Understanding STD Screening and Management in Indiana Community Health Centers

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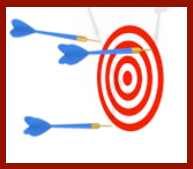

Background

- Community Health Centers (CHCs) are increasingly important for preventive and sexual health care, particularly given U.S. health reform, persistent STD prevalence and emerging drug resistance.[1,2]
- Studies of CHCs, primarily among Federally Qualified Health Centers (FQHCs) and in urban areas, have observed excellence in care;[3,4] however, little is known about CHCs in Midwestern states with rural and urban communities, and especially in states with low public health investment.[5]
- The purpose of this study was to assess whether CHCs in Indiana provided screening for syphilis, gonorrhea, and chlamydia to the standard of care articulated in CDC guidelines.

Table 1: CDC STI Screening Guidelines

	Women	Men
Chlamydia	**≤ 25 years:** Annual screenings **Pregnant women:** • 1st trimester/1st prenatal visit • 3rd trimester testing for high-risk **Other:** Routine testing for high risk individuals	**Adults:** • No recommendation for routine testing • Testing should be considered in areas of high prevalence **MSM:** Annual screening for sexually active individuals
Gonorrhea	**≤ 25 years:** Routine testing for those at high risk** **Pregnant women:** • 1st trimester/1st prenatal visit • 3rd trimester testing for high-risk	**Adults:** No recommendation for routine testing **MSM:** Annual screening for sexually active individuals
Syphilis	**Adults:** Patient signs or symptoms **Pregnant women:** • 1st trimester/1st prenatal visit • 3rd trimester testing for high-risk • Delivery • Delivery of a still born	**Adults:** Patient signs or symptoms **MSM:** Annual screening for sexually active individuals

Methods

- Survey of Medical Directors of Indiana's 40 CHCs (operating 134 clinics), April-May 2013.
- Measures of interest: reported STI services, STD screening and management expectations, partner services, and barriers to screening and management.
- Covariates were clinic characteristics: census designation (rural/urban), FQHC and Rural Health Center (RHC) designation; CHC classification (multi-site, county government, hospital, unaffiliated).
- Reported practices were qualitatively compared with current CDC guidelines for Syphilis, Gonorrhea and Chlamydia screening in clinical settings (Table 1).

Results

Sample

- 70% of CHCs (N=28) returned surveys. 28.6% were FQHCs, 32.1% were RHCs. Generalizability was observed for metropolitan (Z=1.204) and non-metropolitan regions (Z=0.802).

Screening (Table 2)

- Most CHCs reported screening for Syphilis (75.0%), Chlamydia and Gonorrhea (85.7%), though screening was primarily at patient request or if symptomatic.
- Standard of care Syphilis screening was primarily observed for adults ≤ 65 yrs of age at 67.9% of CHCs and for pregnant women at 1st trimester (53.6%).
- Chlamydia and Gonorrhea standard of care screening among gay/bisexual men was observed for 17.9% of CHCs and at 1st trimester (60.9%).
- One third of CHCs reported not knowing the expectation for CT and GC (35.7%) and syphilis (39.3%) screening among gay/bisexual men.

Management

- 17.4% of CHCs referred patients to the health department for Syphilis treatment.
- 43.5% reported treating patients presumptively for all three STIs, and 34.8% gave patients partner therapy.

Table 2: Reported Expectations for STI Screening by Population (N= 28)

	Adults ≤ 65 years N (%)	Pregnant Women N (%)	Gay/Bisexual Men N (%)
Only at patient request			
Syphilis	14 (50)	3 (10.7)	12 (42.9)
Chlamydia/Gonorrhea	9 (32.1)	2 (7.1)	10 (35.7)
Only if symptomatic			
Syphilis	**19 (67.9)***	2 (7.1)	12 (42.9)
Chlamydia/Gonorrhea	19 (67.9)	2 (7.1)	11 (39.3)
Annual		-	
Syphilis	2 (7.1)		2 (10.7)
Chlamydia/Gonorrhea	**7 (25)***		**5 (17.9)***
Every 3 years		-	
Syphilis	0		0
Chlamydia/Gonorrhea	1 (3.6)		0
Every 5 years		-	
Syphilis	2 (3.6)		0
Chlamydia/Gonorrhea	0		0
1st trimester			-
Syphilis	-	**15 (53.6)***	
Chlamydia/Gonorrhea		**17 (60.9)***	
2nd trimester	-		-
Syphilis		1 (3.6)	
Chlamydia/Gonorrhea		1 (3.6)	
3rd trimester	-		-
Syphilis		**1 (3.6)***	
Chlamydia/Gonorrhea		1 (3.6)	
Delivery	-		-
Syphilis		**1 (3.6)***	
Chlamydia/Gonorrhea		1 (3.6)	
Do Not Know			
Syphilis	3 (10.7)	9 (32.1)	11 (39.3)
Chlamydia/Gonorrhea	1 (3.6)	8 (28.6)	10 (35.7)

Conclusions

- It is likely that CHCs are not aware of patient sexual health risks, because screening was prompted only at patient request, when symptomatic or when presenting at 1st trimester. Notably, less than half (46%) of CHCs asked their patients about sexual orientation, and most did not retain this information in patient record.
- As CHCs increase their role in preventive care, focus must be upon clinician awareness of patient sexual health, training to identify and manage STIs in their patient populations, and policy and funding reinforcements.

References

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TP 91