SYNDEMIC PATTERNS OF RISK FOR SEXUALLY TRANSMITTED INFECTIONS

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Background Syndemics theory proposes that diseases may cluster and intensify based on multiple interacting factors. Few studies have compared methods to identify syndemics related to sexually transmitted infection (STI) risk. The purpose of this study is to compare the use of a composite scoring method and latent class analysis to identify syndemics of STI risk.

Methods Youth were aged 18–25 who participated in the National Health and Nutrition Examination Survey, 2011–2014 (N=1,803). Syndemic composite scoring was tabulated by an accumulation of indicators by gender, and latent class analysis (LCA) was conducted to extract classes of risk based on indicators reported by gender. The outcome, STIs, was defined as a determinant result for Chlamydia trachomatis, Herpes Simplex Virus type-2, or HIV. The odds of STI were calculated using the patterns of risk by sex adjusted for demographic and poverty indicators.

Results Composite score results suggest that males with an accumulation of 3 to 5 syndemic indicators (AOR: 2.10 CI 95% 1.0–4.2) and 6 or more indicators (AOR: 2.84 CI 95% 1.2–6.7) had an increased odds of STI. Similarly, females with 6 or more indicators (AOR: 3.20 CI 95% 1.7–6.0) had increased odds of STI. The LCA suggested that men with the highest probability of smoking and sexual risk behaviors were at increased odds of STI (AOR: 2.42 CI 95% 1.5–5.4), while women exhibit a syndemic of depression, smoking, drug use and sexual risk behaviors (AOR: 2.19 CI 95% 1.2–3.8).

Conclusion The co-occurrence of mental health, substance use and smoking were important indicators of STI risk in women. LCA was able to determine indicators that co-occurred in men and women and sexual risk behaviors that differed by gender, while the syndemic scoring show an accumulation of indicators increased STI risk.

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SEXUAL HEALTH CARE: PROFESSIONAL DEVELOPMENT FOR RURAL PRACTITIONERS

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Background Rural doctors have limited accessible professional development, barriers include time, travel, expense and relief staffing issues. Sexual Health Care education opportunities were lacking, so we have provided online, free, accredited education for rural practitioners that was relevant to their practice. The online education modules, which are unique, use a rural lens when addressing sexual health care needs in practice. The production of online learning modules. The first 8 were launched in 2016 and a further two have been launched since. Each module is evaluated by the participant upon completion. The modules cover practical topics in sexual health care ranging from sexual history taking, partner notification in a small community to avoiding assumptions in sexual health care.

Methods The Centre for Excellence in Rural Sexual Health instigated the production of online learning modules. The first 8 were launched in 2016 and a further two have been launched since. Each module is evaluated by the participant upon completion. The modules cover practical topics in sexual health care ranging from sexual history taking, partner notification in a small community to avoiding assumptions in sexual health care.

Results 326 modules have been completed. The most popular modules were ‘Introduction to rural sexual health care’, ‘Cornerstones of sexual health care’ and ‘STI treatment and management modules’. These modules are compulsory for a General Practitioner to complete if he or she is completing them as part of a large professional development activity (known as an Active Learning Module). The rest of the modules are free choice; with the most popular module being