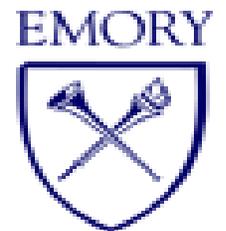


*Enhancing Access to Sexual Health
Services for Minority Youth
Challenges and Opportunities*

*Ralph DiClemente, PhD
Rollins School of Public Health
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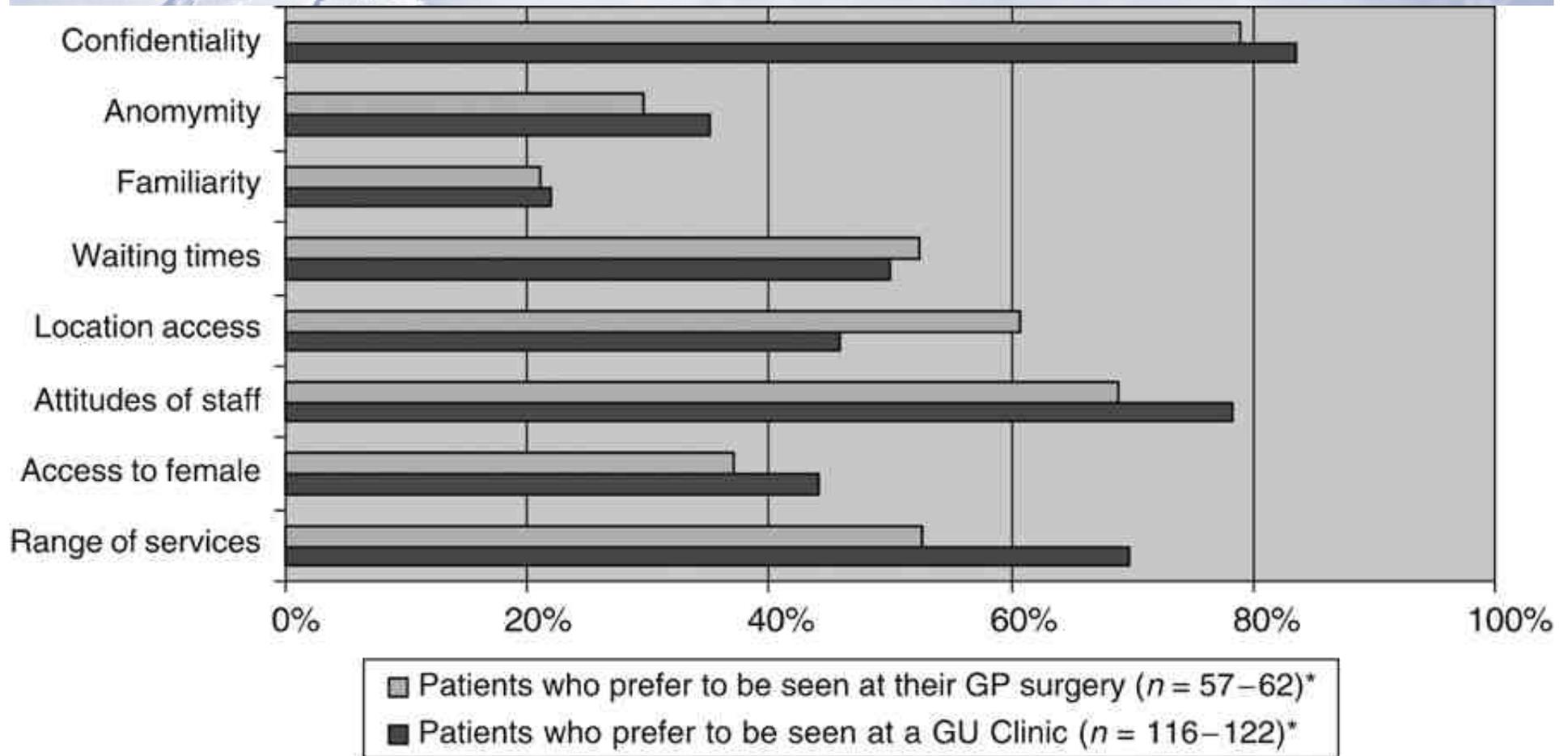


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Comparison of factors patients consider to be very important when deciding where to be seen

Hambly: Int J STD AIDS, Volume 17(6).June 2006.372-374



**number of respondents is slightly different for each question*

Sexual health services are often "siloed"



Service fragmentation

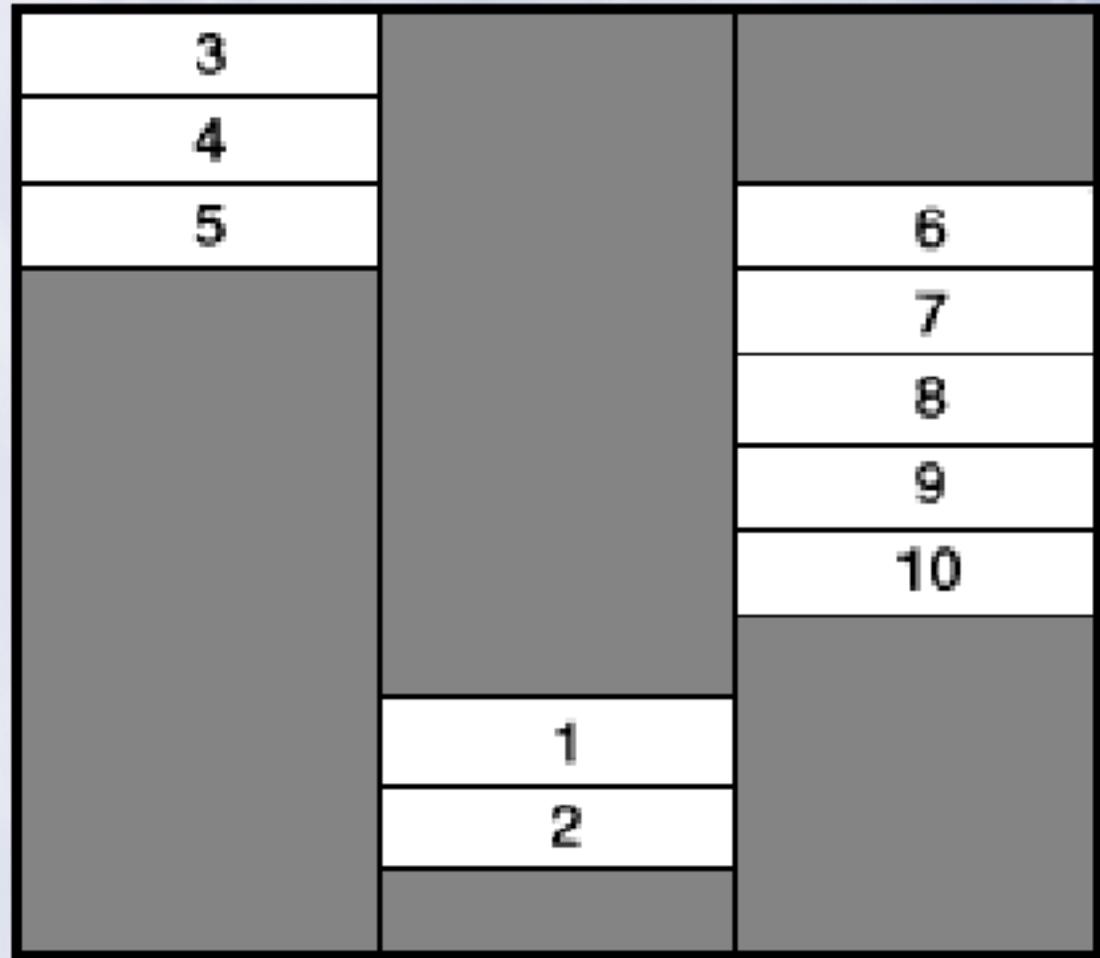


A vertical stack of 10 white rectangular blocks, numbered 1 through 10 from top to bottom. The bottom-most block is shaded gray. The background features a stylized globe of the Earth.

1
2
3
4
5
6
7
8
9
10

File Not

Fragmented



A diagram showing a fragmented file structure. It consists of three vertical columns. The left column has three white blocks numbered 3, 4, and 5 from top to bottom, followed by a large gray block. The middle column has a large gray block, followed by two white blocks numbered 1 and 2 from top to bottom, followed by a gray block. The right column has a large gray block, followed by four white blocks numbered 6, 7, 8, and 9 from top to bottom, followed by a white block numbered 10, and finally a large gray block.

3		
4		
5		
		6
		7
		8
		9
		10
	1	
	2	

Fragmented File

Fragmentation creates gaps in service delivery



And, sometimes, the gaps are not so small



A SHOT AGAINST CANCER

By CHRISTINE GORMAN



Sometimes you just want to scream



Searching for better ways – to enhance access

Integrate service delivery systems to facilitate referral and access – “SSS - sexual service supermarket”

Create satellite teen centers mapped onto high prevalence STD/HIV communities that is staffed to reflect the community

Create mobile service centers (vans) that bring services to communities

Engage communities to enhance local input and promote community oversight to reduce deep-seated distrust

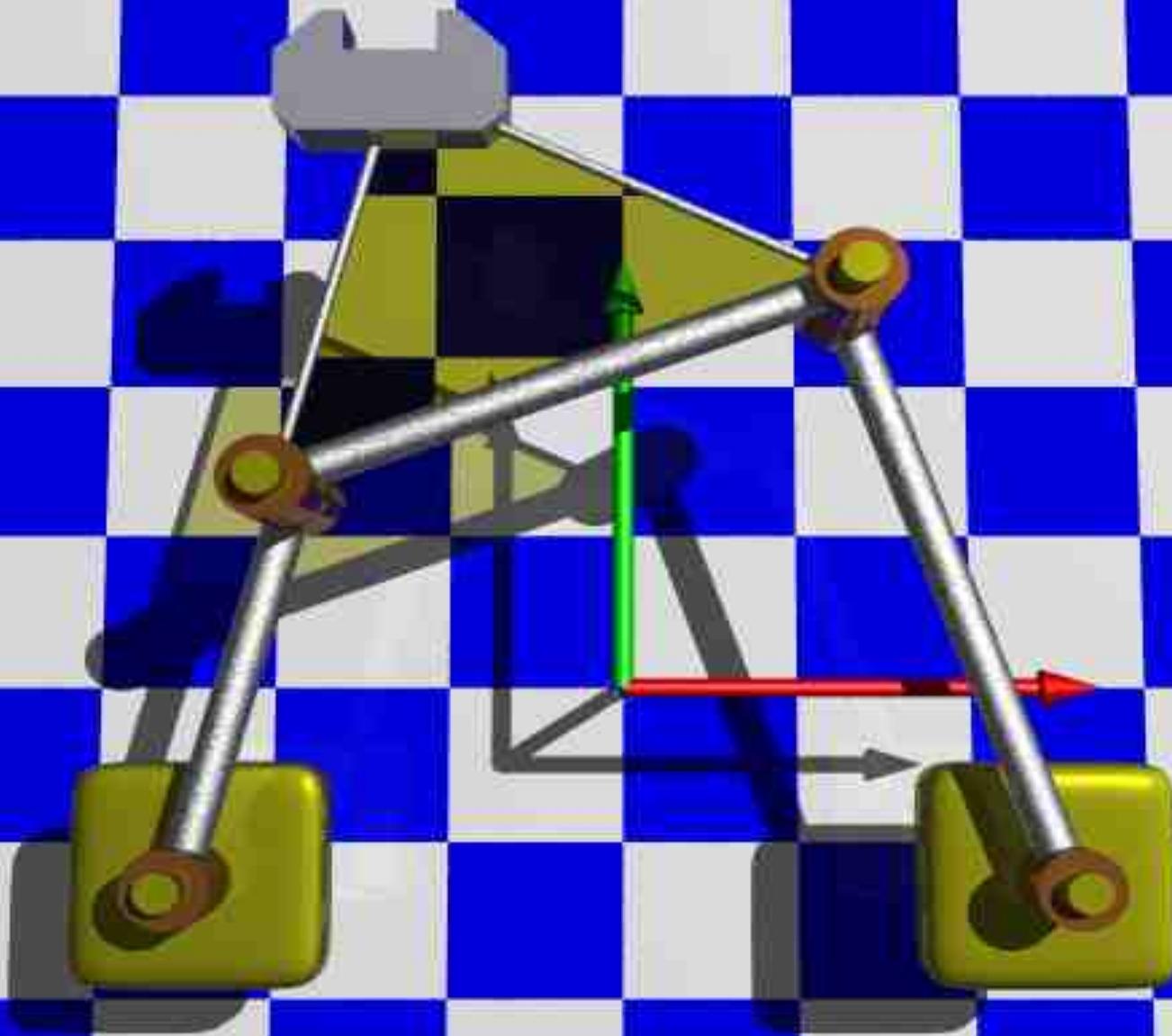
Enhance cultural competence of staff

Dispel dualism between treatment and prevention

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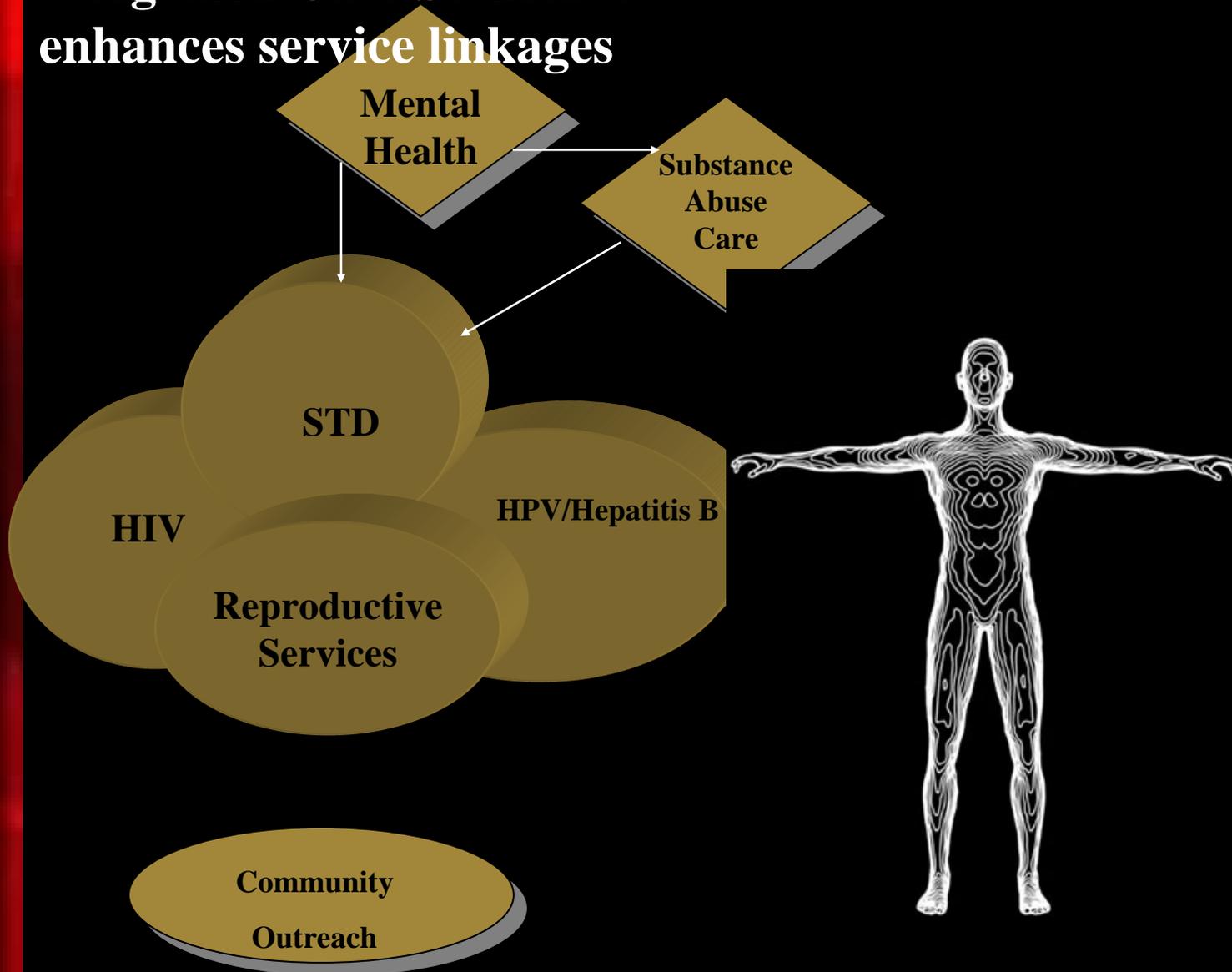


Linkage of disparate sexual health services

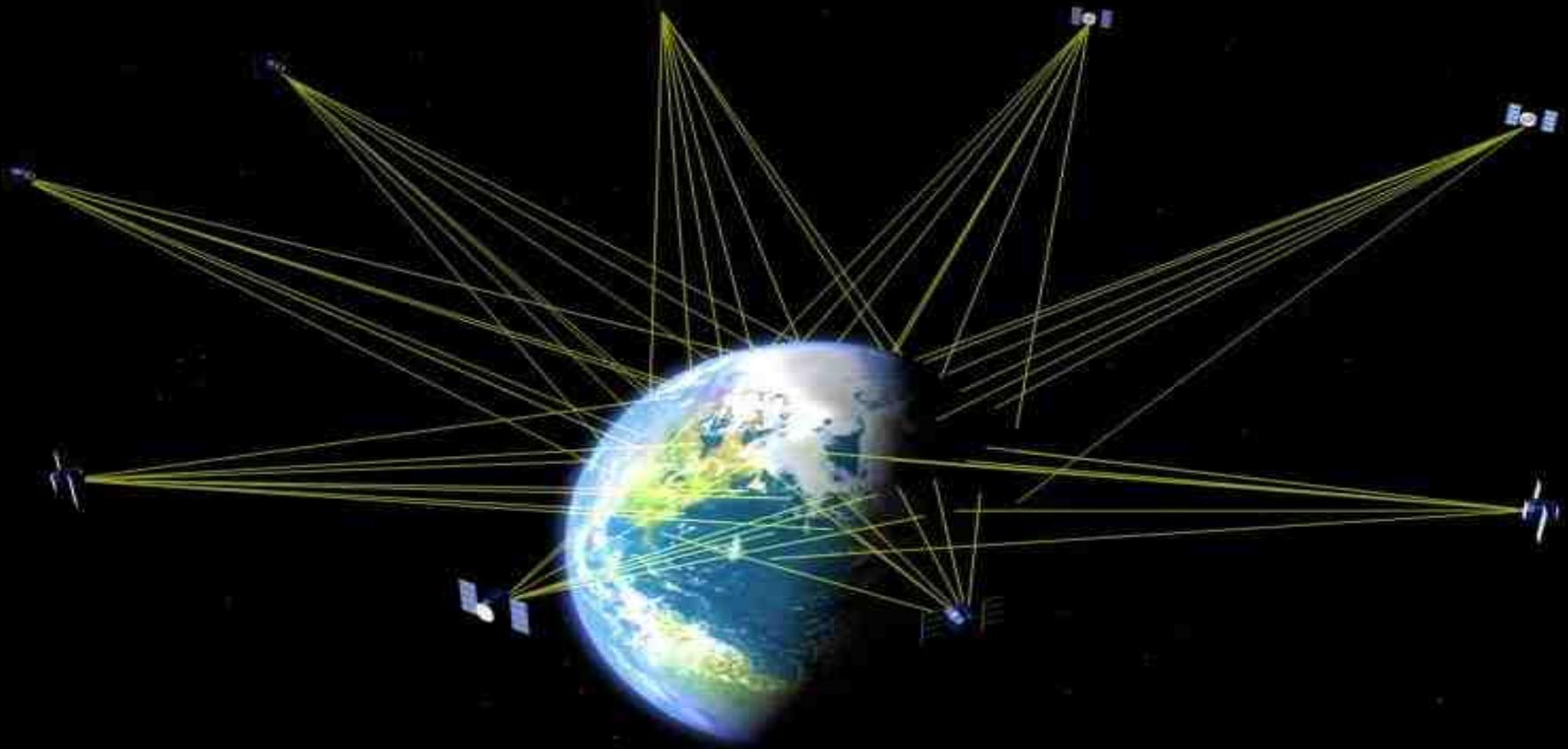


Reduce Service Fragmentation

Integrated Care Structure
enhances service linkages



*Creating satellite service sites in minority communities
may enhance access to sexual health services*



*Borrowing from the developing world
Going "mobile" to enhance access to hard-to-reach
adolescents*



Strategy as revolution – enhance access



*From a **strategic management point of view** if we examine industry in greater detail, companies that have competed solely on cost and quality premises have perished because all they had achieved was operational effectiveness (performing similar activities better).*

Supermarkets have succeeded because among other things they are augmented by strategic positioning – whereby they perform different activities from rivals (e.g. internet banking, selling clothing) and undertake similar activities in different ways (e.g. online shopping and delivery).

Strategy as revolution – enhance access



In addition to attempts to create tailored services for hard-to-reach adolescent populations, technology can be enlisted as an ally to compress the patient pathway (“disintermediation”), e.g. telephone and text message delivery for test results, rapid HIV testing, chlamydia home testing, use of EMR.

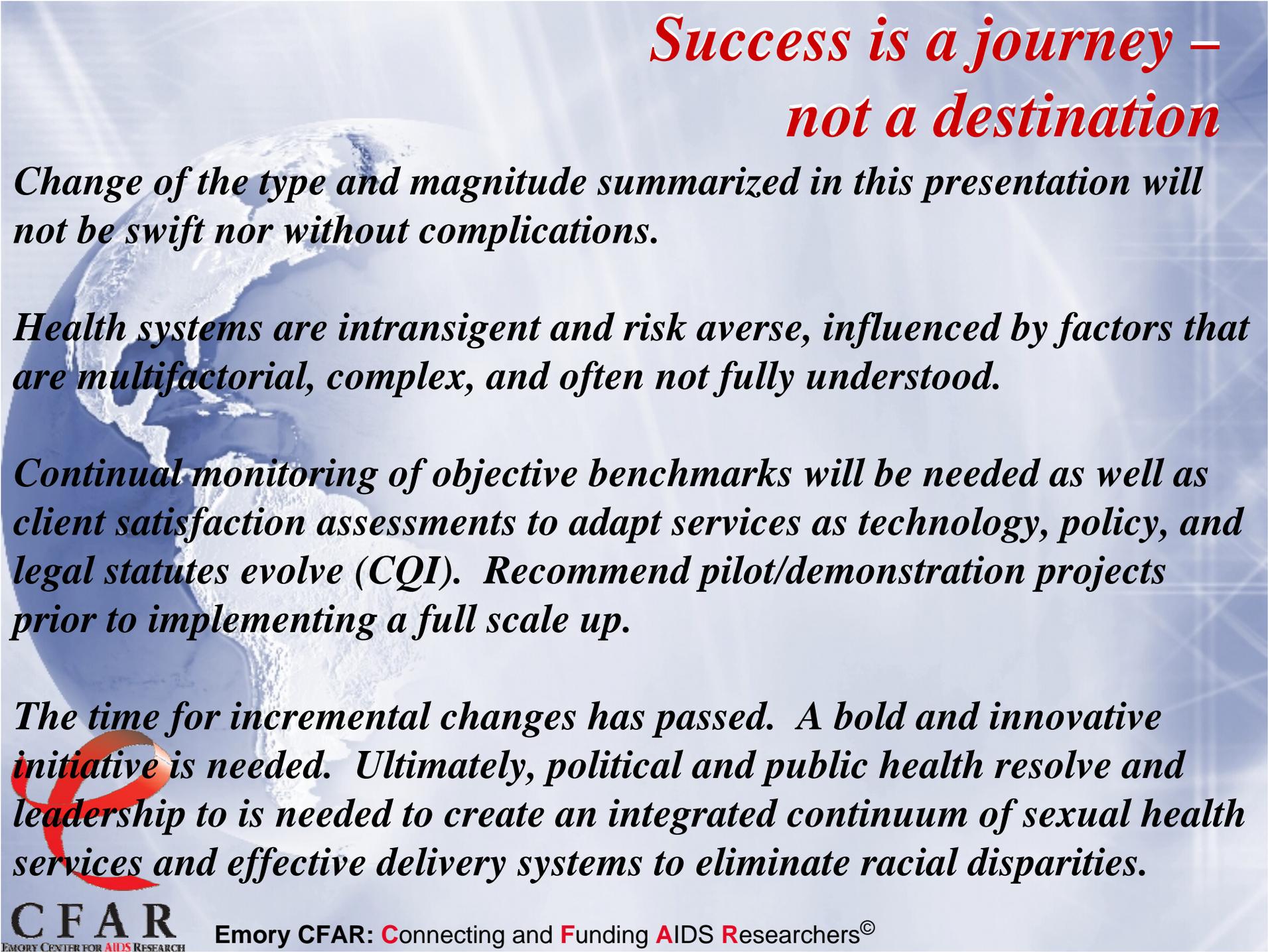
One goal is to effectively blur the boundaries between discrete, but related, sexual health services for adolescents.



A technological revolution may facilitate access to sexual health services

- ✧ **Development of rapid assays for common STDs and HIV promotes rapid diagnosis**
- ✧ **Use video-based interventions such as “Safe in the City” in waiting rooms**
- ✧ **Computerized assessment and prevention counseling allows for more precise tailoring of messages designed to be culturally and gender appropriate**





***Success is a journey –
not a destination***

Change of the type and magnitude summarized in this presentation will not be swift nor without complications.

Health systems are intransigent and risk averse, influenced by factors that are multifactorial, complex, and often not fully understood.

Continual monitoring of objective benchmarks will be needed as well as client satisfaction assessments to adapt services as technology, policy, and legal statutes evolve (CQI). Recommend pilot/demonstration projects prior to implementing a full scale up.

The time for incremental changes has passed. A bold and innovative initiative is needed. Ultimately, political and public health resolve and leadership to is needed to create an integrated continuum of sexual health services and effective delivery systems to eliminate racial disparities.

To the NYS Health Department





Thank you



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