

PLENARY AND MINI-PLENARY ABSTRACTS

Opening Plenary Session
 Monday, December 4, 2000, 4:30 - 5:30 PM

Untapped Opportunities: Navigating the Social Context of STDs

FJ Earls

Harvard University, Boston

The high rates of poverty, racial disparities, unstable communities and other social ills often leave the STD prevention community (as well as other problem-specific groups) feeling hopeless about their ability to accomplish their goal. Yet, the STD prevention field increasingly recognizes the importance of dedicated strategies to interface with and involve affected communities while still grounding such efforts in science. Given the central role of enhanced community involvement and partnership in the National Plan to Eliminate Syphilis and its ultimate role in setting the stage for addressing other STDs, it is critical that these efforts move forward without despair and with success. The work of Dr. Earls and colleagues provides an important ray of hope for addressing STDs in communities that otherwise seem bleak and unreachable. Earls et al have found that *neighborhood collective efficacy* (social cohesion among neighbors combined with their willingness to intervene on behalf of the common good) lowers crime rates and could well lower other social ills such as STDs. Based on his extensive neighborhood-based research and experience, Dr. Earls will offer researchers, program staff, and community members new questions to ask and new avenues to follow that can enhance understanding of and ability to intervene in the social context of STD prevention.

Plenary Session
 Tuesday, December 5, 2000, 8:30 - 9:20 AM

Untapped Opportunities: Grappling with Viral STDs in a Culture of Bacterial STD Prevention

JM Douglas, Jr.

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Viral STDs including Human Papillomavirus (HPV), Herpes Simplex Virus (HSV), and Hepatitis B and C have emerged as significant public health challenges

since they do not have ready cures like bacterial STDs. It is estimated that more than 65 million people in the U.S. are infected with viral STDs. Yet, with the exception of the Hepatitis B vaccine, no widespread prevention programs for viral STDs have been established. Heightened interest by researchers, program staff, and policymakers challenges the STD prevention field to more assertively address this public health concern. This session will provide an update about what we know about viral STDs, what we still need to know, and what we can begin to do about them. It will include focus on the most recent recommendations for research, strategies, and policies.

Mini-Plenary Session A
 Tuesday, December 5, 2000, 1:45 - 3:15 PM

The Information Revolution Hits STDs

PF Brennan¹, J Davies², D Pinsky³

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As information technology has grown exponentially in the last several years, so has its influence on STD prevention. Information technological advances allow options today that have never existed before. The future promises to even more dramatically affect health care seeking and patient management as well as critical public health tools such as surveillance systems and epidemiologic analyses. From a public health perspective, unprecedented linkages between surveillance systems are already beginning to have a dramatic impact on the ability of States to serve public health needs. From an individual perspective, more and more young people at greatest risk for STDs are seeking health information on the Internet, especially in areas such as sexual health that are typically uncomfortable to talk about in person.

This session will open with a discussion of future technologies that can have an impact on STD prevention. Following this general discussion, speakers will focus on the impact of the information revolution on the development of integrated surveillance systems and the use of the Internet by teenagers seeking sexual health information and services.

Mini-Plenary Session B
Tuesday, December 5, 2000, 1:45 - 3:15 PM

Confronting Emerging Challenges for STD Prevention: New Paths, New Approaches

SO Aral¹, H Francis², J Kelly³

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It is widely accepted that risky sexual behaviors are influenced by a variety of factors. Yet the STD prevention field has only recently begun to examine and redefine some of these factors to instruct development of successful behavioral interventions. Recent changes in the conceptual framework of how behaviors impact morbidity rates could have substantial influence on behavioral interventions for STD prevention. Improving understanding of behaviors addressed by services outside of STD prevention promises enhanced likelihood of reaching those at greatest risk for STDs. Specifically, substance use is a common facilitator of risky sexual behavior, but interaction between substance use services and STD prevention has seldom moved beyond a simple recognition of their connection. Recent data have also demonstrated alarming increases in STD rates among men who have sex with men, increasing the likelihood of HIV in this already vulnerable population. Yet efforts outside of STD prevention to reach this population have been minimal. This session will introduce a new framework for the relationship between behaviors and morbidity as well as the current patterns, opportunities, and challenges in substance use and behaviors of men who have sex with men.

Plenary Session
Wednesday, December 6, 2000, 8:30 - 9:20 AM

Untapped Opportunities: Reducing STDs in Adolescents

C Brindis

UCSF, San Francisco

The disproportionately high rate of STDs in adolescents is well known, yet STD prevention efforts have had little impact on significantly stemming the spread of these infections in this population. At the

same time, the number of teenagers in this country is rapidly increasing which will likely result in even higher numbers of STDs in this age group.

In the context of recent shifting demographic, behavioral, and policy trends, this session will include promising new approaches to respond to STD prevention needs of adolescents, taking into consideration the context of their lives and interests. Emphasis will not only be on adolescents, but also on *teenagers* (ages between childhood and adolescence) and parents. Based on recent research findings and lessons learned, Dr. Brindis will propose an agenda for programs, research, and policy on STD prevention in adolescents.

Mini-Plenary Session A
Wednesday, December 6, 2000, 1:45 - 3:15 PM

New Horizons in Biomedical Technologies for STDs: Implications for STD Prevention Practice

DA Relman¹, EW Hook III², PF Sparling³

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Biomedical advances offer important opportunities to enhance STD prevention and control. Advances in microbial and human genomics offer promises for STD diagnostics, treatment, and prevention which could revolutionize STD prevention practice. Nucleic acid amplification tests offer new opportunities today to advance STD control. While the increased sensitivity of these test offers one mechanism for improving control efforts, their greatest impact may well be opportunities to promote STD screening in settings where they are not currently carried out. Vaccines offer the potential to inexpensively protect entire populations against STDs and their consequences. STD vaccine research continues to progress.

This session will open with a discussion of microbial genetics and the Human Genome Project as they may impact STD prevention and control. The session will then focus on trends in STD diagnosis and opportunities provided by newly available tests. It will conclude with a discussion of recent advances in vaccine development for STDs.

Mini-Plenary Session B
 Wednesday, December 6, 2000, 1:45 - 3:15 PM

The Safety Net for STD Prevention: Intact or Endangered?

*RJ Baxter*¹, *GR Bolan*², *SBC Bailey*³

1. The Lewin Group, Falls Church, VA,
2. CA Dept. of Health Services, Berkeley,
3. Nashville/Davidson County Health Department, Nashville

Over the last several years, STD prevention services have been part of a host of health care needs that have been immersed into a new paradigm of health services in this country. Yet, “safety net providers” including hospitals, clinics, and various special publicly funded programs continue to be frequently used by populations at risk for STDs. The combination and effectiveness of these providers and financing mechanisms vary around the country. Populations at risk for STDs, who reside outside the economic and medical mainstreams for health care, pose a particular challenge even to the traditional safety net providers, given the serious burden of STDs. Several recent developments may influence the roles of safety net providers in providing STD care, including: Medicaid managed care and child health insurance programs; the growing proportion of uninsured adults in some regions resulting from high premiums employers are unwilling to pay; and the development of managed care contract language that discourages “dumping” of managed care patients on publicly-funded STD clinics and allows for reimbursement of STD care for insured persons outside their insurance provider if that provider cannot provide appropriate, confidential care in a timely fashion.

To shed some light on the status of STD prevention services, this session will open with a discussion of the findings and recommendations of the recently released Institute of Medicine’s report, [America’s Health Care Safety Net: Intact but Endangered](#). In the context of this report, two speakers will discuss State-level and local-level perspectives on how STD prevention needs are and are not being met by safety net providers and other providers of STD care.

Closing Plenary Session
 Thursday, December 7, 2000, 11:15 AM - 12:30 PM

Tipping Points for Disease and Social Epidemics: How Do We Recognize Them and What Do They Mean?

M Gladwell

The New Yorker, New York City

(See description below.)

Tipping Points for STD Prevention, Past and Future: Beyond Epidemiology and Dollars

JN Wasserheit

CDC, Atlanta

(Abstract below describes both presentations.)

Identifying new strategies for STD prevention is paramount to continued progress in STD prevention in this country, but such strategies must increasingly take advantage of lessons learned from fields both outside of STD prevention and outside of health care. As the United States has recently embarked on a landmark effort to eliminate syphilis from its borders, such lessons are being critically examined and adapted to this effort. Likewise other efforts in STD prevention strive to move beyond traditional patterns of intervention. Yet, the STD prevention community must struggle daily with long-held perspectives on STD prevention practices, limited resources, and higher priority given to other public health problems.

Understanding the concept of the *tipping point*, or the point at which change actually occurs, as well as the factors that lead to that point can provide a major contribution to prevention of public health epidemics. Even minor interventions can cause a tipping point or big change to occur. The first part of this session will address the general concept of tipping points for change and will set up the framework for the second part of the session. The second part of the session will discuss the particular tipping points for STD prevention. This closing session is intended to help the audience formulate new vision, renewed energy, and new approaches for STD prevention in the coming 2 - 5 years.

