



DoD
Sexually Transmitted Diseases
Prevention Strategies

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STDPC Desirable End State

- Prevent premature mortality
- Prevent morbidity
 - Emotional and Economic Consequences
 - Readiness
 - Health Care costs
 - Quality of Life
 - Morale
 - Health Status

The STD Prevention Committee desired end state is to prevent premature mortality resulting from life threatening STDs such as HIV, Hepatitis and cancers resulting from STD infection.

Similarly, this end state extends to prevent morbidity including the clinical symptoms resulting from the STD, as well as adverse affects on reproduction such as sterility, congenital defects and fetal loss.

The emotional and economic consequences associated with STDs affect readiness. The emotional impact impairs a service member from performing their duties to their fullest.

The economic impact diverts needed funds from budgets which support our military mission and which may also be utilized to support quality of life issues to increase the morale and health status of our personnel and their beneficiaries.



Strategies to Effect Change

- Increase knowledge
- Provide cultural, environmental, and other supports to adopt and maintain responsible behavior

Behavior change is not just about knowledge. Programs to change behavior need to be theory and evidenced based, culturally sensitive, and provide skills building to include communicative and negotiating skills unlike didactic classroom lectures typically delivered in training programs.



STDPC Core Action Area STD Prevention Committee

- Recommendations for staffing
 - Modify Charter
 - Add to Permanent:
 - J4 Representative
 - Women’s Health Representative

The STDPC requests the addition of two representatives as Permanent Members on the STDPC. A J4 representative is requested and corresponds to the addition of J4 as a member of the PSHPC. Additionally, a Women’s Health representative recognizes the importance of STDs and its large impact on women’s health.



STDPC Core Action Areas

- Surveillance/Epidemiology Issues*
- Health Promotion/Education*
 - Clinical Preventive Services/PPIP
- Prevention Product Availability**
- Best Practices/Research Initiatives*

* Subcommittee

** Goal champion

The STDPC staffing make up differs greatly from the core group which developed the original action plan. The STDPC restructured the Action Plan to clarify goal statements and facilitate progress to achieve these goals. This resulted in an Action Plan Implementation Matrix, which specifies Core Action Areas, includes detailed clarification of goal statements, inclusion of strategies and objectives to meet specific goals, assignment of tasks (to subcommittees and individuals), and progress toward completion of each goal.

Subcommittees are coordinating their efforts with other committees where appropriate.

- JPMG
- PPIP PIAC
- Armed Forces Epidemiology Board



STDPCC Core Action Area Surveillance/Epidemiology Issues

- **GOAL:** Describe military sexually transmitted disease burden (incidences and prevalences) to provide evidence-based guidance and evaluation for public health interventions and research strategies.

In order to provide guidance and evaluation on preventive interventions, a uniform, effective surveillance systems needs to be in place.

The STDPCC has found, that among the services, there are **differing surveillance systems** with **variable levels** of **reporting efficiencies, validity and reliability**.

Working closely with the JPMPG, the STDPCC is working to establish an improved surveillance system.

While surveillance systems indicate incidence of disease burden, prevalence of these diseases will also be identified.

Routine and systematic screening for underlying disease, including asymptomatic infection, will provide an effective measure to evaluate screening and preventive programs.



STDPC Core Action Area Health Promotion/Education

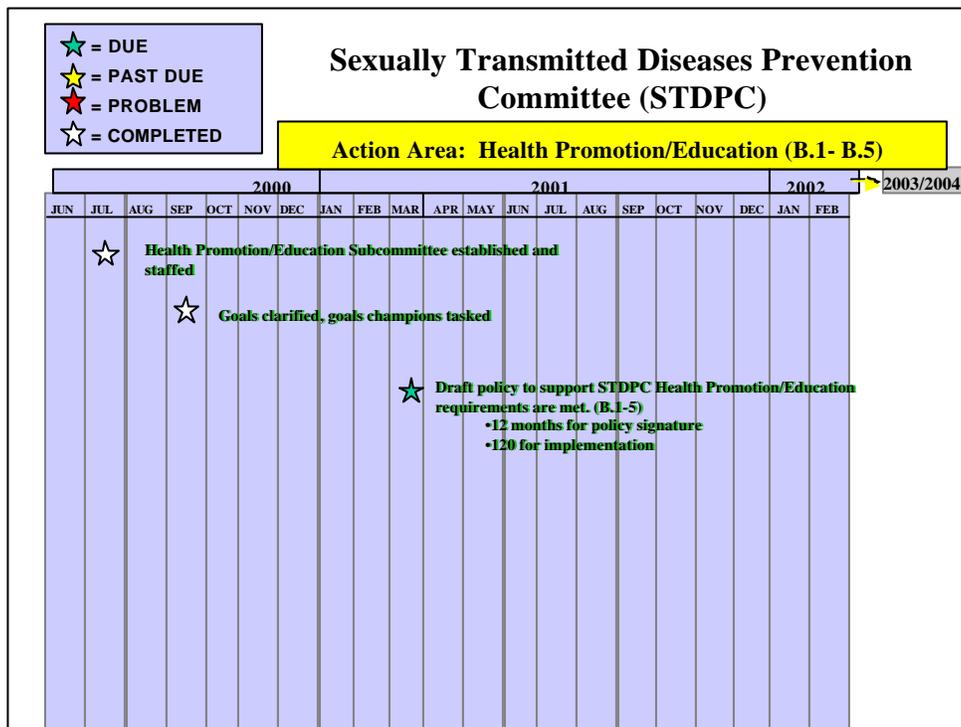
- GOALS
 - Ensure Targeted Education
 - Train Instructors and Ensure Quality Education
 - Integrate HIV/STD prevention into existing Health Promotion Programs

Targeted Interventions: The Education Subcommittee has defined these distinct groups

1. Accessions/BCT
2. GMT/Annual periodic training (may be in conjunction with testing)
3. High risk groups
 - Drug and alcohol education
 - Sexually transmitted disease clinics
 - Deployment/redeployment briefings
4. Clinical
 - Women's Health clinics
 - Put Prevention Into Practice
 - General Outpatient clinical encounters
5. Leadership schools (Officer and Enlisted)

Train Instructors and Ensure Quality Education: In order to maintain quality education, each Service shall specify a means by which they will train instructors with expertise on this topic and apply adult learning principles.

The action plan calls for **HIV/STD prevention to be integrated into health promotion programs**. Certainly other groups will also be highly involved with this issue, but Sexual Health should be addressed in the same preventive mode as other lifestyle behaviors in order to promote health and prevent disease.



Implementation of the educational requirements is largely policy driven. However, there remains a need to ensure implementation of policy, continually assess existing programs, identify gaps in training/educational opportunities, assess needs for targeted interventions based on population based evidence, and make recommendation to enhance the delivery of clinical and community preventive services.

We must develop a combination approach to prevention that incorporates a range of **biomedical, behavioral and social interventions** that work on all levels of our organization, from the individual to the whole. In pursuing the best practices and most effective interventions, we must recognize that these will succeed only if they are applied in combination.*

*Paraphrased quote from Judith Auerback and Thomas Coates address the HIV epidemic.



STDPC Core Action Area Clinical Preventive Services/PPIP

- **GOAL:** Military health system actively identifies STD/HIV cases and provides targeted intervention.
 - Coordinating efforts with PPIP PIAC / AFEB
 - Policy completed as PPIP initiative
 - Education Subcommittee
 - Addressing training and targeted interventions

The Core Action Area, Clinical Preventive Services (CPS), is an broad area which is being addressed by several groups, including the PPIP PIAC. Policy has been established and is currently being reinforced with updated Instructions to ensure age and sex appropriate clinical preventive services are provided in accordance with guidelines established by the Clinical Preventive Services Task Force.

Additionally, our plan calls for routine screening of chlamydia among women age 25 and under. This is consistent with CPS guidelines and recent recommendations from the Armed Forces Epidemiology Board.

The STDPC Action Plan was developed at the same time PPIP was being developed as a MHS initiative. Requirements of our Action Plan, therefore, have been met by existing and “in draft” policy recommendations. Additionally, CPS recommendations for STD/HIV should be reinforced in a revised DoD HIV Directive/Instruction.

The Health Promotion/Education Subcommittee is addressing CPS as a targeted intervention.



STDPC Core Action Area Prevention Product Availability

- **GOAL:** Increase accessibility and availability of STD prevention products
 - In all environments (CONUS, OCONUS, deployments)
 - Increase availability of free condoms
 - Promote availability of products in retail locations
 - Support lower than local competitive price structure

The STPDC is partnering with military exchanges to determine volume and variety of prevention product sales. Average cost of exchange sales is being compared with the commercial market. Currently, we are discussing ways to promote availability of prevention products in exchanges.

The STDPC is reviewing **options** available to increase accessibility and availability of prevention products, such as dispensing machines in bachelor enlisted quarters and restrooms of recreational facilities, and Service specific programs to make free condoms available.



STDPC Core Action Area Best Practices/Research Initiatives

- GOALS:
 - Identify and incorporate best practices for STD/HIV prevention.
 - Identify gaps in best practices and develop research priorities to address these gaps.

The Best Practices/Research Subcommittee has been established and is currently assessing best practices for STD/HIV prevention. Staffed with representatives from the military research institutes, this Subcommittee will coordinate its effort with the Surveillance and Health Promotion/Education Subcommittees to ensure evidence based interventions are identified. Their activities are ongoing.

- ★ = DUE
- ★ = PAST DUE
- ★ = PROBLEM
- ☆ = COMPLETED

Sexually Transmitted Diseases Prevention Committee (STDPC)

Action Area: Best Practices/Research Initiatives (E.1, E.2)

2000												2001												2002		2003/2004
JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB						
		☆	Establish ongoing Subcommittee to solicit, review and recommend Line and medical best practices/research initiative. (E.1)																							
												★	Solicit, review and recommend line and medical best practices/research initiative. (E.1) First report.													
Utilize various research agencies to assess prevention and early intervention strategies to answer the question, "What works for whom in which setting?"												Ongoing														



STDPC Summary

- Initial difficulty staffing with active participants
- Entire plan divided into logical action areas
- Subcommittees established, individual taskings assigned
- Ongoing activities require:
 - Assessment/establishment of baselines and current activities
 - Implementation of population/evidenced based recommendations
 - Feedback, evaluation, enhancement of programs
 - Coordination/partnering with other groups with similar interests

In Summary...

Ongoing activities require:

- Assess/establish baselines and current activities
 - Surveillance data, review of existing programs
- Implementation of evidenced based recommendations
 - Utilizing DoD/Service Directives/Instructions/policy memorandums
- Feedback, evaluation (surveillance)
- Coordination/partnering with other groups with similar interests
 - JPMPG, PPIP, AFEB, research agencies, exchanges, etc.

Utilizing DoD Health Promotion and HIV Directives/Instructions has been discussed and coordinated with Health Affairs to enable implementation of the recommendations of the STDPC. Considering these Directives are currently being updated, policy recommendations for our Action Plan may be accelerated.