Women, Personality and Gonorrhea Infections

Gonorrhea is a common sexually transmitted infection which is poorly controlled despite the widespread availability of treatment. Epidemiological models suggest that gonorrhea is concentrated in distinct sub-populations of individuals exhibiting high-risk sexual behavior (1). Several recent areas of research interest include the role of sexual partner concurrency in the spread of HIV and STIs such as gonorrhea (2); the role of the anatomic location (rectal, urethral, pharyngeal) in the timely identification and treatment of gonorrhea infections in women (3); and the role of personality variables, such as impulsivity in repeat gonorrhea infections in women (4, 5); the high frequency of rectal gonorrhea infections identified in women who report anal sex with a male sex partner (6); and the systematic underreporting of anal sex episodes because of stigma associated with this behavior in heterosexuals (7). Research suggests that partner concurrency, rather than the total number of sexual partners may increase the risk of acquisition of gonococcal infection (8) and that personality characteristics found to be associated in female samples (impulsivity, attention deficit hyperactivity disorder [ADHD]) may persist into adulthood and that the associated risky sexual behavior also continues into adult life (9, 10).

The specific aims of this project are:

1. Identify personality characteristics of women who report repeat infections with gonorrhea, including impulsivity, sexual compulsivity, sexual addiction and attention deficit hyperactivity disorder;
2. Identify relationship characteristics of women with previous repeat gonorrhea infections, including multiple and concurrent sexual partners; and
3. Validate self-reported personality measures with laboratory results for rectal, urethral and pharyngeal gonorrhea.

The aims of this project will be accomplished by recruiting 400 sexually active, at-risk women with multiple and/or concurrent sexual partners and who have reported at least one previous lifetime gonorrhea infection into the study. Data collection will consist of personality and sexual partner measures, as well as rectal, pharyngeal and urethral specimen collection and testing for gonorrhea. The study will use graduate nursing students from the Master of Science in Nursing/Master of Public Health combined degree program of the School of Nursing at California State University, Long Beach, to obtain specimens for rectal, genitourinary and pharyngeal gonorrhea testing.
Healthcare and Insurance Factors Associated with Hepatitis C and Liver Cancer

Specific Aims

This study will use a mixed methods approach and has two specific aims related to prevention, screening and treatment of hepatitis C, liver cirrhosis and hepatocellular cancer:

1. To determine the impact of recent changes in the health care delivery system, such as Medicaid expansion, especially through the Affordable Care Act, on access to care and treatment for a cohort of individuals identified from 2002-2014 with hepatitis C through the Center for Behavioral Research and Services;

2. To use diverse data sources, including the National Ambulatory Medical Care Survey (NAMCS; ambulatory care-based data files and NHAMCS, emergency department visits) to examine the entire spectrum of care for hepatitis C antibody positive patients to determine how type of insurance coverage (or lack) impacts medical care services, treatment, and outcomes for patients at high-risk of developing hepatocellular cancer.

The Centers for Disease Control and Prevention recommends that all adults born 1946-1964 be screened for hepatitis C due to the lack of screening tests for hepatitis C prior to 1993 to ensure the safety of the U.S. blood supply. Exposure to hepatitis C in this cohort was possible through blood transfusion as well as injection drug use. The Center for Behavioral Research and Services has been conducting community-based testing for hepatitis C since 2002 and has developed a cohort of over 600 individuals who have tested hepatitis C antibody positive through both gold standard blood tests as well as non—Food and Drug Administration approved rapid tests for hepatitis C antibodies (Fisher, Reynolds, Jaffe, & Perez, 2006). An early follow-up study of these individuals (Reynolds, Fisher, Jaffe, & Edwards, 2006) revealed that few if any followed up with additional medical care (liver function tests, liver ultrasounds, etc.) due to a variety of factors, including lack of understanding of hepatitis C, lack of health insurance and lack of a primary care provider able to refer them to specialists. Even fewer received the standard of care treatment available at the time (alpha interferon). The proposed study will follow-up again with these individuals to determine changes to their health, health insurance status, and access to, and willingness to undergo new, non-interferon based therapies.

Implementation of the Affordable Care Act and state Medicaid expansion provide a unique opportunity to understand healthcare access issues in this population. In addition, the study will use three diverse data sets to explore national patterns of utilization and outcomes for individuals in the 1946-1964 birth cohort diagnosed with hepatitis C. The National Ambulatory Medical Care Survey, conducted by the National Center for Health Statistics every year, is a probability sample of patients accessing care in ambulatory care and emergency department settings. These datasets were used by researchers previously to assess use of health care among hepatitis C positive individuals (Cheung, Mannalithara, & Singh, 2010; Grant, Jhaveri, McHutchison, Schulman, & Kauf, 2005; Tsui, Maselli, & Gonzales, 2009) but the most recent version of these data we could find used for this purpose in the research literature was the 2006 data (Cheung et al., 2010). Given the aging of the birth cohort most at risk of presenting with hepatitis C and subsequent progression to cirrhosis and hepatocellular cancer, and updating of trends using these national data are warranted.


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