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Awareness and Prevention of Syphilis Infections in Women in Pima County, Arizona

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COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

Social Change Portfolio

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OVERVIEW

Keywords: [Awareness and Prevention of Syphilis Infections in Women in Pima County, Arizona, STI, STD, Congenital Syphilis

Goal Statement: The goal of this social change portfolio is to reduce the rate of syphilis infections in women by increasing the availability of comprehensive sexual health education, improving the accessibility of affordable and free healthcare and STI/D testing, and developing community intervention programs that address the additional risk factors that contribute to the rise in syphilis rates.

Significant Findings: Arizona has had a 449% increase in syphilis rates in women since 2015, with Pima County ranking as the county with the second-highest increase in rates (AZDHS, 2023). These startling increases in rates are clearly evident across the nation. The rise in syphilis in women has had an even more tragic consequence on an even more vulnerable population, the unborn or newborn child, as there has been a positive correlation in the rise in congenital syphilis as well. Several risk factors have been identified as contributing factors to the increase in infection and must be addressed to combat this public health crisis.

Objectives/Strategies/Interventions/Next Steps: One strategy is to address the Pima County Board of Education on changing the sexual education curriculum, making it more comprehensive versus abstinence-only based. Research conducted by Goldfarb and Lieberman (2021) reviewed research conducted on comprehensive sexual education programs over 30 years and found that "attention to the full range of sexual health topics…embedded in supportive school environments and across subject areas, has the potential to improve sexual, social, and emotional health…" (p.

14). As American Indians continue to see a rise in infection rates, the emphasis is on developing culturally relevant community/tribal programs to address awareness and prevention. This strategy allows collaboration with tribal leaders that will be imperative for a successful program and fortify bonds between mental health professionals and the American Indian communities. Another method would be implementing a Consolidated Health Care program at the Massachusetts Department of Health. This program utilizes cross-jurisdictional sharing and allows local health departments and other federally funded medical facilities to share public health information and services. This process has been successful in several other states, including Colorado, New Jersey, Texas, Ohio, and Connecticut (Massachusettes, 2020). This process has also shown that it can successfully transfer information from county and local public health systems common in other states (Massachusettes, 2020). Finally, focusing advocacy efforts on highlighting the need for more funding and a redirection of current funds to community-based healthcare centers that provide sexual healthcare services is critical. Local, state, and federal representatives must be engaged on how vital their role is in eliminating this public health crisis, as they will be the ultimate advocates who speak on behalf of Arizona.

INTRODUCTION

Awareness and Prevention of Syphilis Infections in Women in Pima County, Arizona

There has been a national surge in sexually transmitted infections and diseases over the last four years. That surge has impacted Arizona most severely, particularly in its larger cities and counties, including Tucson in Pima County. The state has seen increases in infection rates for gonorrhea and chlamydia above the national average, with Arizona ranking 14th nationally for both of these STIs/Ds (World Population Review, 2023). However, the most frightening

statistic is the alarming rise in syphilis, with Arizona being 7th in the country in the number of cases (World Population Review, 2023). Even more unsettling is the increase of cases in a population previously minimally impacted--women.

There are several underlying reasons why this population has seen such an increase, but socioeconomic, environmental, and biological factors are the primary factors. Developing a better understanding of the root causes of these factors will be critical in understanding the role each factor plays in the increase in infection, which will be critical in remedying this public health crisis. While prevention is the goal, intervention must also be addressed to advocate for these women properly. Sexual health education, affordable and accessible healthcare, proper STI/D testing, and substance abuse intervention must be the focus.

PART 1: SCOPE AND CONSEQUENCES

Awareness and Prevention of Syphilis Infections in Women in Pima County, Arizona

The target issue identified in Pima County is the increase in syphilis among women. Syphilis typically affects gays, bisexuals, and men who have sex with men (MSM), with MSM being impacted the greatest (CDC, 2023). Furthermore, while MSM continues to be the highest population impacted by syphilis, in the last five years, the nation has seen an increase in this STD more than threefold in women (Landrum, 2023). In Arizona, since 2015, there has been a 449% increase in syphilis cases in women. In 2015, the state reported 590 syphilis cases, 47 of which were women (Arizona Department of Health Services [AZDHS], 2016). In 2022, the number of cases for the state increased to 3,571 total, 1010 of which were women. Of those numbers, Pima County accounted for 515 cases total, 147 women (AZDHS, 2023). The total

number of cases in 2022 in Pima County alone and the current number of women infected state-wide exceeded the state's total cases in 2015.

The breakdown in sexual education, healthcare affordability, STI/D testing, and the stigma associated with STI/Ds have contributed to the rise in cases. Lack of treatment can cause significant physical consequences due to the debilitating nature of syphilis. Left untreated, it can cause brain and nerve damage, blindness, liver damage, and irreparable damage to joints and bones (AZDHS, 2022). These drastic consequences are unfortunate, as simple antibiotics can treat syphilis.

The consequences of untreated syphilis are harrowing, but the increased infection rate and lack of treatment are even more detrimental in women. It is of particular concern because it impacts women of childbearing age. Syphilis can have disastrous effects on pregnancy because it can be passed to the child in utero, causing an infection known as congenital syphilis (CS). In Arizona and Pima County, women aged 20 -39 have the highest infection rates (AZDHS, 2023). The impacts of CS on babies are numerous and include, but are not limited to, miscarriage, stillbirth, or death shortly after birth (AZDHS, 2023). Babies born with CS can suffer from severe disabilities/deformities, blindness, deafness, and nerve and organ issues (AZDHS, 2023). As with women, the increase in CS began in 2015, with Arizona seeing cases double annually. In 2015, there were 14 cases and no reported deaths compared to 2021, with 181 total cases and 14 reported deaths (AZDHS, 2023). Pima County saw a similar trend in CS cases, with none reported in 2015, 3 cases in 2017, and 25 as of 2021 (Pima County, n.d.).

Arizona is ranked 7th in the country in syphilis cases; however, even more startling is that it is ranked 1st in CS cases (CDC, 2021). Pima County is ranked 2nd in syphilis and CS

cases. These statistics indicate a failure within our medical community and local and state governments to provide general education and intervention to our residents, especially women.

PART 2: SOCIAL-ECOLOGICAL MODEL

Awareness and Prevention of Syphilis Infections in Women in Pima County, Arizona

Multiple factors have contributed to the rise in syphilis in women. Evaluating these factors using the social-ecological model is essential to increase awareness and develop a comprehensive prevention plan. The socio-ecological model comprises four levels--individual, relationship, community, and society--and examines the interaction between these levels and how they impact the individual (CDC, n.d.). The model also helps identify risk and protective factors at each level, which are characteristics that will increase or decrease the likelihood of negative or positive outcomes (Substance Abuse and Mental Health Services Administration, 2019).

At the individual level, biological and personal history factors contribute to the increase in syphilis rates in women, such as gender and socioeconomic status (Landman, 2023). The most prominent factor is due to the anatomic nature of a woman's sexual organs, which makes her more susceptible to STI/Ds than a man. Women's sexual organs are more exposed than men's, and the vaginal membrane is thin and delicate, which makes it easy for the bacteria and viruses that cause STI/Ds to penetrate it (Van Gerwen et al., 2022). Lower socioeconomic status (SES) has been linked to negative psychological impacts on women, including depression and social stressors (American Psychological Association [APA], 2023). With the psychological issues and social stressors comes an increase in the probability of alcohol and drug abuse and homelessness (APA, 2023). Substance use and homelessness create a greater likelihood of risky sexual behavior. An individual protective factor would be having healthy beliefs and attitudes

about sex. Understanding they are in complete control of their bodies, choosing when they have sex, and possessing the skills to protect themselves from pregnancy and STI/Ds through condoms and contraceptives.

The relationship level focuses on how interactions with others play a pivotal role in risk and protective factors in the increased rates of syphilis in women. Risk factors include disconnected familial relationships, which can lead to drug use, violent behavior, inept social skills, and risky sexual behavior (Wachira et al., 2019), including transactional sex. Research indicates that women who are homeless and substance abusers are twice as likely to engage in transactional sex, and individuals who participated in this type of sex were three times more likely to contract syphilis (Landman, 2023). A protective factor would be healthy familial relationships, which provide a model for healthy interpersonal interactions. Research indicates that higher family connectedness significantly influences whether or not an individual participates in risky sexual behavior and is associated with high self-esteem, increased social interest, positive academic attitude, and resiliency (Wachira et al., 2019).

The third level of the social-ecological model focuses on the risk and protector factors within the community that contribute to the rise in syphilis cases in women. The risks begin with Arizona's inadequate sexual education curriculum. The curriculum is not mandatory and focuses on abstinence and monogamous heterosexual encounters as the key to maintaining sexual health (Arizona Administrative Code, Section R7-2-303 [AAC R7-2-303], 2021) while only mentioning STI/Ds and the consequences of infection. However, there is little to no emphasis on how STI/Ds can impact men and women differently or how vital testing is, especially early testing. Another risk factor was the decline in Title X in Arizona, federal funding for sexual health services. This decline in funding was particularly impactful for uninsured individuals, who are at

a higher risk for contracting syphilis (Landman, 2023), as they were more likely to use family planning clinics such as Planned Parenthood. A Title X gag order issued in 2019 created financial strains on Planned Parenthood, causing them to remove themselves from the Title X network. Also, Arizona health departments received 25% of their original sexual health care budget in 2019, which prevented services from being offered (Guttmacher Institute, 2023). A protective factor associated with the community is that there are clinics and programs, such as Desert Senita Community Health Center in Pima County, that offer sexual health care, including STI/D prevention and treatment, for all individuals. Services fees are determined by income using a sliding scale. This availability can greatly benefit because many infected women belong to a lower socioeconomic class.

The most prominent societal risk factor associated with an increase in syphilis in women and STI/Ds, in general, is the stigma associated with having one. The stigma can create fear, anxiety, and depression in those with an STI/D (Elyse, 2023). It begins with how society views sex, in general, as a taboo subject, and this is evident in how Arizona chooses to present sexual education. The jokes and insinuations society has created about those who have contracted an STI/D create the stigmatization that leads to individuals not wanting to know if they are infected and delayed testing (Elyse, 2023). This delay in testing can prove to be detrimental for women with syphilis, especially if she is pregnant. A protective factor is the sexual education available outside the Arizona school system. Planned Parenthood offers informal sexual education through its transparent, honest, statistically accurate website and offers all perspectives of sex and sexual health, not just about abstinence.

PART 3: THEORIES OF PREVENTION

Awareness and Prevention of Syphilis Infections in Women in Pima County, Arizona

When developing a prevention program for the increase in syphilis in women, one must consider theories of prevention that would most effectively address the underlying factors contributing to the increase. Social Cognitive Theory (SCT) would be a practical approach as it examines the interactions between individual factors, the environment, and behavior (NCI, 2014). The dynamics of these three components are pivotal to the syphilis health crisis for women.

SCT focuses on three factors: self-efficacy, goals, and outcome expectancies, and how they influence an individual to change their health behaviors (National Cancer Institute [NCI], 2005). The increase of syphilis in women is ultimately a result of risky sexual behavior; however, other risk factors correlate with this behavior as well. These include inadequate sexual education, lower SES, disconnected family relationships, and negative social stigmas. These factors increase the likelihood of psychological and social issues, substance abuse, and homelessness, leaving women with low self-esteem and self-worth. Self-efficacy is one's ability to "change behaviors even when faced with obstacles" (NCI, 2005, p.20). Hajloo (2014) conducted a study to determine the correlation between self-esteem and self-efficacy. Self-esteem is how one views one's achievements, skills, values, appearance, the reactions of others, and the items one possesses (Hajloo, 2014). The results indicated a positive correlation between self-esteem and self-efficacy; therefore, the lower the self-esteem, the lower the self-efficacy. In order to effectively use the SCT theory for this prevention program, the goal would be to improve a woman's self-efficacy so that she feels she can change her behaviors despite the adversities she faces (NCI, 2005).

The Massachusetts Department of Public Health (MDPH) implemented the Consolidated Health Care Program 15 years ago. This program has allowed access to STI health care across the state by moving away from the traditional STD clinic model by partnering with other federally approved health centers within the communities (CDC, 2022). The program has not only allowed for the treatment of more individuals but also developed a more efficient and effective process for examining STI cases, allowing professionals to predict and problem-solve for future outbreaks. Throughout this process, the MDPH has developed approaches that have addressed the treatment and prevention of STIs. They have added disease intervention specialists to the health care centers, allowing for better access to records and the ability to prioritize testing for syphilis and HIV patients (CDC, 2022). The addition of integrated service systems that allow healthcare centers access to authorized laboratories and partnerships with outside laboratory sites allows for more testing and a wider population (CDC, 2022). Finally, the MDHP started using electronic health records at several healthcare locations, making information readily available and particularly useful during a public health crisis. This program has allowed for increased access and better documentation of infections and outbreaks. It has also provided sexual health care options to individuals who may not usually have those options due to lower SES or homelessness. Many women contracting syphilis fall into one or both categories, so a successful program such as this could benefit Arizona.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Awareness and Prevention of Syphilis Infections in Women in Pima County, Arizona

The rise of syphilis infection in women in Arizona has impacted women of races, ethnicities, and SES. In Pima County and across the state, the epidemic has significantly impacted American Indian (AI) women. In 2015, there were no reported cases of syphilis in AI women in Arizona; however, this number has increased to approximately 60 cases as of 2021 (Intertribal Council of Arizona [ITCA], 2023). AZDHS (2022) reported that Apache and Navajo counties, the two counties primarily populated with American Indians, had the highest rates of new syphilis in Arizona, reporting 76 per 100K and 83 per 100K, respectively. This trend has also been noted nationwide, with new rates of syphilis infection rates disproportionately impacting AI at 112 per 100K compared to 87 per 100K for Blacks, 43 per 100K for Hispanics, 20 per 100K for Whites, and 12 per 100K for Asians (AZDHS, 2022). The increased rates of infection in women have also created an epidemic of CS for AI, a health issue they had not had to contend with prior in 2015. Navajo County ranks second in CS of all counties in Arizona, falling below Maricopa County and just above Pima County, the two most populated counties in Arizona (AZDHS, 2022).

While lower SES can be one factor related to the increase in syphilis rates in AI women, barriers to accessing healthcare are a more likely culprit. The Indian Health System (HIS) is the healthcare system that provides facilities and services to AI and Alaskan Natives (AN) across the country. It provides services to 2.6 million AI/AN people in 37 states. It is often the only option for people in geographically separated tribal lands and those without medical insurance (National Association of County and City Health Officials [NACCHO], 2023, p.2). However, the system is significantly constrained by funds and staff, which makes providing many services difficult or limited, such as sexual healthcare.

Developing a successful prevention program to assist AI women in eradicating the spread of syphilis will require significant consideration of culture. A lack of cultural competence can cause incongruence between the values of the program and the community it was designed to serve, making the intent null and void (Reese & Vera, 2007). This idea holds even more true when developing a program for AI within Arizona, as there are 22 Native Nations that have their own cultures, histories, languages, and worldviews. Prevention programs must address cultural diversity among the Native Nations to ensure cultural appropriateness, essential when dealing with a topic as sensitive as sexual health (Nakai et al., 2004). Input from community leaders and elders will be critical as they can provide cultural knowledge and understanding of core cultural values and are key decision-makers within the community. Establishing relationships with these individuals will enhance the program's value and increase the likelihood of its effectiveness (Nakai et al., 2004). Also, allowing community members to create, employ, and evaluate the program enhances sustainability and adds credibility to its efficacy to the rest of the community (Reese & Vera, 2007). An example would be to train reputable members within the community to provide education, from holistic to general health and wellness, on STD/I. This collaboration fosters respect amongst program developers and community leaders and builds "allies within these traditional networks to create a strong community base for prevention activities" (Nakai, 2004, p.20).

A prevention program for this population must consider ethics concerning cultural development and sensitivity. This ethical consideration is crucial when the target population consists of several subgroups with potentially differing cultures. American Counseling Association (ACA) Code of Ethics (2014), Section A.2.c, Developmental and Cultural Sensitivity, addresses the importance of communicating information in a culturally appropriate

manner. Program developers must use language that their target population can understand when providing informed consent information, explaining confidentiality and any limitations that may exist, program procedures, participant expectations, and to be able to answer questions the target population may have. The availability of services such as translators or interpreters is the responsibility of program developers to ensure the target population is properly informed if necessary (ACA, 2014). Cultural competency emphasizing the sensitive nature of each Native Nation's cultural sensitivities will aid in the success of each community prevention program.

PART 5: ADVOCACY

Awareness and Prevention of Syphilis Infections in Women in Pima County, Arizona

Advocacy is an action that engages in the "defense, support, or intersection with or on behalf of another individual, group, or organization to accomplish a task" (Snow, 2013, p. 3). It is not only an essential action for counselors but an ethical obligation. Advocacy is pivotal in helping people, groups, and organizations achieve necessary actions they may not have been able to without the professional's assistance (Snow, 2013). When developing a community-based prevention program, advocacy is critical to ensure that the appropriate support is received. Counselors advocating for such programs must have developed multicultural and social justice competencies to employ advocacy interventions to enhance the program's efficacy and secure expected outcomes. According to the Multicultural and Social Justice Counseling Competencies (MSJCC) (2015), advocacy intervention requires counselors to take action on behalf of their marginalized and oppressed clients on many different societal levels. Prevention programs often create institutional, community, and public policy barriers.

Barriers at the institutional level can occur within schools, churches, or community organizations (MSJCC, 2015). The most significant institutional-level barrier to this target problem begins within the Arizona State Board of Education. The sexual educational requirements the Board of Education levied are inadequate and antiquated. Most importantly, sexual education is not a requirement in Arizona but provided as supplemental or elective instruction (AAC R7-2-303, 2021). The curriculum emphasizes the importance of abstinence in preventing pregnancy and contracting STD/Is. Students are taught the severe consequences of STD/Is and the negative impacts of being sexually active or pregnant (AAC R7-2-303, 2021). However, there is no requirement to provide instruction on contraception. Students are advised on the laws that govern parental financial responsibilities and the consequences of having sex with a minor (AAC R7-2-303, 201). Arizona's approach to sexual education is negative and shameful rather than proactive and empowering, and the state is missing the most significant opportunity to impact its youth on this topic. Adolescents and young adults (ages 15 – 24) make up approximately 25% of the sexually active population nationally and are impacted by STD/Is at a higher rate "due to a variety of behavioral, biological, and cultural reasons" (National Conference of State Legislature [NCSL], 2020). Research indicates that one in four sexually active adolescent females has an STI. This standard is similar for Arizona, with STD/Is impacting women ages 15-34 the most, providing proof that while abstinence is being taught as the way it is not being practiced.

A community-level barrier is the belief that providing low-cost healthcare is the equivalent of providing no-cost healthcare, which results in a group of individuals not receiving the treatment they need. Access to healthcare is always an issue for the poor and homeless population. While Arizona does have clinics and programs that offer sexual health services at

reduced costs, there are not enough that offer free services or basic STD/I testing. Getting tested is the critical first step in the treatment process, and without the ability to do so, many women will ignore suspected STD/I symptoms until they subside. Not getting tested is especially dangerous with syphilis during the first year, as it goes through phases and can be passed to partners and developing babies (AZDHS, 2020).

A barrier to the target problem at the public policy level revolves around the current legislature and its negative impact on the target populations' growth and development (MSJCC, 2015). State laws and regulations governing sexual education and sexual health options are very limiting, particularly concerning women. Federal funding to support some of these programs has been drastically reduced recently, and more conservative influences have limited sexual health services and the clinics and programs that offer them.

An advocacy action at the institutional level is to improve the state's sexual education program. Arizona's supplemental or elective abstinence-only programs should be replaced with a mandatory comprehensive sexual education program. The current program does not emphasize the importance of condom usage nor prepare students for the realities of sex in adolescence or adulthood (Keller, 2020). According to the MSJCC (2015), a counselor who is competent in multicultural and social justice "employs social advocacy to remove systemic barriers experienced by marginalized clients within social institutes" (p. 12). Arizona's revamped sexual education program should include information on STD/I prevention, symptoms, and treatment, as well as contraception and condom use. Information on life skills should be included to promote healthy relationships, sexual and gender autonomy, and provide an understanding of sexual consent and empowerment (Keller, 2020). Counselors must make recommendations on

behalf of the differing "cultural backgrounds, sexual orientations, and gender identities" (Keller, 2020, p. 12) when advocating for these changes.

Advocacy action at the community level should consist of an evaluation of the norms and values within society regarding the belief that services such as healthcare are a necessity and should be provided by the state, even to marginalized populations such as the homeless. In a conservative state such as Arizona, providing social services like free medical care is looked upon less favorably. Therefore, lawmakers and state representatives are less likely to fight for federal funding to support the development of clinics and programs that provide low and no-cost sexual health services. Therefore, when an STD/I, such as a syphilis outbreak, primarily impacts the poor and homeless, including pregnant women, services are not readily available, and a public health crisis can emerge. Multiculturally and socially just competent counselors must work to address these norms and values within the community (Keller, 2020).

A policy-level advocacy action addressing the target problem will be the counselor's efforts to alter state and local laws (Keller, 2020). Counselors must reach out to state representatives and lawmakers, providing their input on the importance of comprehensive sexual education programs and encouraging them to support redirecting federal funds. Currently, federal funding supports abstinence-only grant programs. However, through The Real Education for Healthy Youth Act (REHYA), Arizona's Title V funds can be used to develop all-inclusive sexual health programs (Keller, 2020). Through social action engagement, competent counselors can provide decision-makers with the information needed to make these changes possible. Similarly, counselors should advocate for increased funding for free STD/I clinics and sexual health services to accommodate lower SES and homeless individuals. Clinics that provide

services only for women would provide many with a sense of privacy and safety and encourage more to tend to their sexual health.

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DATE: November 2, 2023
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