



Sexually Transmitted Infections Report

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Background

Sexually transmitted infections (STIs) are among the most common infections in the United States today. The Centers for Disease Control and Prevention (CDC) estimate STIs affect more than 19 million men and women in the U.S. each year, with an estimated annual medical cost of almost \$14 billion. STIs are most prevalent in youth, with nearly half occurring in young people ages 15-24. Long-term effects of undiagnosed STIs can include infertility, blindness, and in rare cases, death.

In Missouri, the number of individuals diagnosed with STIs continues to increase dramatically; Missouri's rate of STI diagnosis is higher than the national rate. The problem of STIs is complex in both the urban and rural areas of Missouri. Comprehensive education and treatment programs are needed to help individuals who are sexually active learn more about STIs, the importance of being tested, and how to get treatment.

Due to the scope of the problem of STIs, Missouri Foundation for Health (MFH) allocated funding in 2009 to conduct a landscape analysis of available STI prevention and treatment services in the MFH service region. As a part of this analysis, MFH conducted listening sessions in its service region and met with representatives from the Bureau of HIV/STD/Hepatitis in the Missouri Department of Health and Senior Services. This report contains a summary of the findings, as well as discussion of the potential unmet needs MFH will consider in addressing the complex issue of STIs in Missouri.

Methods

MFH staff researching the STI issue used several methods to better understand the scope of Missouri's current STI services and needs. These methods, presented in chronological order, include: content analysis of program at other foundations, interviews with key personnel working in this area, qualitative analysis of Missouri STI prevalence data, mapping, attendance at national conferences, listening sessions and surveys. Each method will be discussed in the following paragraphs, outlined chronologically according to when the methods were applied in the overall STI assessment and planning process.

Content Analysis

A content analysis of 375 foundation websites was conducted in Fall 2008 to: 1) identify foundations that offer funding for STI prevention and/or services, and 2) assess how STI work is integrated into foundation efforts (grantmaking, policy briefs, initiatives, aspect of the mission, etc.). All 375 foundations sampled were affiliated with Grantmakers in Health as of 2006.

Of these foundations, 29 offered some type of STI programming, predominantly through policy briefs and education materials. Only two foundations, El Paso del Norte (Texas/New Mexico) and Highmark Foundation (Pennsylvania), have funding programs dedicated exclusively to STI prevention and/or treatment.

Key Informant Interviews

Following completion of the content analysis, members of the STI team conducted telephone interviews with key contacts at El Paso del Norte and Highmark. Each foundation was asked about the development of the funding program, strategic planning processes, key partners, capacity building materials and experiences, challenges and lessons learned, as well as recommendations for other foundations considering an STI funding program. Their responses were used in planning MFH's next steps.

Also through telephone interviews, the team talked with Michael Herbert, Missouri's Director of the Bureau of HIV/STD/Hepatitis, to gather state-specific information about needs, current services, and potential areas for collaboration. Herbert and his team identified areas of highest need as monies to treat/prevent Hepatitis B, social marketing campaigns, capacity building funds, and direct service dollars. Additionally, his team provided quantitative data on incidence and prevalence rates for syphilis, gonorrhea, HIV, Hepatitis B and Chlamydia for 2006-08.

One key theme resulting from these interviews was the need for ongoing technical assistance and capacity building in any type of STI prevention or intervention funding program.

Further research by MFH identified organizations and leaders in the U.S. working in STI service or prevention capacity building efforts. The Ohio Health Department emerged as a primary organization. Interviews were conducted with two state-level individuals – one who oversees Ohio's entire STI funding process, and another who oversees services in rural communities (70+ counties). The interviews also provided a better understanding of how other states are using CDC funds to reach urban and rural communities simultaneously.

Quantitative Analysis

In early January 2009, the STI team reviewed raw Missouri data on incidence and prevalence rates for syphilis, gonorrhea, HIV, Hpatitis B, and Chlamydia for 2006-08. The data were statistically analyzed by county level to determine number of new cases (2007 and 2008) and changes in STI prevalence rates (2006 to 2007 and 2007 to 2008).

Mapping

Using the analyzed data, statewide maps were developed to illustrate new cases and prevalence changes by disease. The STI team used these maps to identify trends across years, to compare disease rates across the state, and to identify high prevalence areas. These maps also were distributed at the listening sessions as a potential educational tool for the communities.

Attendance at National Conferences

Two team members attended the HIV/STD Prevention in Rural Communities: Sharing Successful Strategies VI conference in Bloomington, Indiana in Spring 2009. The conference brought together practitioners, researchers, community-based organizations, health departments, the CDC and others devoted to the field of HIV/AIDS/STD. A number of sessions were devoted to social

marketing, prevention efforts and use of DEBIs (Diffusion of Effective Behavioral Interventions) in rural communities.

Listening Sessions

Community “listening sessions” were seen as a valuable tool in developing the STI/pregnancy prevention program at El Paso del Norte. A blend of focus groups and community forums, they allowed the community voice to be heard while still strategically gathering data for the foundation to use in developing next steps.

Based on this information and team member experience in other development processes, MFH’s STI team decided to conduct a series of listening sessions across its service region. For 10 weeks, beginning in April 2009, listening sessions were conducted in the Southeast (Cape Girardeau and Poplar Bluff), Southwest (Joplin and Springfield), Central (Columbia), Northeast (Hannibal and Kirksville), and St. Louis. A snowball sampling method was implemented to invite attendees. An initial email was sent to the local health departments in each geographic area and other organizations that had previously applied for MFH funding to do STI/HIV/AIDS work in these regions. Planned Parenthood, local school districts and universities also were invited to participate. These agencies further suggested other individuals and organizations that might participate. From each geographic area, 25-30 individuals were invited to attend one of the two-hour listening sessions held in their region. On average, 6-8 people participated at each session.

STI team members facilitated the listening sessions, providing a short introduction about the purpose of the gathering and a brief illustration of STI rates in the geographic area in which the session was held. The remaining time centered on discussion focusing on four topics: 1) Trends in the community; 2) Resources being offered; 3) Unmet needs; and 4) Potential ways to address those unmet needs. STI team members documented the information provided in the discussions, which has been analyzed qualitatively to detect common themes.

Survey Data

Many of those invited to the listening sessions couldn’t attend. To allow them to participate, they were mailed a qualitative survey developed from the four topics discussed in the verbal listening sessions. These responses also were compiled and analyzed qualitatively for common themes.

Collaborating with the State

Near the completion of the listening sessions, two STI team members met in Jefferson City with Missouri state communicable disease representatives, including the Prevention Coordinator, Disease Intervention Specialists and the Director of the Bureau of HIV/STD/Hepatitis. This meeting enabled MFH staff to review the themes identified through the listening sessions, and gain additional data from the state of Missouri about any information, trends, or data that had not yet been identified.

Listening Session Summaries

Northern Region

With both public health departments and community-based organizations in attendance, the listening sessions in northeast Missouri provided insight into the STI issues that this primarily rural area faces. With limited availability and access to care, residents of this region are often hindered in their attempts to get tested or treated for STIs. Agencies providing STI care struggle to serve the high demand for services because of insufficient staff, sites and supplies.

Although STIs are prevalent in the region, the rate of diagnosis for HIV is low. Those who test positive for HIV must go to Columbia or St. Louis for treatment due to the lack of available services in northern Missouri.

Public health departments provide most of the region's STI services, with the exception of Hannibal, which depends more on community-based organizations. Yet, community-based organizations maintain a high demand for treatment, testing and outreach services. To combat the lack of available services and stay abreast of trends and activities in the communities served, area agencies look toward collaboration. The agencies seek stronger collaboration to further improve communication and knowledge not only within the general public, but within the community of service organizations.

Northern Missouri's rural nature necessitates tailoring state-mandated STI programs to fit the culture of the region. Without such tailoring and/or community-specific social marketing programs, no outreach programs would be successful in the area. As it stands, agencies cite an increase in testing when the limited social marketing programs available in the area are launched. As such, there is a call for increased social marketing geared toward the unique culture of the area. Of particular interest is the use of technology to reach the youth market -- social networking sites such as Twitter and Facebook could be used to increase awareness of STIs.

According to listening session attendees, the youth demographic could be better served with greater access to comprehensive sex education in schools and increased parental involvement/knowledge of STIs. However, such prevention outreach programs are hindered due to limited access to the schools. While Bowling Green has seen some success using the CHART program in schools, the overall availability of such programs is limited.

In summary, the Northern Region needs increased school outreach, comprehensive sex education geared toward prevention, increased access to testing and treatment, and increased collaboration among community organizations and providers.

Central Region

Although only public health department employees attended the Central Region listening session, they provided ample information regarding the issues and barriers that exist, along with the strategies that are used and are needed to combat STIs in Central Missouri.

While this area of the state has a greater population and more resources than the more rural regions, it still has limited funding for staffing, outreach efforts and affordable testing/treatment. Citing a lack of

resources in surrounding counties, the Columbia-Boone County Health Department often assists its neighbors with outreach and prevention programs. However, with one disease intervention specialist covering seven counties, and an HIV prevention program that covers 33 counties, the efforts are a continuous uphill battle. In addition, lack of funding for adequate staff often forces the department's clinic staff to turn away people due to limited hours of operation (two hours per day) and lack of staff to properly counsel, test and treat a larger clientele.

While clinic staff and outreach workers are often overwhelmed by high demand, the department recognizes there is still a large number of people who are unaware of the need for testing and treatment. The department continues to seek additional outreach efforts and programs to reach members of the public who are at risk for infection. One issue with such outreach efforts is the community's perception that as a government entity the public health department will cause trouble for clients. The negative stigma of the government as "problematic" is an issue the department hopes to erase for those who actually do seek counseling, testing and/or treatment for STIs.

With increases in the number of youth (particularly ages 13-15) testing positive for STIs (this age group has significant increases in Chlamydia infections), and with noted increases in the number of young students reporting engagement in oral sex, the health department would like to be more active in youth prevention outreach efforts. However, school barriers – such as not being allowed to discuss condom use to prevent STIs and a lack of peer-based sex education in schools – the department is now brainstorming ways to overcome these roadblocks.

Social marketing is among the ideas to break the negative stigma of the health department and to reach greater populations with the message of prevention, testing and treatment. Citing social networking sites such as Facebook and MySpace, and websites such as YouTube, the department is stepping up efforts to reach larger audiences using available resources to broadcast public service announcements and provide information to the public.

Additional barriers to dealing with STIs in central Missouri include low health literacy levels and lack of latitude in treating the partners of those who test positive for STIs. With limited ability to track, contact or treat partners of infected individuals, the health department sees further spread of disease. Further, the department would like to see a normalization of HIV testing. Although the HIV diagnosis rates in the area have remained stable for about 12 years, this indicates that the situation is not improving.

Southeast Region

Public health departments and community-based agencies provided information regarding the state of STIs in southeast Missouri. Other than lack of funding, the biggest barrier cited in this area's listening session participants was a lack of knowledge among the general public and health providers. While many people lack knowledge of the fundamentals associated with STIs (how they are transmitted, symptoms of infections, prevention, etc.), they also lack general knowledge of what resources are available for education, testing and treatment. This lack of knowledge often extends to providers, many of whom are unaware of the area services available to their patients, and therefore cannot offer referrals. Attendees also noted that providers often do not screen or test patients appropriately, or at the needed frequency.

Even among those in the region aware of the STI issues, there are few available resources for testing or treatment. Lack of funding, few treatment options, poor access to care and low health literacy combine to

create a situation for the region that makes adequate service or prevention difficult. Additionally, local cuts to family planning services have widened the gap between STI screenings and treatments. The captive audience of family planning center clients now have less awareness of STI issues and little access to testing.

Further exacerbating the situation is the difficulty agencies have in working with the educational system. Although organizations are often encouraged by school nurses to attempt sex education and outreach within the schools, the agencies are often prevented from providing such programs due to policy issues and school board restrictions. When sex education is provided in area schools, it is often abstinence-based only, and thus not comprehensive.

To combat some of the barriers they face, the agencies want to increase the number of social marketing campaigns geared toward specific rural communities, and designed with the area's low rate of health literacy in mind. The agencies also cited a greater need for collaboration among community organizations, school nurses, school boards and medical providers. It was suggested that educational packets and training for school boards and the medical community would help ease the situation.

Further, it was noted the region's high STI rates – some of the highest in the state – are tied to an array of issues, such as lack of basic transportation, poor economy and general lack of access to medical services.

Southwest Region

Attendees to the southwest Missouri listening sessions included public health departments, universities and community-based organizations. Noting an increase in clients without insurance and an increase in most STIs (particularly gonorrhea and hepatitis B), attendees indicated there is a greater need for low- and/or no-cost STI testing since cost is often a barrier for both clients and the agencies. Supplies needed to treat clients who are already infected are often cheaper than those needed for testing and prevention efforts. However, the agencies recognize prevention and testing are needed to combat growing infection rates and the long-term health risks and costs associated with untreated infection.

The agencies also noted the lack of comprehensive sex education in local schools contributes to high infection rates among youth. School boards and policies often prevent organizations from providing comprehensive sex education within the schools. To combat this, the agencies favor more social marketing campaigns geared toward youth using technology accessed by this demographic. Social networking sites such as MySpace and Facebook were noted as possible tools that could be used. Currently, most outreach efforts in the area focus on HIV prevention, but without additional information on the range of STIs that pose a risk.

An increase in the region's Hispanic population has also created a greater need for agencies to become aware of the cultural issues and concerns affecting prevention, testing and treatment within this segment of the population. It was noted that one positive occurrence is a local radio personality often providing Spanish language public service announcements regarding available services for STI testing and treatment. These efforts are helping to increase awareness within the Hispanic community.

One of the biggest barriers for health service organizations in southwest Missouri is the lack of staff. It was suggested that increasing staff would increase the capacity to counsel, test and treat clients. Increased staff would also provide greater ability to provide outreach programs, and actually work toward prevention of STIs. In addition, organizations cited the need to increase capacity to work with infected

people's partners. With limited ability to contact, track or treat the partners, agencies noted many partners are unaware of their increased risk for infection or that they can spread an STI to additional partners.

St. Louis Region

Community-based organizations attended the St. Louis listening session. Discussion centered on barriers faced regarding improving the services, testing and prevention efforts associated with sexually transmitted infections, as well as suggestions for improving the situation.

Participants indicated that while all segments of the population are affected by STIs, the populations that seem to have the largest increases are youth age 13-24, seniors age 50+, and African-American men who have sex with men.

All participants were frustrated by the disconnect between the need and desire to educate and assist the community at large, and the barriers that affect their ability to do so. Because of a lack of funding, most organizations have a difficult time balancing the needs of the community with the amount of services they can provide to their clientele.

While most of the organizations would like to focus more attention on prevention methods, it's often not feasible from a fiscal perspective, since treatment generally receives more funding. However, even within the scope of treatment options, methods such as rapid screening are too cost-prohibitive for many providers to use. These methods allow the provider to give the client test results immediately and begin discussion of treatment options and locating partners for notification while the client is still on site (rather than waiting days for results, then attempting to track down the client).

Some organizations have stopped offering Hepatitis B testing due to cost restrictions, and cannot afford to offer low/no cost testing for common infections. The cost of testing is often a prohibitive factor for clients in seeking testing or treatment.

Lack of funding has also meant insufficient staff to meet the community's needs. It was noted provider fatigue often results from a small staff feeling overwhelmed in attempting to provide numerous services to a large population base. All participants expressed concern with the public health departments looking to nonprofits to help with capacity building and implementing Diffusion of Effective Behavioral Interventions [DEBIs], further adding to financial and staffing burdens.

Other significant barriers in addressing STIs are a lack of communication and knowledge. Organizations struggle to create culturally competent, non-judgmental means of conveying risks and providing resource information to the public. Not only is the public generally unaware of what resources are available for testing and treatment, but many (particularly the youth and senior segments) don't believe they are at risk for contracting a STI, or they are familiar only with HIV, not the other STIs.

In the St. Louis region, a lack of effective communication among organizations, public health departments and private providers is also a barrier to service. Participants stated that while some STI service organizations try to maintain contact with each other to discuss trends, issues and services provided, not enough providers or agencies participate in this exchange. As a result, there seems to be a lack of knowledge about where to send clients for services, and a lack of sharing innovative ideas/brainstorming about how to serve the community. Further, it was indicated that lack of knowledge by providers results in missed opportunities to reach clients and potential clients.

To counteract the barriers that prevent organizations from providing services to the extent that is necessary, the agencies suggested a few strategies that could make the most effective use of their available resources. Despite limited preventive outreach programs, organizations can often reach captive audiences visiting their agencies for other services, such as pregnancy tests. It was suggested social marketing campaigns could be an effective tool to reach larger populations to educate them about STI risks and encourage testing.

The mention of social marketing campaigns elicited discussion about whether the agencies would have the capacity to serve more clients if the campaign was successful. The group was divided about whether the capacity exists, and whether social marketing should be a primary focus. There was discussion about specific aspects of social marketing that may be advantageous: 1) To promote STI screenings every 6-12 months (either through their primary provider or other local resource); and 2) To promote prevention, since this would not only decrease the number of people infected, but would not generate a larger clientele, negating the capacity issue.

If social marketing campaigns were used, it was suggested they be population specific, and members of the target populations be consulted in creating the campaigns. For instance, a campaign geared toward the youth market should seek help from that age group to ensure the language and message “speak” to the population. Further, it was suggested the development of social marketing campaigns include providers, so they can prepare for the increases in service demands.

The group also liked the idea of social marketing campaigns geared toward providers. Attendees cited a lack of knowledge among many providers regarding the need for STI testing and available treatment options and resources in their communities.

There also were ideas to shift the way organizations view outreach programs. It was suggested that more innovative approaches, such as targeting partners and expediting partner treatment, would be beneficial. This effort would decrease staff time needed to track down current or former partners of those with positive test results. Further, it was noted there is a need for youth programs that focus on boosting self esteem/negotiating personal boundaries, programs that battle the “anti-condom culture;” and programs that increase sex education in schools. Attendees also expressed interest in more peer-to-peer education programs, as well as sex education for parents so youth will have a parental base that is well informed about STIs.

Additional strategies thought to have the potential to help combat the rising STI rates include: mobile testing units; providing information to policymakers and medical facilities to show the potential cost savings related to prevention/early detection/treatment of STIs; increasing rapid testing capacity/availability; and mentoring youth leaders.

Findings

It should be noted that numbers of undiagnosed STI cases cannot be known definitively. However, many agencies and health providers believe unreported cases may equal or even exceed the number of diagnosed cases. Because comprehensive STI testing is not reaching the full population, we do not know the full scope of the problem.

Overview by Area

North STI rate summary: The 19-county Northern Region (Adair, Audrain, Chariton, Clark, Howard, Knox, Lewis, Linn, Macon, Marion, Monroe, Pike, Putnam, Ralls, Randolph, Schuyler, Scotland, Shelby, and Sullivan counties) has an overall STI rate (including Chlamydia, gonorrhea, syphilis, HIV, and Hepatitis B) of 336 per 100,000 for 2008. This is up from a rate of 301 per 100,000 for 2007. The region has seen an increase in Chlamydia in particular within the last couple of years.

Central STI rate summary: The 20-county Central Region (Boone, Callaway, Camden, Cole, Cooper, Crawford, Franklin, Gasconade, Jefferson, Lincoln, Maries, Miller, Moniteau, Montgomery, Morgan, Osage, Phelps, Pulaski, St. Charles, and Warren counties) has seen an overall decrease in infection rates from 300 per 100,000 in 2007 to 292 per 100,000 in 2008. However, the rates for Chlamydia and syphilis have increased greatly, with HIV and Hepatitis B maintaining steady rates. Only gonorrhea has shown a significant decrease within the time period.

Southeast STI rate summary: The 23-county Southeast Region (Bollinger, Butler, Cape Girardeau, Carter, Dent, Dunklin, Howell, Iron, Madison, Mississippi, New Madrid, Oregon, Pemiscot, Perry, Reynolds, Ripley, Scott, Shannon, St. Francois, Ste. Genevieve, Stoddard, Texas, Washington, and Wayne counties) has seen an increase in overall STI rates from 307 per 100,000 in 2007 to 346 per 100,000 in 2008. The area has seen a particular increase in Chlamydia and gonorrhea, and maintains high rates of syphilis and HIV infection, particularly in the African-American community.

Southwest STI rate summary: The 20-Southwest Region (Barry, Barton, Cedar, Christian, Dade, Dallas, Douglas, Greene, Hickory, Jasper, Laclede, Lawrence, McDonald, Newton, Ozark, Polk, Stone, Taney, Webster, and Wright counties) has seen a decrease in overall STI rates from 296 per 100,000 population in 2007 to 288 per 100,000 population in 2008. However, this lowered rate is due to a decline in rates of gonorrhea diagnosis. Diagnosis for Chlamydia, HIV, and Hepatitis B increased from 2007 to 2008; rates for syphilis remained steady for the time period.

St. Louis STI rate summary: (St. Louis City and County) With overall 2008 infection rates of 1,822 per 100,000 for the city of St. Louis and 700 per 100,000 for St. Louis County, the St. Louis region maintains some of the highest STI rates not only in the state, but in the nation.

Common Themes

Discussions with public health departments and community-based organizations reveal that regardless of differences in population size, demographics, rural/urban settings, and prevalence of disease, each region struggles with limited funding for:

- Staffing.
- Affordable testing/treatment, including partner management.
- Outreach efforts.

Another common theme not directly related to limited funding was the need for more collaboration.

Staffing

Agencies throughout the state labor to cover the high need for services without sufficient staff, sites and supplies. A lack of funding has resulted in staffing shortages, which is identified as one of the biggest barriers to adequate service.

Each region is experiencing “provider fatigue,” a small staff feeling overwhelmed with providing numerous services to a large or widely dispersed population base. Staff shortages undercut an agency’s capacity to counsel, test and treat everyone who needs such services, and reduce the ability to provide outreach programs to educate a larger population about risk, testing and prevention of STIs.

Affordable testing/treatment, including partner management

Each region indicated a great need for more funding to ensure low- and/or no-cost testing for STIs, since cost is often a barrier for both clients and agencies. In an effort to stretch limited testing dollars, some organizations have already eliminated Hepatitis B testing because of its cost, and cannot afford to offer low-/no-cost testing for common infections. Without adequate funds, almost every agency at the listening sessions reports it has been forced to increase STI testing fees, which then leaves more clients unable to seek or afford testing or treatment.

The rapid screening test option, which allows test results in minutes while the client waits, are cost prohibitive. However, representatives from every region stated that rapid testing enables them to treat patients more effectively. Since the client doesn’t leave the premises while the test was processed, staff members spend less time tracking down clients with positive results. Instead, the discussion of treatment options can begin almost immediately, along with the often difficult process of locating partners for notification.

Partner management is another concern reported by staff in all regions. With limited ability to contact, track and treat the partners of individuals who test positive for STIs, agencies noted that many partners are unaware of their increased risk for infection, and may be spreading the infection to additional partners.

Financially, the cost of treating already infected clients is often cheaper than the costs associated with testing and prevention efforts. However, the agencies noted that without a financial commitment to prevention through outreach efforts and more widespread testing, the STI health problem will not go away. Instead, communities are likely to continue to combat growing infection rates, as well as the long-term health risk and costs associated with untreated infections.

Outreach efforts

Putting greater burden on the already-stretched staffs is also recognition of a great need to increase outreach efforts to the many people who are still unaware of the need for testing and treatment, or for the risk of infection.

In all regions, a large number of people lack knowledge about the fundamentals of STIs (how they are transmitted, symptoms of infection, prevention, etc.). These same people also don’t know what resources are available in their community for education, testing and treatment. Often this lack of knowledge extends to health care providers, many of whom also are unaware of services available to their patients, and therefore cannot offer referrals.

To breach some of these outreach and education barriers, agencies are suggesting an increase in social marketing campaigns geared toward specific communities and designed with health literacy levels in mind. There were also suggestions for shifting how organizations handle outreach programs. A more effective approach is to target partners and offer partners of infected patients treatment. This would decrease staff time needed to track down partners of patients with positive test results since infected patients would be given medications to provide their partners.

Agencies noted that schools need to improve the discussion of STIs within the sex education curriculum. This is an issue in both rural and urban areas where a lack of comprehensive sex education is considered a contributing factor to high youth infection rates. Also, many schools prohibit discussion of condom use in preventing STIs. With more youth testing positive for STIs throughout Missouri and growing numbers of young students reporting engagement in oral sex, agencies want more active youth prevention outreach programs. One answer could be in using social marketing campaigns to reach youth. MySpace, Facebook and Twitter were most often referenced as social networking sites that could focus on prevention, education and information on available community resources.

Need for more collaboration

In all regions, there appears to be a need for more collaboration among those who work in STI prevention, treatment and education. Some organizations use collaboration to stay abreast of trends and activities in the communities served, as well as what services are being offered. However, the amount of networking is uneven and often minimal. According to the agencies, stronger collaborations will improve communication, resulting in increased knowledge for the general public as well as the community of service organizations and medical providers.

Unique Regional Trends

While the regions often respond similarly to the STI issue, there are some unique characteristics in certain specific regions.

Hispanic population

The increase in the Hispanic population in southwest Missouri has triggered a greater need for agencies to be aware of the cultural issues and concerns that affect prevention, testing and treatment in this population segment. One positive response has been the addition of a local radio personality who often provides Spanish language public service announcements about available STI testing and treatment services. This has helped increase awareness of the issue for this population.

Rural areas

The more rural regions – in northern and southeast Missouri – have required agencies to tailor state-mandated STI programs to fit the culture of their respective regions. Without such tailoring and/or community-specific social marketing programs, no outreach programs can be successful in these areas.

Southeast region

Southeast Missouri has one of the highest STI infection rates in the state, which are tied in to an array of issues, such as lack of basic transportation, poor regional economy, and a general lack of access to medical services. The region also has some of the state's lowest health literacy levels, which adds another challenge to marketing, education and treatment efforts. Family planning funding cuts at the state level have severely reduced the availability of STI screenings and treatments for the "captive" audience of family planning clients.

Northern region

In northern Missouri, there is a lack of physicians and programs that treat HIV-positive patients. Often, these clients must go to Columbia or St. Louis for treatment.

Central region

In the central region of the state, the Columbia-Boone County Health Department finds itself often assisting neighboring counties and communities that have far fewer resources at their disposal. With one staff member responsible for outreach and prevention programs in seven counties, and another HIV prevention program stretched across 33 counties, it's a continuous struggle to meet the need.

Metropolitan St. Louis area

The St. Louis region was the only one to show a large increase in positive STI diagnoses in individuals age 50 and older. Further, it was only at the St. Louis listening session that concern was expressed about public health departments looking to nonprofits for help with capacity building and implementing DEBIs, further adding to financial and staffing burdens.

Unmet STI Needs

Essential changes needed to combat increasing STI rates throughout the state include the following:

- Increased staff.
- Low- or no-cost testing options (especially for hepatitis B).
- Greater availability of rapid screening.
- Improved partner management.
- Increased collaboration between organizations and providers.
- Expanded outreach programs.
- Comprehensive sex education.
- Need for capacity building assistance for agency staff.

Report Summary

Sexually transmitted infections continue to be a serious problem in the MFH service region. The rates of STI infection continue to rise, with certain populations being more heavily impacted – African-Americans, youth, and men who have sex with men. There is a strong need for culturally competent prevention messages targeted to specific high-risk populations. There is universal acknowledgement that STI programs must be comprehensive and include screening, treatment and behavioral interventions. Barriers, such as lack of funding, lack of staff and inability to provide STI education in schools, have encumbered the efforts of agencies in every region of Missouri. Local health departments, primary care providers and community-based organizations are doing the best they can to provide quality STI prevention and care services with the limited resources available.

As noted earlier, collaboration among interested, committed public and private organizations and communities needs to continue to improve. This is key to reducing STIs and their related health burdens. In the current fiscal environment, one of the best ways to maximize efforts and reduce duplication of services is to encourage active collaboration and communication. There must be an intense effort to improve communication and increase collaboration to more effectively reach at-risk populations with needed screening and treatment services.

All of the barriers and challenges noted in this report serve as a reminder that it is a significant challenge to provide quality and affordable STI services. MFH intends for this report to serve as a catalyst to bring together health providers in local communities to discuss ways to better collaborate.