

**BCHD**

**Brainstorming session**

**15 November 2016**

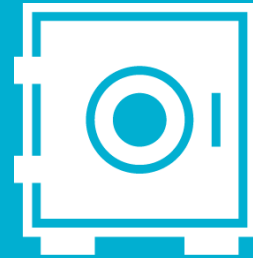
**Despite the high availability of options, the fear and anxiety about the testing process and outcome can prevent youth from accessing these resources.**



**How might we  
create transparency  
around the testing  
process to reduce fear  
and anxiety in  
patients?**



**Perceptions of a testing environment's safety, hygiene, and comfort make a lasting first impression which affects a visitor's willingness to get tested.**



**How might we design  
a safe and inviting  
clinic space that  
destigmatizes the STI  
testing experience?**



**Wait times for service and test results are strong influencers on feelings of fear and anxiety during the testing process.**



**How might we  
cultivate positivity  
and comfort during  
the wait-times during  
the testing journey?**



**Youth value anonymity  
and privacy, which may  
differ from the HIPAA  
confidentiality protocols.**

**CONFIDENTIALITY**



**CONFIDENTIALITY**



**The location that is most convenient for getting tested can sometimes be the least confidential.**

CONFIDENTIALITY



CONFIDENTIALITY

**How might we respond  
to youth's desire for  
anonymity when  
traveling to and waiting  
inside Baltimore's  
testing centers?**

CONFIDENTIALITY



CONFIDENTIALITY

**Self esteem and emotional intimacy are foundational for healthy sexuality, but are traditionally left out of STI interventions.**



**With the pressure to serve as many patients as possible, providers lose valuable time to build trust and to share medical information.**



**How might we build  
self esteem and  
emotional intimacy  
with patients during  
testing appointments  
with limited time?**



**Although multiple free and affordable testing options exist, incomplete financial information about the process can hinder the genuine intention to get tested.**



**How might we  
clarify and effectively  
communicate the patient  
costs of STI testing?**



**Youth have a strong preference for receiving information from peers, but peer-to-peer information is not always accurate.**





**Social networks can generate shame and deter an individual from taking the steps to get tested.**



**How might we  
foster sex positivity  
in social networks?**



**Funding structures for  
sexual health  
interventions can shape  
how organizations  
collaborate and  
dedicate resources.**



**How might we  
foster sustainable and  
effective collaboration  
between existing sexual  
health programs?**



**The school setting  
can provide sexual  
health resources to a  
large youth  
population, but they  
are currently  
underutilized.**



**How might we make  
the sexual health  
resources offered in  
schools meet the  
students' need for  
anonymity and  
privacy?**



**How might we  
include healthy sexuality &  
emotional intimacy as a part of the  
STI testing experience?**

**HMW drive treatment to move  
beyond just the infection / more  
than just medicine?**

**HMW consider treatment to include  
and emotional intimacy**

**HMW make space for holistic sexual  
health experience during testing?**



**How might we  
inject/expose  
positive & accurate  
info into pre-existing  
youth communication  
networks?**





**The stigma that manifests in the culture of STI testing, treatment, and messaging can prevent one from seeking care.**

**STIGMA > INFECTION**

**HMW rethink  
messaging of sexual  
health (or STIs) to  
remove the stigma of  
testing and  
treatment?**

**STIGMA  $\geq$   
INFECTION**