Advancing a Public Health Approach to Improve Sexual Health in the United States: A Framework for National Efforts

John M. Douglas, Jr, M.D..
Chief Medical Officer
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention

August 16, 2011
Implications of a Sexual Health Approach for HIV Prevention
National HIV Prevention Conference, Atlanta, GA
Overview

• Status of a Sexual Health Framework in the U.S.
• How can a sexual health framework impact prevention programs?
• Sexual health and HIV prevention
CDC Sexual Health Consultation April 2010

- Strong endorsement by attendees: SH framework is broad, contextual, positive, inclusive, empowering
- Opportunity to communicate, normalize and destigmatize SH, leverage partners, synergize (with other “health” approaches)
- Key recommendations
  - Develop a CDC definition of sexual health and a White Paper
  - Develop key objectives & national SH indicators
  - Communications research to find right metaphors, tone, message for greatest acceptance
  - Consider a national coalition of partners to include faith-based organizations
  - Work with programs and providers to determine how a SH framework can enhance their work
## Considerations for National Sexual Health Indicators in the U.S.

### Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th># possible indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase knowledge, communication, and healthy/respectful <strong>attitudes</strong> regarding sexual health</td>
<td>3-4 (knowledge, communication, attitudes)</td>
</tr>
<tr>
<td>Increase use of high-quality, coordinated and integrated <strong>educational, programmatic, and clinical services</strong> that promote sexual health</td>
<td>6-7 (1/division, 1 cross-cutting)</td>
</tr>
<tr>
<td>Increase healthy, responsible, and respectful sexual <strong>behaviors</strong> and <strong>relationships</strong></td>
<td>3-4 (behaviors and relationships)</td>
</tr>
<tr>
<td>Decrease <strong>adverse health outcomes</strong>, including HIV/STDs, viral hepatitis, unintended pregnancies, and sexual violence</td>
<td>6 (1/division)</td>
</tr>
</tbody>
</table>
CDC Sexual Health Framework: How can it impact prevention programs?

**Traditional Approach**
- Focus on disease control/prevention (screening, treatment, partner services)
- Vertical public health approach
- Highly-specialized
- Limited connectivity
- Targeted approaches with a disease-focus

**Doesn’t account for...**
- Co-infections and other syndemics
- Social and structural determinants of health
- Silence, stigma, discrimination
- Dynamic demographic, cultural and social-political environments
- Constrained budgets

**Sexual Health Framework**
- Contextualizes the issue
- Addresses sexuality as an inextricable element of health
- Emphasizes wellness rather than disease
- Focuses on positive and respectful relationships
- Takes a syndemic approach to prevention

**Potential Benefits**
- Engages and mobilizes new and diverse partners
- Normalizes conversations
- Reduces fear, discrimination, stigma
- Enhances efficiency and effectiveness of prevention messaging and services
Sexual Health-based Approach in Action: It’s Your Sex Life/Get Yourself Tested (GYT)

- **GYT**
  - Built on MTV/KFF platform of It’s Your Sex Life (IYSL)
  - Partnership with KFF, MTV, Planned Parenthood
  - Stimulated by finding that 1 in 4 US teens with STI
- **Goals**
  - Normalize conversation around sexual health, safety, testing
  - Raise awareness of STD prevalence/prevention methods
  - Normalize routine STD testing
- **Results**
  - Increased STD/HIV testing 20-30%
U.S. Navy Sexual Health and Responsibility Program (SHARP)

- Established in 2000, evolving from HIV prevention programs
- Vision
  - Dept of Navy cultural *norm*
  - Sexual responsibility and safety *encouraged, supported, expected*
  - All pregnancies planned, syphilis eliminated, STD/HIV prevented
- Premise: comprehensive SH message (STI, HIV, unplanned pregnancy prevention)
  - More likely to include ≥ 1 relevant issue for each person, thus be internalized/acted upon by greatest number
  - Risk reduction for any consequence of sexual activity can benefit all
- Supplemented by
  - Clinical and counseling services
  - Partner services
  - Condom and contraception access
  - Sexual assault prevention/response
  - Drug/alcohol abuse prevention
  - Faith-based counseling and services
Normalized Approach to Sexuality

- Adolescent pregnancy rates 7 times lower in the Netherlands than U.S.
- Risk factors for pregnancy similar in both countries
- Key differences
  - Easy, supportive access to contraception
    - Supported by public policy, health care, education in schools and home
  - Normalized discussions of adolescent sexuality promoting responsible sexual development
    - Focus on emotionally healthy relationships, prevention of pregnancy and STD/HIV, empowerment for responsible future planning
    - “Normalization” (normal part of adolescent sexuality) vs. “dramatization” (focus on dangers, conflicts, and difficulties of adolescent sex)

Santelli JS, Schalet AT. New Vision for Adolescent Sexual and Reproductive Health, ACT for Youth Center of Excellence, 2009
U.S. National HIV/AIDS Strategy

- Must move away from thinking that one approach to HIV prevention will work, whether it is condoms, pills, or information.
- NHAS provides an opportunity for working together to advance a public health approach to sexual health that includes HIV prevention as one component.
- Key steps relevant to a sexual health framework
  - Educate Americans about HIV prevention
  - Reduce stigma and discrimination
U. S. National Prevention Strategy

- Vision: Working together to improve health and quality of life by moving from a focus on sickness and disease to one based on prevention & wellness
- Primary focus on 4 pillars
  - Healthy and safe community environments
  - Preventive clinical and community efforts
  - Empowered individuals
  - Elimination of health disparities
- Six targeted priorities
  - Tobacco –free living
  - Preventing other drug abuse & excessive alcohol use
  - Healthy eating
  - Active living
  - Injury and violence-free living
  - Reproductive & Sexual health
  - Mental and emotional wellbeing

Developed by National Prevention Council and released by Office of the Surgeon General, June 16, 2011
NPS Targeted Priority: Reproductive & Sexual Health

- Healthy sexual and reproductive knowledge, practices, and health care play critical role in people reaching their potential and community stability
- Safe, responsible sexual practices reduce sexual violence and spread of HIV, viral hepatitis, and STI
- Planning and having a healthy pregnancy is vital to health of newborn baby and mother
- Critically important with teen pregnancy & childbearing which can impact educational attainment, employment, financial stability.
- Recommendations
  - Provide effective SH education for youth
  - Empower people to make healthy choices with SRH services
  - Enhance early detection of HIV, viral hepatitis, STIs and linkage to care
  - Increase utilization of preconception and prenatal care

Developed by National Prevention Council and released by Office of the Surgeon General, June 16, 2011
Case Study: Sexual Health and Young Black MSM

- Likely sequential course of events
  - homophobia and social isolation from community
  - negative attitudes and outlooks (e.g., sense of rejection/alienation from families, churches, communities; lack of hope)
  - high-risk sexual behavior
  - increased syphilis (and other STD) and HIV.

Su et al. Ann Int Med 2011

Prejean et al. PLOS One 2011
Sexual Health and MSM

• Imperative to develop a strategic & comprehensive approach to SH promotion as a means of HIV prevention (Coleman AIDS Behav 2011)
  – MSM have been denied full rights, enhancing spread of HIV
  – SH approach is needed to address the HIV epidemic, must be applied to MSM

• Growing consensus that best path forward are strategies that are assets-based, holistic, sex positive (Landers AIDS Behav 2011)
  – Frames sex/sexuality within positive approach linked to physical/mental health with goal of increasing healthy, responsible and respectful sexual behaviors/attitudes
  – Efforts to promote health of gay/bisexual men should
    • be less disease-specific
    • have greater focus on whole person across lifespan
    • provide explicit support for healthy relationships and sexuality
2008 PAHO Ministerial Declaration: Stopping HIV and STIs in Latin America and the Caribbean: Prevention through Education

- Declaration signed by Ministers of Health and Education in all but two nations of the Americas

- Rationale
  - Education, health sectors can act synergistically to prevent HIV/STI
  - Families play decisive role in youth development
  - Sexuality is an essential part of being human
  - Unequal relationships create increased risk of HIV/STI

- Agreements
  - Implement/strengthen comprehensive sexuality education and promotion of SH
  - Broad perspective based on human rights & values of a pluralistic society
  - Promote outreach via mass media in support of education and promotion of SH
Content Requirements When Sex Education is Taught

- 27 states require abstinence be stressed
- 9 states require abstinence be covered
For the first time in nearly two decades, students in NYC public middle and high schools will be required to take sex-education classes beginning this school year, using a curriculum that includes lessons on how to use a condom and the appropriate age for sexual activity.

The new mandate is part of a broader strategy the Bloomberg administration announced last week to improve the lives of black and Latino teenagers. According to city statistics, those teenagers are far more likely than their white counterparts to have unplanned pregnancies and contract STD.

Nationwide, one in four teenagers between 2006-2008 learned about abstinence without receiving any instruction in schools about contraceptive methods, according to an analysis by the Guttmacher Institute, which studies reproductive health.

As of January, 20 states and the District of Columbia mandated sex and H.I.V. education in schools. An additional 12 states, New York included, required H.I.V. education only.*

*27 states require abstinence be stressed, 9 that it be covered.
Final Reflections: Adopting a Sexual Health Framework in the U.S.

- Time is now to regain momentum, catalyze national dialogue
- Fragmented, disease-focused approach enhances stigma & silence and is outmoded
- Normalizing discussion of intrinsic role of sexuality & sexual behavior as an essential aspect of what it means to be human and of overall health is key to:
  - Reduce stigma
  - Reach youth, general public, key populations on their terms
  - Improve efficiency and effectiveness of prevention efforts
- CDC priorities
  - promote SH framework as complement to core programs
  - work with prevention partners & providers to identify specific opportunities for SH framework to enhance their work
Acknowledgements

• Meg Ivankovich
• Susan Robinson
• Cynthia Crick
• Eva Margolies
• Matthew Hogben
• Kevin Fenton
• Howell Wechsler
• Yarnell Martin
• Lee Warner
• Joan Kraft
• Paula Jayne
• Mikell Walters
• Amy Fasula
• Jami Leichleiter
• CHAC Sexual Heath workgroup