;
  - Addressing the funding disparity between HIV and STD/STI prevention, possibly allocating GPR for STD program activities;
  - Supporting more expansive and culturally-competent HIV and STD prevention interventions targeting MSM;
  - Ensuring interventions take into account crystal methamphetamine use by MSM;
  - Using the internet as a venue for STD and HIV prevention messages; and
  - Implementing STD and HIV interventions proven to be effective, [HIV DEBIs, etc] especially targeting high-risk individuals in communities of color.

# Recommendations to Consider

H. Maintain and increase resources to provide effective and accessible HIV counseling, testing and referral services through:

- supporting routine and targeted initiatives, including the expanded use of new testing technologies;
- involving HIV+ persons in improving HIV testing interventions;
- enhancing the delivery of testing to at-risk partners identified through PCRS; and
- supporting updating of current HIV testing policies and statutes to remove barriers to effective testing delivery while respecting client confidentiality and educational needs.

# For more information...

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