

IMPROVING STI SCREENING AMONG DENVER YOUTH 15-24 A SUMMARY OF FORMATIVE EVALUATION FINDINGS

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Introduction

In the fall of 2009, Research and Evaluation (R&E) staff from the STI/HIV Section at the Colorado Department of Public Health and Environment (CDPHE) recommended and received approval for the allocation of funds from the Infertility Prevention Project (IPP) grant to support formative evaluation focusing on ways to increase sexually transmitted infection (STI) screening among young people ages 15 to 24 in Denver. Interest in conducting such an evaluation grew out of concern for the growing chlamydia epidemic affecting people in this age group as well as from the direct participation of R&E staff in two community-based STI prevention projects focused in Northeast and West Denver neighborhoods.

Evaluation Process

The evaluation plan consisted of conducting interviews and focus groups with young people and other stakeholders from these two communities. A separate project was developed for each of the two geographic areas using the same research instrument. This report reviews the results of that part of the evaluation conducted in West Denver. During the last quarter of 2009, four members of the community-based STI prevention group known as Prevention Before Infection (PBI) conducted 50 interviews and two focus groups with young people from the community who were in the targeted age range of 15 to 24. Interviewers received training on interviewing skills, the purpose of the study, and the meaning of the questions posed. Participants were selected through outreach efforts, home health parties, and the social connections of the interviewers. Each participant received a \$10 gift card to thank them for their time. Interviews and focus groups were recorded and transcribed by the interviewers, and R&E staff analyzed the results.

STI Screening Among Young People in West Denver

The initial questions posed to the interview and focus group participants focused on what the respondents knew about STI screening and why they thought it was important. The most common and obvious set of responses about the importance of screening centered on people's need to know if they had an infection of which they were not aware. According to the participants, identifying undiagnosed infection had several benefits. The most common benefit cited was that people would not unknowingly spread these infections to someone else. Those respondents who were aware of the possible complications of untreated disease expressed the importance of identifying undiagnosed infections in order to prevent the onset of such complications. Some respondents thought screening was important to help people gain knowledge about STIs and their impact on the community. Others thought that STI screening was one more way for people to be in touch with their health just like with any other medical

screening. Several people mentioned STI screening as a way to find out if they could trust their partners.

Interview and focus group participants were then asked under what circumstances they or the people they know normally received screening for STIs. Most commonly they said they sought screening if they thought they might have an STI or if they wanted to make sure they did not have an infection. This was said to most commonly occur when people had symptoms, including bumps, rashes, and pain while urinating. The second most common reason that participants said they or people they know sought STI testing was a matter of routine. Some said that they got tested for STIs every time they had a physical or every time the opportunity presented itself, and they considered getting tested as just another aspect of staying healthy. Another common set of reasons for seeking testing related to their having participated in high-risk sexual behaviors (e.g. sex while drunk or high, unprotected sex with multiple partners, etc.). Some reported that they or people they knew got tested for STIs after each time they had sex with a new partner just to make sure everything was alright. Others said that they or those they know sought screening if they had sex with partners who seemed to be at high risk, partners who were cheating on them, or partners who had been diagnosed with an STI. Several participants said that they often got tested just because the opportunity presented itself, meaning if they happened to be in a place where testing was being offered.

When asked about places that they or people they know normally go to receive STI screening, participants most commonly mentioned Denver Health and Hospitals. Many named the Sandos Westside Clinic, which is a satellite clinic of Denver Health. These two clinics are both located in the 80204 zip code and offer STI testing and treatment either at no cost to patients or on a sliding scale. The outreach testing made available in Alma Park by PBI was also commonly mentioned as a way they had accessed free STI testing, information, and prevention materials. Other specific agencies cited as places that they or people they know access STI testing included, Denver Area Youth Services (DAYS), Sisters of Color United for Education, and Planned Parenthood. Respondents also mentioned doctor's offices, health clinics, hospitals, and schools as places people they know had sought such services.

Participants were asked about experiences that they or people they know had when accessing STI testing and related services. Aspects of the positive experiences they described included: 1) the ease and convenience of accessing services; 2) staff that were friendly, non-judgmental, discrete, and informative; 3) access to condoms and resources; 4) being able to access treatment; and 5) the comfort of the setting. Several people mentioned that just being able to find out if they had an infection was, in a way, a positive experience. Those who described having negative experiences cited: 1) very long waits at clinics; 2) agency staff that were unfriendly, judgmental, not informative, or who breached confidentiality; and 3) problems calling in to get their test results. Suggestions about how negative experiences could have been improved reflected the critiques and included friendlier and more competent staff, increased provision of information, and follow-up phone calls to give results.

Barriers to Screening

When asked about the reasons why young people are often not screened, respondents most commonly said that it was due to fear of finding out that they had an STI. Those that elaborated added that some would be afraid that if they tested positive they would have to tell their partner if they were in a relationship. Others said that people testing positive would be afraid of what people would think of them, and some said that people were afraid that they might find out they had something that could not be cured. The second most common set of responses was about people being in denial, thinking that an STI infection was not going to happen to them. This attitude was said to be especially prevalent among those who had no symptoms of disease, yet those with symptoms were sometimes said to ignore them. Others were said to not care if they had a disease unless they found out they had something life threatening. Two other reasons given for denial of risk were being drunk or high or trust in a sexual partner, meaning they thought their partners were not the type to get STIs, or they trusted that their partners were not having sex with anyone else. The third most common set of answers about barriers to STI screening concerned a lack of information. Many were said to not know about STIs, the importance of getting screened, where to get screened, or what the tests entailed. Respondents said that there was little information being offered to most people about STIs, so they did not think about them or the possibility that they might be at risk. Respondents also commonly thought that people did not get screened due to embarrassment or shame. Related to this was people's fear that the fact that they were screened and their test results would not be kept confidential. Finally, some respondents mentioned that there were no places to test that they felt were appropriate. For some, this was related to not having health insurance and being concerned about the cost of screening. For others, screening barriers involved clinic staff who were described as not treating people respectfully. Another barrier mentioned was not having clinics close by.

The Role of Doctors in STI Screening

Participants were asked about how often their doctors talked to them about STIs. The most common response was "never", with some others expressing that it did not happen very often. Though most did not speculate as to why, a few thought that their doctors were uncomfortable with the subject of STIs. Others thought that the doctors did not think they needed to be asked about STIs. Many fewer people said that their doctors talked to them about STIs sometimes or always, with a few saying it was only when they initiated the conversation with the doctor. Many respondents expressed that they did not have a doctor or had not seen a doctor in many years. A few others said that they saw whatever doctor or nurse was at the clinic when they went for a medical visit, and therefore they had no on-going relationship with a provider. Under these circumstances, only the health problem they went in to address was discussed.

Participants also talked about the roles that doctors should play in the sexual health of their patients. Approximately two-thirds expressed that doctors should be educating their patients about STIs with many others stressing that they should at least be asking their patients about risk behaviors. Others emphasized that doctors should regularly be offering STI screening.

Additionally, some suggested that doctors could contribute to prevention by providing condoms and other resources to their patients.

Facilitating STI Screening

When asked what else should be available in their community that would make it more likely that young people receive STI screening, the most common set of answers concerned increased outreach in the community. This was influenced in part by the fact that some of the respondents participating in the interviews and focus groups were familiar with the STI prevention outreach conducted by PBI and spoke favorably of the process and the people involved. Others suggested having a place in the community where people could go to get information about STIs, talk to someone about related issues, get condoms and other resources, and access STI testing. Respondents said that the place should be staffed with friendly and helpful people who were not judgmental and who respected people's confidentiality. Some recommended a neighborhood clinic that had the features mentioned above, that offered testing and treatment for free or at reduced cost, that offered other related services, and where people did not have to wait a long time to receive services. Several people emphasized the importance of having more comprehensive sex education and available screening in neighborhood schools.

Through a related set of questions, participants were asked about what would make accessing STI screening more appealing in terms of characteristics such as convenience, comfort, and privacy. Respondents most often emphasized the importance of the manner in which such services were offered. For many this concerned, in part, the type of people providing the services. They stressed that it was important that providers were trustworthy in that they would not compromise people's right to confidentiality as well as being friendly, knowledgeable, non-judgmental, and willing to talk to, reassure, and educate people who were accessing services. This also included providers who made efforts to minimize the shame that people often felt when having to deal with an STI diagnosis. In some cases, participants thought that it would be more comfortable talking to someone of the same gender. A small number said that accessing services would be easier and more comfortable for them if they had someone with them to offer support. Some also mentioned that it would be more comfortable and more private if there were not a lot of people around. For STI testing to be more accessible and convenient, many stressed the importance of services being available in their neighborhood, with some recommending having multiple screening locations in areas frequented by a lot of people. Many participants spoke favorably about the outreach conducted by PBI in a local park and encouraged that similar activities be conducted more frequently and in more locations to make it convenient. Other suggestions about making STI services more convenient included: having providers call people with test results rather than expecting them to call the providers; having hours of operation that accommodated all types of people; and offering free screening and treatment. Several people mentioned the importance of distributing fliers that provided people with information about STIs and about screening opportunities.

When people were asked about other locations where STI-related services should be offered, schools were most commonly suggested. Participants thought that schools would be a good place to provide information and offer testing to a lot of people who were at high risk for getting STIs. Some also thought it would be a confidential place for young people to test given that

school nurses offer many services and other students would not necessarily know why they were seeing the nurse. Various types of community settings were recommended as good places to offer STI screening and related services. These settings included parks, recreation centers, grocery stores, nightclubs, and in and around housing complexes. Medical settings such as doctor's offices, local clinics, and hospitals were also suggested as appropriate places to offer STI screening. The times most often suggested for having services available were afternoons and evenings when school-aged children and working adults could most easily access the services. Many thought that services should be available at all times, including weekends.

A question about the type of people who should be providing STI screening services was also posed to the participants. Responses mostly focused on the knowledge, skills, and experience providers should have. Most of those mentioning the importance of such knowledge and skills did not think it was necessary that the providers be medical professionals but thought medical professionals would be among the most appropriate providers. Some respondents said they preferred that providers be medical professionals. The second most important set of characteristics of those providing STI screening was that such providers needed to be caring people, people who could be trusted to protect confidentiality, and people who were trusted in the community. Several people mentioned that when they saw volunteers offering STI screening, they respected the fact that these volunteers were offering such services because they cared and not just because it was their job. For some respondents, the provider's age was important. Most who discussed age thought that it was important that those providing screening be adults rather than teenagers because they would tend to generate more confidence in their knowledge and abilities. However, several respondents stressed the importance of having providers from a range of ages with some emphasizing the important role that younger people could play in attracting their peers and informing them about STIs and the importance of screening. Several respondents emphasized the importance of having people of both genders provide services, with male providers serving male clients and female providers serving female clients to increase client comfort. Only one person expressed that providers should be of the same ethnicity as the clients.

Ensuring Treatment

It is a common experience for those providing STI screening to be unable to contact some of the people who test positive for particular infections. Therefore, providers are often unable to ensure that clients receive adequate treatment. Therefore, as part of the interviews and focus groups, participants were asked about ways to overcome barriers to ensuring treatment for persons who have a positive test. Most commonly respondents offered that providers should call people to let them know their results. Some who suggested this alternative stated that expecting people to call in for their results was not likely to be as successful since many people are inclined to forget. One person suggested a 24-hour telephone line so that people could call for results when they did remember or have the time. The second most common set of responses stressed the importance of getting enough information from clients to contact them using several different means including phone, mail, email, and texting. Respondents also emphasized that in some cases it was important not to include the actual test results in certain types of communication, with some stressing the importance of protecting people's confidentiality no matter what means were used to communicate. Another common set of responses suggested that appointments be set with

people to come back for their results. Several people thought that offering free treatment to those testing positive would act as an incentive for them to return for treatment. Others mentioned the importance of providers giving people good information about STIs and their complications at the time of testing to encourage them to come back for treatment if they tested positive. Other ideas suggested by single individuals included: providing incentives, getting people their results more quickly, and reassuring people about how their confidentiality would be protected.

Expanding STI Screening Among Young People

Given that the overall purpose of this study was to help inform ways to increase STI screening among people under the age of 25, one final question to participants focused on ways to encourage more young people to seek screening. Their responses fell into eight general categories. Well over half of the respondents suggested that some form of public information would help to encourage young people to test for STIs. Their suggestions included both the types of information that should be distributed to encourage testing and the ways that information could be distributed. The types of information included: 1) what diseases are most prevalent and about which people should be aware; 2) how the diseases are transmitted between sex partners; 3) the prevalence of those diseases in the areas where people live and socialize; 4) the seriousness of the diseases and the complications that can occur if they go untreated; 5) disease symptoms or the extent to which the diseases are asymptomatic; 6) how the diseases are treated; 7) where people can go for testing and treatment, and especially where they can access free or low cost services; 8) ways that confidentiality is protected when people seek testing and treatment; and 9) the ways to prevent the transmission of disease between sex partners.

Ideas for how to deliver information to the people who need it were even more numerous than the types of information. Suggestions included: 1) talking to young people in schools, including middle schools, high schools, and colleges; 2) conducting more outreach involving talking to people in communities, encouraging them to talk to others including friends and family members, and distributing fliers door to door, in parking lots, and in other public locations; 3) getting more people, especially young people, involved in the effort to deliver information to others and encourage screening; 4) offering presentations to people of all ages in various community settings; 5) conducting more frequent home health parties to which people in highly affected communities can invite their friends and family members; 6) developing and distributing information sheets on STIs that include frequently asked questions and the responses to those questions; 7) hotlines to which people can call to talk to someone who can answer their questions and address their concerns without revealing their identity; 8) public service announcements on television; 9) Internet pop-up advertisements; 10) ads in magazines and newspapers; and 11) holding public events.

Outreach was not only seen by the respondents as a good way to raise awareness and increase knowledge about STIs, but it was also commonly recommended as a way to increase STI screening. Outreach testing was seen as especially important for identifying undiagnosed disease since many people in the community, due to lack of money or insurance, were described as not going to doctors unless they are very sick. Those who had experience with the outreach conducted by PBI in a local park spoke favorably of the experience, emphasizing that they liked

that they could get information, condoms, free STI testing, and food at an outreach event. Suggestions concerning outreach included: 1) increasing the frequency that outreach testing was offered; 2) increasing the number of locations where it was offered including in parks, churches, recreations centers, housing complexes, outside schools, and at community-based organizations and other community settings; 3) getting more young people involved in conducting outreach; 4) walking around neighborhoods talking to people and encouraging testing; 5) engaging parents in the prevention effort; and 6) increasing public information, including information about upcoming testing events as well as to raise awareness about STIs, their prevalence, and complications.

Many participants stressed the need for appropriate providers of STI screening and related services if people were to be encouraged to use those services. Such appropriateness applied to medical providers, staff at clinics, and people conducting outreach in affected communities. Recommended characteristics included that the providers not only needed to be knowledgeable about STIs, but, most importantly, they also needed to be the kind of people that clients felt comfortable talking to, who would be reassuring, and who would protect their confidentiality. Also important to the participants was the character of the place where screening is provided. Several characteristics were mentioned as most important for encouraging more young people to be screened. Most often mentioned was that services needed to be free or very low cost if people in low-income neighborhoods or with no health insurance were to be encouraged to go. Secondly, the location needed to be in the community so that it was easily accessed. Also important was that people should be able to access the location on a walk-in basis at hours convenient to their work, school, or other schedules, including evenings and weekends. Finally, venues needed to feel comfortable to people and confidentiality needed to be ensured.

Approximately one fifth of the interview and focus group participants mentioned that incentives could help to encourage people to seek STI screening, including gift cards, food, and condoms. Slightly fewer also mentioned the importance of support, including having a friend accompany them to a testing site to wait with them or to test as well. It was also mentioned that it would be beneficial to have a person at the site that could answer questions and reassure people that things would be O.K. A final set of suggestions focused on offering STI testing at community events that were entertaining and fun.

When asked what would motivate them personally or the people they know to be screened more regularly for STIs, the most common set of responses concerned making screening more accessible and convenient. This included making screening available more frequently and on a regular basis in the community. One person stressed that if he could go in and get tested without being asked for an ID and then could get his results and treatment quickly, he would be more likely to get screened. Another person said that if STI testing became normalized so that it was conducted routinely like other diagnostic tests, he and others would be less likely to feel embarrassed and more likely to seek testing. Others said that free testing and treatment would encourage them. For one person, having screening available in a place where people treated him respectfully and kindly would influence his getting tested. Another common set of responses centered on people getting reminders and encouragement about testing through public information and through personal contacts, especially from people they knew and trusted. Some reported that they did not think to get screened unless something or someone reminded them

about its importance. Others suggested that their motivation for being screened for STIs and encouraging others to do so as well stemmed from an overall concern about their health and the health of others. Two respondents said they would be motivated to test for STIs if they engaged in unsafe sexual behaviors. Several mentioned that more complete information about STIs, their consequences, and their treatment would motivate them to be screened. Two people thought that incentives such as gift cards or food boxes would motivate them.

Summary

Three general themes emerge from the insights of the people in West Denver who participated in this study. The first theme concerns the need for young people to know more about STIs if they are to be encouraged to seek screening. This would include people understanding more about the nature of STIs and their complications, especially the fact that the most common STIs are often asymptomatic, meaning that without screening they would not necessarily know whether or not they were infected. It would also include people understanding how prevalent STIs, particularly chlamydia, are in their community and how easy they are to contract. Finally, people needed to know where they could access STI-related services.

A second theme focused on the need to expand STI services in areas such as West Denver where rates are among the highest in the state and people tend to have lower incomes. This would include making STI services available to more people and at hours when people are less likely to be in school or working. Currently, STI screening services available for free or at low cost at local clinics are insufficient to accommodate any large increase in the number of people seeking such services. Other locations where STI services are available are either too expensive for people to access simply for screening purposes, or they are not widely known by community members. Such testing is currently only available in a limited number of locations, and outreach testing is very sporadic. Therefore if screening among young people is to be increased, significant financial and human resources must be directed toward the effort of making STI services more widely available to those who are most at risk.

The third theme reflects people's need for services to be available in favorable environments and under circumstances that they find inviting, respectful, and accepting. The subject of STIs is associated with notions of "shameful behavior" and "dirty" or "promiscuous" people in many communities, and overcoming the stigma attached to these diseases would take a concentrated effort on the part of providers and community members. Participants consistently mentioned the importance of privacy and of maintaining confidentiality, of being treated respectfully by providers, of being given sufficient information to understand more about the diseases, and of being reassured that STIs are very common and that all kinds of people become infected.