Priority State Policies and Examples

1. Support HIV testing as part of routine medical care for all patients 13 to 64 in medical care settings, chlamydia screening for all sexually active men and women under age 25, more frequent screening for gonorrhea and syphilis, as well as the education of health care providers to incorporate this testing into regular preventive health care.
   - Pursue approval of opt-out HIV testing as part of routine medical care
   - Work with your department of health to identify the priority populations affected by these diseases in your state

2. Fund faith-based organizations, HBCUs and other community-based providers of prevention and testing in high risk communities, and encourage African American women to be screened for chlamydia, gonorrhea and HIV.
   - Require funded organizations to evaluate programs and demonstrate accountability
   - Encourage education, testing and treatment in prisons and particularly before release into the community

3. Support media campaigns to encourage testing and prevention among groups disproportionately impacted by STDs, HIV/AIDS and teen pregnancy, particularly in African American and Latino communities.
   - Work with your department of health to develop a media campaign
   - Work with HBCUs to develop targeted education, such as placing ads in programs for football games or other gatherings
   - Encourage legislative caucuses host HIV testing events

4. Support insurance coverage for and encourage health care providers to test for STDs and HIV in state funded health programs, assure expedited partner therapy for treatment of STDs is legal in your state, and fund training of providers in culturally and linguistically appropriate prevention, testing and treatment activities.
   - Develop information on cost of testing vs. cost of not testing and how testing is cost-effective
   - Talk to your state’s STD director to determine if any statutory or regulatory barriers stand in the way of implementing expedited partner therapy.

5. Support new community-based testing and behavioral counseling sites for those without adequate insurance, access to medical care, a trusted medical provider, or residing in non-medical facilities such as juvenile detention centers, jails, prisons and homeless shelters. Support provider education so these individuals will be linked to medical homes for ongoing treatment, repeat testing and counseling on behavioral risk reduction.
   - Encourage use of patient navigators to help patients adhere to treatment regimens after testing positive
Priority State Policies and Examples, continued

6. Require comprehensive school health education programs that are evidence-based and age-appropriate to reduce sexual risk behaviors among youth, require professional development opportunities for school staff, and support availability of school-based health care centers.
   - Advocate for comprehensive school health education as the lynchpin for activities targeted to youth

7. Support community and faith-based programs to educate parents of African American, Latino and Native American youth to encourage parent-child discussions of sexual risk reduction.
   - Work with community organizations to encourage and assist parents

8. Support evidence-based prevention programs targeted at youth in communities with high rates of STDs or injection drug users.

9. Target education programs to youth living with HIV to prevent further transmission of the disease.

10. Support development of internet- and cell phone-based programs to respond to teens seeking sexual health information.
    - Support development of services to respond to teen questions via text message
    - See North Carolina’s Birds and Bees Text Line: http://www.appcnc.org/BirdsNBees.html

Resources:
Presentations from the Policy Workshop
Preventing STDs, HIV and Teen Pregnancy: Reducing Health Disparities
July 30-Aug. 1, 2009, Atlanta, Georgia

Available at: http://www.csg.org/policy/health.aspx#meetings, including:
New!!
Resources from Dr. Camara Jones, Research Director on Social Determinants of Health, CDC
   o Presentation: Promoting Health Equity: Addressing the Root Causes of Disparities
   o Publications:
      - “Levels of Racism: A Theoretic Framework and a Gardener’s Tale”
      - “Using Socially-assigned Race to Probe White Advantages in Health Status”
      - “Confronting Institutionalized Racism”

Legal Status of Expedited Partner Therapy by State
Available at: http://www.cdc.gov/std/epi/legal/default.htm