



Background:

The Student Health Services (SHS) at the University of Texas Pan American (UTPA) provides medical services to its 18,000 students in South Texas, along the U.S.-Mexico border. Nearly 69% are low-income¹ and 78% are uninsured.² SHS is committed to offering low cost health services, including testing and treatment for STD's. The Centers for Disease Control's (CDC) Get Yourself Tested (GYT) program was launched at SHS in April 2010, offering free STD testing to students with the help of community partners: Texas Department of State Health Services (TDSHS), Valley Aids Council (VAC) and Planned Parenthood (PP).

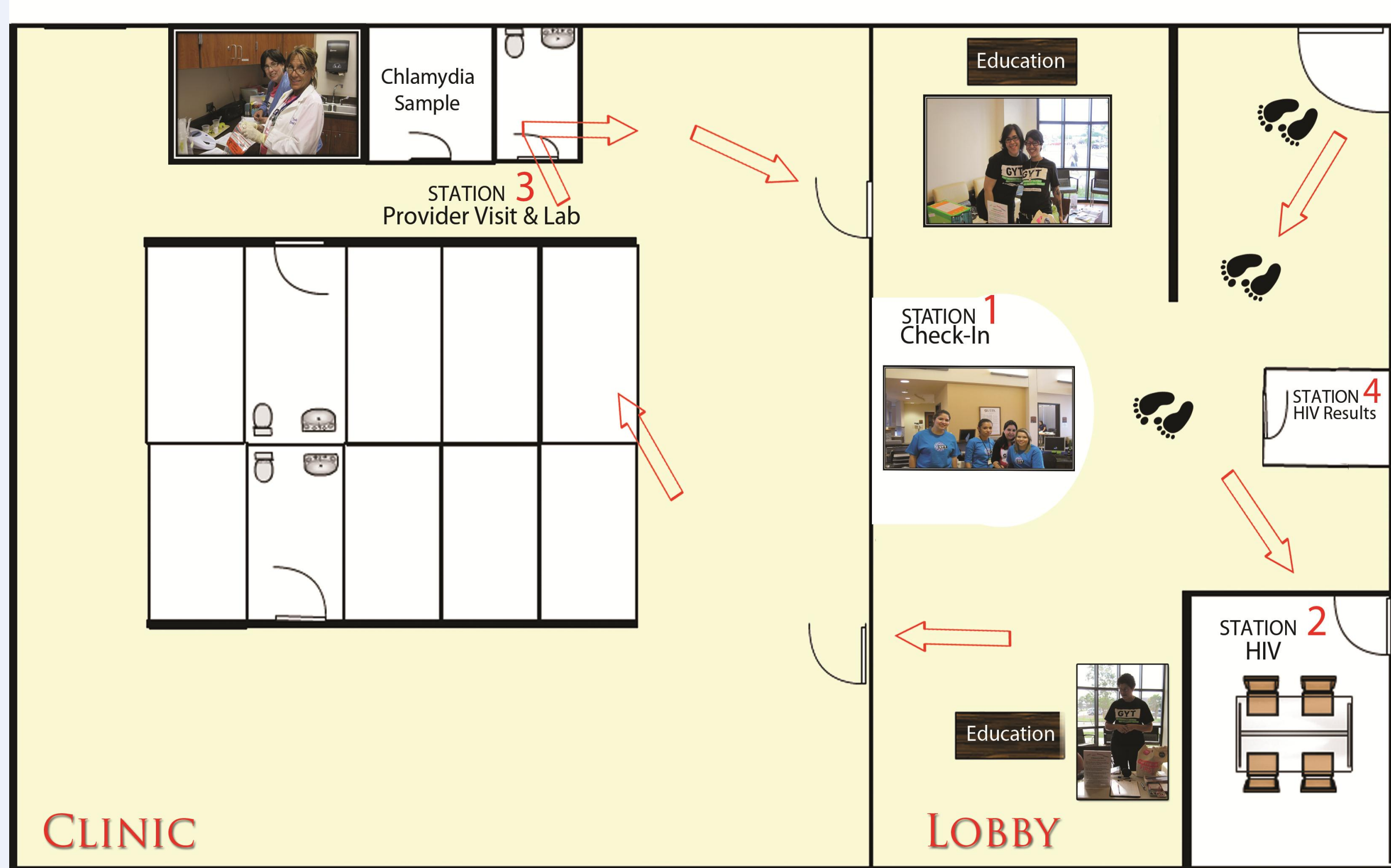
Objectives:

1. Organize the planning and development of two successful GYT events.
2. Evaluate UTPA Chlamydia screening rates and profile before and after GYT.
3. Identify UTPA Chlamydia infection rates, comparing them to other colleges and community clinics and discuss the effect of GYT on positivity rates.
4. Describe the impact of GYT on developing a sustainable, routine low cost STD screening program for a college campus

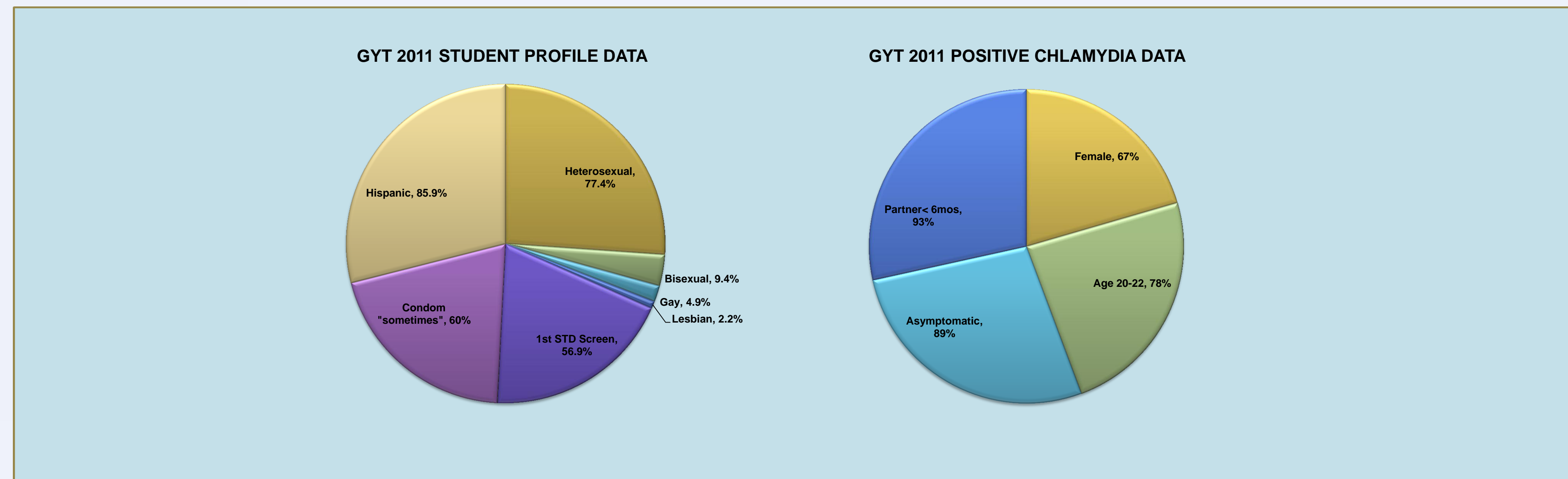
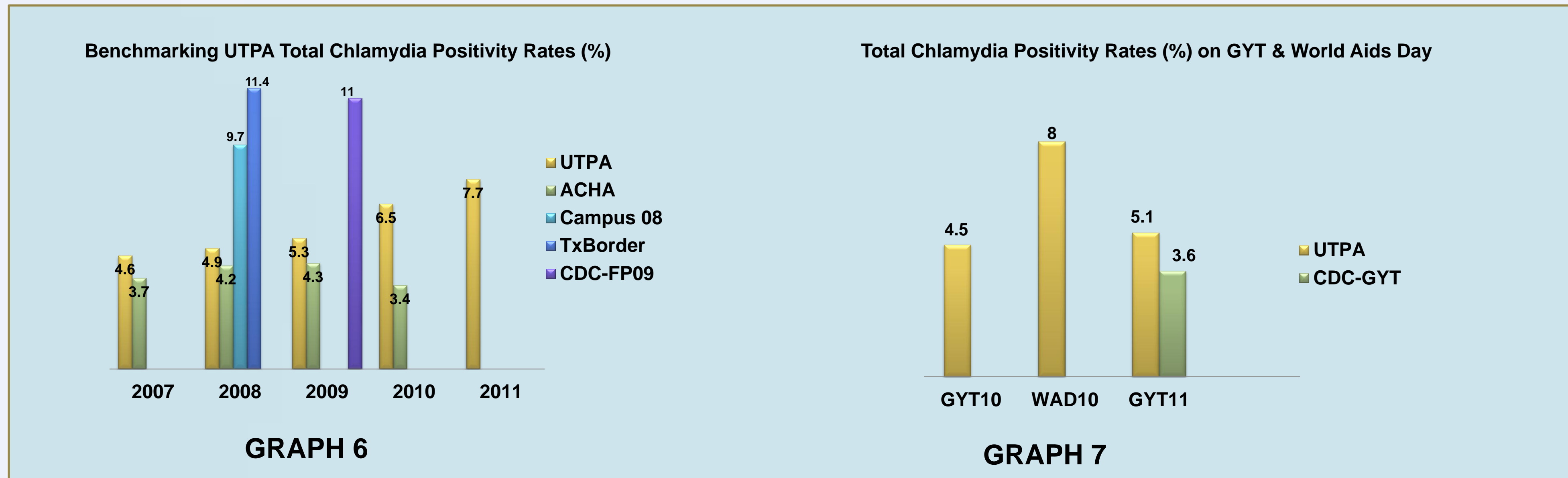
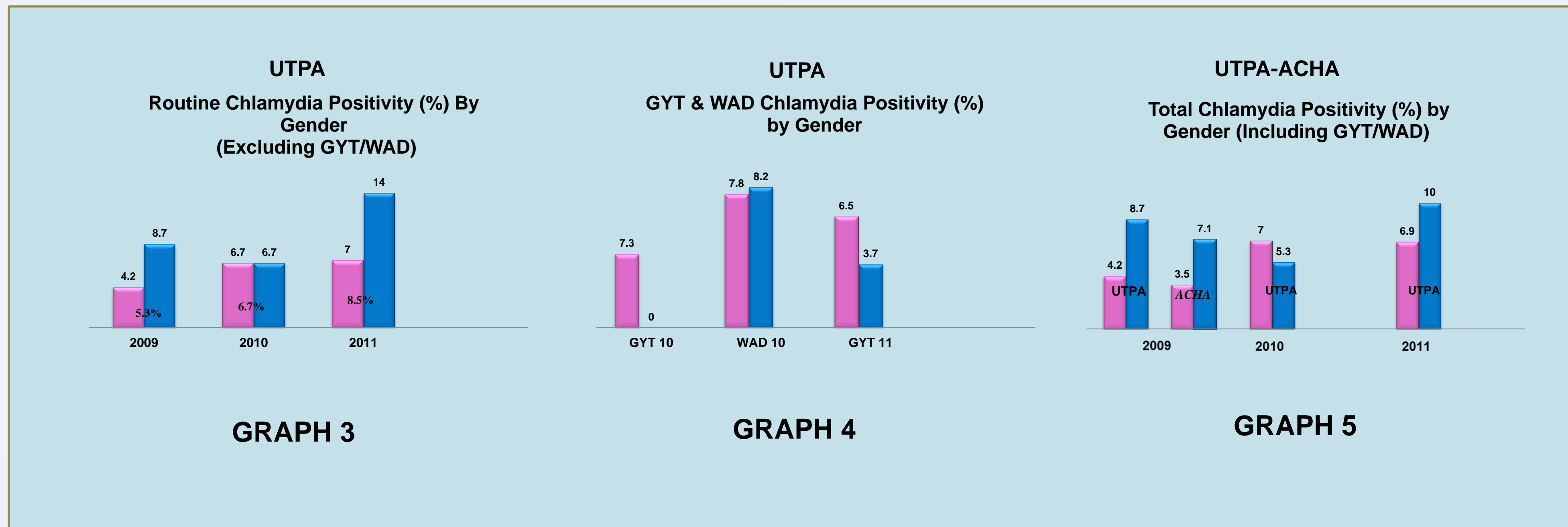
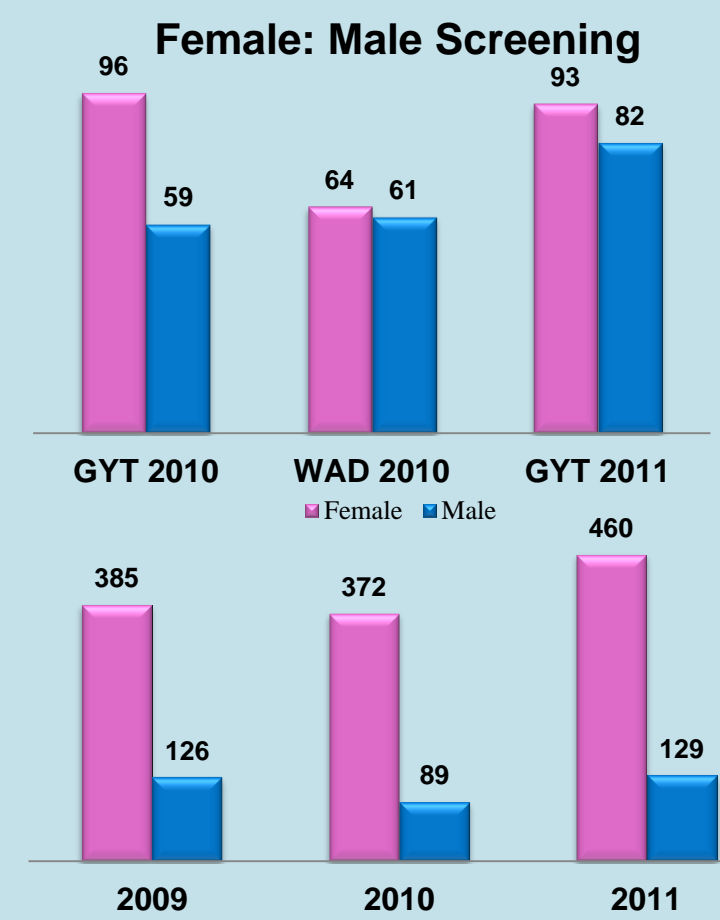
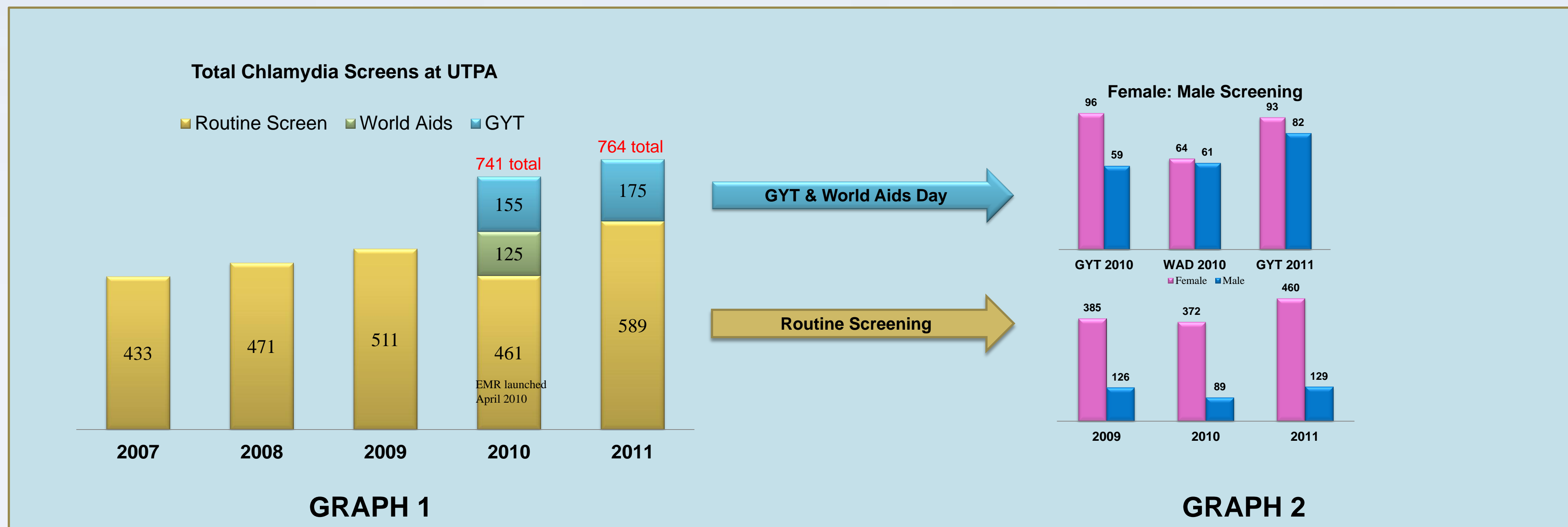
Methods:

1. SHS staff planning meetings rallying staff support, developing EMR templates, scheduling partner meetings and GYT event days.
2. Collaborative partners: Texas Department of State Health Services (TDSHS): Provided free urine Chlamydia/gonorrhea testing and Ora-Quick kits; Valley Aids Council (VAC): Provided free Ora-Quick kits and testing; Planned Parenthood (PP) and UTPA Empowerment Zone: Provided PR and education for GYT events.
3. Collaborative partners planning meetings outlining goals and delegating tasks: lab pick-up, tracking results, volunteer assignments, snacks, PR, and map for students' smooth transition through testing stations (*See Diagram A*)
4. Measure number of students screened and positive Chlamydia tests utilizing lab and EMR reports, and benchmark UTPA data with ACHA, CDC and other college and community data.
5. Organize continued involvement with collaborative partners to establish long term relationship and continued testing on campus. (VAC planning meetings, PP meetings and conferences, TDSHS alliance for tracking and treatment of positive STDs in community, Lab Corp low cost yearly contract pricing)

Diagram A



GYT Map: Testing Stations



Results:

- UTPA had 2 successful GYT events, bringing in more students for Chlamydia (CT) and HIV screening in 1-day event in April 2011 (175) than in 2-day event in April 2010 (155).
- Note: GYT 2011 tested more students due to: a) Eliminating RPR labs (we screened high risk patients for follow up) and b) Use of EMR template by providers.
- World Aids Day (WAD) on Dec. 1, 2010 provided free HIV and CT screening to 125 students.
- UTPA total Chlamydia screening rates from 2009 to 2011 increased by 48% when including GYT and WAD testing events. UTPA routine Chlamydia screening rates from 2010 to 2011 increased by 26% when excluding GYT & WAD. (*graph 1*)
- More women than men seek routine Chlamydia screening at UTPA, however GYT and WAD brought in more men for testing. (*graph 2*)
- UTPA's male positivity rate rose by 89% from 2010 to 2011, however, the male positivity rate is higher if we exclude GYT & WAD, reflecting the greater number of men coming in for testing. Female positivity rate stayed about the same from 2010 to 2011. See gender trends in testing. (*graphs 3-6*)
- Although UTPA total Chlamydia positivity rates increased by 45% from 2009 to 2011 (*graph 6*), this rate is 15% less than the rise in positivity rate for routine screening.(excluding GYT/WAD) (*graph 3*) However, as UTPA positivity rates steadily rise, ACHA's rates are on the decline (*graph 6*)
- In 2009-2010, UTPA Chlamydia positivity rates were higher than ACHA rates³ but lower than the Campus Study 2008⁴, Texas Border survey⁵ and CDC Family Planning clinic rates⁶ for Region VI in 2009. (*graph 6*)
- UTPA's GYT 2011 positivity rate was higher than the CDC GYT11 survey rate.⁷ (*graph 7*)

Conclusions:

GYT 2010 and 2011 jump started our efforts to increase STD screening at UTPA and solidified our collaborative relationships with the CDC, TSDHS, VAC and PP. Our Chlamydia screening rates went up after GYT, as well as our positivity rates which continue to be higher than ACHA's rates. This may be due to the increase in total students screened, the increase in males, and/or a more targeted high risk population.

Implications for Program, Policy and Research:

At UTPA, we will continue to educate our students on prevention, screening and treatment of STD's. We will also continue GYT events to increase campus screening since targeted screening should identify true Chlamydia rates. Free screening is a big draw in bringing in more students, so that is our ultimate goal: to offer free Chlamydia screening year-round, just as we do for HIV screening through our collaboration with VAC. GYT allowed us to combine the streamlined efficiency of an "STD clinic" with our current "medical home" model to our vastly uninsured campus population. This dual role impacts the sustainability of a successful routine low cost STD screening program on a college campus.



ACKNOWLEDGEMENTS

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REFERENCES:

1. Sethi, S. & Paredes, M. (2011). *Stats at a Glance Fall 2011*. Office of Institutional Research & effectiveness (OIRE) Edinburg, Tx. (<http://utpa.edu/oire>)
2. Pogue, S. (2005). *Covering Uninsured College Students in Texas: the Role of Student Health Insurance*. (University of Texas, Austin, 2005) Special Project Report, LBJ School of Public Affairs, UT Austin
3. Smith, D., Roberts, C., & Ward, R. ACHA Pap Test and STI Survey for CY 2009. Survey Data Report, Oct 1, 2010. ACHA Pap Test and STI Survey for CY 2010, pending full report (Email correspondence Craig Roberts, U. of Wisconsin; cwaroberts@uhs.wisc.edu)
4. James, A., Simpson, T. & Chamberlaine, W. (2008) Campus Study 2008: Chlamydia Prevalence Among College Students: Reproductive and Public Health Implications. Sexually Transmitted Diseases, 35(6): 529-532.
5. Curtiss, J., & Fine, D. (2008) Chlamydia Positivity Among Young Hispanic Men and Women Seen at Texas Border and Non-Border Family Planning Clinics, 2008. (National STD Prevention Conference) March 2010. (pdf 86kB)
6. 2009 Chlamydia positivity rate for women aged 15-24 years old. In Family Planning Clinics. Regional Infertility Prevention Projects (IPP). Office of Population Affairs, Local & State STD Control Programs, Center for Disease Control and Prevention. (Region VI: TX, NM, OK, AK, LA) (<http://www.cdc.gov/std/stats09/figures/13.htm>)
7. 2011 GYT College Evaluation: pending full report (Email correspondence Melissa Habel, CDC (lvh6@cdc.gov)) *Among 12 schools, Chlamydia positivity averaged 3.6% (range 0-7.2%) with higher positivity in males. More than half of schools reported an increase in Chlamydia cases.*