

# Rapid assessment of factors related to high rates of congenital syphilis in Maricopa County, Arizona: Perspectives from providers

Karen Kroeger, PhD  
CDC/DSTDP/BIRB  
Melanie Taylor, MD MPH,  
Arizona Department of Health Services  
National Coalition of STD Directors Annual Meeting  
Washington, DC  
October 29, 2009



# Collaborators

## ➤ Arizona Dept of Health Services

- Melanie Taylor
- Kerrey Kenney
- Roxanne Ereth
- Judy Norton
- Michelle Winscott
- Alfonso Urquidi

## ➤ Maricopa County Health Department

- Tom Mickey
- Heather James
- Sue Ellen Turner

## ➤ CDC/DSTDP/Atlanta

- Samantha Herrington
- Penny Loosier
- Paran Pordell
- Shruti Ramachandran
- Fred Bloom
- Patrick Harris
- Dayne Collins

# Outline of the presentation

- Background
- Methods
- Findings
- Recommendations
- Discussion



# Background

- Arizona in the top 5 states for CS during 2001-2007 (32.0/100,000 live births in 2007)
- Majority of CS cases in Maricopa County and among Hispanic women (HMA since 1999)
- Cases indicate most women have no identifiable risk factors except for having had a male partner


# Background

- MC Board of Health Order since 2003 to mandate syphilis screening of pregnant women
  - 1<sup>st</sup> prenatal visit
  - 3<sup>rd</sup> trimester (28-32 weeks)
  - At delivery
  - Screen all stillbirths

# Background

- In March 2009, AZDHS requested technical assistance from CDC in the form of a rapid assessment to:
  - Describe community and structural factors potentially contributing to persistent high rates of CS among Latinas in MC
  - Solicit recommendations for strengthening services for Latinos, especially pregnant women

# Methods: Rapid Assessment

- Anthropological in approach, primary qualitative data (interviews, observations)
  - Relatively small scale and focused on a few key questions
  - Short time frame/turnaround
  - Participatory (involves stakeholders/community)
  - Geared to gather descriptive info and provide rapid feedback
  - NOT an evaluation
- 

# Methods

- Key informants identified by HD and contacted in advance, then expanded through chain referral
- Interviews carried out by a 4 person team over 1 week
- Semi-structured interviews designed to explore provider perceptions about
  - Vulnerability to STDs and STD risk behaviors among Latinos in Maricopa County
  - Sexual and reproductive health seeking
  - Barriers/facilitators to using STD and PNC services

# Key informant interviews

| Type of key informant                                    | n  |
|--|----|
| Staff from state and local HIV and STD programs          | 12 |
| Providers from local health facilities                   | 18 |
| Staff from community based organizations serving Latinos | 12 |
| Total  | 42 |

# Timeline

|   | March | April | May | June | July |
|---|-------|-------|-----|------|------|
| <b>Planning &amp; Data Collection</b>   |       |       |     |      |      |
| <b>Data Cleaning</b>                    |       |       |     |      |      |
| <b>Data Analysis</b>                    |       |       |     |      |      |
| <b>Report Writing and Dissemination</b> |       |       |     |      |      |

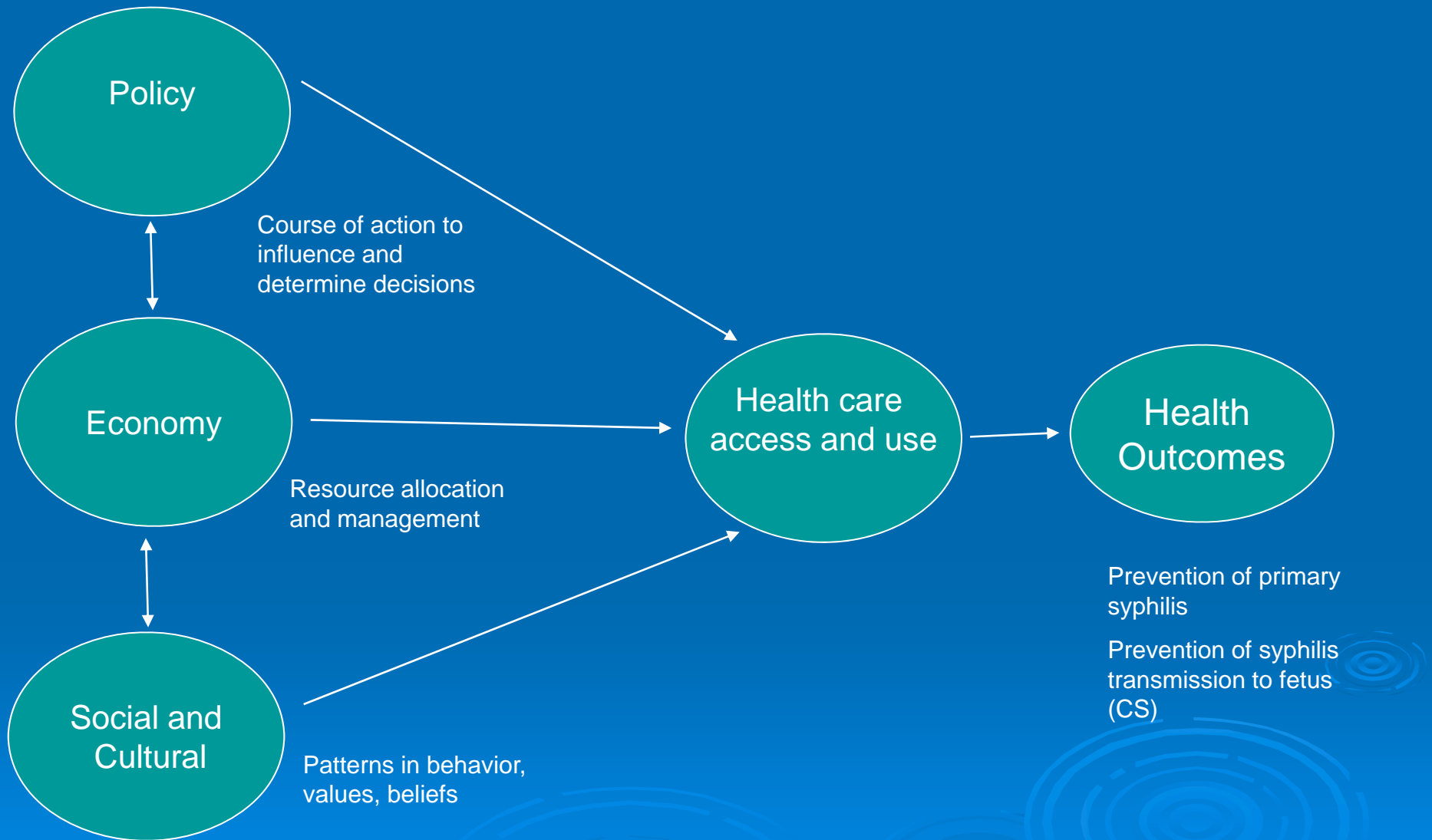
# Context from the provider perspective

- Many Latino “communities”--not homogenous
  - Described in terms of dichotomies
  - Fragmented community and targeting by CBOs
- Most vulnerable perceived to be recent non-English speaking arrivals from Mexico w/o legal status
  - Limited access to health care
  - Social isolation, especially for women

# Factors affecting use of PNC services by Latinas

- Policy factors
  - Economic factors
  - Social and cultural factors
- 

# Contextual factors affecting health outcomes



# Policy Factors

- Anti-immigration policy
  - “Climate of fear” related to law enforcement “sweeps” of undocumented immigrants
- Restriction of state Medicaid (AHCCCS) to US citizens (since 2006)
  - Non-citizens covered only for life threatening emergencies under FES
  - Increased restrictions for citizens (income level)

\*Arizona Health Care Cost Containment System

# Policy Factors

## ➤ Implications

- Reluctance to leave household unaccompanied
- Reluctance to give identification or locating information
- Delay in care seeking
- Discontinuity in care and loss to follow up
- Increasing use of ER as primary care

# Policy Factors

- Lack of “user-friendly” services
  - Fragmented services
  - Require identification
  - Many long forms to complete
  - Lack of Spanish speakers
  - Transport barriers, long waits
  - “Fast track” programs for subsidized care available at some health centers, but women may be unaware, intimidated, or too afraid of deportation to apply

# Policy Factors

- Lack of routine screening of pregnant women in ER
  - Not routine due to cost, time factor, administrative barriers (e.g. syphilis blood draw not part of ER “culture”)
  - Implications
    - Missed opportunity to screen pregnant women, for some of whom ER is likely first contact with a medical provider

# Policy Factors

- Communication barriers within state health department
  - Challenging to disseminate STD information to the public in a conservative political environment

# Economic Factors

- Overall economic decline
  - Intensive state of flux, mobility, transience
  - Furloughs of state HD staff (STD/HIV programs, AHCCCS)
- Cost of PNC services
  - Baby Arizona network for eligible Medicaid
  - If not eligible, work out payment plan
  - PNC labor/delivery services for persons who w/o insurance \$1500-\$4000

# Social and cultural factors

- Gender roles
- Perceptions about pregnancy and PNC
- Religion

# Gender

- Women viewed as financially and socially dependent upon male partners
  - Isolated at home by language barriers, lack of transport, fear of being caught in a “sweep”
  - Woman’s health needs often secondary
  - Subordinate in decision making about sexual and reproductive health
    - Low level of knowledge about STDs and CS
    - Not likely to negotiate condom use
  - Vulnerable to intimate partner violence (IPV)

# Perceptions of pregnancy and PNC

- Family and children highly valued
- Pregnancy not seen as a “medical” event
  - Accustomed to home delivery
  - No need for a doctor unless there’s a problem
- May be accustomed to other modes of care during pregnancy
  - Massage, traditional herbalists, spiritual healers
  - Self treatment with antibiotics
  - Traditional midwives?

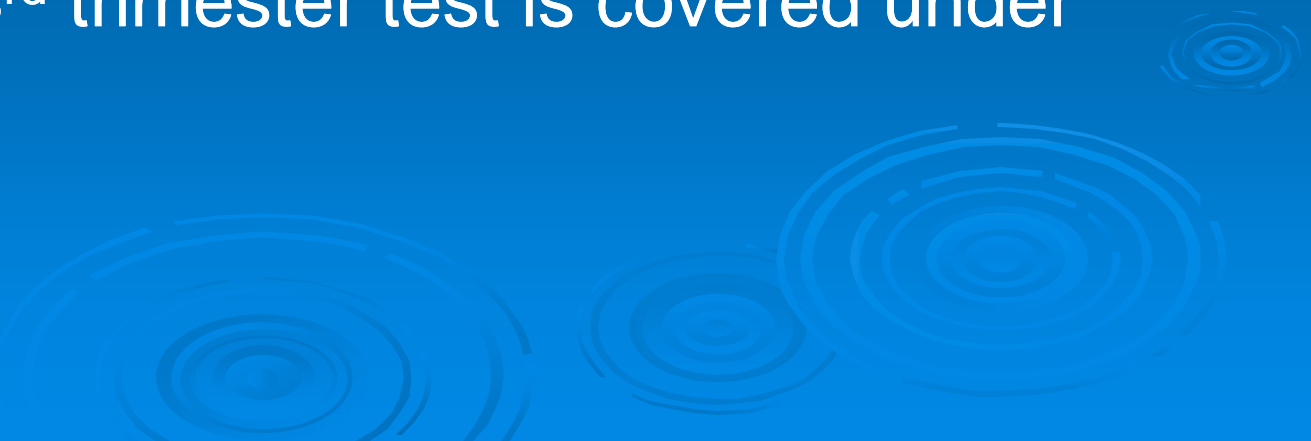
# Perceptions of pregnancy and PNC

- Women's social networks important in linking women to prenatal care
  - New arrivals to US often introduced to PNC by extended family and friends
  - Once in care, motivated to remain in care unless other barriers exist (e.g. lack of transportation, cost)
  - Did NOT hear that women do not want or refuse PNC services

# Religion

- Religious institutions viewed as source of information/guidance
  - Potential for reaching pregnant women and linking to care?
- Some perception of religious institutions as barrier to sexual and reproductive health seeking
  - Taboos and stigma surrounding STDs, unintended pregnancy, rape

# Recommendations

- Work intensively with providers to increase awareness of the Board Order
    - Have testing language added to the state statute
    - In services, Grand Rounds, Physician Visitation Program
    - Target ER providers
    - Clarify if 3<sup>rd</sup> trimester test is covered under AHCCCS
- 

# Proposed Legislative Language

- Expand prenatal syphilis testing pursuant to ARS-36-693 to include third trimester testing (28-32 weeks gestation) and at delivery of infants (whether living or stillborn) during periods of and in areas of high syphilis morbidity, as determined by the Department of Health Services.

# Recommendations

- Increase awareness of the need for and benefits of PNC among Latinas
  - Strengthen outreach to churches, schools, shelters and other institutions that reach women
  - Collaborate with partners providing services for pregnant women (Inter-natal program, Mom-mobile)
  - Explore potential for tapping into informal social networks (shared child care, Laundromats, hair salons)

# Recommendations

- Interventions with men to address sexual risk behaviors that contribute to syphilis transmission
  - Adapt HOMBRES intervention used in NC for Arizona context

# Actions and next steps

- Stakeholders' forum planned for November to disseminate findings of assessment and Epi-AID
- Physician visitation of providers with highest number of deliveries in MC
- Increased public communications
  - Radio/newspaper interviews

Questions?

