

# STIRN

## **Sexually Transmitted Infections Research Network (*STIRN*) Summary of the Inaugural *STIRN* Meeting**

The Changing Landscape of Sexually Transmitted Infections (STIs) in Nova Scotia:  
An Integrated Approach

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# Introduction

With funding support from the Nova Scotia Health Research Foundation (NSHRF), the **Sexually Transmitted Infection Research Network (STIRN)** hosted its inaugural meeting on December 5 and 6, 2013 in Halifax. The meeting brought together a diverse cross section of individuals working in sexual health from public health, community, and health research sectors for a collaborative dialogue emphasizing innovative approaches to the prevention, treatment and care of STI/HIV, and to identify research issues and questions.

The impetus for this meeting, and for the development of the **STIRN** was, in part, to create a venue to discuss the latest evidence on STI outbreaks, to strategize on ways to advance integrated approaches to STIs that better meet the needs of hard-to-reach populations, and to establish mechanisms for health research and knowledge exchange necessary for sustained research, policy, and practice in addressing STIs.

Broadly, the inaugural **STIRN** meeting had three key interrelated objectives:

- ▲ **RELATIONSHIP-BUILDING:** Despite sharing similar goals, much of the STI and HIV prevention work in Nova Scotia remains isolated within individual disciplines (e.g. epidemiology, health promotion) and sectors (e.g. public health, community). This meeting provided an opportunity for direct engagement and knowledge-sharing, with the intent of building a foundation that will sustain innovative STI/HIV prevention initiatives in the coming years.
- ▲ **SYNTHESIZING EXISTING EVIDENCE AND APPROACHES:** Each of the sectors involved in STI/HIV prevention (public health, community-based organization, health research) draws on different information sources, focuses on different issues or populations, and approaches prevention and treatment in a different manner. As such, each sector possesses unique strengths and but faces unique issues. This meeting was intended to initiate a collaborative network that will improve the extent to which the strengths of one sector are utilized to supplement the gaps of another.
- ▲ **CREATING NEW EVIDENCE:** **STIRN** was initiated with the intent of devising novel and innovative means of addressing ongoing challenges in STI/HIV prevention. To this end, the inaugural meeting was also a means of identifying priority research areas, and of developing researchable questions that will serve as the basis for grant applications to funding organizations such as the Canadian Institutes of Health Research and/or the Nova Scotia Health Research Foundation. These funding applications will maximize the relationships developed during the **STIRN** meeting, and further support the synthesis of discipline and sector-specific knowledge of participating team members.

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## Summary of Meeting Procedures

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### Day 1

Day 1 began with a presentation by Dr. Todd Hatchette from Capital District Health Authority (CDHA) who provided participants with current information on the burden of STIs in Canada, with a focus on Nova Scotia, from recent surveillance data. The take away messages from this presentation were:

- ▲ The data used to compare rates of STI is not standardized. Higher rates of chlamydia have been observed in CDHA but it is unclear if this due to increased testing rates.
- ▲ There are current restrictions as to when and which individuals are tested. These are based on risk factors in certain sections of the population as well as budget constraints.
- ▲ New testing methods for syphilis have made the window period much smaller. Those who have contracted it can begin treatment earlier.
- ▲ New testing methods for HIV have reduced the window period from approximately three weeks to approximately two.
- ▲ There are self-diagnosis kits and point-of-care tests that have both negatives and positives for STI testing in different populations (e.g. rural vs urban).

Dr. Hatchette's presentation was followed by panel presentations and discussion. Chris Aucoin from the AIDS Coalition of Nova Scotia presented an example of an STI/HIV prevention campaign focussed on men who have sex with men; Michelle Proctor-Simms with the Nova Scotia Advisory Commission on AIDS spoke to access to HIV testing in Nova-Scotia and testing innovation; Matt Numer, Assistant Professor at Dalhousie University, provided information and insights on hard-to-reach populations; and Caryll Tawse and Holly D'Angelo-Scott talked about CDHA's procedures of identifying and tracking an outbreak, as well as the development of an intervention during the recent syphilis outbreak among gay/bi/MSM men in Halifax. Some important points from this panel included:

- ▲ The 'Ass-class' and 'Check Me Out' campaigns in Nova Scotia which focus on the sexual health of gay and bisexual men.
- ▲ Integrating HIV with other STBBI testing into routine testing could reduce the stigma, by 'normalizing it', and increasing testing rates.
- ▲ There is a need to consider how we define the population(s) being targeted by interventions to best reach that population(s).
- ▲ Online networks are becoming increasingly popular. The way people are connecting with sex partners and learning about sex is changing and constantly evolving.
- ▲ 3 of the top 4 locations of partner contact during the recent syphilis outbreak in CDHA were online.
- ▲ Public Health's syphilis prevention campaign was disseminated through various mediums including online dating and hook-up sites.

In the afternoon, challenges for STI/HIV prevention were identified for small group discussion. Each of the groups spent some time brainstorming ideas for problem-solving and innovation. Student

trainees participated in group discussions and recorded important information and “aha” moments which they shared with the larger group afterwards.

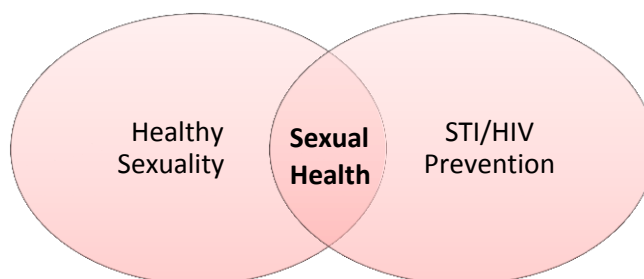
## Social determinants of health and STI/HIV

### STI PREVENTION vs. SEXUAL HEALTH

This discussion focused on defining sexual health and STI prevention. The group determined that ‘healthy sexuality’ also played an important and integrated role within these concepts. The defining characteristics determined by the group are presented in the table below.

	Sexual Health	Healthy Sexuality	STI Prevention
<b>Defining Characteristics</b>	<ul style="list-style-type: none"> <li>• Focus on well-being (social, physical, mental)</li> <li>• Moderately easy to measure (e.g., demographic of those with STIs)</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on sexual expression</li> <li>• Highly subjective/ up for interpretation</li> <li>• Dynamic</li> <li>• Hard to measure</li> <li>• Described by qualitative data</li> </ul>	<ul style="list-style-type: none"> <li>• Disease-based approach</li> <li>• Focus on the absence of disease</li> <li>• Easy to measure quantitatively (e.g. number of cases/year, amount of people getting tested)</li> </ul>

The conclusion from the small group discussion was that ‘Sexual Health’ exists in the overlap between ‘Healthy Sexuality’ and ‘STI/HIV Prevention.’



### PLEASURE-BASED SEXUAL EDUCATION

The discomfort in dialoguing between health care professionals, teachers, youth, and parents about pleasure-based sexual education was noted. It was agreed that a ‘culture shift’ is required in our understanding of sexual health, healthy sexuality, etc. In addition, it was noted that a greater appreciation of the ways people think about sexual pleasure is needed. It was further noted that sexual health education should move away from fear-based teaching to encompass a changing understanding of the perceptions of ‘healthy sexual relationships’ and ‘healthy sexuality’ across the lifespan. In the process, there should also be space made for more than the heteronormative sexual education model for youth and include transgender populations in these conversations.

The group also suggested that sexual health education should come from specific sources to create a secure and comfortable environment for particular communities, peer-based or online. School-based sexual health educators could be provided with additional training and preparation for delivering sexual education lessons that offer a more 'sex positive' message and approach. Although online sexual health education is very accessible, the challenges in capitalizing on social media as a tool for learning about sexual health, STI prevention, etc., were raised by the group.

## INTEGRATED APPROACHES TO STI PREVENTION

The group asked several questions relating to integrative approaches to STI prevention. This discussion centered on establishing a comprehensive definition of 'integration,' and identifying best practices within the health research, community, and public health sectors. For example, without coordination between sites and approaches, this could lead to gaps in service provision. Consideration of such factors will be particularly important in rural areas, where resources are already limited. It may also be important to examine what services providers are comfortable offering and what training they receive to offer them (e.g. STI testing, counselling, HIV testing, transgender health, etc.).

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### Day 2

The morning began with an overview of the key points from previous day presented by the student trainees. The student trainees highlighted salient points from the morning presentations and the small group discussions in the afternoon. Based on the work from the previous day, they offered the group some additional questions to consider.

The first presentation was by Meredith Campbell from the Nova Scotia Health Research Foundation (NSHRF) who shared information about support and grants available for different types of research (more information can be found at the NSHRF website, <http://nshrf.ca>).

Dr. Tom Wong from the Public Health Agency of Canada spoke about key national-level data and related issues to consider in developing innovative responses to STIs. Dr. Wong highlighted current approaches to STI/HIV prevention and testing that are proving to be successful outside of Nova Scotia:

- ▲ Point-of-Care (POC) testing in BC
- ▲ SPOT testing clinic in Montreal (<http://spottestmontreal.com>)
- ▲ HPV self-collection in BC
- ▲ Antiretroviral (ARV) treatment as prevention in BC

Dr. Wong's talk emphasized the utility of online approaches in delivering STI prevention messaging. He used the example of Alberta Health Services' "Plenty of Syph" campaign to demonstrate how we can play off popular technology and social media to disseminate important health messages in relation to STIs. Developing an app for smart phones or tablets could be an ideal way to reach target populations with sexual health and STI/HIV information.

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## A focus on thematic discussions

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There were several small and full group discussions throughout day two. This section focuses on an overall portrait of those discussions by concentrating on the major themes over the course of the two days.

### Healthy Sexuality vs. STI prevention

The group discussion highlighted that the prevention of STIs/HIV should be addressed using a holistic approach. Questions about what is **healthy sexuality**, what is sexual health and how sex is situated in people's lives need to be understood prior to narrowing the scope to STI/HIV prevention. There is a need to establish a more developed definition of healthy sexuality and sexual health in our approaches to STI/HIV prevention.

### Sexual Health Education

**Sexual health education** was also a strong focus of the conversation. Overall, the group emphasized a need for pleasure-based and sex-positive approaches to sexual education over the traditional fear-based approach. Educational approaches should also account for diversity amongst the target population. "Who should be delivering sexual health education to students?" as well as "Who should train the deliverers?" were important best practice questions that could be examined further. In addition, various political conflicts and structural factors that shape sexual health education within school systems need to be addressed in order to understand how to support educators and to advance innovation in developing the next generation of school-based interventions.

Other sources of sexual health education may also be useful to explore. The Internet and social media are deeply integrated in to the lives of youth and may provide ideal mechanisms for interventions and evaluations of impact. An enhanced understanding of the types of messages that individuals encounter while utilizing the Internet and social media for sexual health education was seen as a priority.

### The Role of Technology in Prevention

The use of **technology** within STI prevention and education was a key topic of discussion throughout the first day of the meeting. Presentations on Day 1 provided applied illustrations of technology in acquiring sex partners and demonstrated the importance of sexual health interventions for mobile devices. The questions relating to technology included the need to understand the dynamics by which sexuality is impacted by technology as well as how to capitalize on it. A mobile (and/or tablet) application (app) and/or social media trial intervention for youth was proposed by the group. It was suggested that Nova Scotia could be an ideal location to implement such an intervention due to the numerous universities and colleges in both rural and urban settings in the province.

### Testing and Treatment

Innovations in **testing** for STI/HIV were shared on Day 1. The ability to test for multiple STIs at the same time prompted discussion about when, how, and for whom an integrated testing model would be most beneficial and what types of barriers, equity concerns, and facilitators would accompany such

a model. Personal, self-test point of care STI/HIV testing was seen as a potentially innovative method but was also flagged as a potential ethics issue. A number of questions concerning accessibility for rural versus urban areas and the risks of not receiving pre- and post-test counseling arose during the discussion. With the possibilities of these innovative testing methods, one question arose about the uptake of testing in different types of environment or conditions, such as nominal, non-nominal or anonymous testing options. There are also issues of stigma and accessibility to be considered. Further, **treatment and care** for individuals who test positive for STI/HIV should be tracked and evaluated. Questions relating to how an individual accesses the healthcare system for STI/HIV, as well as what constitutes acceptable or competent level of care, are areas that should be explored further. Healthcare providers and caregivers, particularly within an integrated model to STBBI, have an important perspective in understanding the influences on treatment and care models. Comfort level and ability to care for patients from diverse populations, specifically concerning changes to transgender-specific healthcare coverage, may be important to explore. Lastly, education for care providers and commitment to training is especially important to consider as the landscape of healthcare integration, healthcare coverage and STI/HIV prevention evolves.

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## The Development of Researchable Questions

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The group engaged in a facilitated discussion, led by STIRN founder Dr. Jacqueline Gahagan, to build on the information presented and budding interests to identify key researchable questions. Given that one of the objectives for this meeting was the initiation of ongoing collaborative research, this session represented a key component of the meeting.

### Scoping Reviews

The content areas/topics that were discussed as possible scoping reviews to assist with the development and framing of potential research grants include:

- ▲ Definitional clarity on 'sexual health', 'healthy sexuality', 'STI prevention';
- ▲ Programmatic approaches/models of sexual health;
- ▲ Evaluation techniques/models of sexual health interventions;
- ▲ Use of social media in sexual health promotion; and
- ▲ Men's and boys' (transgender and cisgender) sexual health and help-seeking across the lifespan.



### Researchable questions

- ▲ Health sexuality/ sexual health
  - ➡ Explore the values, needs and beliefs about sexual health and STI/HIV for men and boys.

- How is sex and healthy sexuality positioned in their lives?
- What are their sexual health and help-seeking behaviours across the lifespan?
- What are the sexual health needs of men and boys (both cisgender and transgender) and are they being met?
- What are the differences and similarities in the needs for different populations?
- How do risk-taking behaviours influence healthy sexuality and sexual health?
- Are there best practices for education-based interventions and evaluation?

#### ▲ Interventions

- ➡ Develop app/social media based interventions and evaluation models.
- ➡ Control study comparing universities (two rural, two urban), comparison between Canadian sites, Canada and SA?
- ➡ Evaluation of intervention using social media.
- ➡ Engagement of student trainees from the health professions in developing, implementing, and evaluating the intervention(s).

#### ▲ Populations

- ➡ How should populations be defined?
- ➡ How should populations be reached/ targeted?
- ➡ What are the sexual health needs for different populations?
- ➡ Lack of focus on heterosexual males, transgender men, genderqueer men?

#### ▲ Testing

- ➡ Are there innovative testing models that can meet the needs and reach target populations?
  - POC testing models (including self-test, home-test, etc.)
  - One point of entry model (multiple STI/HIV tests at once)
  - Are there health equity concerns?
  - Are there differences in testing uptake in different environments and conditions that should be considered?

#### ▲ Treatment and Care

- ➡ What sexual health narratives are happening within communities and how do they influence both how and when members access health care for STI/HIV treatment and testing?
- ➡ What is acceptable sexual health care?
- ➡ How is the role of healthcare providers evolving in treatment and testing for STI/HIV?
  - Integrated model
  - Transgender people's health
  - How will this influence populations' help-seeking?



# The Future of STIRN

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## Future directions

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Two conference calls were held in December to continue the work initiated at the inaugural STIRN meeting. These calls reviewed the possibilities of scoping reviews highlighted during the full group discussions and began work on a letter of intent for a CIHR Boys' and Men's Health team grant, submitted in February 2014. STIRN will continue to seek out opportunities to explore identified research questions.

## Conclusion

The STIRN inaugural meeting featured a series of thoughtful discussions that highlighted links between community, public health and research sectors in developing innovation in STI/HIV prevention and in developing future research questions. The STIRN meeting also supported an interprofessional and collaborative approach to understanding the STI/HIV landscape by engaging student trainees from health professions in the development and implementation of the sessions.

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For more information about STIRN, please contact Dr. Jacqueline Gahagan, Professor of Health Promotion and Director of the Gender and Health Promotion Studies (GAHPS) Unit in the School of Health and Human Performance at Dalhousie University.

Find out more at <http://dal.ca/gahps>.

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