

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, UNIVERSITY OF COLORADO,
AND UNIVERSITY OF KENTUCKY

*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly

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Inconsistencies in local health departments in rural areas impede STD control

About 19 million new cases of STD occur annually, potentially resulting in numerous mild and serious health outcomes. The STD problem impacts rural communities. Research suggests that some rural communities have higher rates for some STD than national averages.

Local health departments (LHD) are the central providers of STD testing and treatment due to limited number of local providers and resources. Typically, the state health department relies heavily on LHDs to screen, treat and monitor STDs. However, largely because of limited resources, most rural LHDs may not be able to accomplish effective STD surveillance.

This study provides an assessment of the STD services and surveillance performed by local health departments in rural areas.

Methodology

The LHDs in six Kansas rural counties were examined. Data were collected by electronic questionnaires, site visits, patient information, and STD reports submitted to state health departments.

The study (1) assessed how LHDs deal with STDs, (2)

identified STD control barriers, (3) examined STD patterns in the six counties, and (4) provided recommendations.

Outcomes of the Study

Major findings include:

- The LHDs followed the CDC STD Treatment guidelines.
- STD screening was provided through STD and Family Planning programs.
- All six LHDs provided chlamydia and gonorrhea testing and treatment services.
- Syphilis testing and treatment was available in four counties but for herpes in two counties only.
- STD protocol differed greatly by LHD; these inconsistencies resulted in numerous barriers.
- Each program had a unique billing code KIPHS for each procedure making regional level reporting more difficult.
- Some counties assigned unique billing codes based on age making comparisons difficult.
- STD procedure codes varied by LHD.
- The methods used to collect client data and kinds of data recorded were not consistent between LHDs.
- STD intake and interview forms

were not consistent.

- Some of the counties had different procedure codes for the Pap testing based on age of client. Pap tests conducted in the same year had unique procedure codes.
- Inadequate staff and financial support limited the amount of STD prevention and education activities that LHDs can conduct.

Implications for Prevention

This study of STD procedures for six local health departments in Kansas found a lack of uniformity. This inconsistency may hinder STD control and makes it difficult to compare information from one LHD to another.

Because of very limited resources, little can be done by rural LHDs in STD prevention. Yet, state and federal agencies should consider how to assist LHD in STD control.

SOURCE:

Paschal, A. M., et al. (2011). The role of local health departments in providing sexually transmitted disease services and surveillance in rural communities. *Journal of Community Health*, 36, 204-210.

One-half of men may be infected with genital HPV

The human papillomaviruses (HPVs) can cause genital warts and cancers in men. This study estimated incidence and clearance of genital HPV infection in men.

Men aged 18-70 years (N = 1,159) who resided in Brazil, Mexico and USA and who were HIV negative and reported no history of cancer were recruited from the general population, universities, and health-care systems. They were assessed for HPV every six months for a median follow-up of 27.5 months.

The findings revealed that 50% of the men may be infected with HPV. Median duration of HPV infection was 7.5 months for any HPV and 12.2 months for HPV 16, a common cancer-causing type of the virus. HPV infection was significantly associated with high number of lifetime female partners and number of male anal-sex partners. Clearance was more rapid with increasing age.

This study confirms the importance of safe sex behavior and HPV vaccination for men.

SOURCE: Giuliano, A. R., et al. (2011). Incidence and clearance of genital human papillomavirus infection in men (HIM): A cohort study. *Lancet*, 377, 932-940.

Parenting found to be related with benefits to teens' sexuality

This study assessed if parenting is associated with teenagers' capacity to form satisfying sexual relationships. Data were collected in 2007 from 1,854 students (mean age = 15.5 years) in central Scotland.

Parental supportiveness was positively related to delayed first intercourse, condom use and several measures reflecting the context or anticipated context of first sex. Parental monitoring was associated only with delayed intercourse and condom use. Parental rules about TV were associated with delayed intercourse and expecting sex in a relationship vs. casually.

Frequency of parental communication about sex and parental values endorsing contraceptive use were negatively associated with delayed intercourse. Parental contraceptive values were negatively associated with teen's expecting sex in a relationship.

Findings suggest that parenting has benefits to teen's sexual behavior such as delayed intercourse, condom use, and sex more likely occurring in a relationship.

SOURCE: Parkes, A., et al. (2011). Is parenting associated with teenagers' early sexual risk-taking, autonomy and relationship with sexual partners? *Perspectives on Sexual and Reproductive Health*, 43, 30-40.

86% of women expressed willingness to use microbicide

A questionnaire was administered to 71 drug-using women with primary heterosexual partners in New York City. 37% of women reported recent condom use with a primary male partner. 86% expressed willingness to use a vaginal microbicide with a primary male partner. Among condom-using women, 50% indicated that they would decrease condom use after starting microbicide use.

SOURCE: McMahon, J. M. (2011). Potential impact of vaginal microbicides on HIV risk among women with primary heterosexual partners. *Journal of the Association of Nurses in AIDS Care*, 22, 9-16.

HIV in rural areas differed by gender

For 2008, two-thirds of nonurban males acquired HIV via male-to-male sexual contact and about 15% and 10% from heterosexual contact and IDU. For nonurban women, 80% got HIV from heterosexual contact and 15% from IDU.

SOURCE: CDC. (2010). HIV Surveillance in Urban and Nonurban areas. http://www.cdc.gov/hiv/topics/surveillance/resources/slides/urban-nonurban_index.htm.

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The opinions expressed here do not necessarily represent those of the cooperating universities.

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