



COUNTY OF LOS ANGELES
Public Health

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September 20, 2006

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. *J. Fielding*
Director and Health Officer

SUBJECT: **SYPHILIS AND OTHER STD CONTROL EFFORTS**

On June 13, 2006, your Board approved a motion by Supervisors Yaroslavsky and Molina, instructing the Director of Public Health to develop a comprehensive strategy and media campaign directed at prevention and intervention of syphilis and other sexually transmitted diseases (STDs) that encourages safer sex practices among all sectors of the population, particularly communities of color. The Board further instructed the Director to report to the Board in 30 days on this comprehensive strategy and media campaign, including an estimated budget and timeline, that takes into account the increase in reported cases among women and the Latino and African American communities and provides a specific focus on culturally, linguistically, and gender appropriate materials. In late June, I provided your deputies with a draft report for consideration in the budget deliberations. This is the final report with a comprehensive strategy, media campaign, budget and timeline.

Comprehensive Strategy

This comprehensive strategy includes two key components of an effective STD control strategy: 1) a social marketing (communication) plan, and 2) expanded and enhanced case finding and treatment. Although there is limited evidence from other social marketing campaigns demonstrating a long-term reduction in STD disease rates, we believe that this strategy utilizes the best information available and will lead to an increase in STD detection and treatment.

Social Marketing Plan

The primary goal of the proposed social marketing plan is to motivate specific groups who may be unaware of their high risk status for STDs to be screened and appropriately treated.

We propose to develop, implement and evaluate social marketing campaigns targeting three distinct groups:

- 1) Men who have sex with men (MSM), including specific campaign components targeting African-American and Latino MSM;
- 2) Latinas, principally those aged 25 and younger; and
- 3) African-American women, principally those aged 25 and younger.

We propose to target these populations for culturally and linguistically specific campaigns, because 1) MSM continue to contribute more than 60% of syphilis cases, and 2) recent increases of syphilis cases among Latinas and African-American women, combined with ongoing disproportionately high rates of chlamydia and gonorrhea in these populations, indicate that these women are at increased risk. Although these groups are targeted, others should also be reached somewhat through this campaign.

The primary objective of the social marketing campaign is to motivate individuals at high-risk to get tested, and treated, if necessary.

Secondary objectives include:

1. Increasing awareness of the risks of unprotected sex;
2. Increasing knowledge about STD symptoms, transmission, and prevention strategies among groups at high risk; and
3. Increasing knowledge about the facilitation of HIV transmission by syphilis and other STDs among groups at high risk.

Previous experience in Los Angeles County and San Francisco demonstrates that properly constructed social marketing messages can simultaneously increase testing and raise STD awareness. There is not yet conclusive evidence that this reduces STD transmission.

A detailed description of the components and phases of the social marketing campaign is in Attachment I. Each communication program will include five phases from development to implementation and evaluation. Prior to developing the strategic communication plan, Public Health will review recent relevant efforts in other jurisdictions, and consult with stakeholders in those jurisdictions to determine if there are materials already developed which might be utilized or adapted.

The proposed social marketing campaign will cost \$718,000 each year for two years.

Case Finding and Treatment

We propose to expand and enhance case finding and treatment through the following components:

- 1) Increase staff for case finding by 11.5 FTE
- 2) Implement an STD Primary Action Team (*SPAT*) model consisting of a mobile, field-based unit designed to respond to emerging syphilis and other STDs among priority populations in all SPAs throughout LA County
- 3) Implement a new community-based public health investigator model utilizing community workers recruited from the affected communities
- 4) Expand an Internet Prevention and Intervention Service for all STDs
- 5) Expand screening in County jails.

Case finding and treatment activities target all populations, not just those groups which the social marketing campaign principally addresses. In addition to MSM, African-American women and Latinas, case finding will target all women and men, including heterosexual men and men who have sex with men and women (including those who do not identify).

Specific details of the case finding and treatment components are in Attachment II. They are projected to cost \$882,000 each year for two years.

Efforts to Increase Overall Efficiencies in STD Clinic Utilization

Currently there are 14 Public Health-operated STD clinics that provide walk-in clinical services to over 41,000 patients per year. Additional STD visits are provided by DHS at the comprehensive health centers and health centers. We anticipate higher patient volume following the social marketing campaigns that encourage at-risk individuals to get tested and treated. Currently, Public Health is working to maximize services within available resources with the goal of increasing clinic capacity and accessibility. Changes are under review to increase efficiencies. Public Health will also work with the DHS outpatient facilities, private providers, that provide most of the STD treatment and make most of the STD diagnoses in the County, and health plans to attempt to increase routine testing and screening for STDs in clinical settings.

Budget and Timeline

Attachment III is a timeline for a two-year program. Attachment IV contains budgets for each year of a proposed two-year program, with a budget justification. To fully fund it will require the investment of an additional \$1.6 million per year. Public Health will attempt to identify one-time savings in other programs in each year to fund \$.5 million, but new additional resources of \$1.1 million per year will be needed to fully implement the entire proposed program.

Evaluation

We will evaluate all aspects of this plan, utilizing preliminary information to shape elements of the plan as we proceed. Ultimately, evaluation will hinge not only on the number of people with increased knowledge of STDs and the risks of unprotected sex, but also on the number of STD cases reported.

If you have any questions or need additional information, please let me know.

JEF:lm
606:015

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors
Director of Health Services

**SYPHILIS AND OTHER STDS SOCIAL MARKETING CAMPAIGN
PROPOSED PHASES AND COMPONENTS
SEPTEMBER 2006**

Phase 1: The first phase of the social marketing campaign will be the formation of Community Advisory Boards (CABs) for each subgroup (i.e., African-American women, Latinas, and MSM) to provide input and participate in the development of campaign concepts, messages, and materials and the development of targeted campaign-linked outreach with counseling and STD testing. These CABs will include representatives from the affected communities including members from Community Based Organizations (CBOs) serving the affected communities.

Phase 2: The second phase involves gathering critical information from the affected groups to guide the social marketing campaigns. To collect this information, focus groups will be conducted with African-American and Latina women (Spanish and English dominant) between the ages of 16 and 25, and MSM (including Latino Spanish dominant and English dominant, and African-American). These focus groups will be used to identify key motivators for safer sex and sexual health behaviors as well as media and information consumption habits by the affected communities. The focus groups will also identify where the affected population is comfortable accessing testing and treatment. The use of CABs and focus groups with the affected populations will ensure that culturally and linguistically appropriate social marketing materials are developed and implemented to reach different ethnic segments.

Phase 3: The third phase is the development and production of campaign materials. On the basis of input from the CAB and the information gathered from focus groups, social marketing materials will be developed and produced to target African-American women, Latina women, and MSM. We will enlist existing community agency staff that serve these populations, as well as new field staff from this proposal to disseminate campaign outreach materials. During this phase, alternative campaign concepts will be tested as a final check on the appeal and cultural and linguistic appropriateness for the different subgroups. Already developed campaigns in the public domain will be reviewed to use or adapt, where appropriate, to reduce costs of new material development.

Phase 4: The fourth phase is the implementation and monitoring of the social marketing campaigns. Information from the focus groups and CABs would also be used to determine the best promotion channels as well as identifying sites for campaign-linked outreach by community partners. Community partners will include community-based providers already serving the communities, utilizing community workers and promotoras as appropriate. Campaign-linked outreach will include the use of social marketing materials (i.e., palm cards, brochures) as well as STD counseling and testing. The campaign will be monitored to ensure that affected groups are being reached.

Phase 5: The evaluation of the social marketing campaigns to assess their impact and make refinements comprises the fifth phase of the strategic communications plan. Evaluation results can also be used to refine and reinvigorate campaign imagery and messages over time.

The time-line (Attachment III) shows the proposed time-table for these phases.

SYPHILIS AND OTHER STDS
PROPOSED EXPANDED AND ENHANCED CASE FINDING AND TREATMENT
SEPTEMBER 2006

We propose an increase in PHIs to develop and implement: 1) a Los Angeles County STD Primary Action Team (*SPAT*) model consisting of a mobile, field-based unit designed to respond to emerging syphilis and other STDs among priority populations in all SPAs throughout LA County; 2) a new community-based public health investigator model utilizing community workers recruited from the affected communities to provide syphilis, HIV and other STD case finding and partner services; 3) an Internet Prevention and Intervention Service for all STDs, and 4) increased screening within the County jails. The details of these four approaches are provided below.

The mainstay of STD control is screening, prompt treatment, partner elicitation and treatment. Public Health Investigators (PHIs) play a critical role in STD control, by interviewing infected persons to elicit sexual contacts and working with the person to see that these contacts are notified and treated.

Currently there are a total of 77 FTE PHI positions in Public Health. Of these, 53 PHIs provide field-based STD control activities. The remaining 24 PHIs are assigned to specialized programs, such as Tuberculosis Control, HIV Epidemiology, Alcohol and Drug Program Administration and to PHI Administration. They have no STD control responsibilities and are responsible for carrying out the missions of their respective programs.

Of the 53 PHIs with field-based STD control responsibilities, 38 PHIs are assigned to the SPAs and 15 PHIs are located in the STD Program. The SPAs with the highest STD morbidity are 2, 4, and 6. Twenty-one (21) of the 38 are in these high morbidity SPAs: SPA 2 (3 PHIs); SPA 4 (7 PHIs); and SPA 6 (11 PHIs).

Los Angeles County STD Primary Action Team (SPAT). We will initiate a team based on the CDC Rapid Response Team (RRT) model. To begin, two Public Health Investigators will constitute a mobile, field-based unit designed to respond to emerging syphilis and other STDs among priority subpopulations for field-level interventions as needed, in all SPAs throughout the County. This team will be deployed to the SPAs of greatest need, with high priority responses given to women, heterosexual males or recently incarcerated persons who have been exposed to, or are diagnosed with, syphilis, other priority STDs and HIV. To assure that PHIs working in the field are culturally and linguistically appropriate for the various communities, other PHIs, both from the STD Program and the SPAs will be added for specific interventions. This team will also conduct special STD/HIV screenings and partner follow-up for populations with high STD morbidity

Community-based Public Health Investigators. We propose to build upon a successful model of community-based STD clinical services by expanding to include the capability within community-based organizations (CBOs) serving MSM, to provide partner elicitation and field-based partner services. These part-time community workers will be recruited by the CBOs from their communities and will provide syphilis, HIV and other STD case finding and partner services. This model of community-based PHIs has been shown to be highly effective at eliciting partners of infected clients and bringing infected partners to treatment.

Based on a competitive process, we will identify CBOs who will identify persons from their communities who will be trained by the STD Program based on the PHI curriculum and who will perform case finding and partner services to those identified with STDs or those exposed and at-risk or in need of partner treatment.

Internet Interventions and Prevention. The use of the internet has emerged as a major means by which high risk individuals are meeting sexual partners. Advanced internet activities are needed that include communication with internet service providers (ISPs) regarding inclusion of STD/HIV prevention materials, establishing links to reliable information on STDs and referral points to screening and treatment services on those sites frequently mentioned by reported STD cases. We propose to add a position for a PHI who will serve as an internet interventionist dedicated to internet-based activities, including direct partner notification when possible, and will work with ISPs and with providers to promote use of *InSPOTLA.org*, a partner notification website, with CBOs, their clients and other providers.

Screening in Sheriff's Detention Facilities. Sheriff's detention facilities in the County provide a unique opportunity to screen and treat a very high morbidity population that is otherwise difficult to reach. However, because of the rapid turnover of inmates in County jails and their quick return to the community, untreated STDs among recently incarcerated individuals contribute to the consistently high rates of STD infection in the larger community. Current screening programs have identified high STD prevalence among those in custody. We propose to augment staffing currently providing testing in the jails by three positions.

We are currently screening women admitted to the Sheriff's facility during one shift per day. The female jail population is now housed at Century Regional Detention Facility (CRDF) and we propose to expand our screening to an additional eight hour shift to identify more cases and to provide HIV screening and augment our post-discharge case finding and partner treatment services. In 2005, 5,226 women in Twin Towers were screened for chlamydia and gonorrhea during a daily 8 hour shift, with a chlamydia prevalence of 14% and a gonorrhea prevalence of 5%. Ten early syphilis cases were identified of 1,918 women screened. Of the women diagnosed with chlamydia and/or gonorrhea, only 53% were ever treated because many women are discharged prior to treatment.

We also propose expanding STD screening to male inmates in the general population at Men's Central Jail (MCJ) based upon risk. We propose to target men age 30 and younger, as they have the highest prevalence of disease among men in LAC. Currently there is no systematic screening program for men who are not identified as MSM in county jails. There are over 150,000 men processed through Los Angeles County Jail per year, the largest proportion of whom come through MCJ. In 2004, of 258 men from non-MSM dorms screened, an overall chlamydia prevalence of 5.7% was identified, but among the 20-29 year-olds the chlamydia prevalence was 13.6%. Expanding screening and prioritizing complete treatment of cases will improve STD control in this population and the community.

ATTACHMENT III

Provisional Timeline for STD Social Marketing Campaigns

MSM Activities		African-American & Latina Women Activities	
Month	Activity	Month	Activity
Year 1			
1	Create CAB	1	Create CABs (African-American and Latino)
1-6	Use existing materials for interim media impact (including inSPOTLA)	2-3	Conduct 12 total focus groups with African American and Latino participants
2-3	Work with advertiser, CAB to develop new campaign ideas or concepts	2-3	Retain advertiser(s)
4-5	Conduct 9 focus groups to guide campaign	2-4	Transcribe focus group sessions and analyze results
5	Transcribe focus group sessions and analyze results	4-5	Work with advertiser(s), CABs to develop campaign concepts
6	Advertiser refines campaign concept based on analysis of focus group data	6	Conduct 3 focus groups to test proposed campaign concepts
6	CAB reviews campaign concept and materials	6	Advertiser refines campaign concept based on analysis of focus group data
7-12	Launch new campaign elements	6	CAB reviews campaign concept and materials
12	Conduct intercept survey for quantitative evaluation	7-12	Launch new campaign elements
		12	Conduct intercept surveys for quantitative evaluation
Year 2			
13	Analyze survey data	13	Analyze survey data
14	Disseminate quantitative evaluation results to CAB, PPC, other community forums	14	Disseminate quantitative evaluation results to CAB, PPC, other community forums
14	Advertiser refines campaign based on survey results and CAB input, as needed	14	Advertiser(s) refine campaign(s) based on survey results and CAB inputs, as needed
15-24	Continued implementation of campaign, with periodic CAB review	15-24	Continued implementation of campaign(s), with periodic CAB review
23	Conduct second intercept survey for quantitative evaluation	23	Conduct second round of intercept surveys for quantitative evaluation
24	Analyze data from second survey	24	Analyze data from second surveys
24	Disseminate second quantitative evaluation results to CAB, PPC, other community forums	24	Disseminate second quantitative evaluation results to CAB, PPC, other community forums

BUDGET JUSTIFICATION

Strategies for Control of Syphilis, Gonorrhea, and Chlamydia in Los Angeles County Estimates for Year 1 Budget

I. PERSONNEL SERVICES

Full-Time Employees

Public Health Investigation Manager (1 FTE) \$66,237

The Public Health Manager (PHM) will have the primary responsibility to develop, implement and evaluate current corrections and internet activities and work collaboratively to identify new opportunities to increase the number of detainees screened prior to release (usually held 24 hours or less) and develop new innovative internet activities, including but not limited to working with internet service providers. The PHM will develop and implement a Los Angeles County STD Primary Action Team (SPAT) based on the CDC Rapid Response Team (RRT) model. The STD Primary Action Team would consist of a mobile, field-based unit in the STD Program designed to respond to potential and current syphilis outbreaks in Los Angeles County to better equip both the STD Program and the eight (8) Service Planning Areas (SPAs) to meet the District's emerging and immediate outbreak-related STD Program needs.

Public Health Investigator (6 FTE) \$305,267

- 2 FTE: **Field Services, STD Program Office**—Optimal caseload per PHI for syphilis is no more than 30 cases per month. These positions will allow for improved case management and decrease the amount of time to assure the client is treated appropriately.
- 2 FTE: **Primary Action Team**—The PHI team will be responsible for working in collaboration with District STD staff in rapid case finding, intervention and prevention efforts in an outbreak situation.
- 1 FTE: **Correctional Facilities Expansion**—PHIs will work in the LAC jails and at intake areas to increase the number males and females testing for HIV, syphilis, gonorrhea, and chlamydia.
- 1 FTE: **Internet Prevention and Intervention**— Advanced internet activities are needed which will include interacting with internet service providers concerning STD/HIV Prevention and intervention activities.

Community Services Counselor (3 FTE)

\$117,268

The Community Services Counselors work in core areas including corrections and developing and enhancing relationships with community-based organizations in affected communities. These positions will perform syphilis, HIV, gonorrhea and chlamydia

testing, complete intake forms, deliver health messages and conduct STD quality assurance on all specimens obtained. Additionally, these positions perform follow-up and direct observed therapy for untreated cases diagnosed with chlamydia and/or gonorrhea. Other duties include preparing reports, assuring appropriate supplies for delivering STD testing are maintained and the appropriate disposal of biohazard waste. These positions will also be performing intake interviews, delivering health messages to outreach visitors, and collecting blood and urine specimens.

1 FTE: Women's Jail —Staff are needed in order to promptly treat high risk chlamydia cases and begin delivering treatment for gonorrhea.

1 FTE: Men's Central Jail (part of corrections expansion)—Staff are needed to provide STD screening at intake for all males and begin delivering treatment for gonorrhea .

1 FTE: Community Expansion—Staff will work in mobile testing units and will provide community outreach including testing, treatment, and partner elicitation in high- morbidity SPAs where screening is a high priority, such as in high schools, alternative schools, drug treatment agencies, day laborer sites, the skid row area and other community sites.

Total Full Time Salaries

\$448,772

Fringe Benefits (@ 47.4026% of Salary and Wages)

\$231,691

Part-Time Employees

Student Professional Worker (1.5 FTE)

\$31,429

The Student Professional Worker will work with the Information Systems Unit to assist with data entry into STD*CASEWATCH facilitating the rapid follow up of reported syphilis titers and rapid assignment of high risk or untreated chlamydia and gonorrhea cases.

Total Part Time Salaries

\$31,429

TOTAL PERSONNEL COST

\$751,892

II. OPERATING EXPENSES

Contracts for Community-based PHIs

\$130,000

The STD Program will release a Request for Proposals to provide STD screening, treatment, case finding and educational services. The contractors will be selected through competitive bid and any contract will provide funds for public health investigators from their community, to perform PHI functions in a community setting. These PHI will receive the equivalent level of County PHI training (e.g., CDC PHI training) and will be deputized by County PHI. The PHIs will be housed at contractor facilities and will perform case finding and partner services to at risk populations.

Media Services

MSM Focus Groups (9)

\$25,875

Funds are requested for space rental, participant stipends, and participant recruitment fees to conduct 9 focus groups of different sub-populations of MSM, provisionally including English-dominant and Spanish-dominant and HIV-positive and HIV-negative gay and bisexual men.

African-American & Latina Focus Groups (15)

\$50,745

Funds are requested for space rental, participant stipends, and participant recruitment fees to conduct 15 focus groups of two different sub-populations of women in two languages, provisionally including African-Americans, Latina, Spanish-dominant, 16 to 20 years of age, and 21 to 25 years of age. These funds also include moderation of focus groups by ethnic- and gender-appropriate moderators at \$1,000 per group.

MSM Quantitative Evaluation and Data Entry (n=300)

\$4,000

Funds are requested for expenses related to quantitative research to evaluate campaign impact, using street intercept surveys for a sample of 300. This includes incentives for respondents and interviewers and expenses related to data management including data entry.

African-American & Latino Quantitative Evaluation (n=600)

\$18,000

Funds are requested for expenses related to quantitative research to evaluate campaign impact, using street intercept or telephone surveys for a sample of 600. This includes incentives for respondents and interviewers and/or expenses related to telephone data collection and data management including data entry.

MSM Campaign Design, Development and Implementation

\$45,000

Funds are requested for vendor services to develop and implement campaign, including: planning overall campaign; creating campaign concepts; developing campaign materials and ads (prototypes, mock-ups, photo shoots, and final design); preparing materials for production; designing campaign website (if applicable); arranging, coordinating and monitoring ad placement (if needed) and materials production; writing ad copy; producing illustrations; modifying campaign elements for Latino MSM (including Spanish Dominant); and coordinating and implementing campaign publicity.

MSM Campaign Materials, Printing, Outreach, and Media Production **\$142,241**

Funds are requested for actual production and placement costs of campaign elements, potentially including: printing of outreach materials (e.g., palm cards, post cards, brochures) and posters, placement of print ads, pressing of CDs or DVDs with campaign messages, production and placement of out-of-home media (e.g., billboards, restroom posters), production of promotional campaign elements (e.g., stickers, giveaway items, costumes), placement of paid ads on commercial websites, other media placement expenses, and any expenses directly associated with delivering campaign messages, including outreach to disseminate or promote campaign messages and materials, and outreach to internet sites or chat rooms. Any equipment (e.g., computer equipment, CD or DVD players) and subscriptions (e.g., internet service) required to disseminate campaign messages, including internet outreach, use of DVDs in public spaces, etc.

African-American & Latino Campaign Design, Development and Implementation **\$95,000**

Funds are requested for vendor services to develop and implement campaign, including: planning overall campaign; creating campaign concepts; developing campaign materials and ads (prototypes, mock-ups, photo shoots and final design); preparing materials for production; designing campaign website (if applicable); arranging, coordinating and monitoring ad placement and materials production; writing ad copy; producing illustrations; developing and/or modifying campaign elements for African-American and Latino subgroups (including Spanish dominant); placement of ads (if needed); and coordinating and implementing campaign publicity.

African-American & Latino Campaign Materials, Printing, Outreach, and Media Production **\$271,964**

Funds are requested for actual production and placement costs of campaign elements, potentially including: printing of outreach materials (e.g., palm cards, post cards, brochures) and posters, placement of print ads, pressing of CDs or DVDs with campaign messages, production and placement of out-of-home media (e.g., billboards, restroom posters), production of promotional campaign elements (e.g., stickers, giveaway items, costumes), and/or placement of paid ads on commercial websites. Any expenses directly associated with delivering campaign messages, including outreach to disseminate or promote campaign messages and materials, and outreach to internet sites or chat rooms. Any equipment (e.g., computer equipment, CD or DVD players) and subscriptions (e.g., internet service) required to disseminate campaign messages, including internet outreach, use of DVDs in public spaces, etc.

Subtotal Media Services **\$652,825**

Administrative Overhead (@10%) **\$65,283**

Funds are requested to process media expenses through a County vendor with an open contract. This vendor will process payments for all other media campaign services; the vendor will also provide some media services, including ad placement, retention of other media buyers as needed (e.g., for outdoor advertising) and consultation on media mix and selection. The vendor performs these services for 10% of total budget.

TOTAL OPERATING EXPENSES **\$848,108**

TOTAL BUDGET REQUEST **\$1,600,000**

*From 75
9/13/06*