

High-Risk Sexual Behavior

The High-Risk Sexual Behavior priority has three sets of objectives: adolescent sexual activity; unintended pregnancy; and sexually transmitted disease, including HIV infection.

Progress in Meeting Objectives—Specific Findings

Adolescent sexual activity. The objective seeks to reduce the% of Wisconsin high school youth who report ever having had sexual intercourse to 30% or less. In 2005, 40% of Wisconsin high school students reported having had sexual intercourse. This represented an upturn in the percentage after recent decreases (42% in 1999, 39% in 2001, 37% in 2003).

Based on combined years of data (2001-2005), the percentage of high school students who reported having had sexual intercourse differed by race/ethnicity. The percentages for those years were 39% overall, 67% of African American students, 53% of American Indian students, 46% of Hispanic students, 30% of Asian students, and 36% of white students.

Unintended pregnancy. This objective seeks to reduce the percent of pregnancies that are unintended to 30% or less. There is no regularly collected data to measure this objective for Wisconsin. In the 2000 Wisconsin Behavioral Risk Factor Survey, 34.5% of women who had been pregnant in the past five years said that the pregnancy was unintended. This question will be included again in the 2006 survey.

Sexually transmitted disease, including HIV infection. This objective seeks to reduce the incidence of sexually transmitted disease, including HIV infection, by promoting responsible sexual behavior, strengthening community capacity, and increasing access to prevention services.

The incidence of syphilis in Wisconsin decreased from 2.2 cases per 100,000 population in 2000 to 1.5 cases per 100,000 in 2004 (**2010 target:** 0.2 cases per 100,000). The rate fluctuated in the intervening years, but was always lower than the 2000 rate. Rates by race/ethnicity were not calculated, but the number of cases decreased markedly among African Americans (from 100 cases in 2000 to 24 cases in 2004) while increasing among non-Hispanic whites (from 6 to 49).

The incidence of Chlamydia trachomatis infection has increased steadily, from 304.2 cases per 100,000 population in 2000 to 350.2 cases per 100,000 in 2004 (**2010 target:** 138 cases per 100,000 population). Numbers of cases increased in every race/ethnicity group (except the large “other or unknown” group).

The incidence of Neisseria gonorrhoea infection in Wisconsin has decreased nearly every year since 2000, from 130.2 cases per 100,000 population in 2000 to 92.0 cases per 100,000 in 2004 (**2010 target:** 63 cases per 100,000 population). Rates by race/ethnicity were not calculated because so many cases had race reported as “unknown or other.”

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The incidence of human immunodeficiency virus (HIV) infection in Wisconsin has fluctuated since 2000. It was 7.3 cases per 100,000 population in 2000, 6.2 in 2001, 7.1 in 2002, 6.6 in 2003, 7.6 in 2004, and 7.0 in 2005 (**2010 target:** 2.5 cases per 100,000 population). Between 2000 and 2004, 54% of new cases were among members of racial/ethnic minority groups. In 2005, 50% of reported cases were among racial and ethnic minorities.

Selected Accomplishments and DHFS Activities

- Conducted the federally required five-year needs assessment for statewide Maternal and Child Health Programming. Of the ten MCH priorities identified in Wisconsin, birth outcome disparities and contraceptive services were identified as the top two.
- Identified three overarching goals to guide reproductive health programming for the next five years: (1) increase outreach and enrollment in the Medicaid Family Planning Waiver; (2) increase access to emergency contraception; and (3) increase access to contraceptive services and supplies.
- Sponsored the 2005 Wisconsin Abstinence Initiative for Youth Conference that brings together young people from throughout Wisconsin to provide abstinence education.
- Exploring partnerships with the City of Milwaukee Health Department, the Annie E. Casey Foundation, and community stakeholders to implement an evidence-based adolescent reproductive health “Plain Talk” initiative.
- Advancing HIV prevention through increased access to HIV testing. Research demonstrates that many HIV-infected persons do not get tested for HIV until late in their infection, and that persons who learn they are infected frequently adopt behaviors that reduce risks for transmitting HIV. For these reasons, increased access to testing for persons at risk of HIV infection is an effective HIV prevention strategy.
- Selected by the Association of Maternal and Child Health Programs as one of several states to be profiled for its work in teen pregnancy prevention in 2005.
- Received a Centers for Disease Control and Prevention Supplemental Grant to improve coordination, communication, and collaboration among abstinence, HIV, sexually transmitted disease, and teen pregnancy prevention programs and partners. This grant included resources to survey state leaders; build local program capacity; host 10 listening sessions for youth; strengthen STD state data infrastructure; establish a statewide list-serve; and develop a youth sexual behavior and outcomes Web site.
- Selected to create a blueprint needs assessment model for states to use in implementing CDC adolescent reproductive health grants.
- Adopted two overarching goals to guide the Department’s program and policy work in teen pregnancy prevention. These goals are: (1) encourage and promote delayed sexual activity; and (2) provide access to confidential contraceptive and related health services to prevent unintended pregnancy and sexually transmitted infections, including HIV, among sexually active adolescents.
- Established a Family Planning Council in the Office of the Secretary to address the Family Planning Waiver and teen pregnancy prevention.
- Modified the *Healthiest Wisconsin 2010* Implementation Plan by including a more specific objective to track and measure unintended teen pregnancy. This objective now reads: “By 2010, reduce unintended teen pregnancy by 30% by promoting consistent and correct use of contraceptives.”

- Redirecting Wisconsin Abstinence Initiative for Youth program funds to focus primarily on serving youth in the child welfare system, especially those in the city of Milwaukee.
- Trained local HIV prevention service providers through the Diffusion of Effective Behavioral Interventions, a national strategy to increase skills of HIV prevention service providers in conducting interventions that behavioral research has demonstrated as yielding positive behavioral and health outcomes.
- Implemented federally funded demonstration projects that incorporate rapid HIV testing in: (1) Milwaukee-area medical clinics reaching minority communities and homeless persons; (2) short-stay correctional facilities in Milwaukee and Rock counties; and (3) HIV Partner Counseling and Referral Services in Madison, Milwaukee, and the counties of Brown, Kenosha, Racine, Waukesha, Fond du Lac, La Crosse, and Beloit.
- Implemented pilot HIV Partner Elicitation (PE) activities in select HIV counseling and testing sites. Clients who test positive for HIV are offered assistance in identifying sexual and needle-sharing partners who need to be notified that they may be at risk for HIV infection.
- Implementing effective early detection and screening in HIV/AIDS prevention programming including: (1) new technologies (rapid HIV testing, urine sexually transmitted disease screening); (2) integrating services in correctional facilities and primary care clinics serving ethnic and racial minorities; (3) expanding traditional partner notification approaches in social networks; (4) including culturally competent community partners in the Syphilis Community Partnership Team.
- Implementing effective treatment to prevent infections in sexually transmitted disease and HIV/AIDS prevention programming including: (1) integrating prevention messages into routine primary medical care; (2) maintaining access to AIDS drug assistance and insurance programs; (3) providing directly observed and field delivered treatments; and (4) incorporating Tuberculosis and Hepatitis C screening into routine care.
- Invested resources in epidemiology staff to improve the database quality and analytical infrastructure for sexually transmitted diseases. Analysis showed striking racial and ethnic disparities in STD rates, including in Milwaukee County, which accounted for almost half of Wisconsin's STD morbidity. As a result, the Department submitted a grant application to the Healthier Wisconsin Partnership Fund to support community planning and mobilization to address these disparities. The proposal will convene key partners across STD, HIV and Family Planning to implement a strategic planning process addressing disparities in STDs, HIV and reproductive health.
- Assured access to medical services by: (1) increasing the availability of bilingual services in testing, prevention, and case management services; (2) continuing to develop the cultural competency of the staff; (3) building the capacity of medical care services in minority communities; and (4) developing mechanisms to track successful linkage of clients to services.
- Continued the training and skill development of minority community-based organizations in implementing effective HIV prevention services that are culturally tailored to meet the needs of communities of color and subpopulations of persons at risk.

New and Emerging Issues

- The longstanding disparities in black infant mortality in Wisconsin are driving a Department-wide focus to eliminate these disparities.
- Despite a declining teen birth rate statewide and among most race/ethnicity groups in Wisconsin, Milwaukee continues to have one of the highest teen birth rates in the U.S.
- After a decade-long downward trend in the annual number of new cases of HIV infection, the number of newly reported cases between 1998 and 2005 was relatively constant, averaging 377 new cases of HIV infection per year. Increases in reported cases were largely restricted to men who have sex with men, an estimated 55% of reported cases.
- Continuing development and refinement of HIV rapid testing technologies will likely result in federal Food and Drug Administration approval of rapid HIV home testing and the need for education and follow-up confirmatory testing of persons who have preliminary reactive HIV test results through home test kits.