

Guilford County's Syphilis Elimination Program: People Stopping Syphilis Today (PSST)

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Similar to many of the nation's mid-sized communities, Guilford County, North Carolina (including Greensboro) is battling a growing number of health-related social challenges. Guilford, the state's third largest county, is constantly looking for ways to decrease the number of sexually transmitted infections (STI) in its community that proudly houses eight institutions of higher learning and over 100 public primary and secondary schools. Guilford has battled growing numbers of syphilis cases, one of the state's leading causes of disease and disability. Until three years ago, NC had the highest rate of syphilis in the nation, and Guilford was highest in the state, for nearly a decade.

In 1997, Guilford County's largest cities, Greensboro and High Point, had the disturbing recognition of leading the nation in the rate of syphilis infection. With this news came a determined effort to battle this health issue and turn these numbers around. Health Educators and Disease Intervention Specialists from the local health department knew that one of the keys to any successful behavior change intervention should begin with buy-in from the affected communities. They also knew that matters of human sexuality were often met with secrecy and the attitude that "good boys and girls don't talk about that." With little time for changing human nature in this southern town, the local human service workers joined in an effort to respect the "privacy" attitude of the local community, while aggressively tackling this growing public health threat.

One of the initial interventions was to convene and host a community coalition. The coalition was then charged with two ambitious goals. These goals were to lower HIV infection rates, and eliminate syphilis by the year 2010.

The coalition named itself People Stopping Syphilis Today (PSST) in order to candidly acknowledge the southern "manners"

under which they would be forced to operate. PSST sought and was awarded funding in 1998 from the North Carolina HIV/STD Prevention and Care Branch of the North Carolina Department of Health and Human Services. The Branch had successfully secured community targeted funding through a grant from the Centers for Disease Control and Prevention (CDC), and subsequently awarded mini-grants to local communities. As it continues to exist today, PSST is a partnership that is organized and led by the Guilford County Department of Public Health (GCDPH), but depends heavily on local residents and other local human service agencies and non-profit groups

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to staff and manage the many activities aimed at reducing HIV and eliminating syphilis infection.

Coalition participants include public service organizations, community based organizations (CBOs), churches, concerned residents, and non-profit health organizations. After learning about best-practice models across the nation, the group realized that the most effective strategies to lower rates of HIV transmission and eliminate syphilis were intensive "street outreach" to offer

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free counseling and referrals, expanded testing services, and community education programs.

Lessons Learned, Strategy Change

After operating with mixed results for about seven years, the organizers noticed that their successes appeared to be heavily weighted in favor of the interventions that involved less agency intervention, and more direct planning and implementation by local grass roots workers. In other words, when the planning was driven by the community, we experienced more success than we did when the agency staff made plans and then took them to the community to buy into. With these data in mind, PSST purposely began to evolve into a program that was completely community driven. In 2004, community members developed and administered a community demonstration project named the Rapid Ethnographic Community Assessment Process (RECAP). In collaboration with the Centers for Disease Control and Prevention (CDC), this assessment was conducted quickly, required little money, and asked communities at risk their opinions on how best to solve the syphilis epidemic in Guilford County. The assessment identified three key groups who were at highest risk for syphilis and HIV infection. The target groups identified were (a) people who use crack cocaine, (b) people who exchange sex for money or drugs, and (c) the customers of people who exchange sex for drugs or money.

Targeting At-Risk Groups

Building on the work of the assessment, the PSST program began to target local Commercial Sex Workers (CSWs) as a core group at risk for the transmission of HIV and other sexually transmitted infections (STIs). A review of public health records and confidential patient interviews confirmed high HIV and syphilis infection rates as well as large numbers of sexual partners among CSWs. The interviews also confirmed that a large majority of the CSWs are often poor, homeless, young, have a history of childhood abuse, and are likely to be drug or alcohol dependent. These issues are common among CSWs across the nation.¹ A study of childhood trauma and adult prostitution behavior by Merrano, Hatch, Zule and Desmond found that emotional and physical abuse were significant factors in predicting increased risk of prostitution.² In a study of juvenile and adult women who were street prostitutes, two-thirds were sexually abused, and, of those abused, 70% felt that the abuse affected their decision to become a prostitute.² Drug-addicted people may turn to commercial sex work to earn money to pay for the high cost of illegal drugs.¹ Many homeless youth have no education or means of support, and rely on commercial sex work for survival.³ Attention to the more immediate concerns of food, housing, and addiction often takes priority over future concerns of HIV and syphilis infection.³ A cross sectional interview-based survey of seventy-one CSWs found that rates of STIs were nine to 60 times higher than for people in the general population.³

To prevent HIV infection among CSWs, it is essential to

address the context in which sex work is transacted, as well as the specific practices of the CSWs. Placing the major burden for HIV and syphilis prevention on CSWs themselves may not be the most effective tactic.⁴ Men who solicit CSWs play a major role in transmitting disease to their other sex partners and thus into the general population. As such, the clients of sex workers are an important target group in direct STI prevention programs. The regular partners, or non-commercial partners, of CSWs and their clients are another important core group for HIV and syphilis prevention programs to target.

Building Relationships with the Sex Worker Community

PSST collaborates with CSWs to educate their customers and their colleagues (other CSWs) about the signs, symptoms, and prevention of STIs. Outreach workers walk the streets Tuesdays through Fridays and as needed on weekends (in conjunction with special testing events) to educate CSWs, their customers and drug dealers on safer sex practices. Outreach workers also focus on peer education. They spend time educating community gate-keepers and preparing them to educate other community members. Outreach teams provide condoms, personal lubricants, other personal safety products, and written materials about STIs. They discuss the syphilis and HIV epidemic with those they encounter, and provide individual risk reduction counseling to concerned community residents. Outreach workers also provide testing for syphilis and HIV at the request of community members. Outreach staff make referrals to a variety of social service agencies when appropriate. Providing such street outreach eliminates many of the barriers that people have to accessing healthcare, including transportation, childcare, and fear of being recognized at a public clinic.

PSST has set up six fixed sites for testing throughout the county in neighborhoods identified by morbidity maps and deemed "hot-spots" for HIV and syphilis infection. These locations have heavy drug traffic and are often frequented by CSWs. PSST sponsors or assists with about 50 special neighborhood screenings a year in locations with high syphilis morbidity rates to target these individuals who exchange sex for drugs or money. These events are done in collaboration with several other community-based organizations (CBOs), and public and private health organizations. At these events, STI testing is offered along with a number of other medical services that include, but are not limited to, blood pressure, glucose, cholesterol and dental/vision screening. Food and other incentives are provided at these community events. Community members assist with planning, advertising, and implementation of these health clinics. Often, community members also provide food for these events. Services provided are always free, so cost is never a barrier for individuals receiving medical care at these events.

Behaviors that increase some women's risk of HIV commonly put them at risk of being incarcerated. As such, female detainees in the prison system often have STIs and/or are at risk for infections.⁵ In a sexual behavior and drug use survey done

at the Cook County Department of Corrections in Chicago, researchers collected data on 940 women.⁵ Of those women interviewed 27% had two or three partners in the past year and 27% had more than four partners. Between 32% and 74% had not used protection in the last year and one third had traded sex for money or drugs.⁵

Collaborations Between Public Health and Law Enforcement Agencies

With this information in mind, PSST works with law enforcement agencies to reach CSWs and the customers of CSWs through education, screening, and treatment. Representatives from the sheriff's department, Prison Health Services, and city police departments serve on PSST. Officers have agreed to discuss the risk of STI infection with people they arrest, especially those arrested for soliciting CSWs. This increases awareness about the HIV and syphilis epidemic in Guilford County and increases access to education about STIs as an interruption to behavior that could lead to disease transmission. PSST also collaborated with law enforcement to produce an educational video for inmates. The video was designed by inmates and discusses syphilis in "street language." The video is shown to arrestees at booking and also to individuals who are waiting for arraignment.

HIV and syphilis testing is another important component of the collaboration with local law enforcement. Guilford County Detention Centers (GCDC) consistently report more syphilis and HIV than any other reporting location in Guilford County. In spite of the overcrowding county facilities are experiencing, medial personnel in detention centers still manage to provide testing to detainees. Arrestees are screened for tuberculosis when they are booked and the syphilis elimination program

offers syphilis and HIV testing at that time as well. Unfortunately, due to overcrowding and understaffing, the nursing staff in detention centers could not provide adequate syphilis and HIV testing. To cover this gap, PSST provides syphilis and HIV testing in the jail through a unique partnership with the Sickle Cell Disease Association of the Piedmont (SCDAP). SCDAP employees provide testing and risk reduction counseling at booking and in the jail pods. GCDC nursing staff also offers the test at 14 days when they perform a standard physical. SCDAP provides weekly educational sessions to inmates about STIs. This partnership increases the likelihood that inmates get tested and treated before they are released back into the community.

The Benefits of the Collaborative Model

Guilford County has had a long history of using the community coalition model as a way to address health problems affecting county residents. PSST has been no exception, and the syphilis elimination program is one in a long line of programs successful at increasing access to care in Guilford County. PSST is a success because of its flexibility and service providers' willingness to listen to those individuals served by the program. Guilford was the first county chosen by CDC to conduct a community assessment (RECAP) around syphilis and one of the first to conduct a strategic planning process, which was accomplished entirely by PSST. Many other high morbidity areas have replicated the assessment and planning process. Guilford County remains one of the few places that have gone beyond the assessment process by creating and implementing a strategic plan based on community input at every stage. The result has been better access to quality care for Guilford County's most disenfranchised citizens. **NCMedJ**

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