

# Sexual health equity: Improving community understanding of antibiotic-resistant gonorrhea using a health equity lens



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CATEGORY: **Epidemiology and Laboratory Capacity (ELC)**

The California Department of Public Health enhanced educational resources to address health equity in the Strengthening the US Response to Resistant Gonorrhea (SURRG) project. This has resulted in improved public health outcomes, reduced disparities, increased awareness, and more informed decision-making.

## The “What”

The project aimed to address health equity in the Strengthening the US Response to Resistant Gonorrhea (SURRG) project, specifically focusing on incorporating and promoting health education among partner clinics conducting gonorrhea testing for antibiotic resistance surveillance. A logic model, which is a picture of how an initiative is supposed to work, was developed in collaboration with the SURRG team, the California Department of Public Health Sexually Transmitted Diseases Control Branch (CDPH STDCB) Racial & Health Equity workgroup, and public health community projects literature. Many of these staff and programs receive funding through the Epidemiology and Laboratory Capacity for the Prevention and Control of Emerging Infectious Diseases (ELC) cooperative agreement. The logic model provided a



comprehensive framework to examine the project from a broad perspective, identifying areas that could be modified to prioritize health equity.

Web pages and physical patient fliers were created using the graphic design platform, Canva, drawing inspiration from Centers for Disease Control and Prevention (CDC) antibiotic-resistant gonorrhea (ARGC) interactive pages. Close collaboration occurred between the CDPH STDCB communications team and clinical personnel to ensure the development of a comprehensive and accessible tool. The web pages were converted to physical fliers for patients who did not have access to a smartphone or computer to ensure the information was accessible to all. The logic model identified a gap in community awareness about ARCG. CDPH chose to create webpages using an infographic format as the most efficient way to educate individuals and support clinical providers. Rather than burdening healthcare providers with additional responsibilities, an infographic format was chosen as the most efficient way to educate individuals and support clinics.

## The “So What”

Incorporating health equity considerations into the SURRG project through the logic model provided a comprehensive framework for addressing disparities in sexually transmitted infections (STIs) acquisition, diagnosis, and treatment. The SURRG epidemiology and clinic support teams requested demographic data from each partner clinic, which was used to identify if there were gaps in who was being served. By identifying areas that could be modified to



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prioritize health equity, the model guided decision-making and interventions to improve the overall health outcomes of patients at partner clinics in San Francisco.

Creating web pages and physical patient fliers addressed the gap in patient health education at clinics testing for ARGC. These web pages served as valuable tools to raise awareness and educate individuals about the importance of ARGC and its implications for sexual health. The web pages were designed to be accessible and engaging, ensuring that the information reached the target audience effectively.

The public health action taken as a result of these initiatives improved public health in several ways. Firstly, by incorporating health equity into the SURRG project, disparities in access to healthcare and resources are being addressed, promoting fairer outcomes for marginalized populations.

Secondly, the web pages play a crucial role in enhancing public awareness and knowledge about ARGC, leading to better prevention and management of infections. The practical implications of this improvement include increased testing and improved patient outcomes.

## The “Now What”

The SURRG team will implement several strategies to build on the project's success as we strive to continue promoting health equity. These strategies include incorporating routine racial and health equity (RHE) data analysis into the SURRG project and SURRG team meetings to ensure ongoing monitoring and evaluation of disparities as well as the enhancement of presenting our RHE data. By consistently reviewing and analyzing RHE data, the SURRG project team can identify areas that require further attention to implement targeted interventions and address inequities effectively.

It is crucial in public health to enhance how we present and communicate RHE data. This can be achieved by providing context to the data, using accessible language, discussing the social determinants of health (SDOH), and presenting information using images. By analyzing SURRG-specific RHE data, the team gains a deeper understanding of the root causes of health inequities in gonorrhea, enabling us to develop more comprehensive strategies and interventions to combat ARGC.

The project's ongoing needs include:

- Working with partnering clinics to increase uptake of gonorrhea culture of racial minority populations.
- Increasing the number of clinics who are partnered with SURRG and/or prepared for an ARGC outbreak in California.

- Ensuring we reach diverse populations and communities improve support from the CDC for racial health equity focused SURRG work.
- Working with partner clinics to improve the collection of demographic data to ensure we gather accurate information among populations most impacted by gonorrhea and ARGC.

The implications of this project extend beyond its immediate scope and impact by enhancing outbreak preparedness for other conditions and promoting a proactive approach that focuses on those disproportionately impacted by STIs. By incorporating health equity considerations into outbreak preparedness efforts, the project recognizes that specific populations may experience a higher burden of STIs and associated complications due to systemic factors such as SDOH, healthcare access disparities, and structural inequalities. The proactive approach taken in this project involves focusing on these disproportionately affected populations in advance of outbreaks, aiming to reduce disparities and improve health outcomes.

Overall, we hope the impact of incorporating RHE data into the SURRG project and creating educational materials are reflected in improved public health outcomes, reduced disparities, increased awareness, and more informed decision-making. These initiatives serve as practical tools and interventions to support healthcare providers, empower individuals, and ultimately contribute to the betterment of public health.

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Key contributors to this project include Eric Tang and Lizzete Alvarado, California Department of Public Health