

# PRIORITY: SEXUAL ACTIVITY

As stated in the *Healthy People 2010* Initiative,

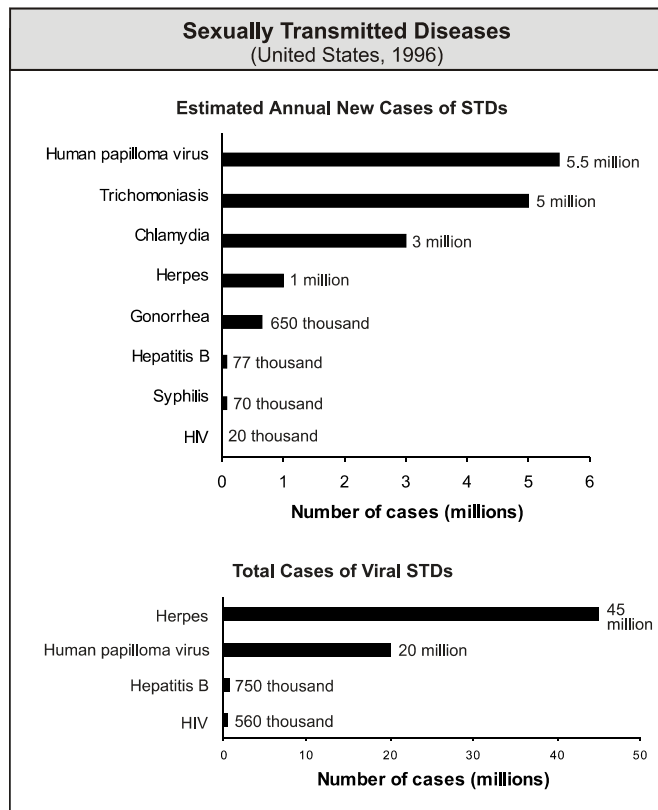
Sexually transmitted diseases (STDs) refer to the more than 25 infectious organisms transmitted primarily through sexual activity. Despite the burdens, costs, complications, and preventable nature of STDs, they remain a significant public health problem, largely unrecognized by the public, policymakers, and public health and health care professionals in the U.S. STDs cause many harmful, often irreversible, and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, and cancer.

## Issues and Trends

Sexually transmitted diseases are common in the U.S., with an estimated 15 million new cases of STDs reported each year, according to the *2010* Initiative. Almost 4 million of the new cases of STDs each year occur in adolescents. Women generally suffer more serious STD complications than men, including pelvic inflammatory disease, ectopic pregnancy, infertility, chronic pelvic pain, and cervical cancer from the human papilloma virus. African Americans and Hispanics have higher rates of STDs than whites. The total cost of the most common STDs and their complications is conservatively estimated at \$17 billion annually.

Figure 1 shows the estimated annual new cases of STDs and the prevalence of viral STDs in the U.S. for 1996.

**Figure 1. Sexually Transmitted Diseases in the U.S.**



**Source:** American Social Health Association. *Sexually Transmitted Diseases in America: How Many Cases and at What Cost?* Menlo Park, CA: Kaiser Family Foundation, 1998.

<http://www.healthypeople.gov/document/word/Volume2/25STDs.doc>

## Healthy People 2010 and Sexual Activity

The following chart presents the *Healthy People 2010* targets for the objectives pertinent to the Priority: *Sexual Activity*, (includes objectives for teen pregnancy and HIV/AIDS), along with baseline data for the year(s) indicated. This chapter will examine Chautauqua County data for the indicators listed in **bold type**. Data for selected other indicators also will be presented.

### Healthy People 2010 Baselines and Targets for Priority: Sexual Activity

Objective	Reduction in <i>chlamydia trachomatis</i> infections	1997 Baseline	2010 Target
		Percent	
25-1a.	Females aged 15 to 24 years attending family planning clinics	5.0	3.0
25-1b.	Females aged 15 to 24 years attending STD clinics	12.2	3.0
25-1.	Males aged 15 to 24 years attending STD clinics	15.7	3.0
25-2.	<b>Reduce gonorrhea</b>	123 new cases (100,000 population)	19 new cases (per 100,000)
25-3	<b>Eliminate sustained domestic transmission of primary and secondary syphilis</b>	3.2 cases (100,000 population)	0.2 cases (per 100,000)
25-4	Reduce proportion of adults with genital herpes.	17 % (20-29 yrs.) (1988-94)	14%
25-5.	(developmental) Reduce proportion of persons with human papilloma virus (HPV) infection		
25-6	Reduce proportion of females ever required treatment for pelvic inflammatory disease (PID)	8% (15-44 yrs) (1995)	5%
25-7.	Reduce proportion of childless females with fertility problems from an STD or required treatment for PID.	27% (15-44 yrs.) (1995)	15%
25-8.	(developmental) Reduce HIV infections associated with heterosexual contact in females 13-24 yrs		
25-9.	Reduce congenital syphilis.	27 new cases per 100,000 live births	1 new case per 100,000 live births
25-10.	(developmental) Reduce neonatal consequences from maternal STDs (associated infections, preterm birth and low birth weight)		
25-11.	Increase proportion of adolescents abstaining from sexual intercourse or use condoms.	85% (grades 9-12) (1999)	95%
25-12.	(developmental) Increase number of positive messages about responsible sexual behavior during prime time television		
25-13.	Increase proportion of Tribal, State and local sexually transmitted disease programs that routinely offer hepatitis B vaccines to all STD clients.	5% (state and local only) (1998)	90%
25-14.	(developmental) Increase proportion of youth detention centers & adult city/county jails screen for bacterial STDs & treat before releasing person.		
25-15.	(developmental) Increase proportion of local health depts. contracting with managed care providers for treatment of non-plan partners of patients with bacterial STDs.		
25-16.	(developmental) Increase proportion of sexually active females < 25 screened for chlamydia.		
25-17.	(developmental) Increase proportion of pregnant females screened for STDs during prenatal visits.		
25-18.	Increase proportion of PCPs who treat patients with STDs and manage cases according to recognized standards.	70% (1988)	90%

25-19.	(developmental) Increase proportion of all STD clinic patients treated for bacterial STDs and offered provider referral services for their sex partners.		
	<b>HIV/AIDS</b>	<b>1998 Baseline*</b>	<b>2010 Target</b>
13.1	<b>Reduce AIDS among adolescents and adults</b>	19.5 cases of AIDS (100,000 persons aged 13 years+)	1.0 new case per 100,000 persons.
13.14	<b>Reduce deaths from HIV infection.</b>	4.9 deaths from HIV infection per 100,000	0.7 deaths per 100,000 persons
13.17	(developmental) <b>Reduce new AIDS cases of perinatally acquired HIV infection.</b>		
<b>Objective</b>	<b>Teen Pregnancy</b>	<b>1995 Baseline</b>	<b>2010 Target</b>
9.6	(Developmental) Increase male involvement in pregnancy prevention and family planning efforts.		
9.7	<b>Reduce pregnancies among adolescent females (per 1,000 females ages 15 to 17 years)</b>	68 (1996)	43
9.8	Increase the proportion of adolescents who have never engaged in sexual intercourse before age 15 years.		
9.8a	Females	81%	88%
9.8b	Males	79%	88%
9.9	Increase the proportion of adolescents who have never engaged in sexual intercourse. ( adolescents aged 15 to 17 years)		
9.9a	Females	62%	75%
9.9b	Males	75%	75%
9.10	Increase the proportion of sexually active, unmarried adolescents aged 15 to 17 years who use contraception that both effectively prevents pregnancies and provides barrier protection against disease.		
	<i>Condom</i>		
9.10a	Females	67%	75%
9.10b	Males	72%	83%
	<i>Condom plus hormonal method</i>		
9.10c	Females	7%	9%
9.10d	Males	8%	11%
9.11	Increase the proportion of young adults who have received formal instruction before turning age 18 year on reproductive health issues, including all of the following topics: birth control methods, safer sex to prevent HIV, prevention of sexually transmitted diseases, and abstinence.	64% (1995)	90%

## A. Health Data

### 1. Sexually Transmitted Diseases in Chautauqua County

As Table 1 shows, with 0.7 cases per 100,000 population in 2005, Chautauqua county does not meet the *Healthy People 2010* target of 0.2 new cases, though it is below the New York State Total rate of 9.3. The County rate for gonorrhea is lower than the rate for western New York and New York State. However, with a rate of 52.5 cases per 100,000 population, the county will need to reduce the gonorrhea rate to meet the 2010 target of 19 new cases. The rate of chlamydia cases in the County (193.1 per 100,000 population) is lower than the rate for New York State (335.6). The 2010 target for chlamydia is set as a percent rate for persons age 15-24 years, and therefore is not directly comparable to the county data shown. Data for chlamydia for persons age 15-19 are discussed in the next paragraph.

**Table 1. Sexually Transmitted Diseases in Chautauqua County and New York State per 100,000 Population, 2005.**

	Chlamydia (100,000)	Gonorrhea (100,000)	Early Syphilis (100,000)
<b>Chautauqua County</b>	193.1	52.5	0.7
New York State (excluding NYC)	227.6	65.8	1.7
New York State Total	335.6	93.2	9.3
<i>Healthy People 2010</i> Target	3.0% (15-24 yrs.)**	19 new cases (100,000)	0.2 cases (100,000)***

\* Based on Report Year (excludes inmates). Provisional, data as of September 21, 2006

\*\* Males and females attending STD clinics.

\*\*\* Target for primary and secondary syphilis. Early syphilis is any of the first three stages (primary, secondary or latent of < 1 year duration)

(<http://www.health.state.ny.us/statistics/diseases/communicable/2005/rates1.htm>)

Trends in the rates of early syphilis and chlamydia in Chautauqua County for 2000-2004 are shown in Table 2. With very few cases of syphilis (only 1 in this 5 year period), no conclusions about time trends for this STD can be drawn. Chlamydia incidence increased between 2001 and 2004 (170.9 and 211.3 per 100,000 population, respectively), though data prior to 2001 is not available for comparison.

**Table 2. Trends in Rates of Early Syphilis and Chlamydia in Chautauqua County per 100,000 population, 2000-2004**

	2004		2003		2002		2001		2000	
	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE
<b>Early Syphilis</b>	1	0.7	0	0.0	0	0.0	0	0.0	0	0.0
<b>Chlamydia Incidence</b>	290	211.3	277	201.2	270	195.2	237	170.9	N/A	N/A

N/A - Not Available at this time. Census population estimates were used for all years.

Source: New York State Department of Health

(<http://www.health.state.ny.us/statistics/chip/chautauqua.htm>)

**Table 3. Reported Sexual Activity and Information Obtained from a Medical Professional about Preventing STDs, Chautauqua and Cattaraugus Counties, 2003.**

Chautauqua and Cattaraugus Counties	Number in Sample	% Yes *
Sexually Active (18-64 years)	330	80.3%
Ever Counseled by Medical Professional on Prevention of STDs Through Condom Use (age <65 years)?	51	12.2%

\*Weighted percent. Source: *BRFSS*, 2003 (<https://commerce.health.state.ny.us/hin/>).

## 2. Sexually Transmitted Diseases of Adolescents in Chautauqua County

As discussed in the *2010 Initiative*, STDs disproportionately affect adolescents and young adults for a variety of behavioral, social, and biological reasons. However, because not all teenagers are sexually active, *2010* avers that the actual rate of STDs in teens is probably higher than the observed rates suggest.

The rate of early syphilis in Chautauqua County for ages 15-19 (0.0 per 100,000 population) in Table 4 is consistent with the finding for the general population in Table 1 (0.0), except for 2004, when there was 1 (0.7 per 100,000 population) case of early syphilis. The county rate for this age group also is comparable to the western New York region and lower than the rate for New York State.

**Table 4. Early Syphilis in Chautauqua County and New York State, Ages 15-19.**

	Cases of Early Syphilis (Age 15-19)				Population	Rate (100,000)
	2002	2003	2004	Total	2003	
<b>Chautauqua County</b>	0	0	0	0	10,929	0.0
Western New York Region Total	0	0	0	0	113,872	0.0
New York State Total	60	59	35	154	1,279,454	4.0
<i>Healthy People 2010 Target</i>						0.2 cases ***

\*\*\* Target for primary and secondary syphilis. Early syphilis is any of the first three stages (primary, secondary or latent of < 1 year duration).

Source: 2002-2004 Bureau of STD Control Data as of November, 2006 (<http://www.health.state.ny.us/statistics/chac/general/esyphilisteen.htm>)

In Table 5 below, the County rate for gonorrhea in persons ages 15-19 (143.3 per 100,000 population 15-19 years) is higher than for the general County population (52.5 per 100,000 in 2005, from Table 1). The county rate is substantially lower than for western New York and New York State. However, the *2010 target* for gonorrhea is 19 new cases per 100,000 population.

**Table 5. Gonorrhea in Chautauqua County and New York State, Ages 15-19.**

	Cases of Gonorrhea (Age 15-19)				Population	Rate (100,000)
	2002	2003	2004	Total	2003	
<b>Chautauqua County</b>	15	19	13	47	10,929	143.3
Western New York Region Total	789	590	569	1,948	113,872	570.2
New York State Total	5,688	5,298	3,614	14,600	1,279,454	380.4
<i>Healthy People 2010 Target</i>						19 new cases (100,000)

Source: 2002-2004 Bureau of STD Control Data as of November, 2006  
<http://www.health.state.ny.us/statistics/chac/general/gonorrheateen.htm>

### 3. Family Planning and Adolescents in Chautauqua County

*Note: These data are also presented in the Healthy Births chapter.*

#### a. Teen Pregnancy in Chautauqua County

Table 6 shows a lower pregnancy rate in 2002-2004 for adolescents age 10-14 in Chautauqua County (0.8 pregnancies per 1,000 females age 10-14) than in western New York (1.4) or New York State (1.5). In the County, there were few pregnancies for adolescents in this age group for each of these years, and in total, only 11 for the three-year period.

**Table 6. Pregnancy Rate and Trends in Chautauqua County and New York State per 1,000 Females Age 10-14, 2002-2004.**

	Pregnancies (Age 10-14)				Population	Rate
	2002	2003	2004	Total	2003	
<b>Chautauqua County</b>	2	6	3	11	4,660	0.8
Western New York Region Total	71	85	76	232	53,341	1.4
New York State Total	1,002	950	1,019	2,971	647,296	1.5
<i>Healthy People 2010 Target</i>						---

Source: 2002-2004 Vital Statistics Data as of September, 2006  
<http://www.health.state.ny.us/statistics/chac/birth/tp1014.htm>

The data in Table 7 reveal that Chautauqua County has a lower rate of pregnancy for females ages 15-19 (43.6 per 1,000 females ages 15-19) than either western New York (51.4) or New York State (62.4).

**Table 7. Pregnancy Rate and Trends in Chautauqua County and New York State per 1,000 Females Ages 15-19, 2002-2004.**

	Pregnancies (Age 15-19)				Population	Rate
	2002	2003	2004	Total	2003	
<b>Chautauqua County</b>	249	235	226	710	5,429	43.6
Western New York Region Total	2,991	2,852	2,715	8,558	55,457	51.4
New York State Total	39,893	38,575	38,293	116,761	623,989	62.4
<i>Healthy People 2010 Target</i>						--

Source: 2002-2004 Vital Statistics Data as of September, 2006  
<http://www.health.state.ny.us/statistics/chac/birth/tp1519.htm>

In Table 8, the pregnancy rate in Chautauqua County for adolescents age 15-17 is 23.9 pregnancies per 1,000 females age 15-17, which is lower than the western New York or New York State rates (30.4 and 38.0, respectively.) The County rate is also below the *Healthy People 2010* target of 43.

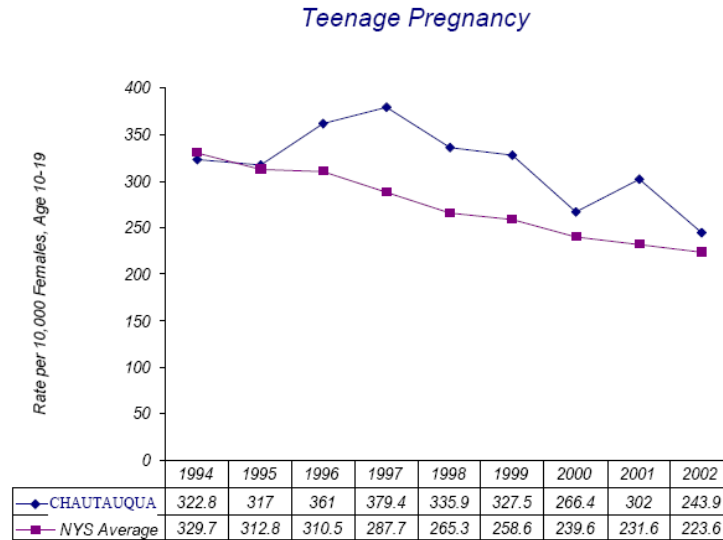
**Table 8. Teenage Pregnancy (Age 15-17) in Chautauqua County and New York State per 1,000 Females, Age 15-17, 2002-2004.**

	Pregnancies (Age 15-17)				Population	Rate
	2002	2003	2004	Total	2003	
<b>Chautauqua County</b>	76	64	72	212	2,953	23.9
Western New York Region Total	1,057	986	949	2,992	32,857	30.4
New York State Total	14,591	13,966	13,972	42,529	373,439	38.0
<i>Healthy People 2010 Target</i>						43

Source: 2002-2004 Vital Statistics Data as of September, 2006  
<http://www.health.state.ny.us/statistics/chac/birth/tp1517.htm>

Figure 2 presents trends in teenage pregnancy in Chautauqua County and New York State, 1994-2002. Although the rate of teen pregnancies in the county is higher than in the state during most of the years shown, the County rate has declined nearly 25 percent during this time period.

**Figure 2. Trends in the Teenage Pregnancy Rate in Chautauqua County and New York State per 10,000 Females Ages 10-19, 1994-2002.**



([http://www.oasas.state.ny.us/hps/datamart/2005\\_PRISMS\\_Profiles/Chautauqua.pdf](http://www.oasas.state.ny.us/hps/datamart/2005_PRISMS_Profiles/Chautauqua.pdf))

#### 4. HIV/AIDS in Chautauqua County

*Note: These data are also presented in the HIV/AIDS and Healthy Births chapters.*

With 5.1 cases per 100,000 population reported for 2005, Chautauqua County is currently well below the New York State rate of 9.7 per 100,000 population, but remains above the *Healthy People 2010* target of 1.0 new cases (per 100,000 population ages 13+), as Table 9 shows.

**Table 9. AIDS Cases in Chautauqua County and New York State per 100,000 Population, 2005.**

	AIDS*
<b>Chautauqua County</b>	5.1
New York State (excluding NYC)	9.7
New York State Total	30.3
<i>Healthy People 2010</i> Target	1.0 new cases/100,000 (age 13+)

\*Based on Report Year (excludes inmates). Provisional, data of Sep 21, 2006.  
(<http://www.health.state.ny.us/statistics/diseases/communicable/2005/rates1.htm>)

Table 10 presents trends in AIDS cases and HIV cases in newborns for the years 2000-2004 in Chautauqua County. Over this time period, the rate of county AIDS cases has fluctuated between 2.9 and 7.2 cases per 100,000 residents, with a rate for 2004 of 4.4 cases per 100,000 population. The 2010 target for is 1.0 new AIDS case (per 100,000 population age 13+). The number of newborns with HIV has remained between 2 and 4 each year (0.1% - 0.3%), although data is not available for 2003 and 2004.

**Table 10. Trends in AIDS Cases and HIV Seropositive Newborns in Chautauqua County, 2000-2004.**

	2004		2003		2002		2001		2000	
	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE
<b>AIDS Cases*</b>	6	4.4	4	2.9	10	7.2	9	6.5	8	5.7
<i>Healthy People 2010 Target</i> 1.0 new cases per 100,000 persons (age 13+)										
<b>Newborn HIV Seropositive*</b> (per 100 births)	N/A*	N/A*	N/A*	N/A*	4	0.3	2	0.1	2	0.1
<i>Healthy People 2010 Target</i> (developmental: reduce incidence)		--		--		--		--		--

\* N/A - Not Available

\*\* AIDS Cases are presented by diagnosis year and exclude prison inmates. Newborn seropositivity is per 100 births. AIDS case rates are per 100,000 population. Source: New York State Department of Health (<http://www.health.state.ny.us/nysdoh/cfch/pchaut.htm>).

Table 11 shows that in the Buffalo Ryan White Region, more males than females (78% vs. 22%) were diagnosed with HIV/AIDS as of December 2003. Ages 30-49 had the highest percentage of cases (69%), followed by ages 50+ (13%) and ages 25-29 (12%). The percentages for blacks and whites are 43% and 44%, respectively; Hispanics comprise 11% of the total prevalent cases. (Data are not standardized to the population).

**Table 11. HIV/AIDS Cases\* by Gender, Age and Race/Ethnicity in  
Ryan White Region: Buffalo, Diagnosed Through December 2003**

	Living HIV**		AIDS***			
	Number	Percent	Living		Cumulative	
			Number	Percent	Number	Percent
<b>Gender</b>						
Male	400	0.61	706	0.73	1,755	0.78
Female	258	0.39	261	0.27	501	0.22
Unk	0	0.00	0	0.00	0	0.00
<b>TOTAL</b>	<b>658</b>	<b>1.00</b>	<b>967</b>	<b>1.00</b>	<b>2,256</b>	<b>1.00</b>
<b>Age Group</b>						
<13	17	0.03	5	0.01	18	0.01
13-19	39	0.06	14	0.01	21	0.01
20-24	80	0.12	40	0.04	91	0.04
25-29	110	0.17	96	0.10	269	0.12
30-49	373	0.57	694	0.72	1,560	0.69
50+	39	0.06	118	0.12	297	0.13
<b>TOTAL</b>	<b>658</b>	<b>1.00</b>	<b>967</b>	<b>1.00</b>	<b>2,256</b>	<b>1.00</b>
<b>Race/Ethnicity</b>						
White	253	0.38	388	0.40	992	0.44
Black	295	0.45	426	0.44	974	0.43
Hispanic	99	0.15	126	0.13	249	0.11
Asian/PI	3	0.00	6	0.01	9	0.00
Native Am	1	0.00	9	0.01	12	0.01
Multi Race	4	0.01	9	0.01	9	0.00
Other/Unk	3	0.00	3	0.00	11	0.00
<b>TOTAL</b>	<b>658</b>	<b>1.00</b>	<b>967</b>	<b>1.00</b>	<b>2,256</b>	<b>1.00</b>

\* Excludes Prisoners

\*\* All cases reported and confirmed from June 2000 - December 2004

\*\*\* All cases reported and confirmed from 1983 - December 2004

([http://www.health.state.ny.us/diseases/aids/statistics/semiannual/2003/surveillance\\_semiannual\\_report\\_2003.pdf](http://www.health.state.ny.us/diseases/aids/statistics/semiannual/2003/surveillance_semiannual_report_2003.pdf))

Table 12 shows that a total of 4 deaths in Chautauqua County from AIDS occurred between 2002-2004, with an age-adjusted rate of 1.1 deaths per 100,000 residents, which is below the 1998 *Healthy People 2010* baseline rate of 4.9 deaths (from HIV infection). The county also has a lower AIDS mortality rate than the western New York region or New York State.

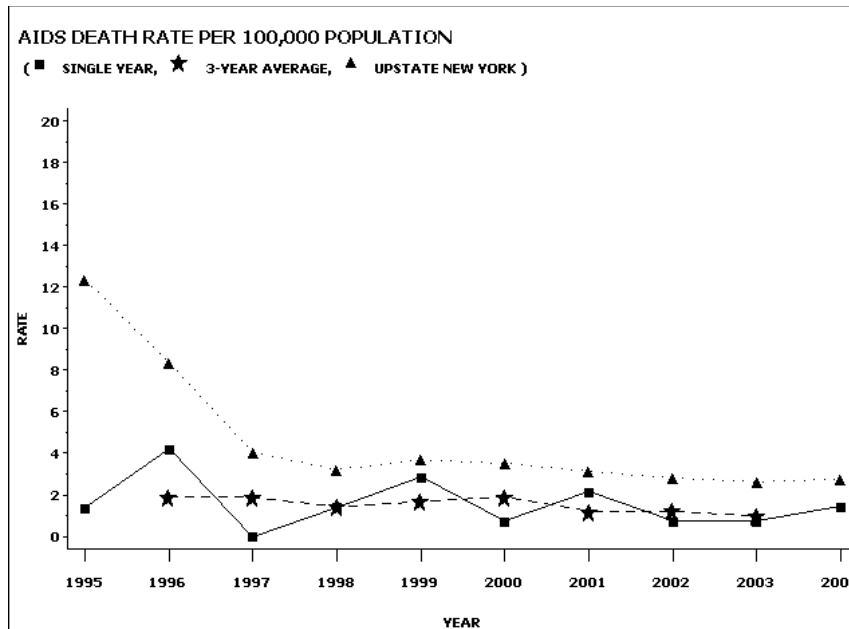
**Table 12. AIDS Deaths and Death Rates per 100,000 Residents in Chautauqua County and New York State, 2002-2004.**

	Deaths from AIDS				Population	Adjusted
	2002	2003	2004	Total	2003	Rate * (100,000)
<b>Chautauqua County</b>	1	1	2	4	137,645	1.1*
Western New York Region	29	37	45	111	1,577,585	2.3*
New York State	1,995	1,901	1,722	5,618	19,190,115	9.5*
<i>Healthy People 2010</i>						---

Source: 2002-2004 Vital Statistics Data as of September, 2006. \* Adjusted rates are age adjusted to the 2000 United States population (<http://www.health.state.ny.us/statistics/chac/mortality/aids.htm>)

Figure 4 depicts the mortality trend for Chautauqua County by presenting single year and 3-year average death rates for the years 1995-2004. The mortality rate fluctuated but has declined slightly during the ten-year time period; the 3-year average rate smoothes out year-to-year fluctuations to more clearly illustrate this trend.

**Figure 4: Trends in AIDS Death Rate in Chautauqua County, 1995-2004**



(<http://www.health.state.ny.us/statistics/chac/mortality/aids6.htm>)

## B. Unmet Needs

### Summary: Sexual Activity in Chautauqua County

For ages 15-19, the rate for gonorrhea is substantially lower than the region and state rates but higher than the 2010 target. The pregnancy rate for adolescents in the county ages 15-17 (23.9 per 1,000 females, age 15-17) is slightly higher than the region and state levels (30.4 and 38.0 per 1,000 females, age 15-17, respectively).

In Chautauqua County, the rate of AIDS cases fluctuated between 2000-2004, but in 2004 is not below the 2010 target of 1.0 new AIDS cases (per 100,000 population age 13+ years). In the Buffalo Ryan White Region, which includes Chautauqua County, many more males than females (78% vs. 22%) were diagnosed as HIV/AIDS cases through December 2003. Also in this region, residents ages 30-49 had the highest percentage of AIDS cases (69%), followed by ages 50 and over (13%) and ages 25-29 (12%). The percentages of AIDS cases for blacks and whites are 43% and 44%, respectively; Hispanics comprise 11% of the total prevalent cases. (Ryan White Region data are not standardized to the population). Four deaths in the County from AIDS occurred between 2002 and 2004; the county has a lower AIDS mortality rate than western New York and New York State, as a whole.

A sample of adults (18-64 years) from Chautauqua and Cattaraugus counties reported that over 80% are currently sexually active, but only 12.2% said they had been counseled by a medical professional about using a condom to prevent STDs.

### Healthy People 2010

As discussed in the *Healthy People 2010* Initiative, STDs are behavior-linked diseases that result from unprotected sex. Several biological factors contribute to their rapid spread.

- *Asymptomatic nature of STDs.*
- *Lag time between infection and complications*
- *Gender and age.* Women are at higher risk than men for most STDs, and young women are more susceptible to certain STDs than are older women.

Also, social and cultural factors may cause serious obstacles to STD prevention by adversely influencing social norms regarding sex and sexuality.

- *Poverty and marginalization.* STDs disproportionately affect disenfranchised persons and persons who are in social networks in which high-risk sexual behavior is common and either access to care or health-seeking behavior is compromised.
- *Access to health care.* Often, groups with the highest rates of STDs are the same groups in which access to health services is most limited.
- *Substance abuse.* Many studies document the association of substance abuse, especially the abuse of alcohol and drugs, with STDs.
- *Sexual coercion.* Analysis of adolescent female sexual activity reveals the frequency of coercive behaviors and brings to light that not all young women enter sexual relationships as willing partners.
- *Sexuality and secrecy.* Perhaps the most important social factor contributing to the spread of STDs in the United States and the factor that most significantly separates the United States from those industrialized countries with low rates of STDs is the stigma associated with STDs and the general discomfort of people in the United States with discussing intimate aspects of life, especially those related to sex.

There are several contributing factors to higher rates of STDs in teens than observed, as described in the 2010 Initiative.

1. *Sexually active teenagers are at risk for STDs.*
2. *Teenagers are increasingly likely to have more sex partners at earlier ages.* Compounding this factor is that these partners are active in sexual networks already highly infected with untreated STDs.

3. *Sexually active teenagers often are reluctant to obtain STD services, or they may face serious obstacles when trying to obtain them.* In addition, health care providers often are uncomfortable discussing sexuality and risk reduction with their patients, thus missing opportunities to counsel and screen young people for STDs.

According to the Centers for Disease Control and Prevention, HIV testing remains an important component of prevention activities; learning one's HIV status is the key stepping stone to care or to ongoing services to reduce behavioral risk.

### **C. Resources in Chautauqua County**

The following list includes Chautauqua County organizations, agencies and programs that offer health services and other forms of assistance related to 2010 priority sexual activity, as well as teen pregnancy and HIV/AIDS concerns.

- AIDS Community Services of WNY
- Chautauqua County AIDS Advisory Board
- Chautauqua County Department of Mental Health, Jamestown
- Chautauqua County Health Department: screening for sexually transmitted diseases, birth control methods/contraception counseling, confidential HIV counseling and testing
- Chautauqua County Youth Bureau-Youth Voices Makes Choices Programs
- Chautauqua Opportunities: timely entry into prenatal care, lead hazards in the home, breast feeding, substance abuse, domestic violence, family planning, HIV, immunizations, depression, and dental health
- Child Health Plus Initiative, Jamestown
- 2 college clinics provide family planning information and conduct STD checks: SUNY Fredonia and Jamestown Community College
- Family Planning Clinic, Dunkirk
- Growing Together- alternative high school in Fredonia
- 3 hospitals have maternity services and childbirth educations classes: Brooks
- Memorial Hospital, Dunkirk; WCA Hospital, Jamestown; Westfield Memorial Hospital, Westfield
- Infant Mortality Review Committee, Mayville
- MOMS (Medical Obstetrical and Maternal Services)
- Newborn Education, WCA Hospital, Jamestown
- PartNer Assistance Program (PNAP): assists with partner notification of HIV status PCAP (prenatal care assistance program)
- Project KNOW- Jamestown. Parent/child nights held to offer support and education to parents around topic of human sexuality
- STEPS Consortium
- TEAM-teenage education and motherhood program, Jamestown

- Western New York Family Planning Educators, Rochester
- YWCA

#### **D. Opportunities for Action**

Opportunities for action in Chautauqua County pertinent to issues associated with sexually transmitted diseases, adapted from the *Healthy People 2010* Initiative, include the following.

- Expand education and family planning services to help persons abstain from sexual intercourse, delay initiation of intercourse, reduce the number of sex partners, and increase the use of effective physical barriers, such as condoms, or emerging chemical barriers, such as microbicides.
- Further assist parents to become better at imparting STD information. Currently, a small percentage of adolescents receive STD prevention information from parents.
- Increase the number of school-based health information interventions that inform young people about STD exposure and transmission issues and motivate youth to modify their behaviors.
- Expand school-based health programs that provide services for other health problems, such as alcohol consumption and substance abuse, including IV drug use.
- Support local mass media campaigns that can bring about significant changes in awareness, attitude, knowledge, and behaviors for other health problems, including smoking, alcohol consumption, and use of illegal substances.
- Support national communication efforts to help overcome widespread misinformation and lack of awareness about STDs.
- Encourage vaccination of hepatitis B for at-risk populations by increasing the awareness of health care providers about the benefits of hepatitis B immunization.
- Expand outreach efforts to reach high-risk youth who visit traditional health care settings, such as hospitals and public clinics.
- Expand efforts to screen for bacterial STD infections (e.g., chlamydia and gonorrhea) of institutionalized high-risk individuals prior to release, such as those in adult corrections facilities and youth detention centers.
- Encourage financial support for wide-scale implementation of hepatitis B intervention at the state and local levels.
- Determine the rate at which uninfected individuals have sex with infected persons (rate of sex partner exchange or exposure) so that disease-outbreak models can be refined and new primary prevention strategies identified.
- Promote and strengthen education on correct and consistent condom use for dual protection against STDs and pregnancy, particularly in high-risk groups and for young, sexually active persons.
- Educate women who use the most effective forms of contraception (sterilization and hormonal contraception) to use condoms for STD prevention.
- Enhance strategies to identify and treat partners of persons with curable STDs to break the chain of transmission in a sexual network. Future sex partners are protected by treating partners; thus, this treatment strategy also benefits the community.

- Seek new approaches for getting more partners treated both in traditional and nontraditional STD treatment settings, such as using new techniques to assess sexual networks in outbreak situations in order to identify infected patients and their partners more quickly.
- Strengthen communications connections among private health care providers, managed-care organizations, and health departments so that barriers to rapid and effective treatment of the non-plan sex partners of health plan members are reduced or eliminated.
- To modify both transmission and duration factors, expand screening and treatment of STDs in both public and private sectors. For curable STDs, screening and treatment can be cost-effective, or even cost-saving, in altering the period during which infected persons can infect others.
- Enhance screening efforts for STDs that frequently are asymptomatic (e.g., chlamydia), particularly for those who are likely to suffer severe complications, especially women, if infections are not detected and treated early.
- Seek funding for STD screening of underserved groups in nontraditional settings using newer sensitive and rapid diagnostic tests, such as those that can be performed on a urine specimen. Encourage communities and institutions to support such tests and to ensure the availability of well-trained health care providers and well-equipped and accessible laboratories.