

**North Carolina Institute of Medicine
Task Force on Prevention
October 3, 2008 Meeting Minutes
STDs, HIV, & Unintended Pregnancy**



Chair: Leah Devlin, DDS, MPH, State Health Director, NC Department of Health and Human Services

Task Force Members/Steering Committee Members: Thomas Bacon, Paula Collins, Leah Devlin, Calvin Ellison, John Frank, Greg Griggs, Polly Johnson, Peter Lehmuller, Meg Molloy, Mary Piepenbring, Barbara Pullen-Smith, Lynn Scott Safrit, Pam Seamans, Vandana Shah, Jackie Sheppard, Lisa Ward, Charles Willson, Joyce Young, Alice Ammerman, Danielle Breslin, Steve Cline, Ruth Petersen, Marcus Plescia, Meka Sales

Interested Persons and Speakers:

Jeff Engel, Peter Leone, John Santelli, Sydney Atkinson, Rodney Crownover, Amy Davenport, Carol Ford, Evelyn Foust, Joe Holliday, Cheryl Kovar, Sarah Langer, Sarah McCracken Cobb, Rob Lamme, Herbert Peterson, Maggie Sauer, Jessica Schorr-Saxe, Jeff Spade, Ilene Speizer, Holly Watkins, Walker Wilson, Elizabeth Zurick

NCIOM Staff: Pam Silberman, Jennifer Hastings, Thalia Fuller, Kimberly Alexander-Bratcher, Berkeley Yorkery, Christine Nielsen, Corey Davis

Review of Nutrition and Physical Activity Recommendations from July 31 & August 27 Meetings

The Task Force reviewed the nutrition, physical activity, and joint nutrition-physical activity recommendations. The wording of several recommendations was adjusted to reflect comments of the Task Force.

DEFINING THE PROBLEM OF STDs, HIV, AND UNINTENDED PREGNANCY IN NORTH CAROLINA

Jeff Engel, MD, Section Chief, Epidemiology, NC Department of Health and Human Services

Dr. Engel provided an overview of sexually transmitted diseases (STDs), HIV, and unintended pregnancy in the state, including statistics and information on populations disproportionately affected, death and disability, and economic impact. Key facts include:

HIV/AIDS in North Carolina:

- Black males and females and Hispanic males and females are disproportionately affected by HIV. Men having sex with men (MSM) represent the population group most disproportionately affected by HIV.
- In the reporting period 1987-2006, NC's AIDS rate surpassed the US rate in 2006. The HIV rate (32.2 per 100,000) in NC is 40% higher than the US rate (22.8/100,000).
- HIV/AIDS is in the top 10 causes of mortality for 13-44 year-olds and the 9th leading cause of death for blacks.
- Life expectancy with treatment is 24 years. Lifetime cost is \$618,000.
- There are approximately 20,000 people in NC with HIV, and 50% are in treatment. Total cost of treatment in NC equals \$250 - \$564 million per year.

STDs:

- NC ranks 6th, 12th, and 15th in highest rate among the 50 states for gonorrhea, syphilis, and chlamydia, respectively.
- Urban, interstate corridors (east of I-95) have the highest STD rates in the state.
- Reporting comes from public health departments, so data may be biased. Mandatory reporting began in 2008, so bias will decrease.
- In NC, black males and females are disproportionately impacted by gonorrhea, syphilis, and chlamydia.
- Of all age groups, 15-19 and 20-24 year olds are most affected by chlamydia and gonorrhea. The age groups most affected by primary and secondary syphilis are 20-24 year olds and 40-44 year olds.
- Treatment for all STDs (bacterial and viral) and HIV in NC cost \$228.4 million in 1997.
- The per-case cost for early syphilis is much greater than the per cost case for either gonorrhea or Chlamydia: \$1386/case versus \$80/case.
- Human Papilloma Virus (HPV) is the most common STD. HPV and Hepatitis B are the only vaccine-preventable STDs.

Unintended Pregnancy

- Half of all pregnancies are unintended and result, in general, in major health, social, and economic consequences for women, families, and communities (e.g. higher risk of infant mortality and morbidity).
- Disparities exist by age and socioeconomic status.
- Three out of four unintended pregnancies occur in adults.
- Of all Medicaid deliveries, 65% were unintended. Unintended pregnancy cost to the Medicaid program is estimated to be \$516 million.

HIV, STDs, AND UNINTENDED PREGNANCY: WHAT ARE WE DOING IN NC TO ADDRESS THESE?

Peter Leone, MD, Associate Professor of Medicine, UNC, and Medical Director, NC HIV/STD Prevention and Care

HIV

- Testing for HIV and STDs in North Carolina occurs in health departments, in primary care settings, during prenatal care, in non-traditional testing sites, and in emergency departments.
- Those unaware of being infected with HIV are responsible for 55% of new case transmission.
- November 2007 changes to the NC Administrative Code mandate HIV testing in pregnant women and include opt-out HIV testing.
- An increase in testing means an increase in diagnosis. Therefore, HIV rapid testing is critical.
- NC's *Get Real. Get Tested.* campaign encouraged individuals to know their HIV status, which led to the identification of new HIV cases. There is currently no funding for this campaign.
- The *Style* program is a federally funded partner-notification program in NC.

Chlamydia

- Women acquire the infection from men. The Centers for Disease Control and Prevention recommends screening men, but there is no federal or state funding for male screening.

- The NC Department of Health and Human Services screens all asymptomatic males under age 30.
- In 2007, the NC College Chlamydia Awareness Campaign led to 664 tests—91 of which were positive for chlamydia.

Syphilis

- In 1996, NC had the highest syphilis rate in the nation.
- Elimination effort began in 1999.
- Funding is provided to state and local health departments in high morbidity areas; however, the budget has been cut by over 80%. Total federal support is approximately \$150,000.
- NC has maintained and expanded syphilis testing through HIV testing initiatives in 23 county jails.
- NC state law limits screening for STDs in health departments.

Genital Herpes

- STD clinics in NC offer four months of free suppressive therapy. This reduces frequency of outbreaks and reduces risk of transmission. NC is the second state in the nation to offer this. (Herpes is the primary facilitator of HIV.)

Unintended Pregnancy

- Over 500,000 women in NC are in need of publicly funded Family Planning Services. Health department clinics served approximately 140,000 women in 2007. Less than 40% in need are being served.
- The Medicaid Family Planning Waiver works; a two-year interim evaluation showed that the average costs per participant was \$267, an estimated 1,435-1,652 births were averted, and the estimated net savings to NC was \$14.3-17.1 million. However, many people who need this service are not getting it.
- The Nurse Family Partnership is an evidence-based home visiting program for first time, low-income mothers. Delayed second pregnancies are among the positive outcomes of this initiative.
- For every dollar invested, the return on investment for this project is \$5.70 for the higher-risk population and \$2.88 for the general population.
- There are 30 local projects implementing best practices to prevent teen pregnancies. The Teen Outreach Program (TOP) is one model. TOP participants have lower rates of pregnancy, among other outcomes.

Paula Hudson Collins, Senior Policy Advisor, Healthy Responsible Students, NC State Board of Education

- GS § 115C-81(e1) guides NC public school sexuality education. The law states that NC is an “abstinence-only state.” Specifically, the law states abstinence from sexual activity is “the only certain means of avoiding out-of-wedlock pregnancy, STDs, and other associated health and emotional problems.” Local boards of education can elect, through a public hearing process, to include comprehensive sex education.
- The 2006 School Health Education Survey revealed that some schools are teaching curricula that are more restrictive than the Healthful Living Standard Course of Study.
- The 2003 NC Parent Opinion Survey shows 90.5% of parents support sex education.
- The NC Department of Public Instruction has federal abstinence grant funds, which are allocated to Local Education Agencies.

- Projects and initiatives in NC include CDC-DASH HIV Grant funds for HIV prevention, the NASBE HIV Module to look at policy to advance HIV information, the HIV Statewide Community Planning Group, State Advisors on Adolescent Sexual Health, the Children’s AIDS Network/Community Advisory Board, and the NC School Health Training Center at Appalachian State University.

SEXUAL AND REPRODUCTIVE HEALTH PROMOTION: WHAT WORKS, HOW AND WHY IT WORKS, MAKING IT WORK!

John Santelli, MD, MPH, Harriet and Robert H Heilbrunn Professor, and Chairman, Heilbrunn Department of Population and Family Health, Mailman School of Public Health, Columbia University

- To prevent STDs, HIV, and unintended pregnancy, it is important to screen specific population groups (including perinatal groups) for STDs and HIV, and to immunize against HPV and Hepatitis B.
- HIV and STDs are often asymptomatic, and effective treatment must be coupled with systems and clinical care.
- *Emerging Answers 2007* provides the best review of sex education.
- Abstinence-only policies and programs are not medically accurate, lack program efficacy, are inconsistent with demographic realities and young people’s lives, withhold lifesaving information from youth, are inconsistent with parental preferences, and are counter to medical ethics.
- Promising new strategies to prevent STDs, HIV, and unintended pregnancy include:
 - Expedited partner treatment – delivery of medications by infected individuals to their sex partners without clinical assessment of the partner
 - Male circumcision – to reduce HIV and STD transmission rates
 - Highly effective contraceptive methods
- Having multiple concurrent sex partners is a significant risk factor for STDs, HIV, and unintended pregnancy.
- Increasing abstinence and use of effective contraception are important in reducing unintended and teen pregnancy.
- It is important to address barriers to condom and contraceptive use. Health departments can educate people and promote contraception.
- Myths and ideologies may impede efforts. Sex education and access to contraception does not cause teens to have sex, teaching about abstinence and protection is not a mixed message, and describing the limitations of condoms and contraception will not stop teens from having sex.
- Dr. Santelli had specific recommendations for North Carolina including increasing STD/HIV screenings and treatment; increasing youth access to risk reduction information and effective contraception methods; increasing the number of health care professionals who assess and counsel patients regarding STDs, HIV, and unintended pregnancy; assuring adolescent girls are immunized against Hepatitis B and HPV; and promoting neonatal circumcision via changes in insurance coverage and outreach education.

DISCUSSION OF POTENTIAL STD, HIV, AND UNINTENDED PREGNANCY RECOMMENDATIONS

1. Funding for outreach, education, screening and care coordination

The North Carolina General Assembly should appropriate \$XX to the North Carolina Division of Public Health to expand the availability of STD/HIV screenings and treatment for high-risk

populations, and to promote risk reduction information and programs for the prevention of STDs, HIV, and unintended pregnancy.

- 1) \$XX should be used to increase access to STD/HIV screenings for adolescents and young adults.
- 2) \$XX should be used to hire case managers in local health departments to link people who test positive for HIV into medical care in order to prevent transmission.
- 3) \$XX to be used to disseminate a social marketing campaign with comprehensive and consistent messages to promote the prevention of STD, HIV, and unintended pregnancy. (*Note: Funding to be used to enhance and disseminate the Get Real. Get Tested. campaign*)
- 4) \$XX for the expansion of community-based, evidence-based pregnancy prevention programs such as the Nurse Family Partnership and TOPS.
- 5) \$XX to collaborate with the NC Department of Public Instruction and YY to develop a website with comprehensive, medically accurate risk reduction and sexual education information for adolescents, youth, and parents.
- 6) \$XX to purchase long acting, highly effective, reversible contraceptive methods for low-income women who do not qualify for Medicaid or the Medicaid Family Planning Waiver.
- 7) \$6.5 million to purchase HPV vaccines to make these vaccines available to adolescent females XX-XX prior to becoming sexually active

Note: Information about screening young men for Chlamydia should be included in report.

2. Related to expanded access to screenings through private providers, non-traditional providers, health care institutions, etc.

The North Carolina Division of Public Health should work with the Area Health Education Centers (AHEC) program, health professional schools, academic health centers and other major health care systems, and XXX to increase the number of health care professionals who screen, assess, and provide counseling to reduce risks for STDs, HIV, and unintended pregnancies.

- 1) The North Carolina Division of Public Health should work with AHEC and the health professional schools to develop education programs for health care providers to encourage providers to screen high-risk individuals and to counsel all sexually active youth and adults to promote risk reduction and the use of appropriate and effective contraception.
- 2) The North Carolina Division of Public Health should work with the academic health centers and other major health systems to promote the new rules that allow for opt-out HIV testing.
- 3) The North Carolina Division of Public Health should expand the training and certification of non-traditional providers to increase the use of rapid testing for HIV for high-risk populations.

3. Related to insurance coverage

- a) The University of North Carolina System and North Carolina Community College system should require students who are enrolled full-time in university or community college to obtain health insurance coverage.
- b) Public and private health insurers should ensure coverage for STD/HIV screenings and treatment. Coverage should include funding for rapid-testing for HIV in high-risk populations, and for coverage of all immunizations as recommended from the national Advisory Committee on Immunization Practices (ACIP).

4. HIV Testing of Prisoners Upon Release

- a) XX should develop a policy to require prisoners to be tested for HIV immediately prior to release from prison.
- b) Individuals who screen positive for HIV should be referred into treatment and to other community support systems and resources to help them manage their disease and prevent transmission.

5. Comprehensive Sexuality Education

The North Carolina General Assembly should enact a law requiring K-12, *medically-accurate*, comprehensive sexuality education. The curriculum should be developmentally appropriate, include skills-building exercises to reduce social pressures that influence sexual behaviors, and include information on the benefits of abstinence, as well as information on condoms and other forms of contraceptives. (*Note: Currently, § 115C-81 establishes North Carolina as an “abstinence-only” education state.*)

- a) The Division of Public Health, the North Carolina Medical Society, and the Department of Public Instruction should develop guidelines for an appropriate sexuality education curriculum to be taught in school. In order for a curriculum to be considered medically accurate, it must be based on rigorous, peer-reviewed science, and show promise for delaying the onset of sexual activity and reducing sexual behavior that puts adolescents at risk for contracting HIV, STDs, or becoming pregnant. Medically accurate sexuality education should also include information and skills-building related to sexual abstinence, sexual responsibility, contraceptives, and other information skills or information aimed at preventing pregnancy or sexually transmitted diseases.

7. Family Planning

The NC Division of Medical Assistance and NC Division of Public Health should enhance access and utilization of family planning services by low income families including access to the full range of contraceptives.

- a) Local health departments, in partnership with local social service departments, should offer assistance in completing applications to all eligible persons for the Medicaid Family Planning Waiver.
- b) The NC Division of Public Health should direct existing federal family planning funds towards increasing the number of low-income families provided services who do not qualify for Medicaid or the Medicaid Family Planning Waiver.
- c) Division of Medical Assistance will apply to CMS to extend the Medicaid Family Planning Waiver beyond 2010 and include measures to improve its impact.

8. Expedited Partner Therapy

XX should implement rules to allow Expedited Partner Therapy for Chlamydia and Gonorrhea.

9. Immunizable Sexually Transmitted Diseases

Health care providers, parents, and XX should assure that all adolescents are immunized against Hepatitis B (*already universal*) and that adolescent girls age 11-12 receive the Human Papilloma Virus (HPV) vaccine according to recommendations from the national Advisory Committee on Immunization Practices (ACIP).

- a) Providers should educate parents as a means to promote vaccinations.

- b) The Division of Public Health should make the HPV vaccine available to public and private providers.

10. Neonatal Circumcision

The Division of Public Health should work with the health professional associations, health professional schools, and XX to educate providers about the health benefits of neonatal male circumcision.

- a) Providers should offer outreach education regarding the health benefits of neonatal circumcision to pregnant and postpartum mothers.
- b) Private and public health insurers should provide insurance covering neonatal circumcision.