Progress Report

Healthiest Wisconsin 2010 **Health Priority:**

High Risk Sexual Behavior

September 12, 2007

Wisconsin Public Health Council
State Health Plan Committee

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Introduction

The high-risk sexual health behavior objectives outlined in *Healthiest Wisconsin 2010* cover a number of different activities, arrayed across the diverse spectrum of communities in Wisconsin. The individuals these objectives seek to impact run the gamut of age, gender, race/ethnicity, socio-economic status, and educational background. The information presented in this report is not the summary of activities carried out under a unified public health initiative. This report attempts to summarize information from dozens of programs and projects that approach human sexuality from a variety of ideological viewpoints, some of which use vastly diverging definitions of "healthy behavior change." However, the state health framework is the anchor for our mutual teen pregnancy and STI/HIV prevention efforts.

The Department supports an evidence-based dual goal strategy for addressing adolescent pregnancy prevention:

Goal 1: Encourage and promote delayed sexual activity, and

Goal 2: Provide access to confidential contraceptive and related reproductive health services to prevent unintended pregnancy among sexually active adolescents.

Similarly, HIV and STI prevention strategies focus on age-appropriate prevention messages for youth and adults, supporting a range of health behaviors including abstinence, faithful monogamy, condom use, appropriate and timely treatment of already-contracted STD infection, open communication with partners about sexual history, etc.

The same complex framework impacts the ability to track and measure outcomes of health initiatives targeting high risk sexual behaviors. These programs receive funding from a variety of public and private sources, each with its own method for quantifying and categorizing behavioral change targets. Many of these measures are not composed of "hard" statistical or survey data. An effort has been made to provide the reviewers with a consistent presentation of progress on each targeted objective, while simultaneously presenting the most reliable progress measures currently available for each objective.

Teen Birth Rates and Unintended Pregnancy

Nationally, the US teen birth rate has continued to decline over the last decade. According to the *National Campaign to Prevent Teen Pregnancy*, Wisconsin's 2005 overall teen birth rate among females ages 15 – 19 was 30 births per 1,000, as compared to the overall US teen birth rate of 40.4 per 1,000. However, when we examine Wisconsin's teen birth rates for African Americans, we see that in 2000, WI had the highest African American teen birth rate of any state in the country at a rate of 111 per 1,000 for 15-19 year olds. Data for 2005 indicate that the Wisconsin Menominee Native American Tribe and Menominee County has the highest teen birth rate at 105.5 births per 1,000 teen girls age's 15-19.The good news is that since 1994, our teen birth rate has decreased for all ethnic groups, except Hispanic teens. The African American rate decreased from 168 per 1000 in 1994 to 94 per 1,000 in 2005.

According a recent study entitled "*By the Numbers: The Public Costs of Teen Childbearing*", authored by Saul Hoffman, Ph.D., there is a close link between teen parenthood and the many negative consequences for mothers, fathers, and their children. Examples include, teen mothers who are more likely to drop out of school, remain unmarried, live in poverty, and reside in a single parent households and experience abuse and neglect. This study further notes that despite a 30 percent decline in the state birth rate, teen childbearing in Wisconsin cost taxpayers at least $156 million in 2004. Most of the public sector costs of teen childbearing are associated with the negative consequences for the children of teen mothers.

The costs of these consequences are evident in Milwaukee, Wisconsin's' largest urban city. According to a 2006 *National Campaign to Prevent Teen Pregnancy* report, 16.7 percent of all city births were to mothers under the age of 20 and teen births cost the Milwaukee area at least 48 million a year in foster care, health care, and lost tax revenue in 2005.

STIs and HIV

Sexually transmittable infections [STIs] sometimes referred to as *sexually transmitted diseases* [STDs] have been known throughout human history. While modern public health and medical interventions have greatly reduced the impact of STIs, the recent global AIDS pandemic is largely fueled by the sexual spread of *human immunodeficiency virus* [HIV]. In terms of the significant economic, social and health consequences, the Institute of Medicine estimates annual direct and indirect costs of STIs, including HIV, at $17 billion. Additionally troubling is the way in which Wisconsin's racial and ethnic minority communities are disproportionately burdened by the impact of sexually related disease and unplanned pregnancy.

Wisconsin has developed a network of public health, medical and community-based providers to deliver effective behavioral interventions, HIV testing and STI testing and treatment to persons at risk. The vast majority of this effort is focused on the prevention of HIV, which is supported by an annual grant of roughly $2.8 million, supplemented by an additional $1.5 million from a combination of state and federal sources. New HIV infection in Wisconsin has largely leveled off in recent years, with consistent, moderate reduction in new HIV cases among most populations. Despite this, HIV infection continues to disproportionately impact racial and ethnic minority communities, and between 2001 and 2006 cases of HIV reported among men who have sex with men (MSM) increased 55 percent statewide.

Progress in Meeting Objectives – Summary

Progress has been made on some of the *High-Risk Sexual Behavior* health objectives. Three specific areas are addressed in this priority: *adolescent sexual activity, unintended pregnancy* and *sexually transmitted disease, including HIV infection.*

Looking at the most recently available data, current progress towards these three objectives can be summarized:

- The percentage of Wisconsin high school student who report ever having has sexual intercourse declined from 1999 to 2003, increasing slightly in 2005.
- The use of condoms or contraceptive measures by teens, as a marker for progress on the reduction of unintended pregnancies, increased from 2000 to 2005.
- Incidence rates since 2000 have declined for syphilis, have fluctuated for gonorrhea and have increased for chlamydia. The incidence rate for HIV has declined among all populations other than men who have sex with men (MSM).

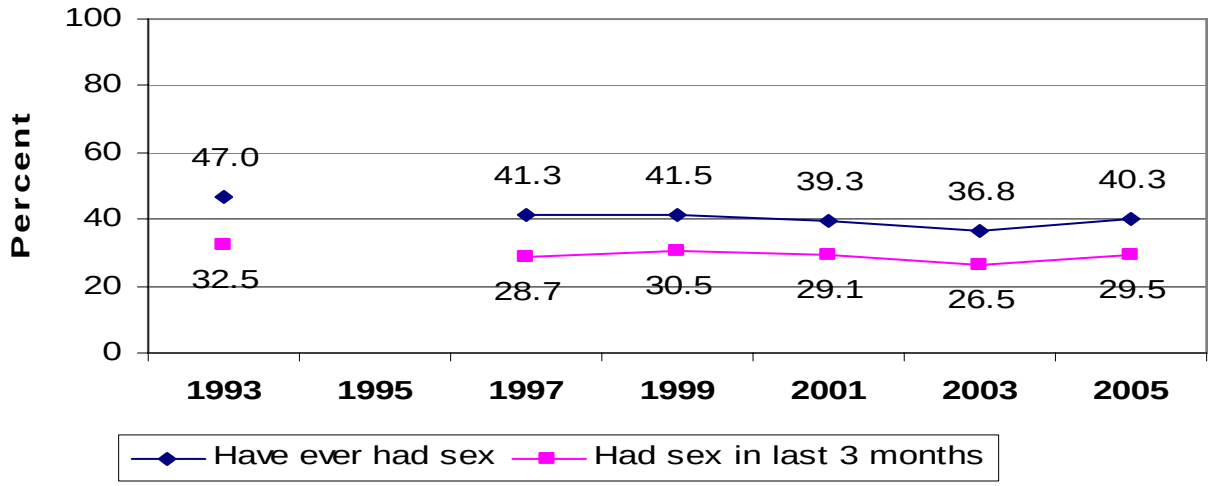
Progress overall should be regarded as *ongoing*. Significant gains have been made in multiple areas, but stagnation or lack of progress in other areas points to a need for continued evaluation.

Objective 1: Adolescent Sexual Activity

Measure 1: By 2010, 30% or less of Wisconsin high school youth will report ever having sexual intercourse.

Outcome Objectives – Trend Data

Percentage of students who have ever had sexual intercourse or those who have had sexual intercourse in the last 3 months. (1993 – 2005)



** Data from 1995 unavailable*
2005 Wisconsin Youth Risk Behavior Survey
Wisconsin Department of Public Instruction

Performance as of 2005: 15 percent decrease

Performance Status: Improving

This objective seeks to reduce the percent of Wisconsin high school youth who report ever having had sexual intercourse to 30 percent or less. In the 2005 *Wisconsin Youth Risk Behavior Survey* (YRBS), 40 percent of Wisconsin high school students reported having had sexual intercourse. This represented an upturn in the percentage after recent decreases (42 percent in 1999, 39 percent in 2001, and 37 percent in 2003). Overall, student reports of risky sexual behavior have decreased significantly between 1993 and 2005. More students are abstaining longer from having sexual intercourse and teachers are also spending more time addressing the broader skills required to remain abstinent.

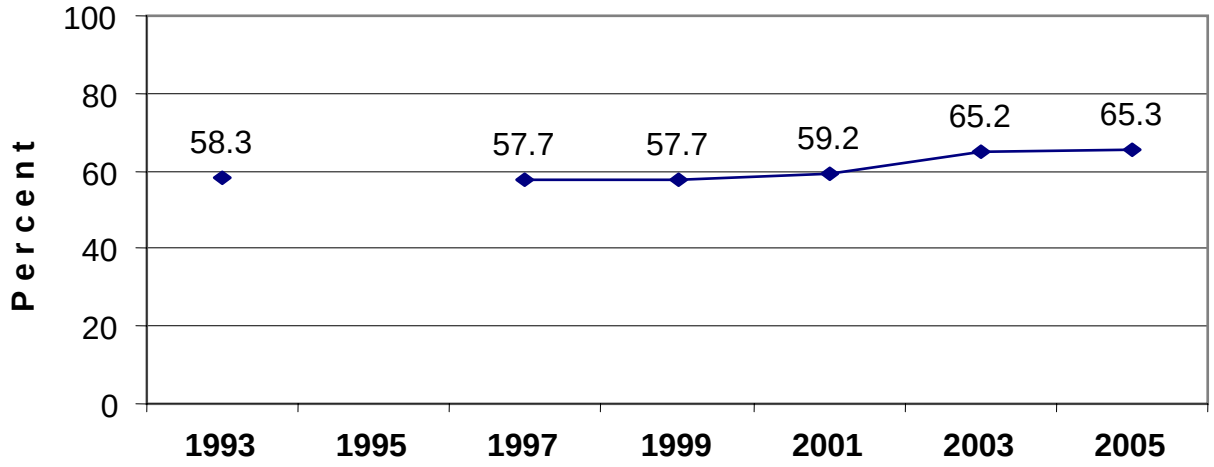
Additionally, 37 percent of students said it was important for them to delay having sexual intercourse until they were married, engaged, or an adult in a long-term committed relationship, while 22 percent of students said it was not important to delay having sexual intercourse and another 18 percent were unsure,

Objective 2: Unintended Pregnancy in Wisconsin

Measure 2A: By 2010, reduce teen pregnancies in Wisconsin to 30 percent or less by promoting the consistent and correct use of contraceptives and barriers.

Outcome Objectives – Trend Data

Among students who had sexual intercourse during the past three months, the percentage who used a condom during last sexual intercourse. (1993 – 2005)



** Data from 1995 unavailable*
2005 Wisconsin Youth Risk Behavior Survey
Wisconsin Department of Public Instruction

Performance as of 2005: 12 percent increase

Performance Status: Improving

This objective seeks to reduce teen pregnancies to 30 percent or less using contraceptives and other barrier methods. In the 2005 Wisconsin YRBS, the majority (65.3 percent) of sexually active students reported using a reliable form of birth control, including condoms. This represents an

increase of 12 percent over the reported use in 1993. While more schools are addressing correct condom use in the classroom, teachers are also addressing condom use with a partner, analyzing their sphere of influences, and accessing accurate information and services.

Measure 2B: By 2010, reduce unintended pregnancies in Wisconsin to 30 percent or less (Adult Focus)

Performance Status: Improving Outcome Objectives –2006 Data

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)

Objective 2: Unintended Pregnancy in Wisconsin *continued*

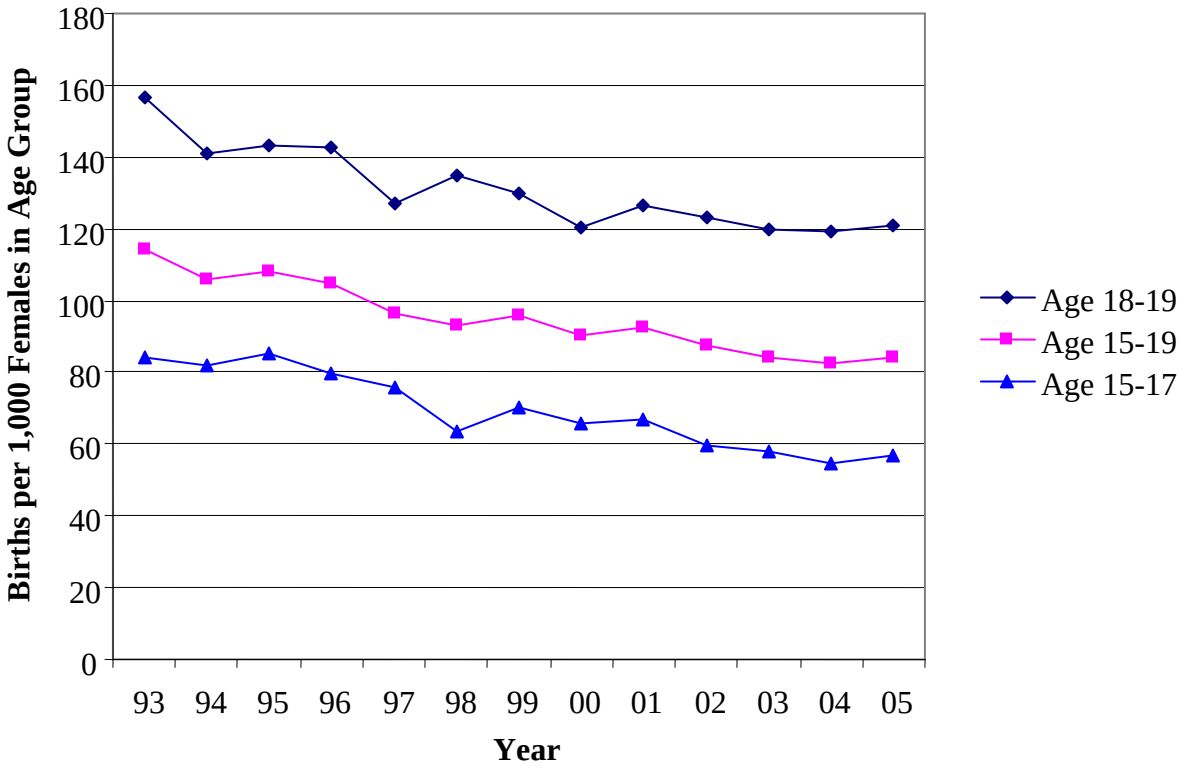
Measure 2C: Milwaukee Teen Birth Rate

Outcome Objectives – Trend Data

Performance as of 2005 for 15 -19-age group: 27 percent decrease

Performance Status: Improved but slowing

Birth Rates by Age, City of Milwaukee Resident Teens, 1993-2005



Source: Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.
Notes: Birth rates are the number of births per 1,000 females in each age group. Age groups 15-17 and 15-19 are based on these age-specific populations, but include births to mothers younger than 15 years old.

The graph reflects trend data for City of Milwaukee resident teens ages 15-17, ages 15-19 (the overall teen birth rate) and ages 18-19. The results noted that the Milwaukee teen birth rate for females ages 15 -19 has decreased steadily since 1993; however, the decline seems to have slowed since 2000. The next few years will be critical to determine whether this slowing trend continues.

The Milwaukee City birth rate for younger teens (ages 15-17) declined over the 1993-2005 period. Birth rates to older teens ages 18-19, which make up the majority of teen births both in Milwaukee as well as statewide also declined.

Despite these noted declines, the data for both the 15-17 and the 15-19 age groups reflect a consistent gap between the city and state teen birth rates. The Milwaukee 2005 teen birth rate for the 15-19-year-old age group was twice the national rate and nearly three times the Wisconsin statewide rate. For the younger teens ages 15-17, the Milwaukee rate was 3.7 times the Wisconsin statewide rate. This age group will require an intense and targeted effort to close this gap.

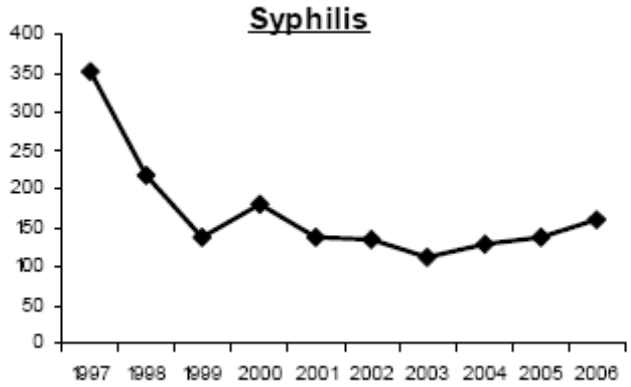
Objective 3: Reducing the incidence of Sexually Transmitted Infections (STIs), including HIV

This objective seeks to reduce the incidence of STD/STI, including HIV infection, by promoting responsible sexual behavior throughout the life span, strengthening community capacity and increasing access to high-quality prevention services. In this multi-measure objective, some indicators show improvement, some fluctuate while remaining level overall, and some show an increasing rate of incidence since 2000.

Syphilis

Outcome Objectives – Trend Data

Measure 3a: By the year 2010, the incidence of primary and secondary syphilis in Wisconsin will be 0.2 cases per 100,000 population;



Sexually Transmitted Disease in Wisconsin, 2006 – Table 2
Wisconsin Department of Health and Family Services, STD Program
NOTE: Graphic depicts trend for reportable syphilis (all stages)

Performance as of 2006:

- *Current incidence of primary syphilis:* 16 cases, rate of 0.29 cases per 100,000.
- *Current incidence of secondary syphilis:* 49 cases, rate of 0.88 cases per 100,000.
- *Current incidence of primary & secondary syphilis*: 65 cases, rate of 1.17 per 100,000.

***** *All 2006 incidence calculations based on Wisconsin population of 5,556,506, as per 2006 US Census estimate*

Performance Status: Improving

The combined incidence of primary and secondary syphilis in Wisconsin decreased from 2.2 cases per 100,000 population in 2000 to 1.2 cases per 100,000 in 2006 (2010 target: 0.2 cases per 100,000). The rate fluctuated during the intervening years, but was always lower than the rate in 2000.

Performance Status - *continued*

Syphilis in men who have sex with msn (MSM)

Current incidences of syphilis cases are predominantly (83 percent) male, most likely due to higher rates of transmission among men who have sex with men (MSM). With preliminary data from the first six months of 2007, there were increases in all age groups compared to the same period in 2006. Since men who have sex with men (MSM) represent the most significant change in early syphilis morbidity trends during the past few years, it is noted that MSM represent approximately 51 percent of the early syphilis cases in all age groups.

Syphilis in African American communities

Although the number of cases for all forms of reportable syphilis decreased markedly among African Americans - from 100 cases in 2000 to 47 cases in 2006 - African Americans, like other minorities, are still disproportionately affected by STDs. And, while African Americans comprise 6 percent of the state's population, 50 percent of all early syphilis infections were reported in African Americans (preliminary data from the first six months of 2007). Early syphilis includes primary, secondary and early latent syphilis stages, and denotes cases that have had duration of less than one year.

Syphilis at birth (congenital syphilis)

Since 2002 there has been only one case of congenital syphilis, this can be partially attributed to the lower numbers of early syphilis cases among women.

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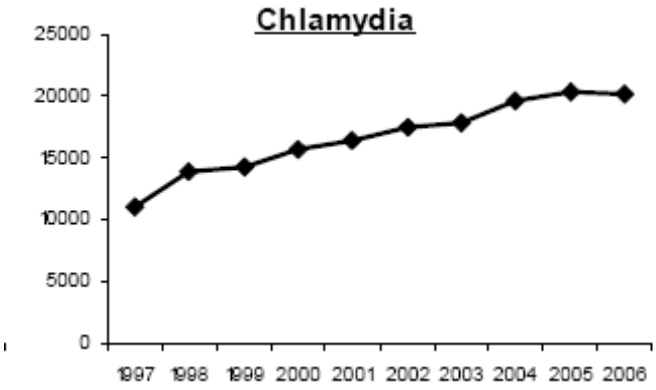
Chlamydia

Outcome Objectives – Trend Data

Measure 3b: By the year 2010, the incidence of genital *Chlamydia trachomatis* infection in Wisconsin will be 138 cases per 100,000 population;



Sexually Transmitted Disease in Wisconsin, 2006 – Table 2
Wisconsin Department of Health and Family Services, STD Program

Performance as of 2006:

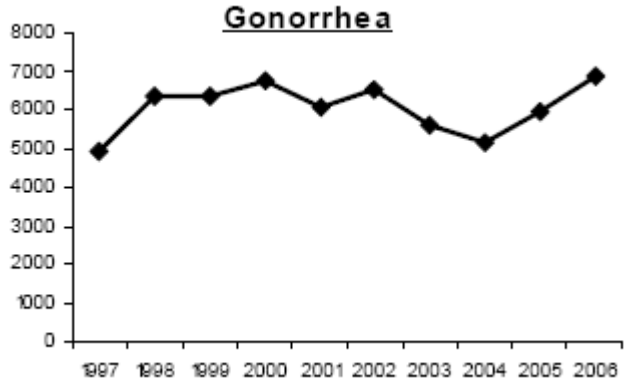
- *Current incidence of chlamydia infection:* 20,092 cases, rate of 361 cases per 100,000.

Performance Status: Ongoing

The incidence of *Chlamydia trachomatis* infection has increased steadily, from 304 cases per 100,000 population in 2000 to 361 cases per 100,000 in 2006 (2010 target: 138 cases per 100,000 population). Numbers of cases increased in every race/ethnicity group, and were predominantly (72%) female in 2006. Significant increases in the volume of testing for *Chlamydia trachomatis* infections over the past decade (in 1998, 52,798 tests were performed at the WSLH compared to 74,470 in 2006; 41% increase) as well as the introduction and widespread use of highly sensitive nucleic acid amplified tests (NAATS) has contributed to steady increases in the number of chlamydia cases reported each year. Chlamydia morbidity is most strikingly prevalent among youth ages 15-19 with many more cases reported among women, largely an artifact of testing access and screening practices. A consistent and disturbingly disproportionate burden of chlamydia morbidity is carried by racial and ethnic minorities.

Gonorrhea

Measure 3c: By the year 2010, the incidence of *Neisseria gonorrhea* infection in Wisconsin will be 63 cases per 100,000 population;



Sexually Transmitted Disease in Wisconsin, 2006 – Table 2
Wisconsin Department of Health and Family Services, STD Program

Performance as of 2006:

- *Current incidence of gonorrhea infection:* 6883 cases, rate of 123.9 cases per 100,000

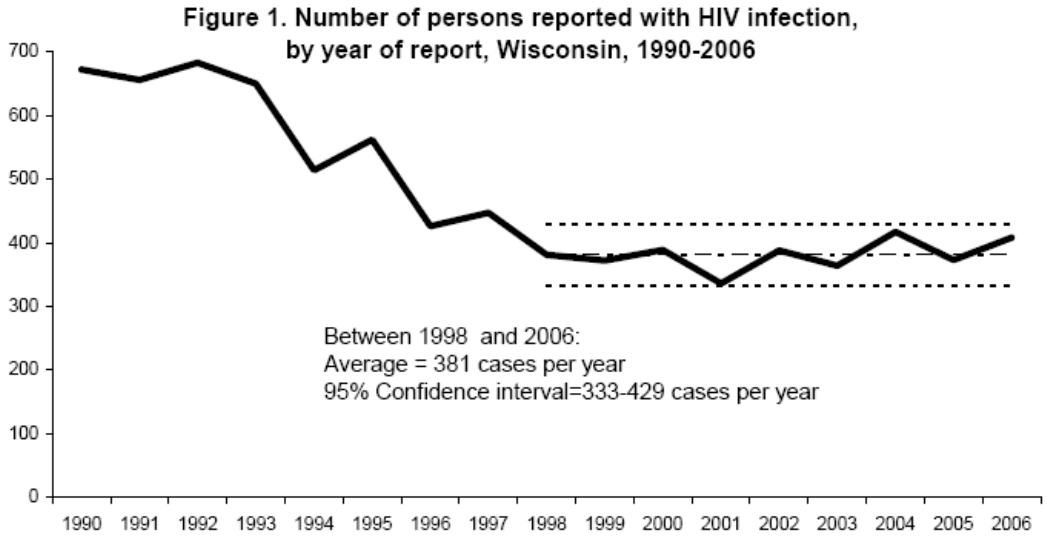
Performance Status: Ongoing

Until recently, the incidence of *Neisseria gonorrhea* infection in Wisconsin had decreased consistently, from 130.2 cases per 100,000 population in 2000 to 92.0 cases per 100,000 in 2004. A sharp increase in cases from 2004 to 2006 resulted in a rate of 123.9 cases per 100,000. While still slightly lower than the 2000 case rate, the upward trend in reported gonorrhea infections is a troubling development that warrants close observation, and may be attributable and is consistent with the observed increases noted for syphilis and HIV infections in the MSM population. In 2006, cases of gonorrhea were relatively evenly distributed between males and females (42 percent and 58 percent); however, an 18percent increase of reported cases among white males was noted, compared to a 10 percent increase of reported cases among white females since 2005. In addition, though resistant gonorrhea accounts for only 0.5 percent of the total gonorrhea cases reported in Wisconsin in 2006, this proportion is 3 times higher than the proportion of resistant gonorrhea reported in 2004.

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

HIV

Measure 3d: By the year 2010, the incidence of human immunodeficiency virus (HIV) infection in Wisconsin will be 2.5 cases per 100,000 population;



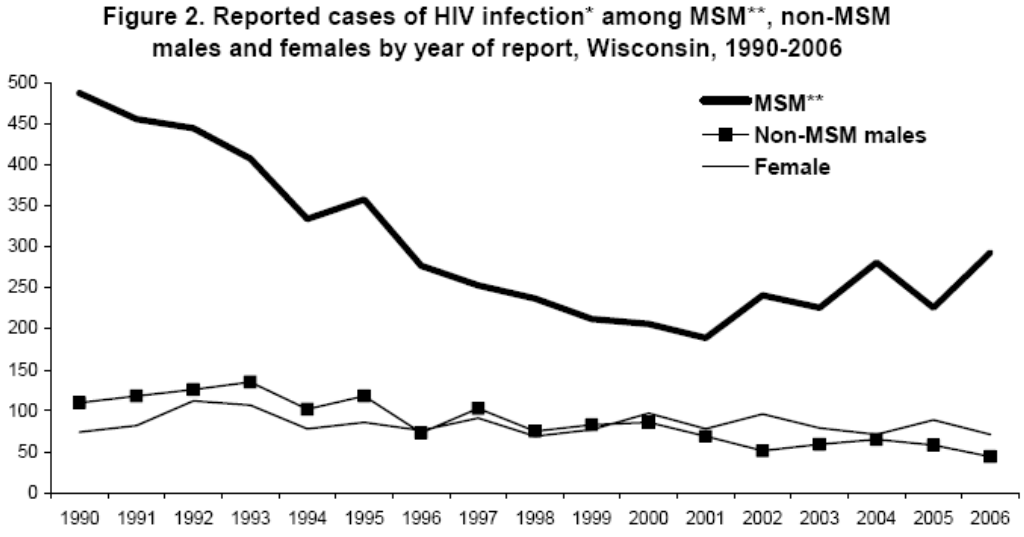
The epidemic of HIV infection in Wisconsin: review of case surveillance data collected through 2006
Neil Hoxie, MS, Epidemiologist, AIDS/HIV Program, Wisconsin Division of Public Health

Performance as of 2006:

- *Current incidence of HIV infection:* 407 cases, rate of 7.3 cases per 100,000

Performance Status: Improving, but inconsistent

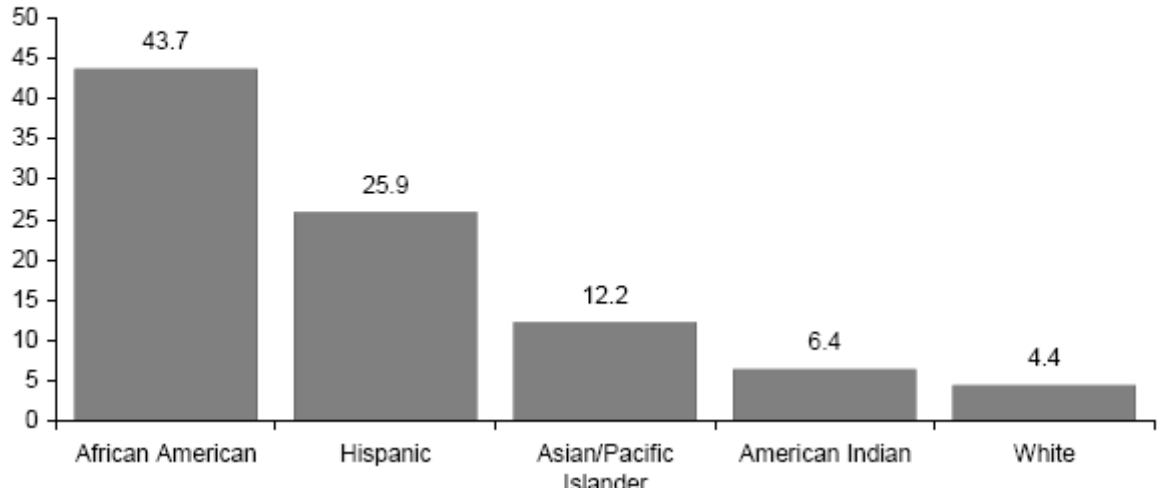
Between 2000 and 2006, the number of newly reported cases was relatively constant, averaging roughly 381 a year. The 408 new cases of HIV infection reported in 2006 fall within the expected year-to-year variation of cases reported since 1998. Overall, the annual incidence of HIV has continued to decline since 2000 among all populations *excluding* men who have sex with men (MSM). In 2006, ***73% of new HIV cases were among MSM***.



* In this figure case numbers have been adjusted to allocate cases initially reported without an identified risk factor, therefore these are estimates.
** Men who have sex with men, including MSM with a history of injection drug use.

Despite the decrease in overall cases among non-MSM populations, racial and ethnic minority populations continue to be disproportionately impacted. Race/ethnic minorities comprise 12% of the Wisconsin population, but 49% of all HIV cases reported in 2006. The reported HIV infection rate in 2006 was ten-fold greater for African Americans and six-fold greater for Hispanics compared to the rate for whites.

Figure 3. Reported HIV infection per 100,000 population, by race/ethnicity, Wisconsin, 2006



In 2006, 46% of all males reported with HIV infection were from racial/ethnic minorities. The reported HIV infection rate among males was nine-fold greater for African Americans and five-fold greater for Hispanics compared to the rate for white males. In recent years, however, the number of cases reported among white males has begun to increase, while there has been no increase among African American or Hispanic males. This increase among white males is attributable to the previously noted increase among MSM.

The race/ethnic disparity is even greater for females. In 2006, 63% of all females reported with HIV infection were members of race/ethnic minority groups. The reported HIV infection rate was 16-fold greater for African American females and 13-fold greater for Hispanic females than the rate for white females. There was a decrease in the number of African American females reported with HIV infection in 2006; the reasons for this decline are not clear.

Recommendations

To be completed by the Committee.

Appendix I: Medium Term Outcomes towards reducing STIs, including HIV

Medium Term Outcomes, 2005 – 2007

HIV and STD Service integration

Because of the funding disparity between HIV prevention and STD/STI prevention, a majority of the reported activities are a result of the Department's AIDS/HIV Prevention program. Due to the significant interaction between the HIV and STD epidemic, the Department continues to develop tighter collaboration and integration of HIV and STD services. During the 2005 – 2007 period, these integration efforts include:

- Coordinating with 11 of Wisconsin's 13 publicly-funded STD clinics to add HIV counseling, testing and referral (CTR) services for their clients.
- Collaborating with a major STD Clinic in the highest morbidity area of the state to provide comprehensive testing and partner services (including epidemiologic interviewing and investigation to achieve disease intervention).
- Providing phlebotomy services to a variety of STD clinics, and non-traditional locations in the highest morbidity area of the state for testing of syphilis and HIV.
- Providing field-delivered therapy to at-risk individuals.
- Collaborating with three Wisconsin publicly-funded STD clinics not serving as HIV CTR sites to provide HIV CTR through the AIDS service organization in their area.
- Supporting the provision of HIV CTR to STD clients at 10 Planned Parenthood chapters.
- Coordinating with two private, non-profit STD clinics serving primarily MSM to also serve as HIV CTR sites.
- Testing for gonorrhea and *Chlamydia trachomatis* infection at one city/county jail participating in the *Advancing HIV Prevention Initiative* rapid testing project
- Assessing the needs of three HIV CTR sites to increase their capacity to directly offer STD screening in conjunction with HIV testing services.
- Providing access to phlebotomy and urine collection training for STD screening to staff.
- Providing fee-exempt testing, at a variety of locations in each county, to at-risk individuals through a collaboration between the WI State Laboratory of Hygiene and the WI STD Control Section.
- Facilitating the development of a Strategic Plan to reduce STDs and teen pregnancy in high incidence zip codes in Milwaukee via the *Milwaukee Alliance for Sexual Health*.
  - In Spring 2006, the Department's AIDS/HIV Program conducted an enhanced analysis of Wisconsin STD and teen pregnancy surveillance and other epidemiologic data in the select zip codes. City of Milwaukee Health Department staff initiated plans for conducting needs assessment (focus groups, key informant interviews, and street intercept contacts) to contribute to a more in-depth understanding of barriers and resources that either block or facilitate access to care for youth who need STD and family planning resources.

Appendix I: Medium Term Outcomes towards reducing STIs, including HIV *continued*

Community Outcomes & Activities

2005 – 2007 Outcome	Activities
Increase the percentage of adolescents who delay the initiation of sexual intercourse	This outcome is supported by a large number of initiatives statewide, enacted at the community and institutional level. These include: – *Plain Talk*, a proven model that fosters increased adult/teen communication; – Programs of capacity building and youth services targeting GLBT youth delivered by *Diverse and Resilient* and subcontract agencies; – Coordination with programs run by the *Department of Public Instruction* (DPI) with in-school youth
Increase the percentage of community members who engage in "safer sex" practices	These two outcomes are addressed in tandem, as increasing the communication skills of at risk individuals is intended to support the objective of increased practice of "safer sex" – – *Public information* initiatives are conducted statewide, including those supported by the *AIDS/HIV Information Resource Center* (http://www.irc-wisconsin.org/); – Comprehensive Risk Counseling Services (CRCS) [formerly known as "Prevention Case Management (PCM)"] with HIV-positive individuals; – Interventions delivered to groups [IDG] with HIV-positive persons, MSM and transgender individuals; – Interventions delivered to individuals [IDI] with MSM and heterosexual Latinos/as; – Outreach to MSM, transgender individuals and IDUs. Interventions based on the CDC's *Diffusion of Effective Behavioral Intervention* [DEBI] initiative - – *MPOWERMENT* [group-level DEBI for MSM]; – *Healthy Relationships* [group-level DEBI for African American MSM] – *Many Men, Many Voices* [group-level DEBI for HIV-positive MSM] – *Safety Counts* [group-level DEBI for injection drug users (IDUs)] – *SISTA* [group-level DEBI for heterosexual African American women, and adapted for transgender Latinas] – *VOICES/Voces* [group-level DEBI for heterosexual African Americans and Latinos/as]
Increase the percentage of community members who have the skills to negotiate "safer sex" with partners	

Appendix I: Medium Term Outcomes towards reducing STIs, including HIV *continued*

	Activities
Increase the willingness of community members to seek testing and treatment for STIs, including HIV	This outcome is being addressed through a variety of activities conducted by public health and service providers. The Department is currently developing a public statement in support of normalizing and de-stigmatizing HIV testing. The statement provides information on current state statutes regarding written informed consent and acknowledges the need for careful deliberations and dialogue among consumers, providers, legislators, and advocacy groups before any legislative changes could be enacted.
Reduce stigma associated with STIs, including HIV	The outcome is primarily being addressed through a number of initiatives addressing cultural competency.

Appendix I: Medium Term Outcomes towards reducing STIs, including HIV *continued*

Infrastructure Outcomes & Activities

2005 – 2007 Outcome	Activities
Improve education of healthcare providers regarding STIs, including HIV	This outcome is supported by enhancing the education and training opportunities of providers. Annually, multiple healthcare providers receive HIV and STI training, including 100% (23) of the ASOs, CBOs and local health departments funded to provide HIV prevention to targeted communities. In 2006, Wisconsin family practice and ob-gyn providers received materials electronically and through the mail, regarding recommended screening and treatment practices for chlamydia.
Increase testing and treatment services provided by primary care providers	This outcome was addressed through several initiatives, including: o Selective Screening Criteria expansion in family planning clinic female clients o Field-Delivered Therapy in Milwaukee for patients with *Chlamydia trachomatis* infections o STD Partner Referral Program, provides testing through the WSLH and reimburses agencies that treat partners of patients infected with chlamydia and gonorrhea o Public health support of the CDC's *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings*, including the following activities: – Developing a public statement in support of normalizing and de-stigmatizing HIV testing, acknowledging the need for careful deliberations and dialogue among consumers, providers, legislators, and advocacy groups before any legislative changes could be enacted. – Providing draft revised testing guidelines to medical providers upon request. – Providing technical assistance to medical providers regarding revised recommendations and current state statutes, including interpretation of current statutes and how providers can increase HIV screening within current statutes. – Developing a white paper that identified four options for increasing perinatal testing in Wisconsin.

Appendix I: Medium Term Outcomes towards reducing STIs, including HIV *continued*

2005 – 2007 Outcome	Activities
Increase funding for partner counseling and referral services for STIs, including HIV	o In support of this outcome, an additional $200,000 will be devoted to a statewide initiative in 2008 to enhance HIV partner counseling and referral services. In many jurisdictions HIV and STI PCRS activities are delivered by the same staff, so it is hoped this initiative will enhance HIV & STI PCRS overall. o In 2008, the STD Control Section may need to decrease funding for targeted programs currently in place, due to a lack of infrastructure dollars.
Improve laboratory training and support for testing	In the area of HIV testing, this outcome is supported through HIV counseling, testing and referral (CTR) services delivered by 33 agencies working in 49 locations throughout the state. These agencies include designated AIDS services organizations (ASOs), community-based organizations (CBOs) serving high risk or disproportionately affected populations, public and private STD clinics, a University Health Services unit and local health departments. HIV CTR services are available to Wisconsin residents across the state through a fee-exempt arrangement between the Department, the Wisconsin State Lab of Hygiene [WSLH] and local city and county health departments not serving as designated HIV CTR sites. The Department's CTR Program supports expanded use of new testing technologies, and pilot projects will involve HIV-positive persons in improving HIV testing interventions, as well as enhancing the delivery of testing to at-risk partners identified through PCRS.

Appendix I: Medium Term Outcomes towards reducing STIs, including HIV *continued*

2005 – 2007 Outcome	Activities
Improve disease surveillance systems	Surveillance outcomes are supported by public health activities in Wisconsin. In consultation with the STD Control Section, the DPH is developing a new electronic database and reporting system, Wisconsin Electronic Disease Surveillance System (WEDSS), projected to be implemented in early 2008. WEDSS will have the parallel ability to support electronic laboratory reporting and electronic reporting from LHDs. These improvements will increase accuracy and completion of data as well as improve timeliness. Confidential, name-associated reporting of confirmed infection with a number of STD, including HIV, is required by Wisconsin statute. Case reports are submitted to the Division of Public Health from: – private physicians, hospitals & clinics, – ambulatory care facilities, – sexually transmitted disease clinics, – the Wisconsin correctional system, – family planning clinics, – perinatal clinics, – Indian health clinics, – blood and plasma centers, – military entrance processing stations, and – laboratories performing HIV testing. Surveillance staff continue to look for ways to improve case-finding methods, increase onsite visits at clinical settings (especially outpatient clinics), and investigate new technologies for efficiently managing highly confidential information.
Increase knowledge among public health providers serving populations affected by STIs, including HIV	Is support of this outcome, multiple healthcare providers receive annual HIV and STI training, including 100% (23) of the ASOs, CBOs and local health departments funded to provide HIV prevention to targeted communities. The STD Control Section has provided information and networking opportunities for STD, family planning and tribal clinics throughout the state.

Appendix I: Medium Term Outcomes towards reducing STIs, including HIV *continued*

2005 – 2007 Outcome	Activities
Increase funding/reimbursement for testing and treatment	Increase in Medicaid Waiver reimbursement for tests for chlamydia and gonorrhea revenues to go to WSLH Wisconsin received $8.4 million in FY 2007 Ryan White Part B funding, a $3 million increase compared to FY 2006 funding. The increased funding: – will enable the Wisconsin AIDS Drug Assistance Program (ADAP) to continue to provide access to life-saving medications to 1,200 ADAP clients with no waiting list or caps on services, – means an additional one million dollars contracted to community partners to provide core medical and support services to persons living with HIV; – will provide approximately $200,000 annually to enhance Partner Counseling and Referral Services (PCRS) to increase linkage to medical care and support services for persons who know their HIV status but are not in care; – will supply $300,000 in increased funding to initiate a laboratory reimbursement program to pay the cost of medical monitoring tests (CD4, viral load and resistance testing) for uninsured persons living with HIV
Seek ways to remove institutional barriers that inhibit innovation	In support of this outcome: - Community providers are offered training addressing the sustainability of minority-run and minority-serving programs, with the goal of reducing dependence on public grant funds, which often restrict program options. - Providers can access consultation on adapting and tailoring effective behavioral interventions, with a focus on ensuring fidelity and enhancing outcomes. This allows the development of innovative health education initiatives grounded on principles shown to be effective. - To break barriers which currently prevent high school based screening, the WSLH in collaboration with the STD Control Section will perform a validation of self-collected specimens for detection of chlamydia and gonorrhea, this will allow further STD testing at non-traditional sites, for those at most risk.

Appendix IV: The State of Wisconsin Division of Public Health Program Highlights

The State of Wisconsin Division of Public Health is engaged in a number of efforts to help reduce teen pregnancy statewide but there is a targeted focus in Milwaukee due to its high disparate burden for racial and ethnic minorities. Highlights of some of these efforts listed below:

* A Framework for Action to Eliminating Racial and Ethnic Disparities in Birth Outcomes: This framework utilizes four important strategic areas; community and outreach; quality improvement; use of community and evidenced-based practices; and data collection, monitoring and dissemination. The success of this effort requires broad community input. Please visit the following website for more details: http://dhfs.wisconsin.gov/healthybirths/

* Established the Milwaukee Adolescent Pregnancy Prevention Partnership Project designed to meet three distinct goals:

Goal 1: Develop a Milwaukee driven, community based partnership (Milwaukee Adolescent Pregnancy Prevention Partnership (MAPPP) focused on adolescent pregnancy prevention for African Americans, ages 15 – 19.

Goal 2: Increase the Wisconsin Medicaid Family Planning Waiver enrollment in Milwaukee.

Goal 3: Successfully implement the evidence based, dual goal strategy for addressing adolescent pregnancy prevention that 1) encourages and promotes delayed sexual activity, and 2) provides access to confidential contraceptive and related reproductive health services to prevent unintended pregnancy among sexually active adolescents.

*Working closely with the lead agency for the Milwaukee Brighter Futures Initiative to co-host a Milwaukee Community Reproductive Health Education Session in the fall for program participants and selected participants from teen pregnancy prevention, child abuse and neglect, domestic violence, sexual assault, runaway and homeless youth, crisis nursery, and home visitation programs.

*Working in partnership with the United Way of Greater Milwaukee Oversight Committee's "If Truth Be Told Initiative" focused on a citywide effort to address teen pregnancy as a crisis that affects the entire community and acknowledges the interconnection between teen pregnancy, poverty, and sexual violence.