Recommendations for action from the Minnesota Chlamydia Partnership

A SPECIAL REPORT: CHLAMYDIA PREVENTION

What can Minnesotans do to support the sexual health of young people?

SPECIAL SECTION Health Disparities: Improving the odds for young people of color
Chlamydia is the most frequently reported sexually transmitted infection/disease (STI/STD) among young people in Minnesota — and the United States. The Minnesota Chlamydia Strategy: Action Plan for Reducing and Preventing Chlamydia is the first comprehensive, statewide action plan to address the local chlamydia epidemic.

Funded by a one-time grant of $10,000 from the National Chlamydia Coalition, a group of over 300 concerned partners and community members across Minnesota met at a summit in 2010 to discuss the epidemic of chlamydia among young people — and to develop a plan of action for addressing it. This Minnesota Chlamydia Partnership (MCP) is the first statewide stakeholder group to focus on chlamydia and was organized by the Sexually Transmitted Disease and HIV Section of the Minnesota Department of Health (MDH) and seven partners external to the MDH.

The result of their work is The Minnesota Chlamydia Strategy: Action Plan to Reduce and Prevent Chlamydia in Minnesota. Available for free download, this comprehensive document includes all of the MCP’s recommendations, as well as an overview of data, trends and definitions.

Download. The Minnesota Chlamydia Strategy: Action Plan to Reduce and Prevent Chlamydia in Minnesota. health.state.mn.us/mcp

What is Chlamydia?

- Chlamydia is a sexually transmitted disease (STD) caused by the bacterium chlamydia trachomatis
- Chlamydia can be transmitted by vaginal, oral and/or anal sex and it can also be passed from an infected mother to her baby during vaginal childbirth
- Any sexually active person can become infected with chlamydia
- Over 3 million new cases are diagnosed in the US each year
- 50% of pregnant women with untreated chlamydia transmit the infection to their infants
- In females, about 70% of cases show no symptoms

The Minnesota Chlamydia Partnership
We all have a role to play.

While there is no easy answer or single reason “why” young people contract an STD, research indicates that solutions must go beyond the individual characteristics or behaviors of young people. For example, research has shown that how connected a young person is to their school reflects both on their educational success and their health. It has also demonstrated that a community’s assets and challenges can either help to “protect” a young person from contracting chlamydia or increase their “risk” of being exposed to it. Researchers have identified the risk and protective factors listed below to be associated with STDs and sexual health:

**RISK FACTORS**
- Lower academic achievement
- Higher violent crime rate
- Higher levels of unemployment
- Greater residential mobility
- Higher level of community stress

**PROTECTIVE FACTORS**
- People important to youth approve of contraception or condoms
- Attachment to a faith community
- Opportunities for community involvement
- Higher socio-economic status
- Work and recreational opportunities

This research makes it clear that we all have a role to play in preventing chlamydia. In an effort to reach and activate the broader Minnesota community, the MCP has prepared this action guide. Take a look at the Table of Contents to find the sections that make the most sense for you. There you’ll find a short list of specific things you can do to support the sexual health of young people.

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Chlamydia: Why it matters.

The sexual health of young people matters — to all of us. Sexual health is not just about preventing disease or having babies — it is also about who we are, where we fit, how our families thrive, what kind of relationships we value. As Minnesotans, we are inextricably linked: whether that means eating roasted corn at the state fair together or helping each other push cars out of snow banks. Yet when it comes to issues like the sexual health of young people, our lack of collective response seems inconsistent with our principles.

Chlamydia rates among young people in Minnesota have reached crisis proportions — almost doubling over the last 12 years while at the same time, data shows that young people are engaging in less sexual activity. Adolescents and young adults ages 15 – 25 accounted for 69% of the cases that occurred in 2011. 75% of people infected in Minnesota are females and the majority of them are under age 25.3

Although it is easily treatable, 75% of females and 50% of males with chlamydia are unaware of their infections because they have no symptoms and therefore do not seek care. 3 This results in many people not seeking treatment, allowing the disease to be spread to others. In 40% of infected females, chlamydia can progress to serious and sometimes life-threatening consequences.7 Untreated chlamydia infections can have dramatic consequences:

- infertility
- chronic pelvic pain
- ectopic pregnancy

The costs.

Efforts have been made to quantify the costs associated with chlamydia.

- A legislative report estimates that the 2.8 million new US cases annually result in $598 million in related health care costs4
- Treating a single case of pelvic inflammatory disease in 2000 was estimated $13341
- Estimated cost of treating chlamydia in Minnesota: $1,532,0883

But the impacts go well beyond health care costs. When our young people are not supported to be and stay sexually healthy, it impacts multiple aspects of Minnesota’s health overall. Researchers frequently explore the links between sexual health and educational success — links that ultimately fuel our work force, economy and tax base. Our investment in young people is an investment in Minnesota.

CHLAMYDIA RATES CONTINUE TO INCREASE

Of all infectious and sexually transmitted diseases, chlamydia is the most commonly reported — in both Minnesota and the nation as a whole.

![Graph showing Minnesota chlamydia rates, 2001-11 (per 100,000 population)](source: Minnesota STD Surveillance System, 2011)

Source: Minnesota STD Surveillance System, 2011
Positive healthy relationships equal sexual health.

Experiencing sexual development in today’s rapidly changing and media driven environment can be liberating, confusing and oppressive for young people. The biggest contribution that adults can make to the healthy development of young people is by being sexually healthy and modeling positive relationships. The quality of the relationships between adults and youth, the content of dinner table discussions, the media choices available to youth and the reactions of adults to youth sexuality create the backdrop against which young people sexually develop.

This plan recommends that all Minnesotan’s recognize our collective responsibility to make that backdrop a positive one — one that decreases chlamydia rates by supporting the healthy sexual development of adolescents and young adults.

YOUR PART

Know it.
Most Minnesotan’s are unaware of chlamydia’s epidemic status among young people. Knowing about chlamydia, its consequences and how to prevent and treat it is the most basic responsibility we share. By reading this report and investigating the resources provided here, we are accomplishing an important first step in reducing chlamydia rates in Minnesota.

Talk about it.
Chlamydia doesn’t usually come up in conversations at the water cooler, dinner table or baseball game. While sexual health is often a more personal topic, it does not need to be a shameful one. Frank, informed discussions are vital to the health of Minnesotans. But it doesn’t need to be hard. You can have an immediate impact by simply talking about this report with your friends, neighbors, family and colleagues.

Support sexual health policies and resources.
Most of the ideas presented in this plan require funding for implementation. Even in the best of economic times, funding for sexual health promotion is challenging so it is important to remember that the role our state systems play in preventing and treating sexually transmitted diseases like chlamydia is vital. Just like young people, our personal responsibility for being sexually healthy depends on being able to access the resources that keep us that way. See page 15 for ideas on funding and policy solutions.

CHLAMYDIA ISN’T JUST AN URBAN ISSUE.

In fact, rural and suburban counties account for over half of the chlamydia infections among young people. Not surprisingly, the counties with the highest rates of chlamydia infection are often those with the least resources and the greatest challenges. Researchers have long known about the link between poverty, health and academic achievement.6

CHLAMYDIA RATES, 2011 (AGE 15 – 24 PER 100,000 POPULATION)

<table>
<thead>
<tr>
<th>1000 +</th>
<th>751 – 999</th>
<th>501 – 750</th>
<th>1 – 500</th>
<th>DATA NOT AVAILABLE</th>
</tr>
</thead>
</table>

Source: Minnesota STD Surveillance System, 2011
Young people lead the way.

Of all Minnesotans, chlamydia rates are highest among young people. While the community at large must provide the resources and supports that young people need to be sexually healthy, they are responsible, active players in any effort to reduce sexually transmitted infections.

This plan recommends using media campaigns to increase awareness of chlamydia and other sexually transmitted infections. The MCP asks young people in Minnesota to bring their own leadership and media skills to this challenge. First, as active and informed experts, young people take responsibility for their own health. Second, as new media experts, young people can use their own blogs, public service announcements, documentaries, poems, songs, mash-ups or graphic novel to share what they know about sexual health.

YOUR ROLE

Stay informed; use good sources.

It’s easy to find information about your sexual health online — but is it good information? Be sure by checking out who is paying for the website you are reading. Government run sites are generally safe and there are a number of local and national organizations that are geared specifically for you.

Be sexually healthy.

Figure out what it means to be sexually healthy for yourself — consider the many roles you play: student, family and community member, brother, sister, romantic partner.

Get screened every year.

Being sexually healthy means taking charge of your health. It’s everyone’s responsibility to know how to be sexually healthy and stay that way. Yearly screening for chlamydia is recommended for all sexually active young women ages 15 – 25 and their sexual partners. Check out the local clinics that provide sexual health services. If you are an athlete, considering asking for a screening at your sports physicals.

Leadership and voice.

Your impact on our community is clear — records show that the youth vote was instrumental in the last presidential election. Extend your activism into sexual health by speaking up on the issues: good sex education at school; more adolescent-friendly clinics that are easily accessible to you and which offer testing and treatment for free; decision-making power on policies that affect you.

DO YOU KNOW WHERE YOUR CLINIC IS?

Young people can find a sexual health clinic near them by contacting the MN Family Planning & STD Hotline.

1-800-78FACTS  |  text 66746  | sexualhealthmn.org

ONLINE RESOURCES

A good place to start

[cdc.gov/sexualhealth](http://cdc.gov/sexualhealth)

Talk to an expert at

[sexetc.org](http://sexetc.org)
[scarleteen.com](http://scarleteen.com)

Be an activist

[amplifyyourvoice.org](http://amplifyyourvoice.org)
Parents are sexuality educators.

Research has repeatedly shown that parents can and should hold the role of primary sex educator. Whether we believe it or not, young people want and need their parents’ guidance throughout their sexual development. This “tough topic” can be a challenge to parents who are uncomfortable and unlikely to be familiar with all the latest facts. To meet this need, sexual health organizations have created programs for parents that reexamine adolescent development, teach communication skills and bring to light the latest information and resources.

This plan recommends ensuring that all parents, grandparents and other caregivers have access to the knowledge and skills needed to support young people’s sexual development by expanding the reach of parenting programs.

YOUR ROLE

Be a positive parent.
Parenting experts agree that by balancing responsiveness, discipline and respect, parents actively support the development of their children. Parental supervision and monitoring is linked to young people’s sexual health.²

Educate yourself to be the sexuality educator.
Discussions about sexuality are challenging, but necessary. Young people need more than the medical and biological information presented at school: they want and need to understand the nature of romantic relationships; they need to understand your values while exploring their own; and they’ll need space to discuss the concept of love. When parents and other caregivers communicate about these issues, talk frankly about sexuality and all aspects of sexual health, they are supporting the sexual health of their family.

Stay connected.
Research shows that parents help to protect their teens from STDs by staying connected, valuing on-going communication, expressing approval and non-judgmental disapproval as well as appropriately monitoring teen behavior.² High-quality family interactions and close connections are vital to raising sexually healthy youth.

It’s that Easy prepares parent educators to work with parents on promoting the healthy sexual development of their children. Through experiential learning, participants explore theories, research and best practices. Topic areas include:

- Attachment
- Parent–child connectedness
- Child and adolescent development
- Sexual violence prevention
- Cultural values, morals and beliefs
- Media and popular culture

Participants leave the training with an increased understanding of the fundamentals and how they relate to raising sexually healthy children. Learn more at http://itsthateasy.org/

O N L I N E  R E S O U R C E S  F O R  P A R E N T S

University of Minnesota Positive Parenting extension.umn.edu/parenteducation
Teenwise Minnesota teenwisemn.org/for_parents.html
Advocates for Youth advocatesforyouth.org/parents
Shoulder to Shoulder shouldertoshoulderminnesota.org
Health disparities: Improving the odds for young people of color.

All young people deserve the opportunity to make healthy choices.

In Minnesota, young people in the poorest and least-educated households suffer the worst health outcomes. Using protection can help young people stay sexually healthy — but so can living in a healthy neighborhood and having access to affordable medical services.

Sexual health trends mirror other measures of well being: educational attainment, poverty and income, employment and homeownership rates. As a group, people of color fare far worse than do white people in our region. Incidence rates of chlamydia also indicate racial disparities: African Americans experience rates that are 11 times higher than Whites; American Indians 4 times higher; Hispanics/Latinos 3 times higher; and rates among Asian/Pacific-Islanders are twice as high as Whites.3 So while Minnesota might be recognized as a national leader in quality of life, we continue to have some of the largest racial and economic disparities.7

Addressing community concerns like racism, poverty and segregation are ambitious goals that require attention from social justice activists, state and local systems as well as each individual community member.

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**DEMOGRAPHIC CHANGES IN MINNESOTA**

Looking to the future, our state will continue to become more racially and ethnically diverse. Our population growth will be largely driven by communities of color — communities that are generally younger than white populations. Addressing disparities in health outcomes is an investment in our future workforce and citizenry.

**MINNESOTA POPULATION PROJECTIONS BY RACE/ETHNICITY, 2000-2030**

<table>
<thead>
<tr>
<th>Year</th>
<th>White</th>
<th>American Indian</th>
<th>African American</th>
<th>Asian/Pacific Islander</th>
<th>Two or More Races/ Ethnicities</th>
<th>Hispanic/Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>84%</td>
<td>1%</td>
<td>4%</td>
<td>2%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>2010</td>
<td>80%</td>
<td>2%</td>
<td>6%</td>
<td>5%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>2020</td>
<td>76%</td>
<td>2%</td>
<td>7%</td>
<td>5%</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>2030</td>
<td>74%</td>
<td>2%</td>
<td>7%</td>
<td>6%</td>
<td>5%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Sexual health is about more than health care

According to the University of Wisconsin Population Health Institute, only 20% of overall health is attributable to health care — and fully half of all health is driven by factors like education, income, pollution and the built environment. As a community, we can do a better job of making sure that everyone lives, works and plays in a neighborhood that supports sexual health.

As individuals:
- Recognize the impact that racism and poverty have on our community
- Share your belief that all Minnesotans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background
- See how systems, structures and environments contribute to — or damage — the health and well being of communities of color

As health and education professionals:
- Educate, hire and retain a diverse workforce
- Make sure that health education materials are culturally and linguistically appropriate
- Listen to the voices, opinions and priorities of communities of color. Practice noticing who’s in the room during critical decision making meeting — how many white people, how many people of color. Work to increase the presence and voice of people of color
- Build mutually beneficial relationships between community-based organizations and state systems
- Reorient funding by involving diverse communities in grant application and review processes

As concerned adults:
- Start local or statewide advocacy groups that advocate for the sexual health of young women. In the urban areas, focus especially on young women of color
- Ask your existing advocacy group to consider how sexual health intersects with your own interests and include support for chlamydia prevention in your plans

Sexual Health Starts At Home

Some Minnesotans have more opportunities to live in safe, healthy neighborhoods than others. A U of M study of mortgage practices showed that Black borrowers with incomes exceeding $157,000 faced a 25% denial rate, compared with an 11% denial rate among Whites making $39,250.
Health is a necessary part of young people’s educational experience. Not only do healthy students make better learners, their relationship with school can have a positive impact on their sexual health. Research shows that students who feel a greater connection to school, have higher academic performance, aspirations and plans for the future are more likely to stay sexually healthy.

Parents are the primary sexuality educators for their children. Yet schools, with their educational mission, are also an important source of sexuality education, frequently as part of a larger health curriculum.

We know what is needed — teen pregnancy and STD prevention research shows that accurate, developmentally appropriate sexuality education paired with instruction on how and when to say no to sex can help delay a young person’s first sexual experience and help prevent unintended pregnancies and STDs by improving condom and contraceptive use.

Lacking any formalized commitment through education standards or funding streams, this plan recommends that schools take the initiative to ensure that effective sexuality education includes an emphasis on chlamydia detection and prevention and is taught by trained educators. Further, the teen sexual health community, public health systems and health clinics must continue to partner with schools who need curriculum, training and instructors.

WHAT IS EFFECTIVE SEXUALITY EDUCATION?

As referenced throughout this report, a great deal of research has explored how best to prevent teen pregnancy and STDs. Douglas Kirby, working in conjunction with the National Campaign to Prevent Teen and Unintended Pregnancy, has kept the field informed by identifying programs/curriculum with proven results and conducting thorough reviews of the research to provide applied strategies.

Emerging Answers, 2007. Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases documents 17 characteristics of effective curriculum based programs and identifies 15 programs with strong evidence of positive impact on sexual behavior or pregnancy or STD rates. These definitions of effectiveness are now a national standard used by the Federal Office of Adolescent Health.

Learn more at thenationalcampaign.org/EA2007
**What’s the relationship between health and grades?**

Percentage of US high school students who engaged in each risk behavior, by type of grades mostly earned.

According to the Centers for Disease Control and Prevention, there is a strong association between academic achievement and involvement in health risk behaviors. Do low grades lead to choosing risky behaviors, or does engaging in risky behaviors lead to low grades? Or do some other factors lead to both of these problems? More research is needed, but the relationship between school success and health is a significant one.¹

% of students who receive mostly...

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% of students who receive mostly...

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Survey, 2009.

**YOUR ROLE**

**Ensure that all students receive effective, age-appropriate sex education.**

A wealth of resources online and through the teen sexual health community can support this most essential chlamydia prevention strategy.

**Teachers are trained and have good resources.**

Great curriculum isn’t the whole answer. Teachers must be trained youth facilitators, stay up to date with medically accurate information, deal with politics, engage parents and negotiate with school administrators. Teachers want and need professional development that addresses their unique needs.

**Teach future teachers.**

In a recent survey, Minnesota teachers reported real gaps in their academic preparation to teach sexuality education.¹¹ Preparing future generations of teachers and health educators ensures better results for young people.

**Make free, confidential screening available to all students.**

Work with school officials, parent groups, youth, public health officials and local medical providers to offer at least one day per school year when free chlamydia screening is available to all students, along with follow-up care for those who test positive. While it requires extensive relationship building and support within the school system, there are models from other parts of the country to emulate.
Chlamydia screening and treatment is a valuable, cost-effective prevention strategy. Recognizing the prevalence and seriousness of chlamydia as a health concern for all young people is the necessary first step for health care providers that don’t specialize in adolescent sexual health. The standards for screening and treatment are clear, but implementation requires an organizational commitment to serving the special needs of young people by adapting environments, routines, coding, interviews and history taking practices. This plan recommends that health providers annually screen all young women ages 15 – 25 and provide treatment to infected patients and their partners.

YOUR ROLE

Adopt the chlamydia screening recommendations. Any adolescent visit to your clinic is an opportunity to screen them for chlamydia and support their sexual health. In light of chlamydia’s prevalence among young people, screening should be a standard procedure in your clinic.

- Routinely include of chlamydia swabs with materials for Pap testing
- Establish a routine procedure for urine-based testing
- Include chlamydia screening in all sports physicals
- Screen all urine pregnancy tests
- Utilize billing codes that indicate screening was performed while still maintaining patient confidentiality

Ensure that everyone with a positive chlamydia test result is treated.

Work with public health officials, insurers and pharmacies to determine ways that treatment of patients and their partners can be provided at no cost to patients or are subsidized in some way. One good option is Expedited Partner Therapy (EPT), where diagnosed patients deliver medications or prescriptions directly to their partners without another clinic visit.

Create a youth-friendly environment. Interviewing Skills. Providing chlamydia screening requires taking a sexual history — a conversation that many practitioners and patients might consider awkward. Adolescent medical specialists developed this psychosocial screening exam (HEADSSS) specifically to engage young people productively by exploring safer topics like home and education as a precursor to more sensitive ones. The acronym HEADSSS reminds practitioners that young people’s health includes their Home life, Education, Activities, Drugs, Sexual activity, Suicide/depression and Safety.

CHLAMYDIA SCREENING RECOMMENDATION

Screen all sexually active females 25 years of age and younger for chlamydia infection annually. This recommendation is supported by:

- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Preventive Medicine
- American College of Obstetricians and Gynecologists
- American Medical Association
- Centers for Disease Control and Prevention
- US Preventive Services Task Force
INNOVATIVE SCREENING TECHNIQUES

Young people have the lowest health care utilization of any age group, making it important to explore alternatives to traditional clinic visits. The MCP plan recommends exploring innovative new approaches:

- Universal testing in schools
- Street outreach
- Home-based screening (via pharmacies or online ordering)
- Use of non-medical personnel to do outreach education and collect specimens

Consent/confidentiality. All people seeking medical services have a right to confidentiality of their medical records. Because of Minnesota’s Minor Consent Law, adolescents under age 18 can consent to sexual health services for STDs and are guaranteed confidential services. These assurances are critical to many young people but can prove problematic with commercial health plans where explanations of benefits are sent to the subscriber — usually the adult/parent. While necessary, this process may discourage young people from seeking services or damage family relationships if they do. To truly create a youth-friendly environment, clinics must be aware of and address these concerns.

Free/low cost testing. Cost remains a huge challenge for young people seeking services. While clinics that provide family planning services through the Title X Family Planning Program or Medicaid make services available at little or no cost, chlamydia screening remains a challenge. Clinics should be ready to provide referrals to or information about family planning programs that can provide free testing through the Medicaid waiver program.

Partner with schools and community organizations to make chlamydia screening available to all youth.

- Work in conjunction with schools to start school-based clinics in communities that do not currently have them
- Work with community-based organizations to provide sexual health education and chlamydia screening in alternative settings such as recreation centers. Consider funding a mobile testing van that could travel to different locations at specific times to offer free screening — this could be a particularly effective way to reach young people in rural settings.

RESOURCES FOR CLINICS

The National Chlamydia Coalition’s web site has an excellent set of resources and links specifically for health care providers. Visit prevent.org/ChlamydiaScreening for quick access to any of these resources:

- Sexually Transmitted Disease Guidelines: Centers for Disease Control and Prevention, 2006
- Adolescent Healthcare 101: The Basics: Adolescent Health Working Group
- Annotated HEADSSS Assessment: Adolescent Health Working Group (see page B-9)
- Toolkit for Teen Care: American College of Obstetricians and Gynecologists

prevent.org/ChlamydiaScreening
A public health priority.

Chlamydia prevention and treatment are clearly established priorities in adolescent health. STDs in general, and chlamydia specifically, have both been identified as health priorities by the federal Healthy People 2020 Initiative. Despite a good understanding of what works to prevent and treat chlamydia, the resources needed for quality, effective strategies are scarce.

Of all the possible ways that public health resources could be used, this plan recommends a dual focus on resource utilization and policy formation. Within these two areas, some concrete actions have been suggested.

YOUR ROLE

Wrangle the resources.
Make the most of the connections and expertise resident in, and connected to, state and local systems. Resource priorities should include:

- Mobile screening for high risk adolescent populations not typically reached through traditional venues
- Lowering lab costs for STD testing to improve affordability for community-based clinics
- Leverage Minnesota Department of Health Partner services staff to provide field delivered medications to individuals positive for chlamydia who did not return for treatment

Inform good policy and practice.
Build and use your knowledge and expertise to recommend evidence-based practice, policy and resource allocation for:

- Clinic protocols and process recommendations
- Evidence-based sex education standards

Promote quality and effective practice.
Proactively provide resources, technical assistance and training for key partners:

- Medical community
- County and city public health professionals
- County health boards and commissioners
- Youth workers
- Insurers
- Policy makers
- Educators

FUNDING CHLAMYDIA PREVENTION, SCREENING AND TREATMENT

WHERE IS THE FUNDING?
To date, there is no dedicated state funding in Minnesota that directly addresses chlamydia prevention and treatment.

Minnesota does receive limited federal funding through the Centers for Disease Control and Prevention’s Infertility Prevention Project. Unfortunately, this funding source is under threat at the national level and anticipated state contributions have never been realized.

MCP FUNDING STRATEGIES

- Continue and increase Infertility Prevention Project funding to provide chlamydia screening for all individuals without insurance coverage
- Secure state funding to expand these services in Minnesota
- Support chlamydia screening and STD counseling as preventive measures in the Affordable Care Act
- Partner with third party payers to fund EPT (expedited partner therapy)
Policy makers play a central role in determining the structure and resources available to state and local agencies charged with supporting the health and success of young people. Two vital and sometimes conflicting perspectives inform funding and policy priorities:

1. Public health research on what works to prevent and treat chlamydia
2. The values and interests of Minnesota voters

Interestingly, when it comes to effective sex education in schools, Minnesota parents and the research agree: young people should receive sex education that includes information about abstinence and prevention of sexually transmitted diseases like chlamydia. Yet Minnesota still lacks the funding and policies required to address the current chlamydia epidemic. This plan recommends a number of funding and policy priorities.

### YOUR ROLE

**Secure sustained and sufficient funding for:**
- Prevention education, screening and treatment for patients and their partners *including free or low-cost services for at risk populations*
- Training and continuing education for health care providers, health teachers and parents

**Promote and adopt effective youth sexual health policies and legislation:**
- Implementing evidence-based comprehensive sexuality education
- Assuring minor’s consent and confidentiality
- Encouraging public and private health insurers to cover the cost of annual chlamydia screening for adolescents and young adults;

### MINOR’S CONSENT & CONFIDENTIALITY

Since 1971, Minnesota’s Statute 144.341-347 guarantees a minor’s right to access confidential health care. Altering this statute can jeopardize young people’s health and well-being — as well as our state budget. According to the American Journal of Public Health, in Texas where state law requires parent consent for minors to receive contraceptives the estimated annual cost as a consequence to this law is $43.6 million. (This figure is based on pregnancies, births, abortions and untreated sexually transmitted infections among minors’ using publicly funded reproductive health care in 2001.)

### SEXUALITY EDUCATION: WHAT DO PARENTS REALLY WANT?

Parent’s belief for what young people should be taught in school

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10%</strong></td>
<td>Information about abstinence only</td>
</tr>
<tr>
<td><strong>89%</strong></td>
<td>Sex education that includes information about abstinence and prevention of pregnancy and sexually transmitted diseases (STDs)</td>
</tr>
</tbody>
</table>

In a 2007 survey of Minnesota parents, researchers at the University of Minnesota found overwhelming support for sex education that included information beyond abstinence messages.

As they develop, young people become more and more engaged with the larger community. Ideally, all young people have opportunities to positively interact with adults — coaches, youth ministers, homework helpers, counselor, farmers, musicians, computer lab directors, librarians, spoken word artists — who both model what it means to be a member of the community and support young people’s transition to adulthood.

These very interactions are key to the development of healthy youth. Research shows that connection to a caring adult and positive community interactions actually helps to protect them against STDs and unintended pregnancy. This protective effect extends to a handful of adolescent health challenges (i.e., alcohol and drug use, mental health, violence). Thus programs that are designed to promote “positive (or healthy) youth development” are a smart public health — and community — investment.

This plan recommends supporting youth workers and youth-serving organizations to deliver quality youth development programming that, when ever possible, specifically supports sexual health.

**YOUR ROLE**

Use sexual health as subject matter.

Educators say it is one of the most engaging health topics they teach — so why not incorporate sexual health into art, music, video, activism, service learning or social marketing programming? After school clubs have won PSA competitions with messages from teen mothers. School newspapers have conducted sexual health surveys and published their results. There are excellent national and local resources with ready-made curricula, promotional ideas and online resources created by and for young people. By focusing on chlamydia and STD prevention, you can engage, educate and support young people to stay sexually healthy.

**PROGRAMMING RESOURCES**

April is National STD Awareness Month. This promotional effort includes a website full of great, free resources.

[cdc.gov/features/stdawareness]
Businesses can make important contributions to the health of young people. Most directly, staff and managers of Minnesota businesses can serve as role models and mentors — supporting young people to complete high school and continue learning after graduating.

Businesses can also lend their expertise and capabilities to the challenge. This plan recommends specific strategies for key business segments.

**YOUR ROLE**

**Insurance companies:**
Young people typically under utilize health services, a norm that can have dangerous (and costly) consequences when it comes to STDs.
- Cover annual chlamydia screenings and treatment
- Support use of expedited partner therapy by providing universal coverage
  - Encourage and enable parents to support the sexual health of their teens by offering tips or providing training to improve communication and connection
  - Recommend that parents suggest annual chlamydia screenings for youth who are sexually active

**Pharmaceutical industry:**
Your industry can actively support the clinics and pharmacies who serve young people.
- Provide ample samples to clinics serving young people in high-risk environments
- Encourage consistently lower pricing
- Support the use of Expedited Partner Therapy by implementing policies and procedures that instruct pharmacists on how to accommodate written and electronic prescriptions of antibiotics when there is no name on the prescription or an actual name is not provided
- Make supplies of Azithromycin and Suprax available at no cost to interested pharmacies so that they can supply those medications to patients who cannot afford to pay for them

**Businesses with philanthropic foundations:**
The lack of services for young people most affected by chlamydia is a gap that can be filled through private sector philanthropy.
- Make funding available to clinics and community based organizations that provide screening, testing, treatment and education related to chlamydia and other STDs

**Communications professionals:**
Commercial products have marketing budgets, advertising agencies and public relations firms — resources often absent from public health efforts to reduce chlamydia rates.
- Make available any resources or skills that can be leveraged for a public awareness campaign

**Retail businesses where young people are customers or employees:**
You are in unique position to support both your customers and employees simply by providing information. After all, keeping your customers and staff healthy add to your bottom line.
- Post sexual health information on bathroom walls, including clinics that offer STD testing
- Put vending machines that dispense free condoms in bathrooms
- Give your staff time off from work for medical services
Leadership Opportunities. Please Apply.

In 2011, 16,898 cases of chlamydia were reported in Minnesota. 69% of those cases were in people ages 15 – 24 years old.

Rates have nearly tripled over the past 10 years.3

There is an urgent need for action — from all Minnesotans.

By drafting “The Minnesota Chlamydia Strategy: Action Plan for Reducing and Preventing Chlamydia in Minnesota,” the Minnesota Chlamydia Partnership has created the first comprehensive, statewide action plan to address the epidemic of chlamydia among young people. As shown in this booklet, everyone has a role to play because chlamydia is more than a medical problem — it’s a community problem.

The Partnership’s work will continue — guided by the Strategy. Yet these strategies and actions can’t be addressed solely by a small group of people — more participation and input is essential. In fact, the strategy itself is seen as a “living document” into which many groups will provide ideas, suggestions and recommendations. Your energy, insights and perspectives are needed.

Join the Partnership.
Call Candy Hadsall at 651-201-4015 or email her at candy.hadsall@state.mn.us to learn more about how you or your organization can participate.
Resources

Minnesota Department of Health
health.state.mn.us/mcp

Advocates for Youth
advocatesforyouth.org

American School Health Association
ashaweb.org

Centers For Disease Control and Prevention
cdc.gov/healthyouth/adolescenthealth/index.htm

Guttmacher Institute
guttmacher.org

Healthy Teen Network
healthyteennetwork.org

Maternal and Child Health Library at Georgetown University
mchlibrary.info/knowledgepaths/kp_adolpreg.html

National Adolescent Health Information and Innovation Center, UCSF
nahic.ucsf.edu

National Campaign to Prevent Teen Pregnancy
thenationalcampaign.org

Office of Adolescent Health
hhs.gov/ash/oah/

Office of the Surgeon General
surgeongeneral.gov/library/sexualhealth/call.html

Sexuality Information and Education Council of the United States (SIECUS)
Community Action Toolkit
communityactionkit.org

Teenwise Minnesota
teenwisemn.org

References


13. Cases of Sexually Transmitted Diseases Reported by State Health Departments and Rates per 100,000 Population, United States, 1941-2010 – Accessed May, 2012 at cdc.gov/std/stats10/tables/1.htm
