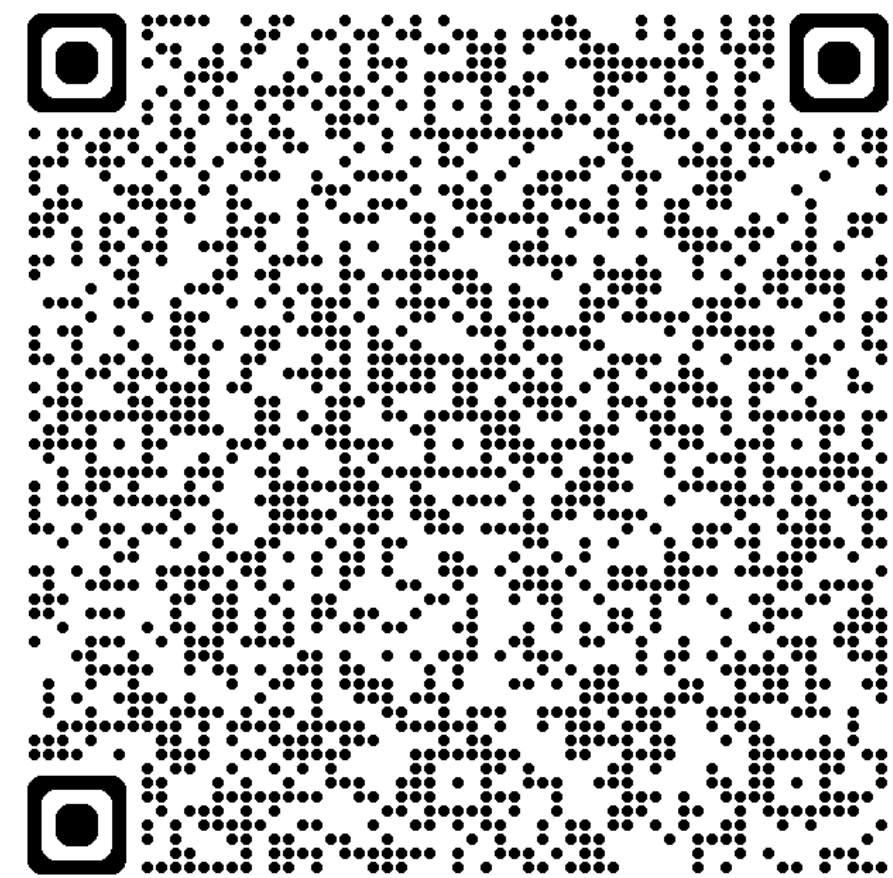


Connecting Young Female Veterans to Sexual Health Care: A Pilot Project

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INTRODUCTION

- Young persons are disproportionately impacted by sexually transmitted infections (STIs), and young women are particularly vulnerable due to cervical ectopy.
- Fewer than 25% of young women Veterans engaged in care with the San Francisco Veterans Affairs Health Care System were screened for chlamydia or gonorrhea in the past year.

Barriers to STI Testing

Veteran Factors

- Not engaged in care
- Lack of symptoms or perceived risk
- Concerns about confidentiality, cost
- Stigma
- Not sexually active

Clinician Factors

- Lack of awareness STI screening resources
- Lack of time, mindfulness, perceived risk
- Stigma
- Clinical silos

System Factors

- STI tests must be ordered individually
- Lack of self-tests
- Limited point-of-care tests

OBJECTIVE

To increase STI screening, preventative/treatment medication, education, and referrals among Veterans assigned female at birth, under age 25, receiving care at the San Francisco Veterans Affairs Health Care System.

METHODS

8/2024

- Quality improvement (QI) approval obtained

9-10/2024

- Data collection form, letter template, script developed
- Veterans identified via national VA “STI Screening for Women Under 25” dashboard, all included (n=34)
- Retrospective review to collect baseline characteristics

11/2024 - 1/2025

- All Veterans contacted via phone call (up to 2x, then letter mailed) to offer:
 - Sexual health history
 - STI screening
 - Referrals (HIV PrEP/PEP, STI treatment, vaccines)
 - Prescription safer sex supplies
 - Sexual health education
- Prospective data collected

1-2/2025

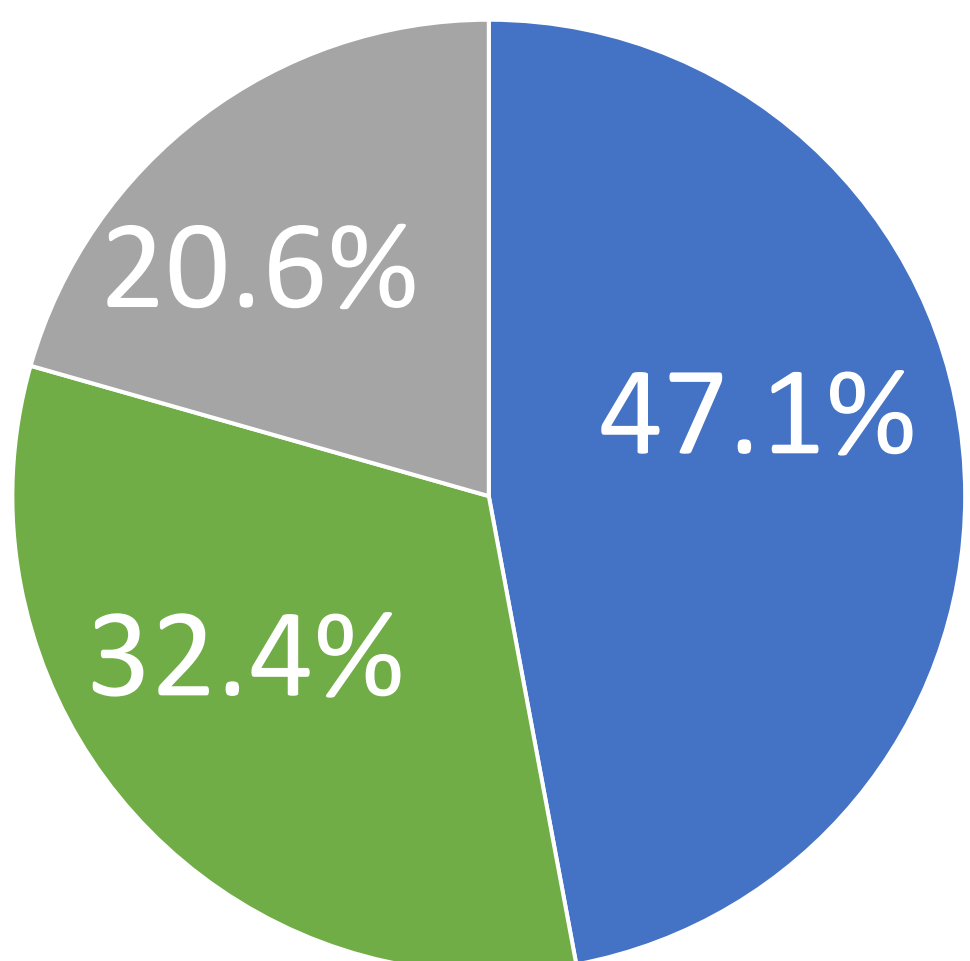
- Descriptive statistics evaluated results

VETERAN CHARACTERISTICS

Sociodemographics		Veterans (n=34)
Age, mean ± SD		23.3 ± 0.9
Gender identity, n (%)	Woman	20 (58.8)
	Unknown/not documented	14 (41.2)
Race/ethnicity, n (%)	White	11 (32.4)
	Black or African American	6 (17.6)
	Multiple race/ethnicity	6 (17.6)
	Asian	5 (14.7)
	Hispanic/Latino	3 (8.8)
	Unknown/not documented	3 (8.8)
Sexual orientation, n (%)	Straight/heterosexual	21 (61.8)
	Lesbian/gay	3 (8.8)
	Bisexual	2 (5.9)
	Unknown/not documented	8 (23.5)
Percent service connection, mean ± SD		67.1 ± 36.7
STI Testing Completed		
Chlamydia/gonorrhea, n (%)	All time	33 (97.1)
	Past year (11/5/23-24)	2 (5.9)
Syphilis, n (%)	All time	19 (55.9)
	Past year (11/5/23-24)	2 (5.9)
HIV, n (%)	All time	34 (100.0)
	Past year (11/5/23-24)	9 (26.5)
HCV, n (%)	All time	24 (70.6)
	Past year (11/5/23-24)	3 (8.8)
HBV (any serology), n (%)	All time	34 (100.0)
	Past year (11/5/23-24)	7 (20.6)
Human papillomavirus (HPV) vaccine, n (%)	≥3 doses	16 (47.1)
	0 doses	11 (32.4)

- None were prescribed HIV PrEP, HIV treatment, STI treatment, or condoms at baseline.

RESULTS: OUTREACH



- Unable to reach via phone call, letter mailed (n=16)
- Accepted (n=11)
- Declined (n=7)

RESULTS: INTERVENTIONS

Sexual health history completed, n=11 (32.4%)

STI screening completed, all results negative

- Chlamydia/gonorrhea and HIV n=2 (5.9%)
- HBV, HCV, and HSV-1/HSV-2, n=1 (2.9%)

Referrals

- HPV vaccine, n=3 (8.8%)
- HBV vaccine, n=2 (5.9%)
- Evaluation of recurrent STI symptoms, additional testing, pelvic and gynecologic exam, n=1 (2.9%)

Prescription safer sex supplies

- Condoms, n=3 (8.8%)
- Lubricant, n=1 (2.9%)

Education (HIV PrEP, STI testing, safer sex supplies, barrier and contraception methods, vaccines), n=11 (32.4%)

CONCLUSIONS & NEXT STEPS

- Many were screened for STIs in past (all time) but low rates in the past year
- Over one-third completed sexual health history and received education
- Low barrier, low time-intensive intervention
- Nearly half unable to be reached by phone, and none followed up from letter outreach
- Few accepted STI screening and linkage to resources
- None accepted HIV PrEP
- Other national clinical dashboards may be more useful for linking Veterans to HIV PrEP (e.g., STI Co-Testing Dashboard, identifies Veterans with a positive STI in past year) and will be used in next phase of the project

DISCLOSURES

The views expressed in this presentation are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs, the United States government, or any other agency affiliation. The authors have no conflicts of interest to disclose.