

# “Street Medicine”: Collaborating With a Faith-Based Organization to Screen At-Risk Youths for Sexually Transmitted Diseases

| Nicholas J. Moss, BA, Alonzo Gallaread, Jacqueline Siller, MPH, and Jeffrey D. Klausner, MD, MPH

Chlamydia and gonorrhea rates among African American youths in San Francisco are far higher than those among young people of the city’s other racial and ethnic groups.

A geographically targeted sexually transmitted disease education and screening intervention performed in collaboration with a local faith-based organization was able to screen hundreds of at-risk youths. The screened individuals included friends and sex partners from an extensive social-sexual network that transcended the boundaries of the target population. The intervention also provided an excellent opportunity to practice “street medicine,” in which all screening and treatment was effectively conducted in the field.

The San Francisco Department of Public Health (SFPDH) has documented disproportionately high prevalences of chlamydia and gonorrhea in adolescents residing in low-income, predominantly African American neighborhoods in the city. In 2001, the case rate among adolescents aged 14 to 20 years in one neighborhood, West Hunter’s Point, was 5300 per 100 000 for chlamydia and 3200 per 100 000 for gonorrhea, compared with 2000 per 100 000 for chlamydia and 690 per 100 000 for gonorrhea among all adolescents citywide.<sup>1</sup>

Because of these high rates of sexually transmitted diseases (STDs) among adolescents in West Hunter’s Point and an adjacent neighborhood, Bayview, in 1997 the SFPDH STD Preven-

tion and Control Services implemented an HIV and STD peer-education program, Youth United Through Health Education (YUTHE), in the Bayview/Hunter’s Point area (box on page 1083). In 2002, YUTHE expanded peer education to include field-based STD screening in the area.

The YUTHE director invited a local faith-based organization, the Providence Foundation, to seek an SFPDH grant for youth STD education and to participate in the screening initiative. The Providence Foundation is affiliated with the Providence Baptist Church, which has been serving the African American community in San Francisco since 1945. The foundation’s mission is to help the low-income residents of Bayview/Hunter’s Point to develop the resources to improve their quality of life. YUTHE and Providence staff worked together in the management of the initiative. Collaborations between public health organizations and community organizations have facilitated urine-based screening for STDs in nonclinical settings.<sup>2</sup> Using faith-based organizations to reach targeted ethnic communities has been successful in other public health initiatives,<sup>3,4</sup> but there are scant reports of

adolescent STD screening collaborations with faith-based organizations.

## STD SCREENING: “STREET MEDICINE”

Between May and December of 2002, we began screening persons in Bayview/Hunter’s Point aged younger than 25 years for chlamydia and gonorrhea. The Providence Foundation provided staff to work with YUTHE to facilitate access to local youths. Three afternoons per week, outreach workers encountered youths along 4 geographic routes in Bayview/Hunter’s Point. The YUTHE supervisor designed the outreach routes to cover separate gang turf areas in Bayview/Hunter’s Point so that all potential participants would be included.

Outreach workers recruited youths to STD prevention education workshops and screenings at local venues secured by the Providence Foundation. These included one employment program and one after-school program, a YMCA, and hangout spots such as a local barber college and eateries. YUTHE staff conducted 38 education workshops and urine screenings between May and December 2002 (box on page 1083).

**TABLE 1—Results of a Faith-Based Collaborative Screening Initiative for Chlamydia and Gonorrhea in Bayview/Hunter's Point, San Francisco, 2002 (n = 470)**

	No. (%)	CT Positive, No. (%)	GC Positive, No. (%)	CT or GC Positive, No. (%)
<b>Race/Ethnicity</b>				
African American	431 (91.7)	15 (3.5)	3 (0.7)	16 (3.7)
Other <sup>a</sup>	39 (8.3)	3 (7.7)	0	3 (7.7)
<b>Age,<sup>b</sup> y</b>				
< 25	393 (83.6)	16 (4.1)	2 (0.5)	16 (4.1)
> 25	71 (15.1)	2 (2.8)	1 (1.4)	3 (4.2)
<b>Residence</b>				
Within	304 (64.7)	13 (4.3)	2 (0.7)	13 (4.3)
Bayview/Hunter's Point				
Outside	166 (35.3)	5 (3.0)	1 (0.6)	6 (3.6)
Bayview/Hunter's Point				
Total screened	470 (100)	18 (3.8)	3 (0.6)	19 (4.0)

Note. CT positive and GC positive indicate urine positive for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*, respectively, by nucleic acid amplification test (ProbeTec, BD Diagnostic, Sparks, Md). Percentages in last 3 columns are based on numbers shown in second column; for example, 15 of 431 African Americans (3.5%) were CT positive.

<sup>a</sup>Asian, Hispanic, Pacific Islander, White, Native American, and unknown.

<sup>b</sup>We lacked age data for 6 participants.

**TABLE 2—African American Youths Aged Younger Than 25 Years Residing in Bayview/Hunter's Point, San Francisco, Screened for Chlamydia and Gonorrhea, by Selected Testing Sites, May to December 2002**

	Chlamydia, n (%)		Gonorrhea, n (%)	
	Screened	Positive	Screened	Positive
Bayview/Hunter's Point screening initiative	282	11 (3.9)	282	2 (0.7)
SFDPH clinics <sup>a</sup>	377	44 (11.7)	273	10 (3.7)
City jails <sup>a</sup>	223	14 (6.3)	151	2 (1.3)
Youth detention facility <sup>a</sup>	150	6 (4.0)	45	3 (6.7)
All sites	1032	75 (7.3)	751	17 (2.3)

Note. SFDPH = San Francisco Department of Public Health. A positive test result indicates that urine was positive for *Chlamydia trachomatis* or *Neisseria gonorrhoeae* by nucleic acid amplification test (ProbeTec, BD Diagnostic, Sparks, Md).

<sup>a</sup>Traditional San Francisco city-run sexually transmitted disease screening sites.

The Providence Foundation also organized 6 youth rallies to raise STD awareness among Bayview/Hunter's Point youths. These events took place in the Providence Baptist Church parking lot and featured food and entertainment, as well as STD screening and education provided by the YUTHE and Providence outreach staff.

The SFDPH laboratory tested all urine samples. YUTHE staff confidentially notified positive individuals, delivered appropriate therapy, and offered partner treatment packs. The STD Prevention and Control Section has found field-delivered therapy to be an effective and safe way to treat individuals diagnosed with STDs.<sup>5</sup>

**COSTS**

All costs were assumed by the SFDPH directly or through the Providence Foundation. Staff pay was the most significant expenditure. Other costs included flyers, incentives for participants, condoms, and youth rallies. The SFDPH provided the screening tests, but the manufacturer donated antibiotics for chla-

mydia treatment (Azithromycin, Pfizer Inc, New York, NY).

**DISCUSSION AND EVALUATION**

Our initiative represented a unique collaboration between a traditional African American faith-based organization and a local health department to educate, screen, and treat youths for STDs. We averaged about 15 participants per screening and had valid screening results for 470 individuals, of whom 360 (83.5%) were African Americans aged younger than 25 years. According to the 2000 US census, there are approximately 2500 African Americans aged 15 to 25 years actually residing in Bayview/Hunter's Point, of whom we screened 188 (7.5%). Additional results are summarized in Table 1.

Our faith-based partner secured screening venues and created events that were central gathering places for youths living within and outside of Bayview/Hunter's Point. Outreach staff encouraged contacts to bring friends and sex partners to screenings, and 166 (35.3%)



**Youth United Through Health Education (YUTHE) and Providence Foundation outreach workers walk the street in Bayview/Hunter's Point.**



The Bayview Barber College, a local screening venue.

### YOUTH UNITED THROUGH HEALTH EDUCATION (YUTHE) PROGRAM, SAN FRANCISCO

- The goal of the YUTHE program is to lower sexually transmitted disease (STD) rates among the approximately 2500 adolescents and young adults in Bayview/Hunter's Point.
- Peer-educators are recruited from target communities and are permanent San Francisco Department of Public Health employees.
- Peer-educators are high school graduates or hold a general equivalency diploma.
- Each peer-educator receives 60 hours of standardized training in:
  - Sexual health outreach;
  - STD and HIV prevention;
  - Skills necessary to work with youths in an economically disadvantaged neighborhood.
- Peer-educators have continuously performed sexual education outreach in Bayview/Hunter's Point and other neighborhoods since the YUTHE program's inception in 1997.

of all screened individuals actually resided in other neighborhoods, indicating that the Bayview/Hunter's Point youth social-sexual network extends beyond the geographic boundaries of the neighborhood. It has been suggested that targeting networks of friends and sex partners may aid in risk reduction interventions.<sup>6</sup>

The initiative also benefited from our ability to treat all individuals outside of a clinic. Nineteen people (4.0%) tested positive for chlamydia, gonorrhea, or both. All received field-delivered therapy, and 5 accepted treatment for sex partners.

At \$150 000, the initiative cost about \$320 per person educated, counseled, and screened for chlamydia and gonorrhea and \$7900 per new case identified. Since these infections were in asymptomatic persons, they would have gone undetected and further transmission would have been likely. Case detection through screening is an essential aspect of STD control. Our

Bayview/Hunter's Point initiative screened on only 38 occasions during the study period and still reached a significant number of youths, including 282 African Americans aged younger than 25 years who actually resided in Bayview/Hunter's Point. We compared this result with the number of individuals, mainly symptomatic, tested at traditional city-run venues (Table 2).

### THE FUTURE

The YUTHE program continues to educate and screen for

STDs in Bayview/Hunter's Point and has begun a new initiative in a second neighborhood. As our outreach workers gain more experience, they target their efforts to youths engaged in more high-risk behavior. New screening instruments include questions about risk behaviors, and the resulting data may help us tailor future initiatives to high-risk individuals. Future costs can be lowered by relying on community partners primarily for access to their constituency, access to screening sites, and endorsement of

### VENUE-BASED URINE SEXUALLY TRANSMITTED DISEASE SCREENING

- The Youth United Through Health Education (YUTHE) team sets up a tent outside of the venue to attract attention.
- All specimen collection materials are brought to the site and stored in a cooler.
- Participants must fill out a brief demographic form with contact information before testing.
- YUTHE staff provides specimen collection instructions and a urine cup in a paper bag for privacy.
- Venues must have a bathroom available for urine self-collection.
- Participants receive 2 movie passes for their time.

screenings, but not for staffing the initiatives.

One of the lasting and important effects of our project is the diversification of the Providence Foundation's community support programs in Bayview/Hunter's Point to include sexual health programs for teens and young adults. The participation of an influential local faith-based organization will hopefully continue to validate the importance of STD screening within the youth community in Bayview/Hunter's Point. ■

### About the Authors

The authors are with the San Francisco Department of Public Health, STD Prevention and Control Services, San Francisco, Calif.

Requests for reprints should be sent to Jeffrey D. Klausner, MD, MPH, 1360 Mission St, Suite 401, San Francisco, CA 94103 (e-mail: jeff.klausner@sfdph.org).

This report was accepted December 31, 2003.

### Contributors

N.J. Moss performed some data analysis and wrote the report. A. Gallaread supervised the YUTHE team operations. J. Siller helped conceive the initiative and managed its implementation. J.D. Klausner conceived the screening and treatment protocols and arranged financial support for the program. All authors reviewed drafts of the report.

### Acknowledgments

Financial support for this initiative came from the San Francisco Department of Public Health, including money donated by Bristol Myers Squibb Virology, and the City and County of San Francisco Mayor's Office. Pfizer also provided financial support as well as donating antibiotics for chlamydia treatment.

We are indebted to the YUTHE team—Shamone Pitre, Deoounta Lyons, Jawan Crismon, and Inez Love—as well as to the Providence Foundation project coordinator, Isabel McKinney and her staff for their hard work. We also thank Kate Steiner and Robert Kohn, who helped manage the data, and Charlotte Kent, who provided editorial help in the preparation of this report.

### Human Participant Protection

As a public health screening and education initiative, the description of this project was designated public health practice and nonresearch.

### References

1. STD Control Section. *San Francisco Sexually Transmitted Disease Annual Summary, 2002*. San Francisco, Calif: San Francisco Dept of Public Health; August, 2003.
2. Bull SS, Jones CA, Granberry-Owens D, Stoner BP, Rietmeijer CA. Acceptability and feasibility of urine screening for chlamydia and gonorrhea in community organizations: perspectives from Denver and St Louis. *Am J Public Health*. 2000;90:285–286.
3. Lawson E, Young A. Health care revival renews, rekindles, and revives. *Am J Public Health*. 2002;92:177–179.
4. Duan N, Fox SA, Derose KP, Carson S. Maintaining mammography adherence through telephone counseling in a church-based trial. *Am J Public Health*. 2000;90:1468–1471.
5. Steiner KC, Davila V, Kent CK, Chaw JK, Fischer L, Klausner JD. Field-delivered therapy increases treatment for chlamydia and gonorrhea. *Am J Public Health*. 2003;93:882–884.
6. Rothenberg R. How a net works: implications of network structure for the persistence and control of sexually transmitted diseases and HIV. *Sex Transm Dis*. 2001;28:63–68.

### KEY FINDINGS

- The San Francisco Department of Public Health was able to collaborate with a local faith-based organization to perform sexually transmitted disease (STD) screening for African American adolescents.
- Our community health initiative successfully relied on “street medicine” techniques, where all STD education, screening, and treatment took place outside of a clinic environment.
- Targeted STD screening in a single neighborhood, Bayview/Hunter's Point, accessed a social-sexual network of young people from all over San Francisco who came there to socialize with their peers.