



# Sex Ed goes VIRAL

*Dr. Amanda Tanner examines sexual and reproductive health, with a focus on HIV infections among young people. She is widely known for her innovative, multi-method approaches to behavioral health and interventions. The associate professor of public health education, who also holds an appointment at Wake Forest University School of Medicine, attributes her success to a diverse, national network of research collaborators; strong, interdisciplinary teams of colleagues and students; and an emphasis on community engagement.*

## A NONTRADITIONAL PATH

"As a teenager, I witnessed how educational opportunities closed to young women who were pregnant. That inspired me to volunteer with a nonprofit bringing sex education to teenagers, and, after college, to join an international women's health care organization. I loved the work and decided to get a master's in public health to move forward with that career. Then, in grad school, I got involved in research and found my passion.

"My background keeps my feet on the ground. I'm committed to collaborating with communities and community-based organizations to ensure that my research is relevant to the populations I work with and can be implemented at an organizational and clinical level. I don't want to work in an ivory tower, so UNCG's dedication to community-engaged scholarship has been a great fit for me. We're at the forefront of that type of work.

"Seeing my scholarship's impact on interventions and policies and creating sustainable change — that's what excites me."

## REFRAMING THE ISSUES

"While many of my projects focus on understanding and preventing HIV and STD transmission, more broadly my research is about promoting sexual and reproductive health — normal aspects of development. In my primary prevention work, we try to keep youth healthy and HIV-free. We don't say, 'Don't have sex.' We approach health from a risk reduction paradigm. We say, 'Here are ways to be safe and healthy: use condoms, talk to your partner, get tested. Know your options.'

"I also do secondary prevention work with youth living with HIV. Thanks to biomedical advances, HIV is not the death sentence it used to be, and people who are infected can lead healthy, happy lives. Many people don't know that once someone is virally suppressed with medication, their ability to transmit HIV becomes very, very small. It's called 'treatment as prevention.' To realize the benefits, we must ensure that people diagnosed with HIV are linked to care quickly and that they stay engaged in care."

## A VULNERABLE POPULATION

"Of the 1.2 million people living with HIV in the U.S. in 2011, 30 percent were virally suppressed with medication, and thus extremely unlikely to transmit. But when you looked at virally suppressed young people, that number dropped to 6 percent. We're seeing HIV rates decreasing for all age groups — except 13-24.

"We need to think about what we can do to support youth in accessing the services they need. There are factors we can change at the clinical level, at the more macro level, that really support healthier

adolescents. If we train staff in adolescent clinics to meet youth where they are developmentally, if they are trained to interact with transgender youth, and so on, then young people with HIV are more likely to come to the clinic and stay in care.

"I'm leading an NIH study where we followed 135 youth at 14 clinical sites across the U.S., as they navigated the transition from adolescent to adult care — a time when we see a significant drop in adherence to treatment. We collected data from patients and clinic staff to try to better understand what's happening. We're identifying what youth need, what adolescent clinics can do to prepare youth for the transition, and what adult clinics can do to support them once they get there, so they stay engaged in care and on medication."

## COMMUNICATION AND CARE

"There are so many great new ways to share information. Technology is key to maximizing our resources and reach and developing cost-effective interventions.

"I'm currently working with a Wake Forest School of Medicine team on a project using social media to help young people living with HIV adhere to care and medication. That project, funded by the U.S. Health Resource Service Administration, focuses on young African American and Latino men who have sex with men and transgender women — populations often needing extra social support. We're connecting them to health educators, who send reminders, answer questions, and check in with them, using texts and apps like Facebook and Grindr. We also have primary prevention projects using social media to spread information about health and HIV testing.

"I'm also developing an online intervention for first-year college students, funded by a National Institute of Alcoholism and Alcohol Abuse R01 grant, with a team from UNCG and Penn State. The program addresses issues that arise where alcohol use and sexual behaviors intersect. A lot of similar curricula are high-resource, face-to-face interventions. Our program is something students can do easily, on their own, as part of orientation."

## A STRONGER WHOLE

"I want to build stronger, healthier communities, and reducing health disparities according to age, gender, sexual orientation, and race and ethnicity is part of that. When we have people, especially young people, who are unhealthy, that affects all of us.

"So when we invest in HIV prevention, treatment, and care, we don't just affect individuals. We also see community- and population-level benefits. When we commit to making everyone as healthy as they can be, we make our world a better place."

Interview by Sangeetha Shivaji, with Hope Voorhees  
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