

elevated rates of unprotected vaginal sex (UVS) among a sample of YBM at high risk of STI/HIV acquisition.

Methods: Young Black males 15–23 years of age experiencing recent penile–vaginal sex were recruited from STI clinics in three U.S. cities for an NIH-funded randomized controlled trial of a safer sex intervention program. Baseline data were used for this analysis. An audio survey was administered which assessed condom use behaviors, participants' desire, and perceptions of partners' desire, for pregnancy. The correlate (Pregnancy Desire) was created by combining items into a trichotomy (No Desire, Discrepant Desire, Mutual Desire). Bivariate associations between the trichotomy and two dichotomous outcomes (any UVS and any condom breakage) and two continuous-level outcomes (frequency of UVS and proportion of condom-protected penile–vaginal sexual encounters) were detected using Chi-Square and one-way ANOVA respectively. Multiple logistic regression was used to calculate odds ratios for the association of the trichotomy with dichotomous outcomes, adjusted for age and report of multiple sex partners. Multiple linear regression models were used to calculate age-adjusted, and multiple partner-adjusted, Beta values for each of the assessed correlations.

Results: “No Desire” to conceive was associated with significant differences in UVS, condom breakage, frequency of UVS and condom usage compared to each of the other groups. Logistic regression demonstrated any UVS was 2.81 times more likely amongst Mutual Desire and 1.85 times more likely amongst Discrepant Desire Groups compared to the No Desire Group. Multiple linear regression models controlling for age and multiple sex partners demonstrated a positive significant Beta for frequency of UVS and negative significant Beta for proportion of condom use suggesting the proportion of condom use increases as group membership progresses from Mutual Desire to No Desire.

Conclusions: Findings from this study of 578 YBM attending STD clinics support the concept that YBM trying to conceive or who perceive somebody wants to be pregnant with their child are relatively unlikely to use condoms, despite STI/HIV risks. In planning public health interventions consideration must be given to the outcomes demonstrating YBM may be both yielding to or disregarding the desires of their female sex partners regarding conception. This suggests a potentially beneficial behavioral intervention model to avert HIV/STI acquisition amongst YBM may be dual-prevention, structurally addressing motives for and perceptions about conception with the necessity of protecting a high-risk population against an ever-expanding epidemic of STIs, including HIV.

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EXPEDITED PARTNER THERAPY AND STI AWARENESS

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Purpose: Chlamydia and gonorrhea have the highest rates among the 14–24 year old age group. Per the CDC and SAHM, health care providers should be screening for these diseases at every opportunity. To prevent reinfection, expedited partner therapy (EPT) came into clinical practice in 2006. The CDC defines EPT as the clinical practice of treating the sexual partner of those diagnosed with chlamydia or gonorrhea without the healthcare provider examining

the partner. A pilot study performed at the Illinois Chapter of the American Academy of Pediatrics (ICAAP) demonstrated many barriers to the use of EPT. The goal of this study is to further look at the rates of STI screening and EPT usage by pediatric providers in the primary catchment area of Advocate Children's Hospital – Oak Lawn, and identify any barriers to screening or treatment in order to increase awareness and suggest solutions for the future.

Methods: Data were collected as part of a three-phase analysis. Phase 1 involved the distribution of a provider survey to address EPT use, STI screening and barriers to care (n = 44). In addition, a survey for teens (ages 12–24) was distributed to five pediatric clinics in the immediate catchment area (n = 59). Phase 2 involved focus groups with pediatric providers to better delineate the barriers identified. Phase 3 involved creating a community asset map and a STI/EPT toolkit for providers. The data obtained was analyzed for any trends in STI screening, EPT use, and patterns in reported barriers among providers. The teen data was analyzed and compared to provider results for STI screening and utilized in the development of the resource toolkit.

Results: The majority of providers (81.8%) reported that they offer STI screening and diagnosis, in contrast to the minority of teens (10.8%) who indicated that they had been screened for STIs. Along with the findings regarding STI screening and diagnosis, the data indicated that there are a limited number of physicians (25%) who utilized EPT in their practice citing a number of barriers to its use. The top three barriers reported by providers were 1) uncomfortable treating a patient never seen before (77.1%), 2) treating an STI without screening for others (55.4%), and 3) liability (45.7%). While there is a minority of providers who currently utilize EPT in their practice, the majority of providers (86.8%) are willing to participate in an EPT training program.

Conclusions: While pediatric providers are offering STI screening and diagnosis, adolescents are not being screened per CDC recommendations. EPT has proven to be an asset in reducing STI rates and in turn long term complications. While providers are not currently utilizing EPT, there is interest in starting. To increase health care provider comfort levels, our group has distributed a toolkit containing informational documents. In conjunction with STI/EPT toolkit, our team has assembled an asset map for the described catchment area, which includes clinics/pharmacies that provide STI screening, diagnosis and treatments. Further research will be needed to determine the efficacy of our project.

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IMPROVING SCREENING FOR SEXUAL ACTIVITY AND STIS AMONG ADOLESCENTS IN URBAN PRIMARY CARE: RESULTS OF A LEARNING COLLABORATIVE APPROACH TO QUALITY IMPROVEMENT

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Purpose: Sexually transmitted infections (STIs) remain a significant source of morbidity among adolescents. Many infections are