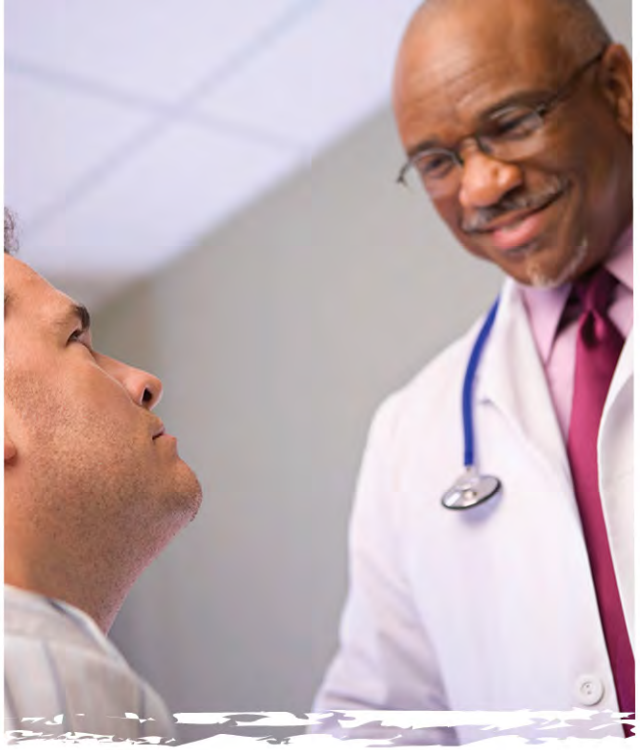


Reproductive and Sexual Health

SHARP and Women's Sexual Health Promotion

for the Defense Advisory Committee on Women in the Service (DACOWITS); as of 22 Aug 2013

The views expressed in this briefing are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U. S. Government

Michael R. (*Bob*) MacDonald, MS, CHES

Navy and Marine Corps Public Health Center
Sexual Health and Responsibility Program (SHARP)
620 John Paul Jones Circle, Suite 1100
Portsmouth VA 23708

http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/reproductive-and-sexual-health.aspx

michael.r.macdonald@med.navy.mil

voice: (757) 953-0974 [DSN 377]

Purpose

- Describe SHARP and how it fits into other DoN efforts to promote the sexual health of Navy and Marine Corps women

Back-up Slides:

- Highlight key challenges and suggest potential solutions

Overview

- SHARP
- Women’s Sexual Health Promotion Resources
- Women’s Sexual Health Promotion Initiatives

SHARP

Sexual Health and Responsibility Program (SHARP) is a function of the **Navy and Marine Corps Public Health Center** which is subordinate to the Navy Bureau of Medicine and Surgery (BUMED)

Vision: A DoN cultural norm in which physical and social sexual health is encouraged, supported and expected; and a DoN population in which all pregnancies are planned, and sexual violence, coercion and sexually transmitted infections (STIs), including HIV, are prevented.

Motto: "Chart a Safe Course" – affirms that each individual has the right and responsibility to make choices about their health and that sexual health decision-making is a lifelong and dynamic process because a person's circumstances and relationships may change over time.

Goal: Promote and protect the sexual health of the DoN to support mission readiness and accomplishment, minimize avoidable health care costs and personnel losses, prevent morbidity and mortality, and support quality of life.

Objectives: Reduce unplanned pregnancies and sexually transmitted infections, including HIV to levels specified in Healthy People 2020

Note: BUMED is not tasked with Sexual Assault Prevention

SHARP

- Strategy:

  Investigate, Communicate, Advocate, Educate, Collaborate.

  - Cannot mandate. Should not pontificate.

  – Provide a forum for multi-organizational, multi-disciplinary discourse and collaboration
  – Develop; Advocate; Monitor sexual health status indicators
  – Advocate for sexual health promotion policies, practices, research
  – Develop and distribute sexual health promotion products
  – Conduct sexual health promotion training
  – Provide consultation and program support

Sexual Health Promotion Products and Services

- SHARP Sexual Health Program Objectives
- NMCPHC Health Risk Assessment – Sexual Health Questions
- Navy Surgeon General's Blue H Award – Sexual Health Criteria
- SHARP Newsletter
- SHARP Website
- SHARP Toolbox DVD
- SHARP Program and Practice Guidelines
- SHARP Ready-to-use Training Lectures
- SHARP Films
- SHARP Factsheets
- SHARP Posters
- SHARP Training for Health Educators and Clinicians

Navy and Marine Corps Public Health Center
Sexual Health and Responsibility Program (SHARP)
SHARP and SHARP-Adopted HP 2020 Goals (updated 6/4/2013)

SHARP Vision:
A DoN cultural norm in which physical and social sexual health are encouraged, supported and expected, and a DoN popu
pregnancies are planned, and sexual violence, coercion and sexually transmitted infections, including HIV, are pr

SHARP Motto:
"Chart a Safe Course" affirms that each individual has the right and responsibility to make choices about their sexual hea
and that sexual health decision-making is a lifelong and dynamic process because a person's circumstances and relations
over time.

Sexual Health Objective (and HP2020 Objective Number)	HP2020 Target	U.S. Baseline and DoN Status	SHARP target
Family Planning			
FP-1: Increase the proportion of active duty Sailors who report her last pregnancy while in the Navy as "planned"	56%	U.S. Baseline, 2002 = 51% USN enlisted-2010 = 36%; 2012 = __% USN officer-2010 = 70%; 2012 = __% USMC data not available	56%
FP-6 (modified by SHARP): Increase the proportion of active duty male and female sailors and marines at risk of unintended pregnancy who used contraception ALL the time	91.3% (used contraception at last sexual encounter)	U.S. Baseline, 2006-2008 = 83% USN active duty male-2012 HRA % healthy = 78% USN active duty female-2012 HRA % healthy = 84% USMC active duty male- 2012 HRA % healthy = 75.8% USMC active duty female- 2012 HRA % healthy = 80.1%	91.3% (use contraception correctly ALL the time)
HIV			
HIV-2: Reduce the number of new (incident) cases of **HIV diagnosed** among active duty members	HP2020 = developmental. National HIV Prev Strategy = reduce incidence by 25% by 2015	U.S.=developmental USN-2012 = 72 (26/100K) USMC-2012 = 25 (16/100K)	8 per 100K
HIV 17-1: Increase the proportion of sexually active unmarried **females** aged 15 to 44 years who use condoms	38%	US Baseline, 2006-2008 = 34.5 % USN, 2008 = 36.29% USMC 2008 = 26.8%	38%
HIV 17-2: Increase the proportion of sexually active unmarried **males** aged 15 to 44 years who use condoms	60.7%	US Baseline, 2006-2008 = 55.2 % USN, 2008 = 45.86% USMC 2008 = 38.14%	60.7%
STD Prevention			
STD 1.1: Reduce the proportion of active duty **females** with **Chlamydia** tracomatis infections.	6.7%	U.S. incidence 2011=648.9/100K US females aged 20-24=3722.5/100K USN-2012=1049 cases (2006/100K) USMC-2012=493 cases (3609/100K)	6.7% (6700/100K)
STD 6-1: Reduce the incidence of **Gonorrhea** among active duty **females** aged 15-44	257 per 100K	U.S. all females 2011 = 106.5 / 100K U.S. females 2011 aged 20-24 = 584.2/100K USN 2012 = 60 cases; 114.7/100K USMC-2012 = 24 cases; 175.7/100K	257 per 100K
STD 6-2: Reduce the incidence of **Gonorrhea** among active duty **males** aged 15-44	198 per 100K	U.S. all males 2011 = 98.7/100K U.S. males 2010 aged 20-24 = 450.6/100K USN 2012 = 232 cases; 86.2 /100K USMC-2012 = 179 cases; 95.5/100K	198 per 100K
STD 7-1: Eliminate sustained domestic transmission of primary and secondary **Syphilis** among active duty **females**	1.4 per 100K	U.S. 2011 = 1.0/100K USN 2012 = 4 cases; 7.7/100K USMC 2012 = 0 cases; 0/100K	1.4 per 100K
STD 7-2: Eliminate sustained domestic transmission of primary and secondary **Syphilis** among active duty **males**	6.8 per 100K	U.S. 2010 =8.2/100K USN 2012 = 64 cases; 21.2/100K USMC 2012 = 17 cases; 8.5/100K	6.8 per 100K

Navy and Marine Corps Public Health Center
Sexual Health and Responsibility Program (SHARP)
Sexual Health Indicators - Active Duty Sailors and Marines (4/15/2013)

SHARP Vision:
A DoN cultural norm in which physical and social sexual health are encouraged, supported and expected,
and a DoN population in which all pregnancies are planned, and sexual violence, coercion
and sexually transmitted infections, including HIV, are prevented.

SHARP Motto:
"Chart a Safe Course" affirms that each individual has the right and responsibility to make choices about their sexual health and behavior; and that sexual health decision-making is a lifelong
and dynamic process because a person's circumstances and relationships may change over time.

		cases	rate	goal	trend	goal status	comment
Marines	Gonorrhea among males	179	95.5 / 100K	198 / 100K			2012 data. Rate per members on active duty midyear. Does not include cases among recruits. Rate up from 88.7 in 2011.
	Gonorrhea among females	24	175.7 / 100K	257 / 100K			2012 data. Rate per female members on active duty. Does not include cases among recruits. Rate up from 164.8 in 2011.
	Chlamydia among females	493	3609.9 / 100K	6.7%		?	2011 data. Rate per members on active duty midyear. Rate down from 3963.3 in 2011. Does not include cases among recruits.
	HIV	25	16 / 100K	8 / 100K			2012 data. Rate per number of members tested. Rate down from 18 in 2011. Case
	Syphilis among males	17	8.5 /100K	6.8 / 100K			2012 data. Cases up from 14 in 2011.
	Syphilis among females	0	0 /100K	1.4 / 100K			2012 data. Cases down from 2 in 2011.
	Unplanned Pregnancy	estimated via survey		56% planned		?	2008 data; among active duty enlisted aged 21-24, 1 in 10 surveyed men and 1 in 4 women experienced a UPP in the past 12 months.
	Family Planning	HRA "pct healthy"	males - 75.8 females - 80.1	93.10%			2012 HRA data.
	Condom use among unmarried males	na	38.14%	60.70%			2008 data. Condom use at last encounter by unmarried members.
	Condom use among unmarried females	na	25.8%	38%			2008 data. Condom use at last encounter by unmarried members.
	STI Risk		Men = 69.2% Women = 71.7% Zero days away from home station = 70% >180 days away from home station = 65%	80%			2012 Data - Health Risk Assessment.
	Unplanned Pregnancy Risk		USMC Men = 75.8% USMC Women = 80.1%	80%			2012 Data - Health Risk Assessment.
Sailors	Gonorrhea among males	232	86.2 / 100K	198 / 100K			2012 data. Rate per members on active duty midyear. Does not include cases among recruits. Rate down from 88.9 in 2011.
	Gonorrhea among females	60	114.7 / 100K	257 / 100K			2012 data. Rate per female members on active duty. Does not include cases among recruits. Rate down from 139.1 in 2011.
	Chlamydia among females	1049	2006 / 100K	3%		?	2012 data. Rate per members on active duty midyear. Does not include cases among recruits. Rate down from 2400.2 in 2011.
	HIV	72	29 / 100K	8 /100K			2012 data. Rate per number of members tested. Rate up from 27 in 2010.
	Syphilis among males	64	18.2 / 100K	6.8 / 100K			2012 data. Cases up from 52 in 2011.
	Syphilis among females	4	10.3 /100K	1.4 / 100K			2012 data. Cases down from 5 in 2011.
	Unplanned Pregnancy	estimated via survey	38%	70%			2008 data; surveyed enlisted Sailors only; rate unchanged from 2005. Also over 1 of 10 enlisted male and 1 of 5 enlisted female aged 21-25 reported UPP in past 12 months.
	Family Planning	HRA "pct healthy"	males - 78 females - 84	93%			From 2012 HRA data.
	Condom use among males	na	45.68%	60.70%			2008 data. Condom use at last encounter by unmarried members.
	Condom use among females	na	35.29%	38%			2008 data. Condom use at last encounter by unmarried members.
	STI Risk	na	Men = 75.8% Women = 76.6% Zero days away from home station = 77% >180 days away from home station = 69%	80%			2012 Data - Health Risk Assessment.
	Unplanned Pregnancy Risk	na	USN Men = 78% USN Women = 84%	80%			2012 Data - Health Risk Assessment.

NMCPHC Resources - Fleet and Marine Corps HRA

- Web-based
- Often used during the annual Periodic Health Aseessment
- In 2012: 98,042 Sailors // 30,428 Marines
- Immediate feedback and web link

Question #13. In the past 12 months, how often did you or your partner(s) use a condom when you had sex (Read all choices below carefully before responding)?

Question #22. For both men and women, regarding your actions related to possible pregnancy:
a. I am not having sexual intercourse at this time in my life -OR- my partner or I are not fertile
b. My partner and I are pregnant -OR- are trying to have a baby now
c. My partner or I are correctly and consistently using birth control ALL the time
d. My partner or I are correctly using birth control MOST of the time
e. My partner or I are correctly using birth control SOME of the time
f. My partner and I are not using birth control

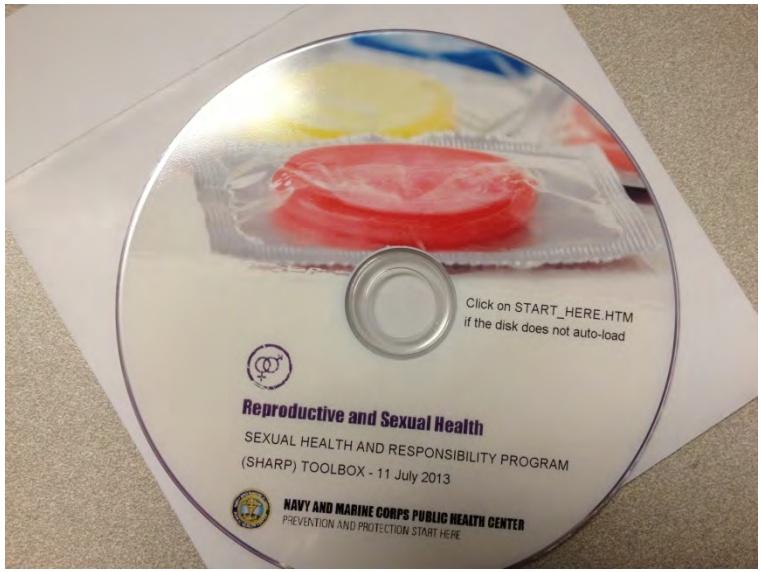
NMCPHC Resources – Blue H

Blue H - Navy Surgeon General's HPW Award (annual)

- Sexual Health Promotion Criteria:
  - Health Risk Assessment scores:
    - question #13 – condoms / STI prevention
    - question #22 – family planning
  - Condom access
  - Family Planning or HIV or STI-Prevention films / events
  - Sexual Assault Prevention Activity
  - Medical: Sexual Health Counseling Practice
  - USMC SEMPER FIT Centers: community-level sexual health promotion events

SHARP Resources

- *SHARP News* newsletter
- SHARP website
- *SHARP Toolbox* DVD



SHARP Resources

- Brief Sexual Health Screening Guide
- Useful during the PHA and other routine encounters

Brief Guide for Sexual Risk Assessment and Intervention

– For military service members during their annual Periodic Health Assessment (PHA) or any routine encounter –

Part I – Assess Risk

1. OPENING STATEMENT(S)

"Let's talk about your sexual health for a minute". "I want to ask some direct questions about your sexual health so I can help you stay healthy". "I ask these questions of all of my patients".

2. PREVENTION OF PREGNANCY (MEN AND WOMEN). Determine family planning intentions and use of contraception.

"Do you or your partner want to get pregnant in the next year?" If no - What are you doing to prevent a pregnancy?"

3. PARTNERS. Make no assumptions of partner gender in the initial history taking.

"Are you presently in a relationship?" "In the past 12 months, about how many people have you had sex with?"

"Were / are your recent partner(s) men, women or both?"

4. PRACTICES. If the patient has **risk** (see inset), explore sexual behavior and circumstances.

"With your recent sex partner(s), did you engage in vaginal, oral or anal sex?

"Regarding pregnancy and STDs, what is the riskiest thing you've done in the past 3 months?"

"How does your use of alcohol or other drugs influence your sexual decisions?"

"**Risk**" of an unplanned pregnancy or STI/HIV exists:

- All sexually active adolescents
- Adult with STI (current or in the past year)
- Adult with more than 1 "current" sexual partner

ALSO Consider…

- Not wanting pregnancy but no current contraception or not using the most effective form of contraception.
- More than 1 recent sex partner (past 3 months).
- New partner in past 3 months.
- Sex partner who may have an STI.
- Exchange of sex for money or drugs.

5. PROTECTION FROM STDS. If the patient has **risk** (see inset), explore types of risk reduction the patient has used in the recent past, such as condom use.

"What do you do to protect yourself from STIs like HIV?"

"What have you done in the past to protect yourself?"

6. PAST HISTORY OF STIS. A history of STDs increases the risk of repeated infection. Affirmative answers should be followed up with questions about the type of infection and dates of treatment. Consider hepatitis B immunization.

"Have you ever had an STI?"
"Have any of your partners had an STI?"
"Do you have any symptoms/problems now?"

Continued on reverse

SHARP Resources - Factsheets

NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
PREVENTION AND PROTECTION START HERE

FACT SHEET – 12 July 2012

EMERGENCY CONTRACEPTIVE PILL

Why is Family Planning Important?
In the United States, only half of pregnancies are planned at the time of con
unplanned pregnancies, the women would prefer to get pregnant later; othe
all. About one half of unplanned pregnancies end in an induced abortion. A
female Sailors surveyed in 2008, nearly 2 out of 3 (64%) said their last preg
unplanned. Half of these women were not using any form of birth control. U
U.S. are associated with more problems for the mother and infant than plan
with unplanned pregnancies cannot take advantage of preconception care,
helps the women achieve the healthiest possible pregnancy outcome. Plan
time when a woman is healthy and ready to become a parent can maximize
for women, children and families.

What is the most effective method of birth control?
Only abstinence (not having sex) is 100% effective in preventing pregnancy
are highly effective are, IUDs (intrauterine devices), hormonal implants and
tubal ligation). Methods that can be very effective when used correctly are
the "patch", periodic abstinence (natural family planning), the diaphragm, ar

What can a woman do to prevent pregnancy if she has unprotected se
If a woman has had sex without using birth control or if something happene
she can use emergency contraception to reduce her risk of becoming pregn
(Levonorgestrel) is an emergency contraceptive pill which has been approve
counter sales. PLAN B One-Step is available at Navy pharmacies upon req
over who is authorized care in a military medical facility. Plan B One-Step n
the counter at many retail pharmacies in all 50 states by anyone aged 18 ar
PLAN B One-Step is also available over the counter at retail pharmacies to
those under 17.

Another emergency contraceptive pill approved by the FDA is Ella® (ulipris
only product prevents pregnancy when taken orally within 120 hours (five da
failure or unprotected sex.

Facts about emergency contraceptive pills
The mechanism of action of emergency contraceptive pills is not fully under
by disrupting ovulation, fertilization, or implantation. These pills are not effe
has implanted in the uterus and will not harm an established pregnancy.

Emergency contraceptive pills:
- do **not** protect against sexually transmitted diseases.
- are **not** intended for frequent use.
- should **not** be taken *before* unprotected sex.
- are **not** recommended as the primary form of contraception, becaus
  as many other forms of contraception.

www.nmcphc.med.navy.mil/Healthy_Living/Sexual_Health.aspx 757-953-0974

NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
PREVENTION AND PROTECTION START HERE

FACT SHEET – 12 July 2012

CHOOSING SAFER OPTIONS REDUCES RISK

on
on Americans are infected with HIV, most of them through sexual transmission. As many as
of these people don't even know they are infected. One in four cases of HIV infection in the
ccurs in a women. Most infected women and some infected men were infected by
al contact. HIV is spread between men and women. In fact, women in the U.S. and around
re becoming increasingly affected by HIV. Over 6000 active duty sailors and marines have
ed with HIV. An estimated 19 million new sexually transmitted infections (STI), including HIV,
year in the United States. Experts estimate that one in four Americans will become infected
ally transmitted disease in their lifetime. Effective strategies for preventing these diseases are

e reduce our risk of getting one of these diseases? What are the options?

om sex or delay sex
from having sexual intercourse with an infected partner is the best way to prevent transmission
other STIs. People can choose to not have sex. People can also decide to wait, or delay sex,
time in their life. They may choose to have personal relationships that do not involve sex.

uter-course vs. Intercourse
se is non-penetrative contact, such as massaging, hugging, and kissing. Non-penetrative
intercourse can eliminate transmission risk for HIV and most (though not all) STIs.

y is sex between two people, who only have sex with each other, as part of a long-term
. If neither partner is infected, there is no risk of disease transmission. A series of short-term
s is not as safe because of the increased risk that one of those partners will be infected.

oms and other barriers
ot as safe as abstinence or monogamy, the correct and consistent use of latex condoms during
rcourse - vaginal, anal, or oral - can greatly reduce a person's risk of acquiring or transmitting
, including HIV infection. In fact, recent studies provide compelling evidence that latex
re highly effective in protecting against HIV infection when used for every act of intercourse. A
hale condoms are available. Female condoms and oral barriers are also available. Condoms
both the risk of pregnancy and the risk of disease transmission. Put the condom on before
, anal, or oral contact.

can be expected to provide different levels of risk reduction for different STIs. There is no one
tudy about condom effectiveness for all STIs. Several studies have demonstrated that
an reduce the risk of acquiring chlamydia, gonorrhea, trichomoniasis, syphilis, chancroid,
manpapilloma Virus (HPV) and cervical cancer.

doms. Studies show that the new polyurethane condoms have the same barrier qualities as
testing has shown that particles as small as sperm and HIV cannot pass through this
e material. Polyurethane condoms offer an alternative for condom users who are allergic to

nmcphc.med.navy.mil/Healthy_Living/Sexual_Health.aspx 757-953-0974 sharp@nehc.mar.med.navy.mil

NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
PREVENTION AND PROTECTION START HERE

FACT SHEET FOR INDIVIDUALS (revised 4 August 2013)

LONG ACTING REVERSIBLE CONTRACEPTIVES (LARC)

What is Long-Acting Reversible Contraception (LARC)?
LARCs available in the U.S. include contraceptive implants and intrauterine contraceptives.
In general, LARCs are:
- extremely effective in preventing pregnancy (>99% effective)
- low maintenance for doctors and users
- discreet
- provide continuous contraception for 3-12 years
- safe for most women, including teens and HIV positive women
- safe for women who have had a cesarean section, STIs, PID, ectopic pregnancy and for non-monogamous women
- well tolerated by adolescents and most women who have never had a baby
- enjoy very high user satisfaction
- enjoy very high user continuation rates
- cost-saving when compared to oral contraceptive pills
- enjoy easy placement and removal
- enable rapid return to fertility after removal

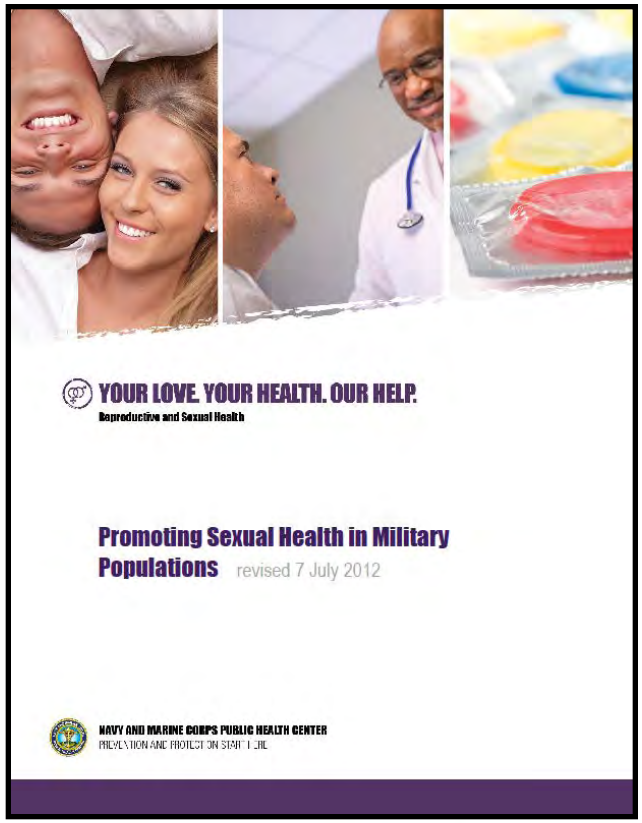
Copper T 380A (TCu380A) (Paragard)
The Paragard is inserted by a doctor into a woman's uterus. This is a quick procedure that can be done in a doctor's office. The IUD is over 99% effective at preventing pregnancy, and has a very high user satisfaction rate - 85-90% of women were still using the IUD after the first year. The IUD may reduce a women's risk of developing endometrial cancer. The IUD is effective for up to 10 years after placement. It can be placed in the uterus at any point in the menstrual cycle and immediately after delivery of the placenta. Common but benign side effects include menstrual disturbances, cramping and pain, and expulsion of the device. Spontaneous expulsion rate in the first year is 2-10%. Rare but serious health risks include infection, pregnancy complications, and uterine perforation (among skilled doctors, the rate is 1 per 1000). A woman should not use an IUD if she is currently pregnant, has an active pelvic infection, unexplained vaginal bleeding or if her doctor says she has severe uterine distortion. Women who can safely use the IUD include those who have had a prior STI, PID, ectopic pregnancy or are currently non-monogamous. Most women, including those that have never had a baby, experience rapid return to fertility after IUD removal.

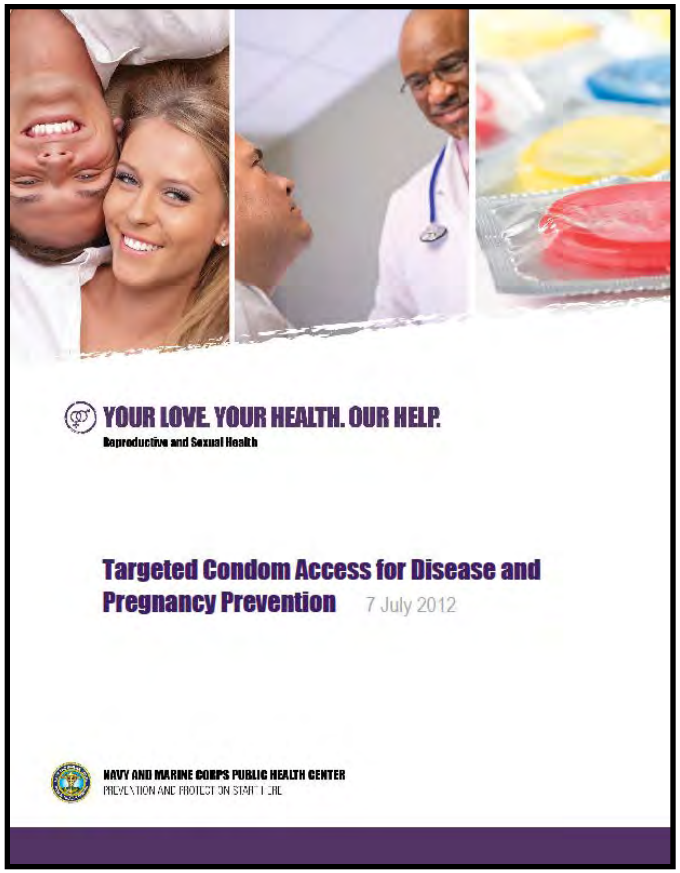
Levonorgestrel (LNg) IUC (Mirena)
The Mirena is inserted by a doctor into a woman's uterus. This is a quick procedure that can be done in a doctor's office. The Mirena is over 99% effective at preventing pregnancy, and has a very high user satisfaction rate - 85-90% of women were still using the Mirena after a the first year. The Mirena may reduce a women's risk of developing endometrial cancer and is effective up to 5 years after placement. It can be placed at any point in the menstrual cycle but should be delayed until 6-8 weeks after giving birth. Common but benign side effects include menstrual disturbances, cramping and pain, and expulsion of the device (2-10% in the first year of use). Rare but serious health risks include infection, pregnancy complications and uterine perforation (about 1 in 1000 when placed by an experienced health care provider). A woman should not use the Mirena if she is currently pregnant, has an active pelvic infection, unexplained vaginal bleeding or if her doctor says she has severe uterine distortion. Unlike hormonal contraception containing estrogen, Women who can safely use the IUD include those who have had a prior STI, PID, ectopic pregnancy or are currently non-monogamous. Most women, including those that have never had a baby, experience rapid return to fertility after IUD removal. Like some other hormonal contraceptives, the Mirena has many non-contraceptive benefits.

http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/reproductive-and-sexual-health.aspx
757-953-0974 sharp@nehc.mar.med.navy.mil

SHARP Resources - Guidelines

- *Promoting Sexual Health* guide
- *Condom Access* guide





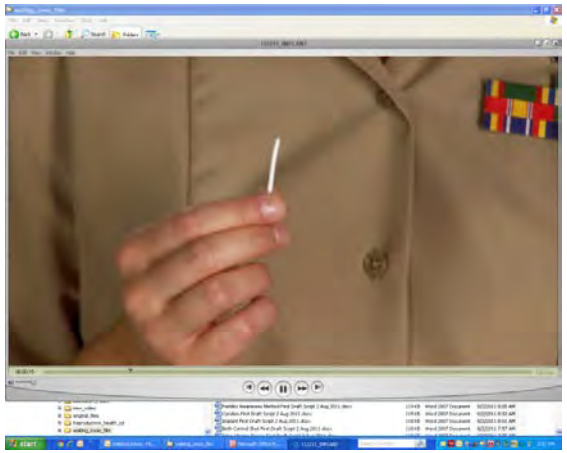
SHARP Resources – Evidence-based Lectures

- For Ladies Only (condom use efficacy)
- Reproductive Heath (family planning)

Image used by license agreement with Fotosearch July 2009

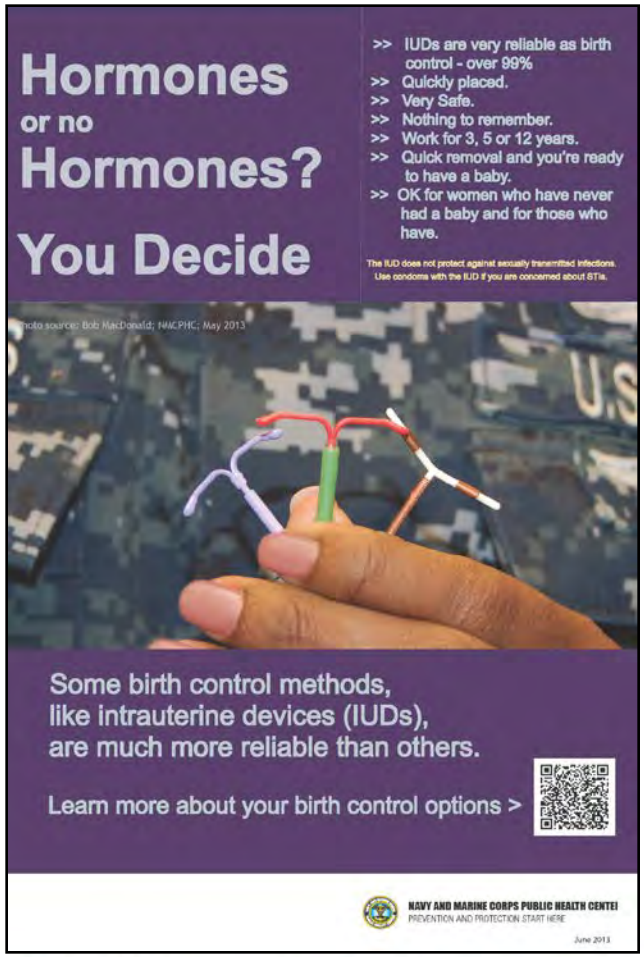
SHARP Resources - Films

- *RH: Pregnancy and Parenting: Make a Plan* (2013) [redacted]
- *RH: Types of Contraception* (2012) (Best DoD Training Film for 2012) [redacted]
- *Chart a Safe Course for Sexual Health* (2013)
- *Sexual Risk Assessment* (2013)
- *HIV-STI Prevention Counseling and Sexual Partner Referral* (2013)

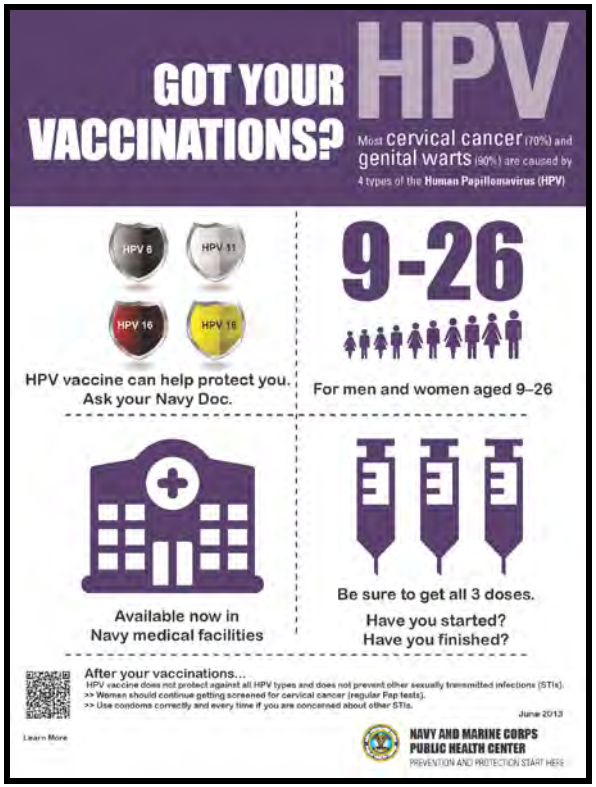


Film clip from “Reproductive Health; NMSC

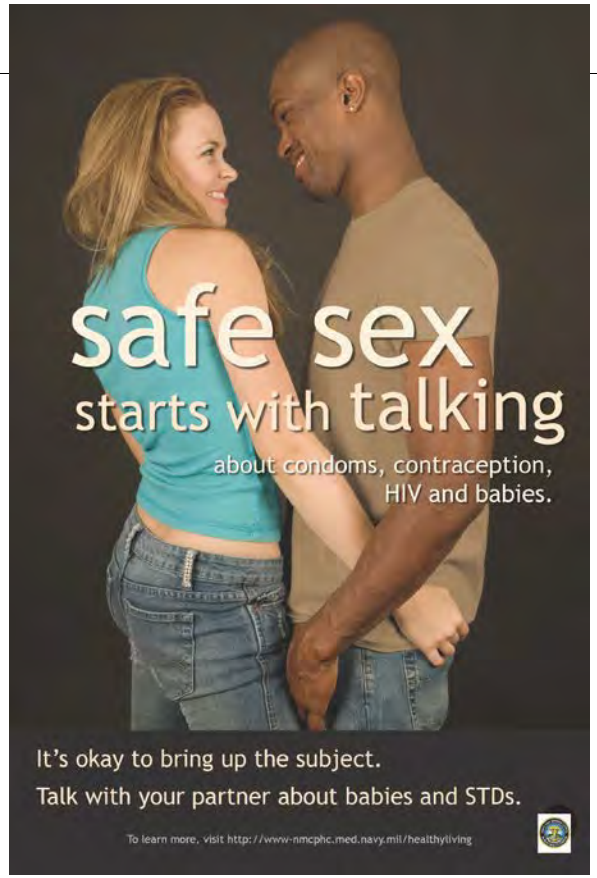
SHARP Resources - Posters



SHARP Resources - Posters



SHARP Resources - Posters



2012 - 2013 Products and Initiatives – Family Planning

- SHARP Film – "Think Ahead"
- SHARP Posters: IUD, Implant, Emergency Contraceptive Pills
- SHARP web pages and facts sheets re: LARC
- Navy Medicine Magazine Article re: LARC
- NMCPHC HRA – Added Family Planning Question (2012)
- 2013 Blue H: added points for new "Think Ahead" film (in addition to other points)
- LARC Continuation Analysis – Boot Camp Sailors and Marines (2010-2012)
- LARC vs. SARC Prescription Analysis ; all DoD MTFs; 20-29 year-old Sailors and Marines (2010-2012)
- UPP Rates from 2011 DoD Survey of HRB
- CPPD Plan: Include Family Planning in new "Life-Skills" Institutional Intervention for Sailors
- BUMED Women's Health Advisory Board – UPP Working Group:
  - Sailor Education Data Call / Analysis
  - Navy Medical Education Data Call / Analysis
  - Navy Clinician Questionnaire: Clinician knowledge / attitudes / barriers
  - ECP Update: BUMED Policy; SHARP Factsheet; SHARP Poster

2012 - 2013 Products/Initiatives: HIV-STI Prevention

- SHARP Posters: HPV Vaccination; Chlamydia Screening; HIV Prevention
- SHARP Films:
  - "Chart a Safe Course"
  - "Sexual Risk Assessment"
  - "HIV-STI Prevention Counseling and Sexual Partner Services"
  - Planning underway: reshoot / update "HIV and Me"
- SHARP Webinars:
  - STI Treatment and Prevention in the Military (hosted by CDC)
  - Sexual Partner Counseling and Referral for DoD Public Health Professionals (DoD Epi. Surv. Group)
- SHARP / Navy Medicine Blogs: Condoms – "It's a Wrap"; The Conscience Check – "Doc, can we talk?"
- Training Conducted: NH Naples; NH Rota; RH Guam, NH Okinawa, NHC Hawaii, SWMIOC; HPD; PMT; IDC-Refresher; NEPMU2-EHOs; HETU-PMTs; USS Iwo Jima; USS San Antonio
- *Dear Navy Doctor* Letter – Men who have sex with men and HIV
- *SHARPNews* Newsletter: 30 editions

Thank you for helping our people to 'chart a safe course'

Michael R. (*Bob*) MacDonald, MS, CHES

Navy and Marine Corps Public Health Center
Sexual Health and Responsibility Program (SHARP)
620 John Paul Jones Circle, Suite 1100
Portsmouth VA 23708

http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/reproductive-and-sexual-health.aspx

michael.r.macdonald@med.navy.mil

voice: (757) 953-0974 [DSN 377]

SHARP
Back-up Slides for DACOWITS

The views expressed in this briefing are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U. S. Government

Michael R. (*Bob*) MacDonald, MS, CHES

Navy and Marine Corps Public Health Center
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SHARP
Back-up Slides for DACOWITS

- DoN Requirements for Sexual Health Promotion
- Sources of Women's Health Data
- Family Planning Data and Challenges
- Other Women's Health Data and Challenges
- Potential Solutions for Improving Women's Sexual Health

DoN Requirements - Family Planning

- DoDI 1010.10, Health Promotion: Achieve national objectives for prevention of STDs, HIV and family planning
- DoD/HA Memo, Coverage for ECP at MTFs (14 Aug 2013)
- SECNAV 1000.10, Parenthood and Pregnancy. "Appropriate and thorough information on family planning and paternal responsibilities will be made available to our servicemen and servicewomen throughout our training establishment and at the unit level."
- SECNANV 6120.3, Periodic Health Screening. (HRA may be reviewed. Refers to BUMED MANMED. FP counseling or OB referral should be offered).
- OPNAVINST 6000.1, Navy Guidelines Concerning Pregnancy and Parenthood . "NETC will ensure training in sexually responsible behavior is conducted for officer and enlisted accessions. Additionally, NETC will ensure this topic is included in the General Military Training (GMT) plan."
- OPNAV 6100.2A, Health and Wellness Promotion Program.
  - "It is Navy policy to provide education which increases responsible sexual behavior…"
  - Sexual Health is a "required element" of the Navy Health and Wellness promotion Program.
- BUMED MANMED (Defines content of periodic well woman's exam).
- BUMEDINST 6222.12C, STD. "Health promotion and preventive medicine will provide information, education and behavior change programs to all Naval personnel…"
- MCO P1700.29, SEMPER FIT Centers shall provide educational and info programs for all Marines re: STIs, HIV and unplanned pregnancy
- BUMED Message (Dec 2012), Screen Women for Family Planning / Contraception Needs Prior to Sea Duty
- BUMED Policy Letter (March 2010), Prescribing, Dispensing and Distribution of Plan B
- OPNAVINST 1500.80, CSADD. January theme is "Planning a Family During Your Navy Career"

DoN Requirements - Other Women's Health Issues

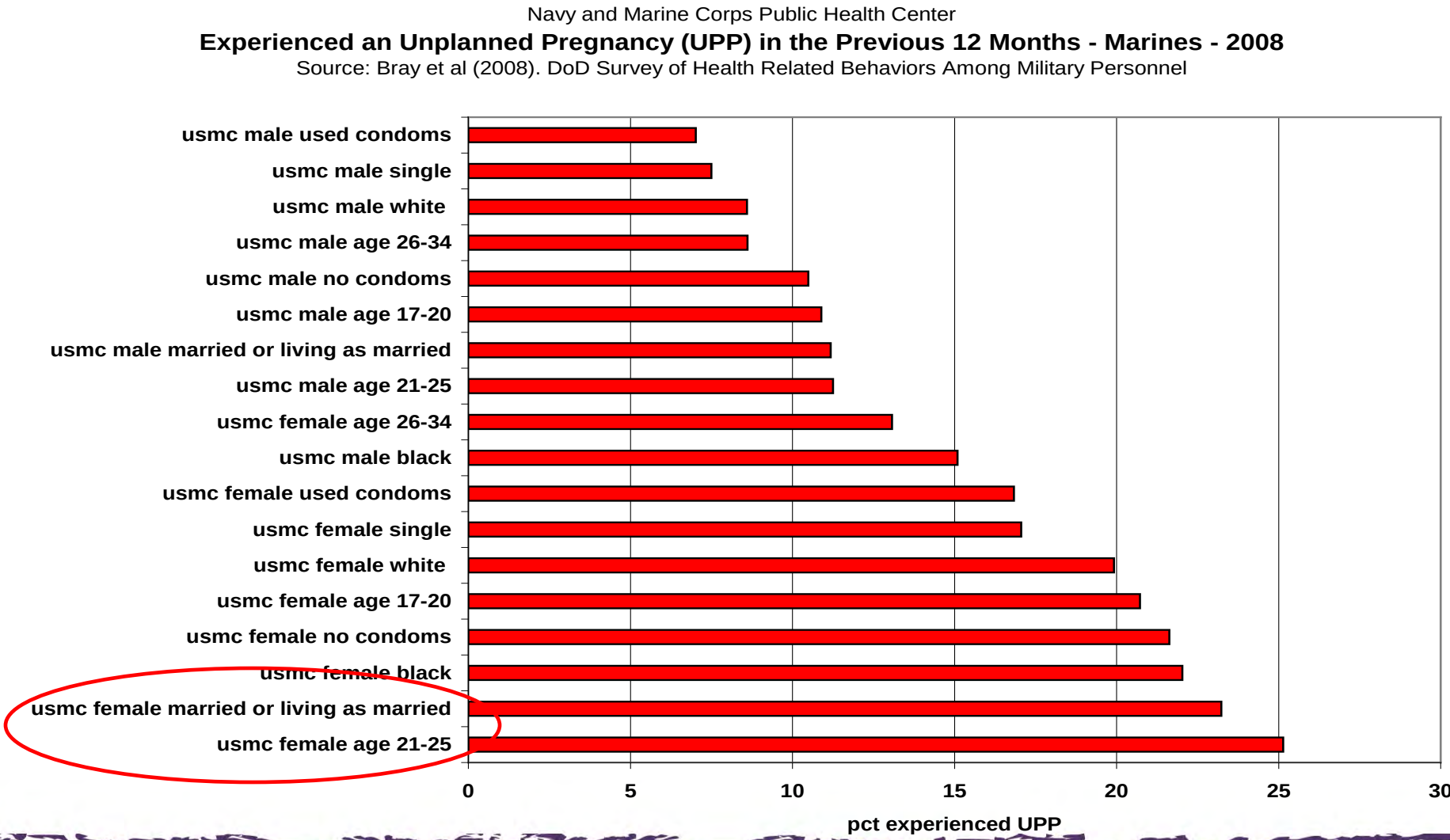
- SECNANV 6120.3, Periodic Health Screening. Annual Ct Screening; Immunization Review
- SECNAVINST 5300.30, HIV, HBC, HCV
- BUMED Policy Letter HPV Vaccination

Women's Health Data Sources

- STIs and Risk: Defense Reporting System - internet (NMCPHC)
- HIV and Risk: Navy Bloodborne Disease Management Cen (NMCPHC)
- Sexual Risk Behavior: Health Risk Assessment (NMCPHC)
- Unplanned Pregnancy and Family Planning Attitudes / Knowledge:
  - Navy Survey of Parenting and Pregnancy (NAVPERS)
  - DoD Survey of Health Related Behavior (ASD/HA)
- Special Studies by:
  - NMCPHC
  - AFHSC
  - other DoD and DoN
  - Civilian Studies

DoN Family Planning Data and Challenges

In 2008, among married and unmarried marines aged 21-25, approximately 1 in 10 males (11.25%) and 1 in 4 females (25.15% - highest in DoD) said they experienced an unplanned pregnancy in the past 12 months.



In 2008, among married and unmarried female sailors aged 21-25, over 1 in 5 (22.68%) said they experienced an unplanned pregnancy in the past 12 months.

Navy and Marine Corps Public Health Center

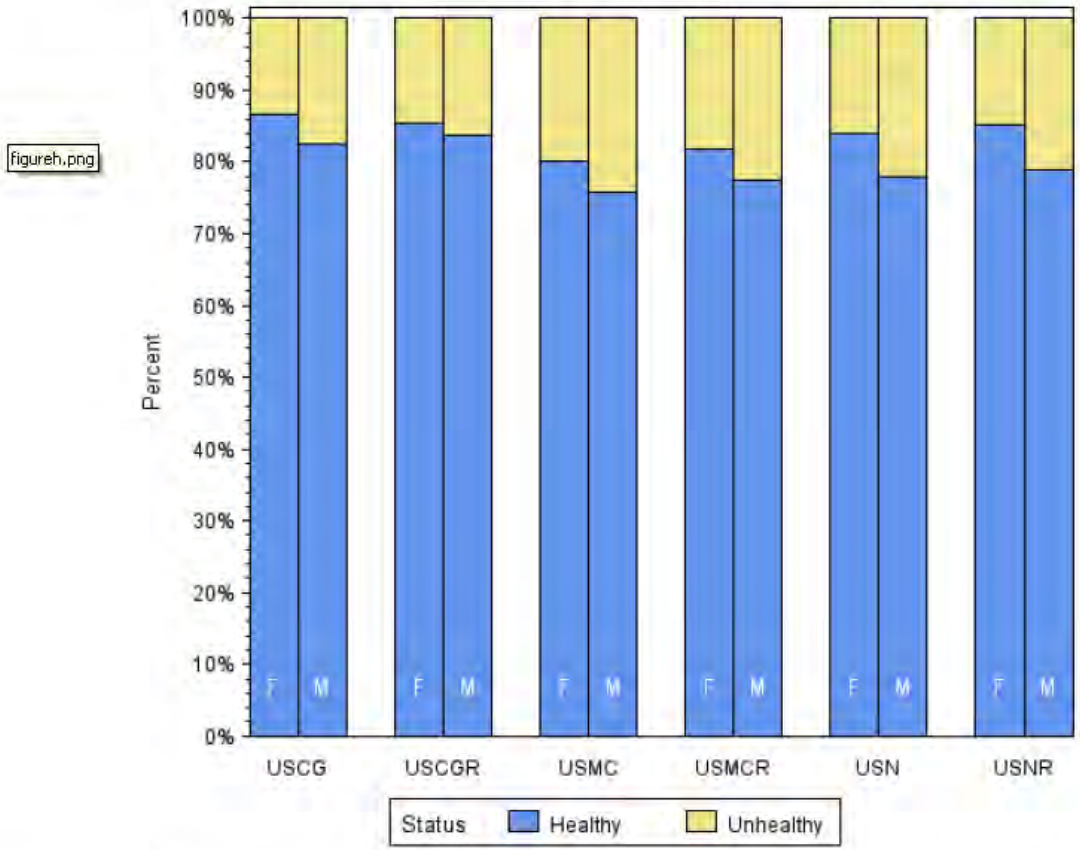
Experienced an Unplanned Pregnancy (UPP) in the Previous 12 Months - Enlisted Sailors - 2008

Source: Bray et al (2008). DoD Survey of Health Related Behaviors Among Military Personnel

Figure H:

Pregnancy Planning Response Profile by Service Component and Gender

198,529 records

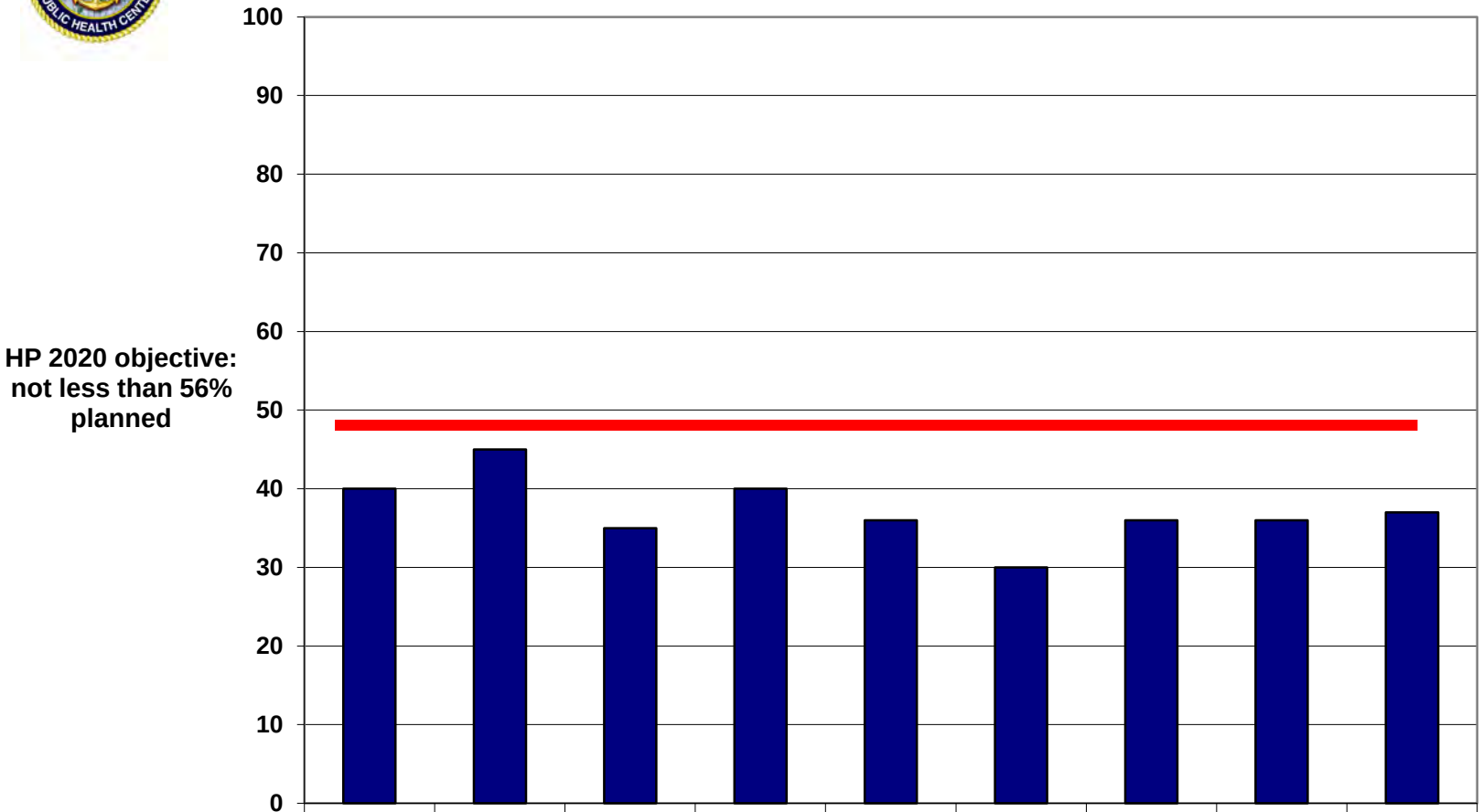


1 in 4 males and 1 in 5 females self-report current risk of an unplanned pregnancy

Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 06 March 2013

Percent of Pregnancies
Among Navy Enlisted Women Which Were Planned

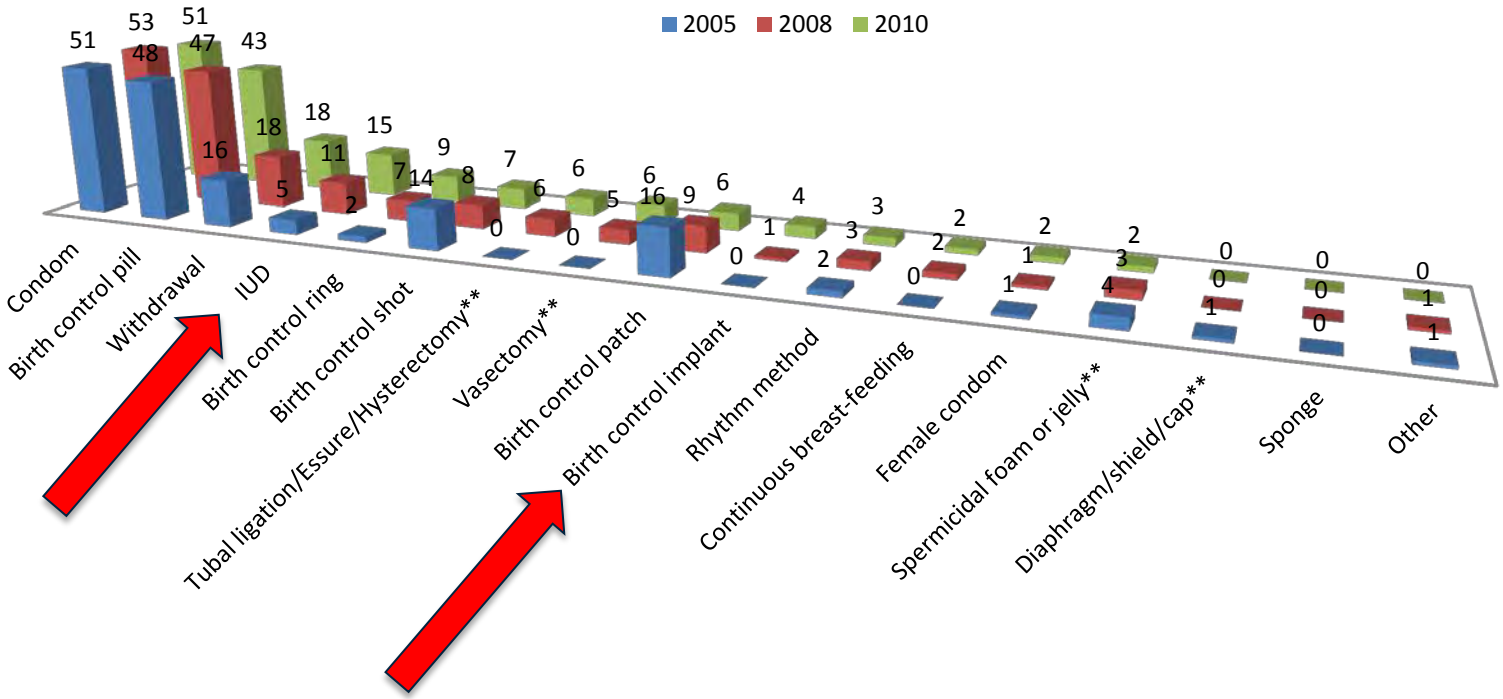
(sources: Navy Pregnancy and Parenting Surveys: NPRDC 1996, 1998; and NPRST 2001, 2002, 2004, 2006, 2008, 2010)



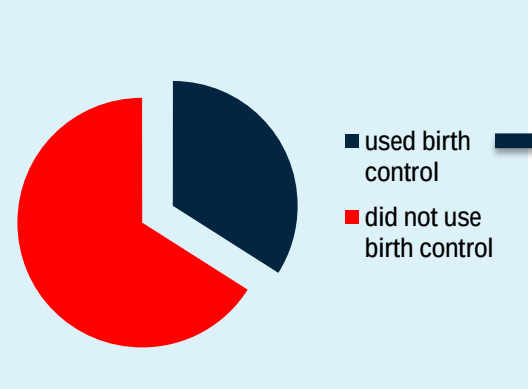
	1988	1992	1997	1999	2001	fy 2002	2005	2008	2010
% planned	40	45	35	40	36	30	36	36	37

Contraception Use - Navy Enlisted Women – 2005; 2008; 2010

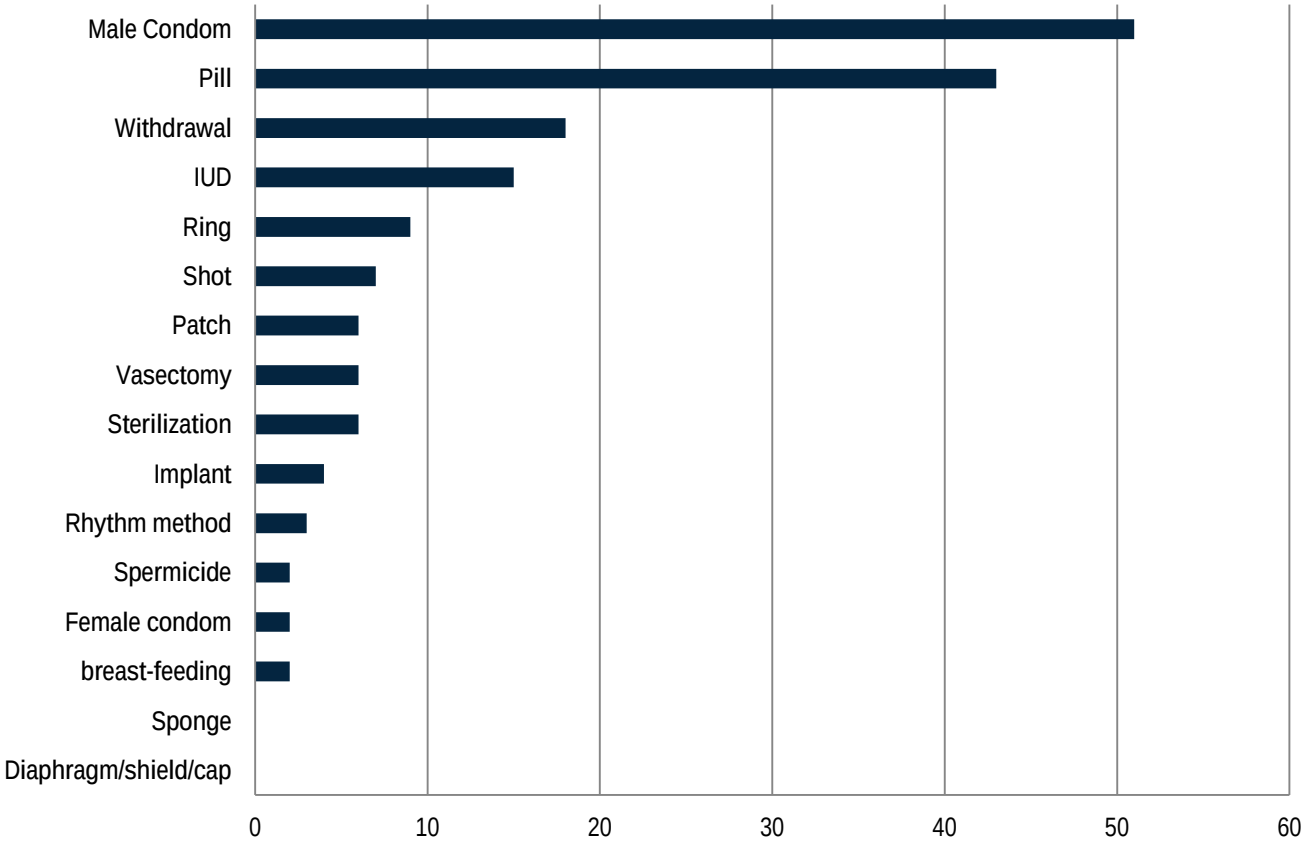
(Multiple choices allowed. Does not include non-contraception users. BUPERS Navy Surveys of Parenting and Pregnancy)



	Condom	Birth control pill	Withdrawal	IUD	Birth control ring	Birth control shot	Tubal ligation/ Essure/Hysterectomy**	Vasectomy**	Birth control patch	Birth control implant	Rhythm method	Continuous breast-feeding	Female condom	Spermicidal foam or jelly**	Diaphragm/shield/cap**	Sponge	Other
2005	51	48	16	5	2	14	0	0	16	0	2	0	1	4	1	0	1
2008	53	47	18	11	7	8	6	5	9	1	3	2	1	3	0	0	1
2010	51	43	18	15	9	7	6	6	6	4	3	2	2	2	0	0	0

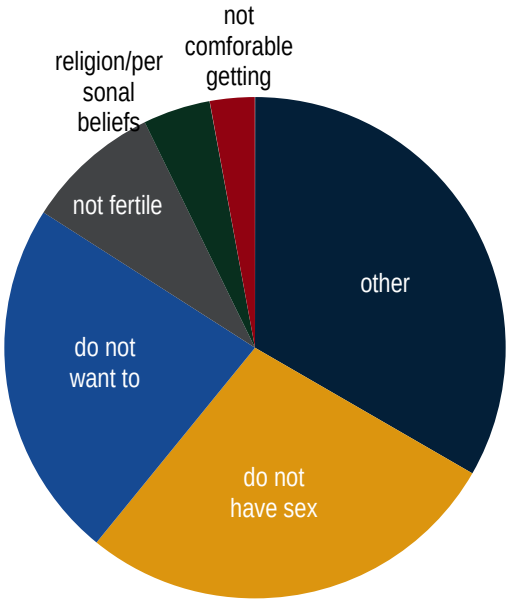


Failed Birth Control Methods (had unplanned pregnancy) Navy Enlisted Women; 2010

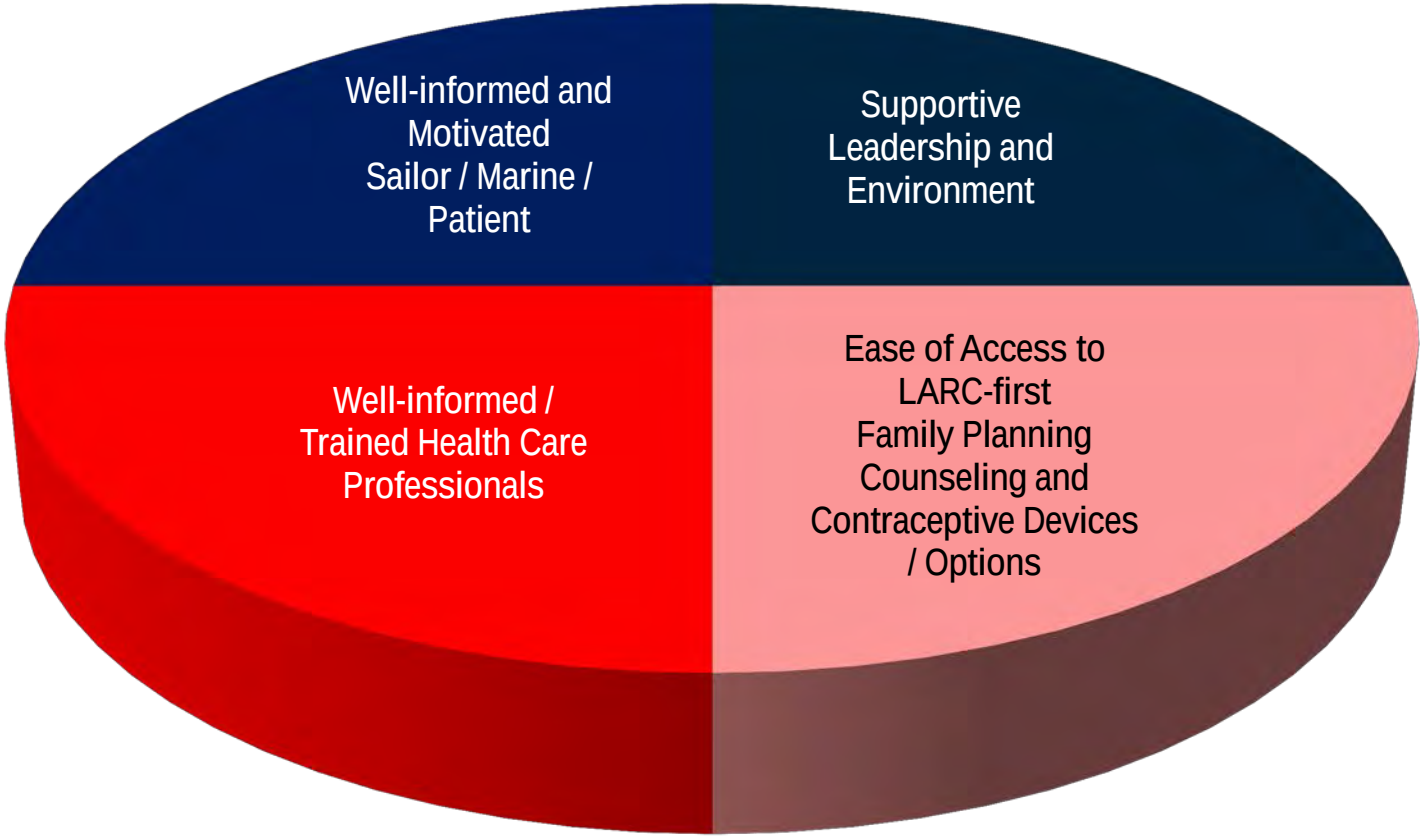


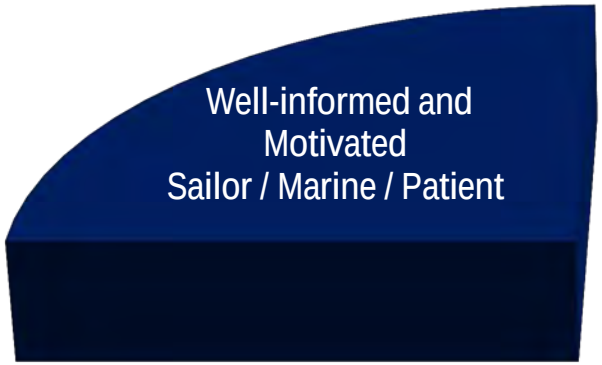
	Diaphragm/shield/cap	Sponge	breast-feeding	Female condom	Spermicide	Rhythm method	Implant	Sterilization	Vasectomy	Patch	Shot	Ring	IUD	Withdrawal	Pill	Male Condom
Series1	0	0	2	2	2	3	4	6	6	6	7	9	15	18	43	51

Reason no B/C (enlisted NOT trying to get pregnant)



Elements for Effective Family Planning





Elements for Effective Family Planning

- **Reaching Sailors and Marines:**
  - Boot camps
  - USN deck-plate HP Efforts (April = Sexual Health Month)
  - USMC Semper Fit Centers (April = Sexual Health Month)
  - Blue H (Navy Surgeon General's HP and Wellness Award)
  - Annual PHA (HRA questions and subsequent counseling)
  - CSADD (NAVPERS)
  - <u>No institutionalized mechanism for familiy planning education after boot camp</u>
    - NETC – CPPD: Navy Life-Skills Plan?

- **Leadership and Environment**
  - Blue H and OPNAV-HP
  - Ship AMALS: condoms and OCP/ECP
  - Leader orientation: No known institutionalized mechanism to emphasize pre-deployment screening for contraception plan (not just dependent care plan) and importance of ship-board / deployment-setting contraception services

Elements for Effective Family Planning

Elements for Effective Family Planning

Reaching Health Professionals:

- NMCPHC-SHARP conducts:
  - For PMT Students at METC:
    - *HIV-STD Prevention Counseling*
    - *Sexual Partner referral*
    - *Community-level Sexual Health Promotion*
  - For SWIMIOC at NMETC: *SHARP lecture*
  - For HP Directors / Coordinators: *SHARP lecture*
  - For IDC-Refresher Training East: *SHARP lecture*
  - For Health Promoters / Prev Med: *Promoting Sexual Health in Military Populations*
  - For Physicians: *Sexual Risk Assessment*
- No institutionalized mechanism or curriculum for contraception counseling skills for military-trained IDCs, PAs, Health Educators, other primary care providers
- No institutionalized mechanism or plan for LARC-insertion training for Navy clinicians
- Uneven LARC vs. SARC prescription rates across Navy Medicine suggests potential for capturing best practices; targeted clinician training and support; improving enterprise processes

- **Access to LARC-first Services**
  - Navy and Marine Corps Boot Camps:
    - Excellent and Improved access….
  - Medical Home services may include easy access to:
    - LARC-first family planning counseling
    - LARC devices
    - LARC-placement services
  - Other clinical settings:
    - Ships?
    - Deployed settings?
    - Isolated CONUS Locations?

Elements for Effective Family Planning

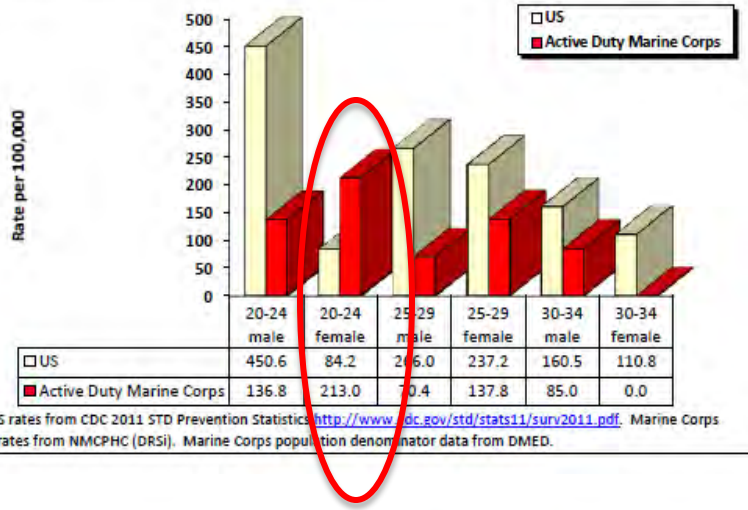
Other Women’s Sexual Health Data and Challenges

EpiData Center Department
Sexually Transmitted Infections Annual Report 2012

Table 2. 2012 Counts and Rates of Gonorrhea for Active Duty Marine Corps Personnel

	Age	15-19	20-24	25-29	30-34	35-39	>=40	Total
Active Duty US Marine Corps	*Female*	5	14	4	0	7	0	24
	Male	13	117	29	16	4	0	179
	Total	18	131	33	16	5	0	203
	Age	<20	20-24	25-29	30-34	35-39	>=40	Total
Denominator (DMED)	*Female*	1,993	6,573	2,903	1,203	612	373	13,657
	Male	20,464	85,533	41,172	18,828	12,560	8,849	187,406
	Total	22,457	92,106	44,075	20,031	13,172	9,222	201,063
	Age	15-19	20-24	25-29	30-34	35-39	>=40	Total
Rates/100,000	*Female*	250.9	213.0	137.8	0.0	163.4	0.0	175.7
	Male	63.5	136.8	70.4	85.0	31.8	0.0	95.5
	Total	80.2	142.2	74.9	79.9	38.0	0.0	101.0

Figure 2. 2012 Gonorrhea Rates for Active Duty Marines Corps Personnel vs. 2011 US Rates



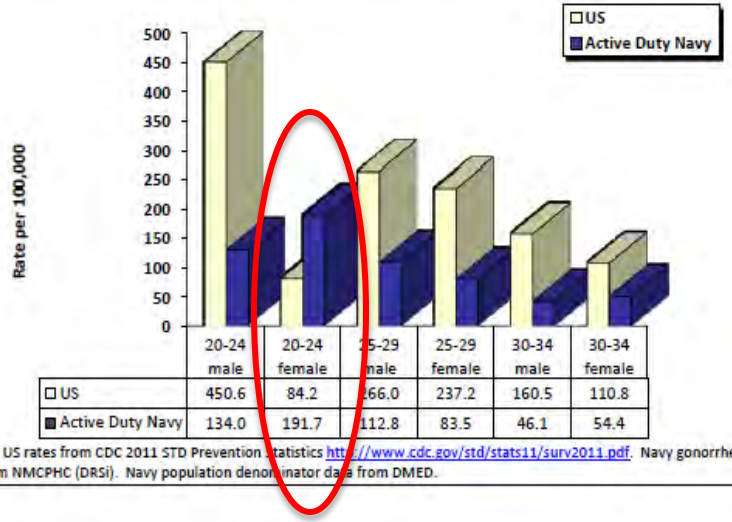
Sources: US rates from CDC 2011 STD Prevention Statistics http://www.cdc.gov/std/stats11/surv2011.pdf. Marine Corps gonorrhea rates from NMCPHC (DRSi). Marine Corps population denominator data from DMED.

a Center Department
ly Transmitted Infections Annual Report 2012

Table 1. 2012 Counts and Rates of Gonorrhea for Active Duty Navy Personnel

	Age	15-19	20-24	25-29	30-34	35-39	>=40	Total
Active Duty US Navy	*Female*	3	38	11	4	3	1	60
	Male	11	111	75	20	8	7	232
	Total	14	149	86	24	11	8	292
	Age	<20	20-24	25-29	30-34	35-39	>=40	Total
Denominator (DMED)	*Female*	3,729	19,824	13,172	7,350	4,415	3,803	52,293
	Male	10,871	82,831	66,511	43,347	34,419	31,171	269,150
	Total	14,600	102,655	79,683	50,697	38,834	34,974	321,443
	Age	15-19	20-24	25-29	30-34	35-39	>=40	Total
Rates/100,000	*Female*	80.5	191.7	83.5	54.4	68.0	26.3	114.7
	Male	101.2	134.0	112.8	46.1	23.2	22.5	86.2
	Total	95.9	145.1	107.9	47.3	28.3	22.9	90.8

Figure 1. 2012 Gonorrhea Rates for Active Duty Navy Personnel vs. 2011 US Rates



Sources: US rates from CDC 2011 STD Prevention Statistics http://www.cdc.gov/std/stats11/surv2011.pdf. Navy gonorrhea rates from NMCPHC (DRSi). Navy population denominator data from DMED.

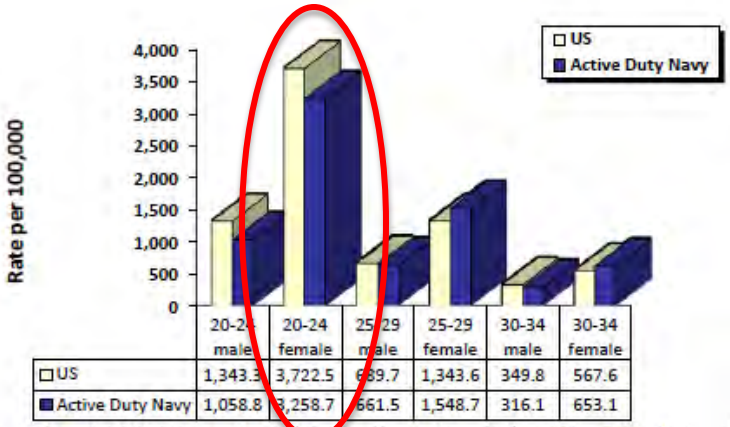
Table 3. 2012 Counts and Rates of Chlamydia for Active Duty Navy Personnel

	Age	15-19	20-24	25-29	30-34	35-39	>=40	Total
Active Duty US Navy	Female	116	646	204	48	25	10	1,049
	Male	77	877	440	137	70	44	1,645
	Total	193	1,523	644	185	95	54	2,694
	Age	<20	20-24	25-29	30-34	35-39	>=40	Total
Denominator (DMED)	Female	3,729	19,824	13,172	7,350	4,415	3,803	52,293
	Male	10,871	82,831	66,511	43,347	34,419	31,171	269,150
	Total	14,600	102,655	79,683	50,697	38,834	34,974	321,443
	Age	15-19	20-24	25-29	30-34	35-39	>=40	Total
Rates/100,000	Female	3,110.8	3,258.7	1,548.7	653.1	566.3	263.0	2,006.0
	Male	708.3	1,058.8	661.5	316.1	203.4	141.2	611.2
	Total	1,321.9	1,483.6	808.2	364.9	244.6	154.4	838.1

Table 4. 2012 Counts and Rates of Chlamydia for Active Duty Marine Corps Personnel

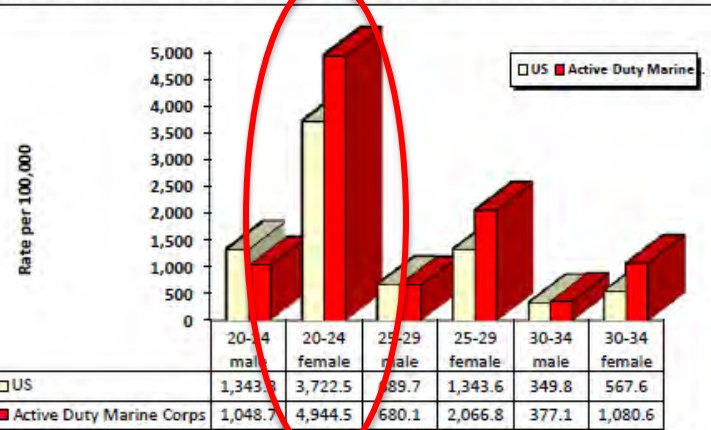
	Age	15-19	20-24	25-29	30-34	35-39	>=40	Total
Active Duty US Marine Corps	Female	93	325	60	13	1	1	493
	Male	120	897	280	71	17	14	1,399
	Total	213	1,222	340	84	18	15	1,892
	Age	<20	20-24	25-29	30-34	35-39	>=40	Total
Denominator (DMED)	Female	1,993	6,573	2,903	1,203	612	373	13,657
	Male	20,464	85,533	41,172	18,828	12,560	8,849	187,406
	Total	22,457	92,106	44,075	20,031	13,172	9,222	201,063
	Age	15-19	20-24	25-29	30-34	35-39	>=40	Total
Rates/100,000	Female	4,666.3	4,944.5	2,066.8	1,080.6	163.4	268.1	3,609.9
	Male	586.4	1,048.7	680.1	377.1	135.4	158.2	746.5
	Total	948.5	1,326.7	771.4	419.4	136.7	162.7	941.0

Figure 4. 2012 Chlamydia Rates for Active Duty Navy Personnel vs. 2011 US Rates



Sources: US rates from CDC 2011 STD Prevention Statistics http://www.cdc.gov/std/stats11/surv2011.pdf. Navy chlamydia rates from NMCPHC (DRSi). Navy population denominator data from DMED.

Figure 5. 2012 Chlamydia Rates for Active Duty Marine Corps Personnel vs. 2011 US Rates



Sources: US rates from CDC 2011 STD Prevention Statistics http://www.cdc.gov/std/stats11/surv2011.pdf. Marine Corps chlamydia rates from NMCPHC (DRSi). Marine Corps population denominator data from DMED.

Other Women's Sexual Health Data and Challenges

- STIs in CY2012:
  - Gonorrhea up among female Marines (rate higher than U.S. for 21-25 y/o)
  - Gonorrhea down among female Sailors (rate higher than U.S. for 21-25 y/o)
  - Chlamydia down among female Sailors (rate lower than U.S. for 21-25 y/o)
  - Chlamydia down in Marines (rate higher than U.S. for 21-25 y/o)
  - HIV and Syphilis = rare among female Sailors and Marines
- Annual Chlamydia Screening for Young Women (through age 25)
  - Screening in Navy and USMC Boot Camps
  - Annual Test Required in DoN PHA (but not obvious in PHA instructions and forms)
  - Screening Rates Falling?
- HPV Vaccination
  - No longer offered in Boot Camps
  - Not mentioned in PHA requirements
  - Not available on ships
  - Available in DoN MTFs
  - Estimated Completion Rates

Potential Solutions for Improvement – Family Planning

- Informed - Motivated Sailors and Marines:
  - Ensure any new DoD HRA includes family planning question (like the current Navy HRA) (DoD/HA)
  - Create new institutionalized mechanism for family planning education after boot camp.
    - Life-Skills Plan? (CPPD // NETC)
    - Marines? (HQ USMC)
- Supportive Leadership and Environment:
  - Create new institutionalized mechanism to emphasize pre-deployment screening for contraception plan (not just dependent care plan) and importance of ship-board / deployment-setting contraception services. (NETC / HQ USMC)
- Well-informed / Trained Health Professionals:
  - Knowledge: Institutionalized mechanism or curriculum for contraception counseling skills for military-trained IDCs, PAs, Health Educators, other primary care providers? Web-based? LARC-First materials from the Contraceptive CHOICE Project? (BUMED)
  - Skills: Institutionalized mechanism for LARC-insertion skills training for key specialties in key MTFs? (BUMED)
- Access to LARC-first Counseling and Contraception:
  - Collaborate with Navy MTFs re: uneven LARC vs. SARC prescription rates – capture best practices; identify and mitigate local/structural challenges; improve enterprise processes
    - Medical Home settings should include easy access to LARC-first family planning counseling // LARC devices // LARC-placement services (BUMED)
  - Ship-board Pre-Deployment Family Planning Counseling or Referral (FFC-Medical?)
  - Other clinical settings – Flying Squadrons and Flight Surgeons? (CNAF-Medical?)
- Evaluation:
  - Repeat / refine and report LARC-SARC surveillance (NMCPHC)
  - Complete and Repeat Navy Clinician Knowledge / Attitude / Barrier Survey (BUMED)
  - Establish Dashboard DoN Metrics for Family Planning (BUPERS and/or BUMED)
  - Publish / Communicate Family Planning Data from the 2011 DoD Survey (NMCPHC or DoD/HA)
  - Continue to include family planning questions in future DoD Surveys of Health Related Behavior (DoD/HA)
  - Include sexual health questions in any future DoD Health Risk Assessment (DOD/HA?)
  - Continue NAVPERS Surveys of Parenting and Pregnancy (BUPERS)

Potential Solutions for Improvement – Other Women's Health Issues

- HPV Vaccination
  - Add to List of Vaccinations on DD Form 6120.4 (Period Health Assessment)
  - Measure Sailor and Marine Awareness of Vaccine (DoD HRB Survey?)
  - Offer vaccine in ship medical departments
- Chlamydia:
  - Strengthen language re: annual screening requirement in the PHA
    - Measure Sailor and Marine awareness of the annual screening recommendation (DoD HRB Survey?)
  - Institutionalize Sailor and Marine education re: STI prevention

Thank you for helping our people to 'chart a safe course'

Michael R. (*Bob*) MacDonald, MS, CHES

Navy and Marine Corps Public Health Center
Sexual Health and Responsibility Program (SHARP)
620 John Paul Jones Circle, Suite 1100
Portsmouth VA 23708

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michael.r.macdonald@med.navy.mil

voice: (757) 953-0974 [DSN 377]