

# Policy & Practice Brief

EMPWR: Educate, Motivate, Protect, Wellness and Respect



EMPWR is a smart, brief intervention to stop the spread of sexually transmitted infections (STIs). This brief presents an update for providers on a low-resource approach to protect Native American adults from STIs. After two short EMPWR sessions, participants were more likely to engage in safer sex practices and complete STI screening.

# EMPWR: Educate, Motivate, Protect, Wellness and Respect



Brief, tailored interventions can help people create personalized STI risk reduction plans, set goals to reduce high-risk behaviors, and help motivate individuals to get tested for STIs. Adapted from a sexual risk reduction program with evidence in other communities (Project RESPECT), EMPWR includes two 20-minute sessions during which adults meet one-on-one with Native community health workers in a confidential setting. Participants learn how to

identify and understand events, situations, and behaviors that put them at risk for engaging in unprotected sex. EMPWR teaches information about what they may be doing to increase their risk for STIs and helps them set tangible goals for engaging in STI protective behaviors by co-creating a personalized risk reduction plan. EMPWR also motivates people to complete self-administered testing for STIs.

# Background

Across the U.S., rates of STIs have increased by as much as 70% or more, and STI risks for certain minority communities are more pronounced.<sup>1</sup> In 2018, the national rate of reported chlamydia and gonorrhea cases among Native Americans was 3.7 and 4.6 times that of the national rates for Whites.<sup>2</sup> Meanwhile, binge substance use (including drugs and alcohol) has remained a significant problem in rural communities in the U.S., with substance use and overdose increasing during the COVID-19 pandemic.<sup>3,4</sup> Individuals who struggle with substance abuse problems are more likely to engage in behaviors that make them vulnerable to STIs.

Substance use and sexual risk taking are comingled public health challenges that are complicated for individuals living in rural reservation communities, with barriers including a lack of transportation, a perceived lack of confidentiality around substance use and sexual health, and poor access to STI screening and culturally congruent treatment services.<sup>5</sup> Challenges accessing STI screening have been exacerbated in rural communities during the COVID-19 pandemic, sounding an urgent need for non-clinic-based screening alternatives and structured support for individuals at the greatest level of risk.



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# Definitions

## BRIEF INTERVENTION

An intervention that takes very little time. Brief interventions are usually conducted in a one-on-one situation and can be implemented in a setting convenient to the individual. The EMPWR program was 2 sessions and approximately 40 minutes to allow for sufficient reflection and discussion of participants' STI risks.

## SELF-ADMINISTERED STI TESTING

An STI test administered by individuals at home and sent via mail or in person to a lab or clinic. Self-administered STI testing allows for those who face barriers to clinic based testing easier access to STI diagnosis and treatment.

## BINGE SUBSTANCE USE

Binge substance use is the consumption of large amounts of alcohol and/or drugs in a short period of time, resulting in serious consequences to the individual, such as losing consciousness and/or requiring medical attention for complications associated with a high blood alcohol level or drug toxicity level.

## STI RISK REDUCTION PLAN

An individualized plan that identifies risk behaviors for STIs. The plan consists of small, achievable goals determined by the target individual together with a trained community health worker or counselor.

# Evidence

A randomized controlled trial conducted with Native American adults in a rural, reservation community in the Southwest demonstrated that EMPWR supported participants with a recent binge substance episode to reduce their sexual risk taking and increase self-screening for STIs. About 300 participants enrolled in the trial with an average age of 33; only 1 in 10 were employed. After completing the two EMPWR sessions, participants were:



More likely to complete STI self-screening



Having fewer unprotected sex acts in recent months



More likely to refuse sex if their partners weren't tested for STIs

Importantly, study results show the EMPWR brief intervention may decrease STI prevalence; results from the trial came close to statistical significance on this critical outcome.

# Practice Recommendations

Program components worth replicating include:



## Tailored sexual risk reduction plans

Engaging adults with history of substance use to participate in tailored sexual risk reduction programs like EMPWR can increase rates of STI screening, diagnosis, and treatment, critical in communities with high rates of STIs.



## Evidence-based interventions

Evidence-based interventions like EMPWR can be delivered for rural, reservation-based Native communities to bridge important gaps in accessing sexual healthcare, such as geographic isolation and confidentiality concerns.



## Brief interventions

Brief interventions like EMPWR are cost-effective and can be administered by paraprofessionals such as community health representatives in non-clinic settings, which is crucial in the aftermath of COVID-19.



## Self-administered STI screening

Self-administered STI screening is a viable alternative to clinic-based screening that can increase STI testing rates, particularly among high priority subgroups and when access to in-person care may be limited, such as during the COVID-19 pandemic.



## Multi-generational households

Participants living in multi-generational households were more likely to complete both sessions of EMPWR. STI risk reduction programs such as EMPWR should harness the strength of families to ensure program attendance and optimize impacts in rural Reservation contexts.

### ASSOCIATED PUBLICATIONS

Chambers, R, Tingey, L., Beach, A, Barlow, A, & Rompalo, A. (2016) "Testing the Efficacy of a Brief Sexual Risk Reduction Intervention Among High-Risk American Indian Adults: Study Protocol for a Randomized Controlled Trial." *BMC Public Health*. V. 16(1), 366-374. doi: 10.1186/s12889-016-3040-y

Tingey, L, Rosenstock, S, Chambers, R, Patel, H, Melgar, L, Slimp, A, Lee, A, Cwik, M, Rompalo, A, Gaydos, C. (2021) "Empowering Our People: Predictors of Retention in an STI Risk Reduction Program among Rural Native Americans with Binge Substance Use." *Journal of Rural Health*. [epub ahead of print]; doi: <https://doi.org/10.1111/jrh.12589>

Tingey, L, Chambers, R, Littlepage, S, Lee, A, Slimp, A, Melgar, L, Cwik, M, Gaydos, C, Rompalo, A, & Rosenstock, S. (2021). "Empowering Our People: Impact of a Culturally Adapted Evidence-Based Intervention on STI Risks Among Native Americans with Recent Binge Substance Use." *Sexually Transmitted Diseases*. [epub ahead of print] Doi: 10.1097/QLQ.0000000000001418

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### ABOUT THIS DOCUMENT

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