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 (SFDPH) 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.1

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 SFDPH STD Prevention 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 SFDPH 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.2 Using faith-based organizations to reach targeted ethnic communities has been successful in other public health initiatives,3,4 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)

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

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.

*Asian, Hispanic, Pacific Islander, White, Native American, and unknown.

We lacked age data for 6 participants.

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.

COSTS

All costs were assumed by the SFDPH directly or through the grant to 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 chlamydia 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%)
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.6 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

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The Bayview Barber College, a local screening venue.
screensings, 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.

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

References

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.

About the Authors
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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.

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