Providing Accessible & Acceptable STD Health Care
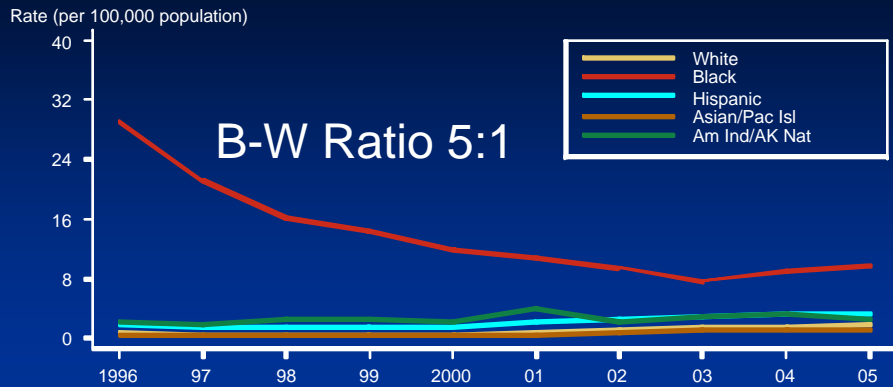
Lessons Learned
from the National Campaign to Eliminate Syphilis

Jo A Valentine, MSW
National Syphilis Elimination Coordinator
Division of STD Prevention
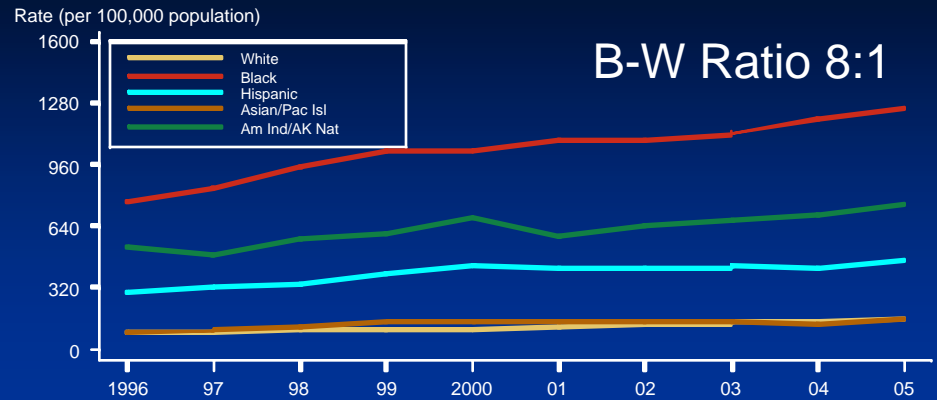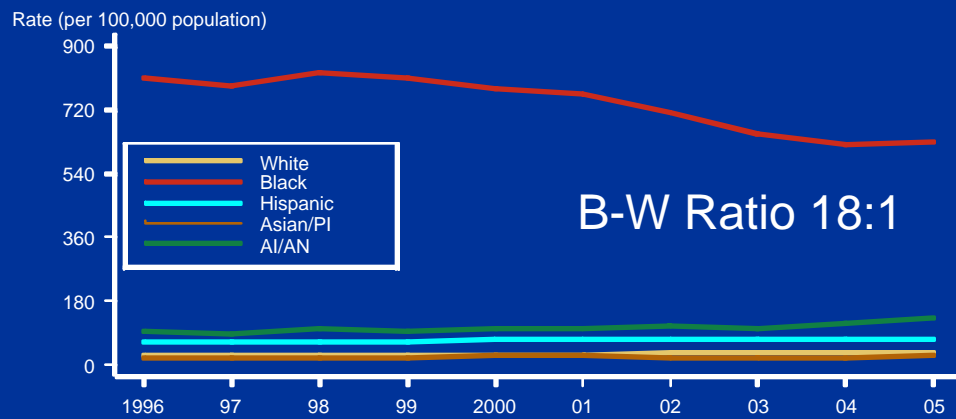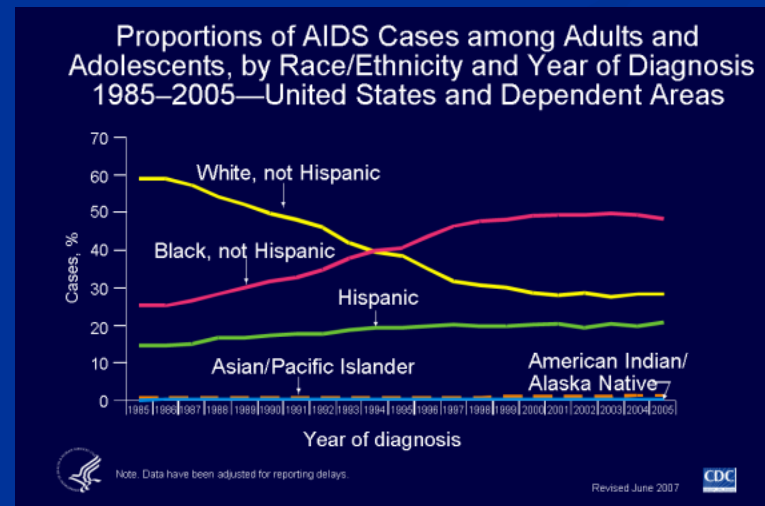Centers for Disease Control and Prevention

SAFER · HEALTHIER · PEOPLE™

CDC™

P&S Syphilis

Rate (per 100,000 population)

B-W Ratio 5:1

Legend: White, Black, Hispanic, Asian/Pac Isl, Am Ind/AK Nat

Chlamydia

Rate (per 100,000 population)

B-W Ratio 8:1

Legend: White, Black, Hispanic, Asian/Pac Isl, Am Ind/AK Nat

Gonorrhea

Rate (per 100,000 population)

B-W Ratio 18:1

Legend: White, Black, Hispanic, Asian/PI, AI/AN

Proportions of AIDS Cases among Adults and Adolescents, by Race/Ethnicity and Year of Diagnosis 1985–2005—United States and Dependent Areas

AIDS Cases
AAs 13% of US pop,
49% of AIDS cases

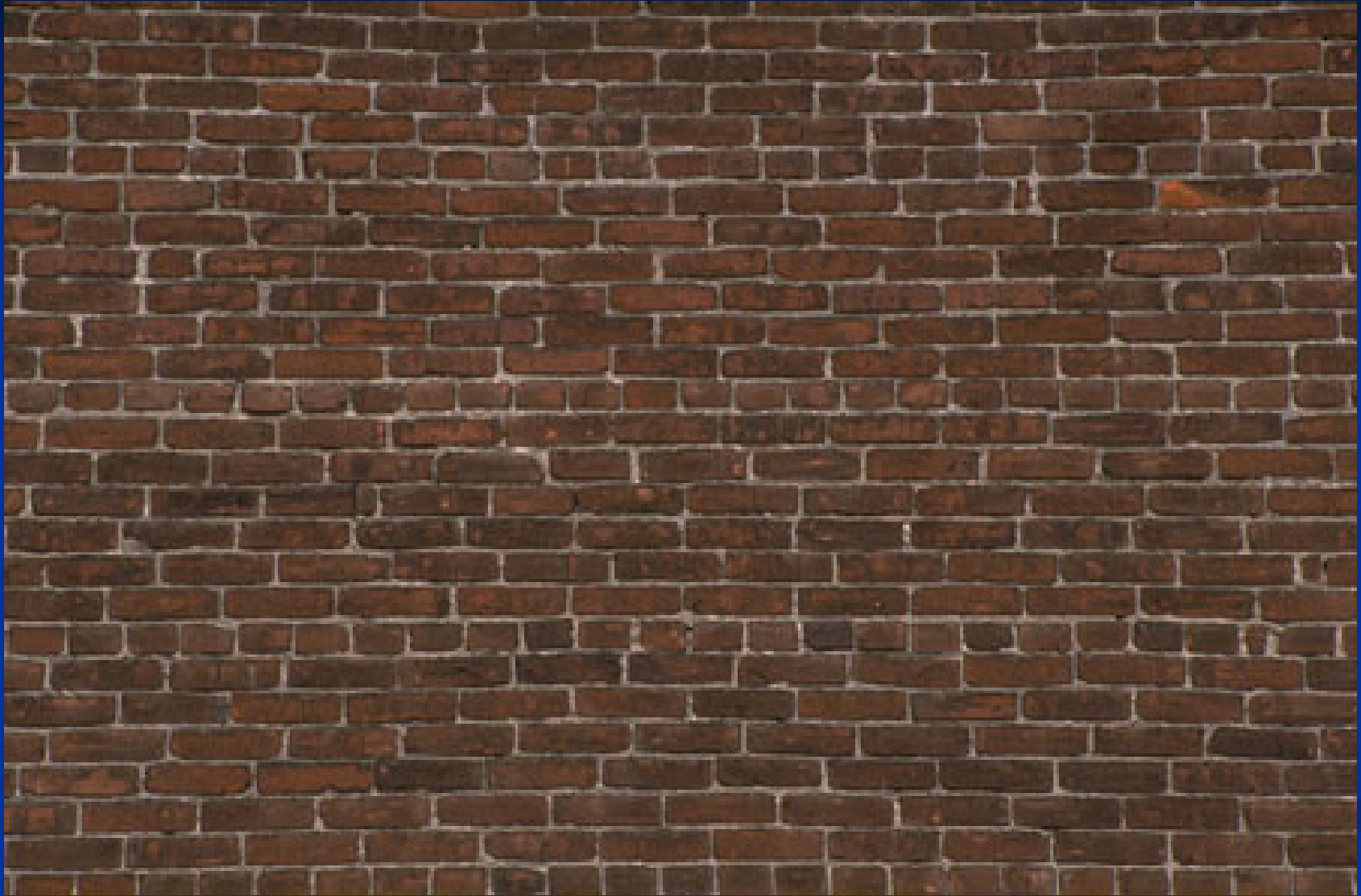New York Times Book Review June, 1981

President Clinton and Vice President Gore apologizing to a victim of the Tuskegee syphilis study, 16 May 1997

Science, 1999 Volume 285

The Tuskegee Syphilis Study is frequently described as the singular reason behind African American distrust of the institutions of medicine and public health. Such an interpretation neglects a critical historical point: the mistrust predated public revelations about the Tuskegee Study.

Vanessa N. Gamble, 2002

"It is a peculiar sensation, this double-consciousness, this sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity.
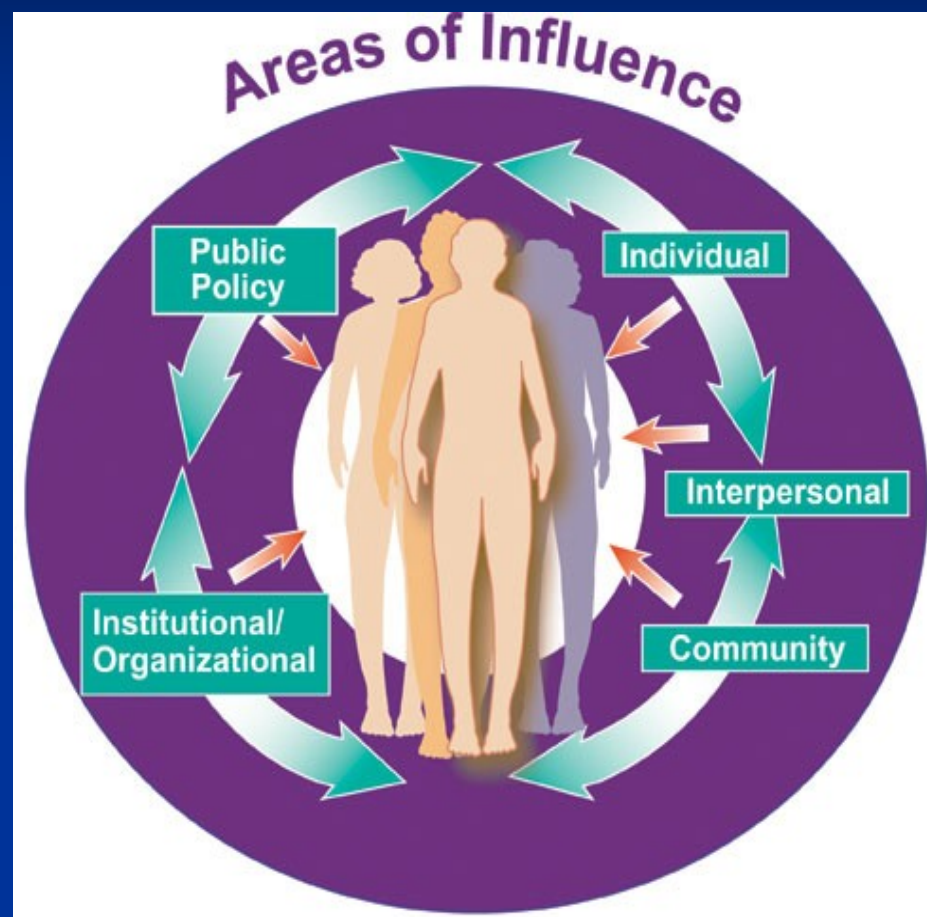
WEB Dubois, Souls of Black Folk, 1903

"Despite general scientific agreement that the biological definition of "race" is an anachronism, modern-day medical journals remain replete with racialized studies that compare the health of blacks and whites without ever addressing the role of social class in producing disease in either blacks or whites."
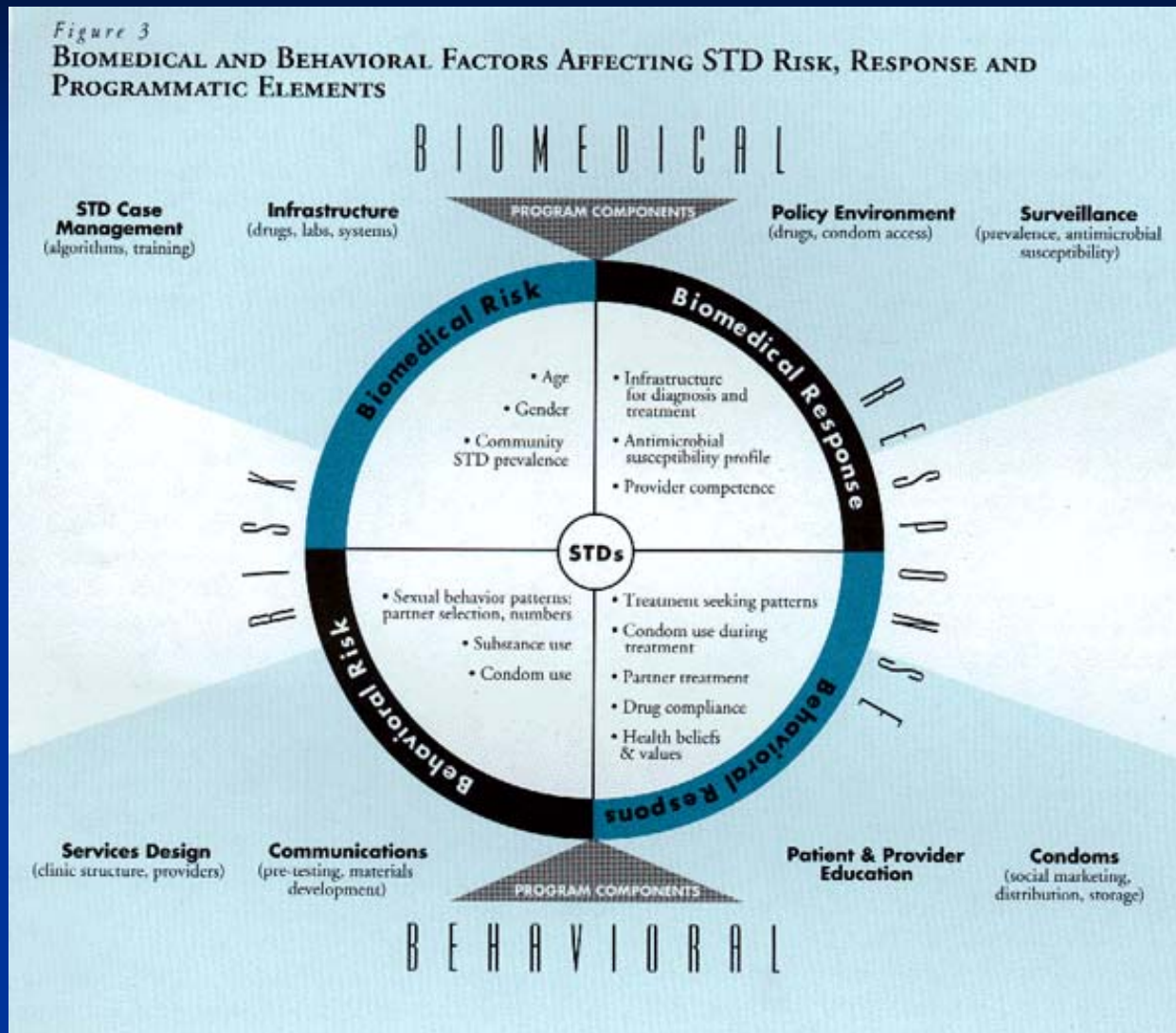
N. Krieger, 2004

Syphilis as a Social Disease

"To take on the task of eliminating syphilis, the consultants said, it is necessary to acknowledge that syphilis is first and foremost a social disease. In otherwise healthy individuals and communities, syphilis is a disease that is easily interrupted." National Plan to Eliminate Syphilis from the U.S., 1999

Areas of Influence

Public Policy
Individual
Interpersonal
Community
Institutional/ Organizational

Challenges to STD Control

Figure 3
BIOMEDICAL AND BEHAVIORAL FACTORS AFFECTING STD RISK, RESPONSE AND PROGRAMMATIC ELEMENTS

Source: Family Health International, GA Dallabetta, ML Field, M Laga, QM Islam
www.fhi.org/en/HIVAIDS/pub/guide/stdhandbook/chap1

Improving the Accessibility & Acceptability of STD Health Care for Syphilis Elimination:

Applying Lessons Learned

Syphilis Elimination: Realistic and Right to Do

- ❖ Syphilis is easily preventable and readily curable.
- ❖ Infectious syphilis remains at a very low rate
- ❖ The syphilis epidemic is very concentrated.

- ◆ the improvement of infant health
- ◆ the reduction of HIV transmission
- ◆ the reduction of health care costs
- ◆ the elimination of a glaring health disparity in the U.S.
- ◆ strengthen public health capacity

What We Were Told…..

"We don't criticize the existence of the government's figures, but their accuracy is not good because their statistics are derived from studies only of those who are treated in public clinics."

"There is a real dearth of scientifically arrived at knowledge of the social organization of blacks in America because there is no such thing as a monolithic black community."

"There is some over-reporting from public clinics in the data we have and there are a number of biases in the data, but syphilis surveillance and reporting is better than for gonorrhea and Chlamydia."

"If we frame the programs to focus on blacks in the south, then it will go nowhere among blacks in the south."

A Process of Partnership

- **1/1995**--"Syphilis in the South" Meeting
- **7/1995**--"Reaching Populations Affected by Syphilis, in the South & Among African Americans" consultation meeting
- **9/1995**--"Innovations in Syphilis Prevention" Research Program initiated
- **5/1997**-- Elimination endorsed by the Council of State and Territorial Epidemiologists
- **3/1998**-- Elimination endorsed by the CDC Advisory Committee on HIV & STD Prevention
- **5/1998**--"Developing Strategies for Syphilis Elimination in the United States" consultation meeting
- **10/1999**-- the national campaign is launched
- **11/2001**--"Syphilis Elimination Fall Community Conference"
- **5/2003**--"Preventing Syphilis among Men who Have Sex with Men: 8 Cities Meeting"
- **7/2004**--"Strategies to Address Sexually Transmitted Diseases and HIV Transmission among MSM" consultation meeting
- **6/2004**--The Syphilis Elimination Listening Tour
- **8/2005**-- Syphilis Elimination Effort Consultation
- **4/2006**--SEE-E Webinar Series (ongoing)

Lessons Learned

- Provide high quality STD services.

- Integrate syphilis elimination with other STD and HIV prevention and control programs.

- **Adopt a holistic approach to eliminating syphilis which takes into consideration the social determinants of disease transmission.**

- Apply locally available surveillance and research data to develop evidence-based strategies.

- Develop flexible local syphilis elimination activities to respond to rapidly evolving epidemics.

- Include Internet-based prevention and control strategies.

- **Engage and collaborate with communities and local private providers.**

Defining Community Participation

- Advise and Consent

- Endorse and Cooperate

- Advise, Guide, Support, Execute

- Define, Decide, Design, Analyze, and Interpret

Hatch, et.al, 1993

The 2006 SEE Plan
3x3 Approach

Goals

Strategies

Invest in & Enhance Public Health Services →

1. **Improve and enhance surveillance**
2. **Improve and QA clinical & partner services**
3. **Improve and QA lab services**

Prioritize and Target Interventions →

1. **Mobilize affected communities**
2. **Mobilize and create health alliances**
3. **Tailor interventions for affected populations**

Enhance Accountability & Implementation →

1. **Training and staff development**
2. **Evidence-based planning, monitoring & evaluation**
3. **Research and development**

Factors Impacting the Accessibility & Acceptability of STD Health Care for African Americans

General Attitudes/Beliefs about African American sexuality

- The *"elaborate ideal of femininity"*
- The *"furor sexualis"*
- *"wifey"*-status: the impact of partner availability

Provider

- Bias
- Stigma—enacted & felt
- Shame—fear of being seen or discovered; reputation damage, embarrassment

"Healthy Cultural Paranoia"

The tendency to be suspicious of or distrust institutions or agencies regarded as being "white" that African Americans have developed over generations in response to racism, oppression, and discrimination

The purpose of
Community Involvement & Organizational Partnerships in the Syphilis Elimination Plan

- Acknowledgement & response to the effects of racism, poverty, & other social issues on the persistence of syphilis

- Development & maintenance of partnerships to increase access to prevention & care services

- Assurance that affected communities are collaborative partners in developing, delivering, & evaluating interventions

The National Plan to Eliminate Syphilis from the United States, 1999

The Value of Community Involvement

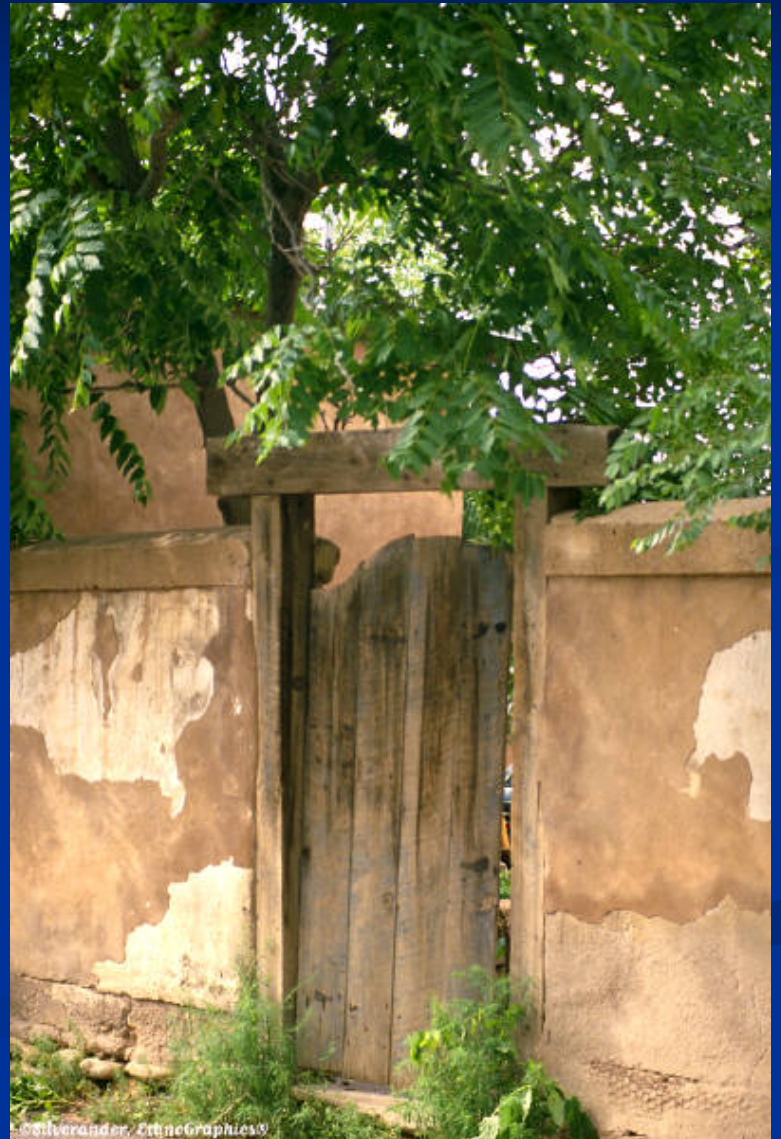The involvement of affected communities helped us to:

- facilitate more effective communication;

- restore, build, and maintain trust;

- improve access to utilization of services;

- ensure the development of culturally competent interventions; and

- mobilize participation to develop community capacity to eliminate syphilis.

"Take those like us who are willing to share and say we've had enough. We see what you're doing. *Let us be part of the reforms*."

Male Inmate, Guilford County, NC March 1998

Thank you.

For more information about the Syphilis Elimination Effort visit:

www.cdc.gov/stopsyphilis

The findings and conclusions in this presentation have not been formally disseminated by the CDC and should not be construed to represent any agency determination or policy.

Key References

- Centers for Disease Control and Prevention. Together We Can. The National Plan to Eliminate Syphilis from the United States, 2006

- Smedley BD, Stith AY, Nelson AR, eds. Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare, Institute of Medicine National Academy Press, 2002.

- Fortenberry D, McFarlane M, Bleakley A, et al. Relationships of stigma and shame to gonorrhea and HIV screening. Am J Pub Health, 2002

- Grier and Cobbs. Black Rage, 1968

- Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2005, 2006

- Hatch J, Moss N, Saran, A, et al. Community research: partnership in black communities. Am J Prev Med 1993

- Lichtenstein B, Bachman L. Staff affirmations and client criticisms: staff and client perceptions of quality of care at sexually transmitted disease clinics. Sex Trans Diseases, 2005

- Whetten K, Leserman J, Whetten R, et al. Exploring lack of trust in care providers and the government as a barrier to health service use, AJPH 2006

- Staples R. Exploring Black Sexuality. Lanham, MD, Rowman and Littlefield Publishers, Inc. 2006

- D'Emilio, John and Estelle B. Freedman Intimate Matters: A History of Sexuality in America. 2d edition, University of Chicago Press, Chicago Illinois, 1997