

Next Steps in Sexual Health Report

A SUMMARY OF THE MEETING HELD ON MAY 1, 2019

*NEXT STEPS IN SEXUAL HEALTH: IDENTIFYING BARRIERS & OPPORTUNITIES
FOR THE ST. LOUIS REGION*

Background

Rates of sexually transmitted infections (STIs) continue to increase in St. Louis as well as nationally while funding to address this problem continues to decline. Addressing STIs requires a unified, coordinated, and collaborative approach that is challenged by fragmented healthcare and public health systems. Sexual well-being is further challenged by social stigma and inequities which create additional barriers to education, prevention, screening, and treatment.

St. Louis City and County health departments, along with community partners, are working together to build a healthier and more equitable region. They completed a community health assessment in 2017. Issues identified in the assessment are now priority for the St. Louis regional Community Health Improvement Plan (CHIP) for 2019-2024. Sexual Health is one of the priority areas in the improvement plan.

The St. Louis STI Regional Response Coalition (STIRR) is the backbone coalition for the CHIP Sexual Health Action Team. Faculty in the division of infectious disease and the Institute for Public Health at Washington University, along with key stakeholders, organized the formation of the STIRR in early 2015. STIRR's main goal is to respond to the continuing high rates of STIs in the St. Louis region and is largely a provider-led coalition.

Washington University's Institute for Public Health is a convener and supporter of dialogue and planning related to public health challenges. We held a meeting on May 1, 2019 to focus on advancing existing efforts and elevating conversations about barriers and opportunities for sexual well-being in St. Louis region. This report was supported by the Institute for Public Health with funding from The Foundation for Barnes-Jewish Hospital.

Goals of the Meeting

The goals of the meeting were to bring together a variety of organizations and experts to identify barriers and opportunities for promoting sexual health and wellbeing for all in St. Louis. The barriers and opportunities were identified through 1) listening to speakers discuss the role that stigma plays to perpetuate poor sexual health outcomes, as well as illustrate how these barriers have been overcome to improve collaboration; and 2) reflecting on the current public health systems approaches to sexual health and identifying gaps and areas for improvement.

NEXT STEPS IN SEXUAL HEALTH REPORT

Participants

Sixty-two individuals from the following sectors came to the event

- 12 organizations doing advocacy, community-based work, or education
- 7 providers/healthcare organizations
- 4 school districts
- 3 universities
- 3 health departments
- 6 regional initiatives
- 1 foundation

Agenda from May 1, 2019

8:30 am Registration, welcome and introductions

9:00 am J. Dennis Fortenberry, MD, MS

Public Health, Stigma and Sexually Transmitted Infections: Sex positive, trauma-responsive approaches to sexual wellbeing

9:30 am Susan Blank, MD, MPH

Addressing Sexually Transmitted Diseases: Creating a culture of sexual health in the contexts of ending the HIV epidemic

10:15 am Small Group Work & Discussion

12:00 pm Reporting Out & Next Steps

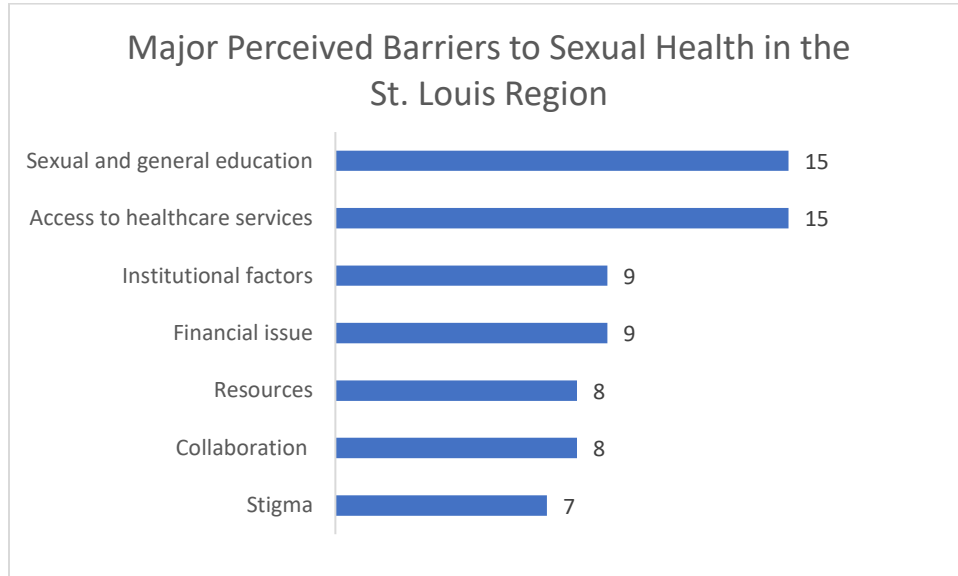
Goals of this Report

During the small group portion of the meeting participants responded to a number of prompts that guided their discussion. Groups were then asked to identify and document specific **barriers and opportunities** that emerged from their discussion. This report summarizes what participants shared, both individually and in groups; and puts forth a set of recommendations and next steps rooted in what was identified at the meeting and further detailed by the planning committee.

Please note: while each topic is faithfully described here, it is not the intention of this report to suggest that these are, for example, the only barriers that exist.

Barriers

We asked participants to list barriers to sexual health in the region when they registered for the meeting, and here is what they reported:



Numerous barriers that work against creating a culture of sexual wellbeing in St. Louis were identified during the small group sessions, ranging from individual provider issues to system-level ones. The most common themes included:

- Stigma/lack of cultural competence
- Political atmosphere affecting health care
- Social determinants
- Sexual health education in schools
- Access to care & privacy concerns

Stigma was cited by nearly every group as a barrier to promoting sexual wellbeing. Participants felt that competence and awareness of sexual and gender minority and racial bias that affect people's sexual health is lacking.

Many participants cited **political barriers**, such as health limiting systems and policies, legislative challenges, the separation of the City and the County, the silo-ing of resources, and no state mandate for comprehensive sex education. Funding was also an often-cited barrier, with participants indicating that there was limited funding available to support Disease Intervention Services (DIS), shifting federal funding priorities, and flat federal STD prevention funds as well as a gap between "who is interpreting the data and who is cutting the check," and the cost of rapid testing methods and take-home tests.

NEXT STEPS IN SEXUAL HEALTH REPORT

Barriers related to the **social determinants of health** included poverty, housing, the ability to pay for health care, racism, access to transportation, and intimate partner violence interfering with partner testing.

In terms of **schools**, barriers such as limited resources in selected school districts, limited sexual health in schools, and school boards supportive of abstinence-only policies were identified.

Privacy concerns were listed as a barrier, such as being seen at STD testing sites, and people or mail coming to their residence after positive tests.

Several barriers regarding **access to care** were identified by participants. The lack of STI clinical care options was cited by several groups, and this concept incorporated access to primary care as well as the fragmentation and narrowing of options in the wake of St. Louis Connect Care's closure.¹ Other barriers included having a provider who is experienced/personable/relatable/caring/qualified, and generally the attitudes of sexual health staff; limited medical providers in the community who are comfortable with sexual health issues and take Medicaid; FQHC's requiring proof of income; "medical tunnel vision that focuses on delivery [at the expense of patient-centered care]"; and a lack of provider knowledge regarding STI/HIV testing guidelines. Participants also indicated that lack of communication is a barrier as is misinformation, and a "lack of community knowledge about what to ask providers for."

Opportunities

Participants identified opportunities inside and outside of the healthcare system. Main themes include expanding opportunities in:

- Schools
- Transportation
- Communication and Marketing
- Clinical care delivery

School-based health clinics were identified as an opportunity by several groups, particularly as places where providers can "capitalize on access to a captive audience, quickly assess and refer out as needed, and extend services to parents." Health departments having a seat at the table with school district decision makers when determining school sex education policy, and generally having the sexual wellness community pay attention to what's happening with schools and school boards were both suggested. A focus on the parents and incorporating them into the dialogue and process was also identified.

¹ In 2013, St. Louis Connect Care, one of the largest safety providers in the St. Louis region closed, leaving a significant subset of STD patients without services.

NEXT STEPS IN SEXUAL HEALTH REPORT

While transportation is commonly identified as a barrier, it was also used as a way to identify opportunities here. Participants suggested improving circulation of screening and testing vans, offering Uber/Lyft to satellite locations, providing youth metro passes, bus passes, and partnering with Metro and Call-A-Ride for access to testing services

Leveraging resources such as existing websites/apps was suggested (STL Condoms, Safe Match) as well as evaluating and improving those websites. Also, talking with existing community-based organizations (CBOs) (e.g., Girls. Inc. ED Plus, Better Family Life) and school districts regarding the importance of sexual health and education was identified. Places where people already go could be leveraged as places where St. Louis could provide sexual wellness education like the Department of Motor Vehicles, faith-based organizations, or parent-teacher organizations groups. One group suggested “leveraging use of smartphones for telehealth screening”, however there may be limited access in some communities.¹

Improving communication was an opportunity identified by nearly every group. Improving customer services, ensuring that everyone is a "salesman" for sexual wellness, practicing culturally relevant training and hiring practices, health literacy media collaboration, promoting personal stories with relatable data, changing the language to normalize communication and breaking down silos as well as public health groups collaborating with community and medical systems were all opportunities suggested by participants. Participants also suggested making data more accessible and useful, and comprehensible, and tailoring information to specific audiences; when the national rankings come out, our region should do anti-stigma work. Coalition building and/or the establishment of a Community Advisory Board (CAB) were suggestions for how to move the ball forward with regards to communication.

Clinically many opportunities were identified, including but not limited to: increased Expedited Partner Therapy (EPT); improved patient-centered pay structure; establishing better linkage to primary care, & improving primary care; incorporating STIs in substance abuse treatment; faster access to STI testing results in order to reduce the time from test to result to treatment; having a community nurse to follow up with those who don't get treatment; and using urgent care clinics as a provider location. Additionally, one group felt there was an opportunity to “improve navigation of a health services ‘menu’ of options for screening as sometimes people think they are being screened for everything, but they aren't.”

¹ <https://www.riverfronttimes.com/newsblog/2019/02/11/in-st-louis-digital-divide-north-city-suffers-from-poor-internet-access>

NEXT STEPS IN SEXUAL HEALTH REPORT

Specific ideas related to opportunities included:

- Community engagement
- School-based efforts
- Innovation through technology
- Clinical care improvements, with an emphasis on expanding access

Community engagement was a common theme. Proposals included employing community health workers; engaging faith-based entities; creating an event to invite cross interests (parents, educators, health departments, CBO's, etc.) to address this topic; holding community feedback sessions; and demonstrating community stakeholder linkage. Participants also suggested enhancing or strengthening community provider and educator partnerships. Different types of advisory boards were suggested, including a youth advisory board. A third concept of a resource-focused statewide policy coalition was also discussed.

For schools, participants suggested expanding school-based health clinics, parent education on sexual health, and strengthening overall health education; normalizing and including sexual health & sex education outside of schools (online, churches); and engaging parents and nontraditional partners to be involved.

There were several project ideas which leverage existing technology or implementing it in a way that is new to the region, including: use of smartphones/texting to notify of results and nearest clinic/provider for treatment; and modeling a location in the St. Louis region after the Dean street clinic in London.

The Dean Street clinic uses kiosks where patients register for the tests that they need. Patients turn in their STD tests at the lab, and receive in-person blood work. They then receive their test results via text, and follow up is scheduled as needed. Dean Street also offers a publicly available store where individuals can purchase PrEP.

Clinical care project ideas include rebranding 'STI clinics' to 'sexual health clinics' or 'wellness clinics'; having basic customer services as well as sex-positive and medically accurate staff/provider training; establishing an clinic-based urgent care for sexual health; ensuring trauma-informed training for frontline and medical staff, as well as LGBQ and transgender-affirming training; improve transparency in STI testing options by offering a 'menu' of screening tests; using cautious probing/inquiries; and building the capacity to support increased access to expedited partner therapy.

NEXT STEPS IN SEXUAL HEALTH REPORT

Many participants suggested expanding access as a project idea. Suggestions included establishing walk-in testing at clinic-based care sites; expanding access to SBHCs in more districts (in rural areas, may need to staff with an nurse); exploring partnership opportunities to reduce transportation barriers (e.g. Metro, Call-A-Ride) to existing STI testing and treatment; and utilizing transportation for messaging - potentially making it a firetruck to coincide with NYC DOHMH's *fire down below* messaging). Participants also suggested increasing funding as a broad project idea.

Improved communication ideas included creating visual abstracts for patient communication; youth guided media messaging; creation of a media campaign plan and/or implementation of community education; ensuring sexual and racial diversity is incorporated; pushing for more engaging, fun, disarming marketing materials; and creating comprehensive regional-based information about treatment and providers (i.e. Dr. Blank's maps).

Recommendations & Next Steps

There is no one agency or healthcare system in the St. Louis region that can effectively address the issues raised during the meeting nor execute **the vision of a stigma-free, patient-centered and comprehensive sexual healthcare system that ensures access for all**. Regional partners must pool resources and create the system together. The following are essential, with listening to people needing or seeking sexual health care as the first step, to realize this vision:

- **Active and ongoing listening** and engaging people to learn about their needs so that sexual health care and education is beneficial and relevant to their sexual health. Additional investments into the current system, made without a better understanding of people's experience of that system, will only maintain the status quo.
- **Cooperative discussion and planning** that includes all levels of healthcare, state and local health departments, and schools. We need a solid foundation of partnership and trust among providers and actors, which has been initiated by the formation of St. Louis Sexually Transmitted Infection Regional Response (STIRR). This cooperation will facilitate data sharing and program evaluation.
- **Real-time regional data sharing** and management of clinical testing and treatment information, and use of that data for real-time disease surveillance, continuous program evaluation, and quality improvement across sectors (healthcare, sexual education).
- **Innovation in the provision of sexual health care** that incorporates patients' voices, tackles stigma, is data-driven, and includes research, evaluation, and dissemination.