

Report: 2022 Arizona STI Needs Assessment



Office of Sexually Transmitted Infections Control
Bureau of Infectious Diseases
Division of Preparedness
Arizona Department of Health Services

Table of Contents

Executive Summary.....	3
Background.....	4
Demographics.....	5, 6
Behaviors.....	7, 8
Substance Use.....	9
Sexual Health Services.....	10
Testing.....	11
Treatment.....	12
Prevention Strategies.....	13
Partner Services.....	14
COVID-19 Impact on STI Needs.....	15
Conclusion.....	16
Appendix.....	17-35
Authors and Contributors.....	36

Executive Summary

Key points:



- In 2022, OSTIC deployed an 88 question health needs assessment survey that gathered over 1,000 responses to inform and improve STI prevention, testing, and treatment efforts in Arizona.
- Results indicate a general perception of low STI risk regardless of behavior, low condom use, and indicate most persons access services close to home and know where to get an STI test.

The Arizona Department of Health Services (ADHS) Office of Sexually Transmitted Infections Control (OSTIC) developed a survey to determine **community needs, beliefs, and activities around sexual health** to better **meet the needs** of Arizona residents and **inform STI prevention efforts**. The survey was distributed to agencies serving diverse groups to gain input from persons disproportionately facing barriers and impacted by STIs. Analysis results were limited to Arizona residents 13 and older. Survey distribution was non-randomized, and results indicate overrepresentation by several racial/ethnic minority groups, females, and those under 35. More than half of females had been pregnant before. Some respondents indicated a variety of COVID-19 pandemic associations, from increased substance use to making it harder to meet sex partners and difficulties accessing STI treatment.

Partners & Risk—Low STI Risk Perception and Condom Use

Most respondents had **1 or fewer recent sex partners**, and most (77%) had a **low perception of STI risk**. Condom use among those with recent multiple sex partners was low, with **1 in 3 never** using them. Among those with multiple partners who use condoms inconsistently, more than half perceived their STI risk as low. Among those who use condoms, the top reason for using condoms was **disease prevention**. For partner notification, the majority prefer **self-notification** with a provider present; 66% are willing to use an app/website for **anonymous notification**.

Information & Services—Sexual Health and Testing/Treatment



Health care providers were the **top source of information** about sexual health— and most (78%) felt **comfortable** asking their provider sexual health questions. Provider trust could be overestimated in these results due to oversampling of persons connected to care given the survey recruitment strategy.



Most respondents met sex partners and accessed services **close to home**, traveling 15 miles or less, though more than a quarter traveled longer distances (16-60 miles) for STI services.



Less than half tested for an STI in the past year, but **81% knew where to go to get an STI test**. A third of respondents regularly test for STIs, and **29% had ever tested positive for an STI**.



The vast majority of patients who tested STI positive **were treated**; half indicated providers asked to connect partners to treatment—61% of **partners were treated**.



For STI positive persons in the prior year who interacted with health department staff (local, state, or tribal), 75% said staff **were respectful, knowledgeable, helpful and understanding**, and they felt **comfortable**.

Summary: The Needs Assessment was able to identify key areas of success and opportunities for informed prevention: **focusing on risk perception, increasing condom use, utilizing health care providers as trusted resources, and incorporating anonymous partner notification options into health department workflows.**

Background



Key points:

- The STI needs assessment survey was designed to determine community needs in relation to sexual health to support prevention efforts and reduce STI infections in Arizona.
- This survey was sent to racially and sexually diverse Arizona residents with the opportunity to participate for 4 months in the summer of 2022.



The Arizona Department of Health Services (ADHS) Office of Sexually Transmitted Infections Control (OSTIC) developed a needs

assessment survey to determine community needs, beliefs, and activities around sexual health to better **meet the needs** of Arizona residents and **inform STI prevention efforts**. The survey was distributed to clinics and organizations that serve racially and sexually diverse groups to gain input from persons disproportionately facing healthcare access barriers and impacted by STIs.

The survey contained 88 questions.

Topics

- Demographics
- Behaviors
- Substance Use
- Sexual Health Services
- Testing
- Treatment
- Prevention Strategies
- Partner Services
- COVID-19 Impact on STI Needs

Survey Distribution

The survey was offered in **13 languages**. A QR code was provided in a flyer distributed to community partners of OSTIC and other ADHS programs, and an **incentive for completion** was a \$50 gift card. The gift cards were funded by AIDS Drug Assistance Program pharmaceutical rebates since the STI needs assessment was conducted as part of the development of the Arizona 2022-2026 Integrated Plan.

Designed to be filled out easily on a **mobile phone**, respondents could also complete **paper** forms and return them by mail, or complete the survey on a computer. The survey was available for **almost 4 months** (05/27/2022—09/14/2022) with a goal of **1,000** responses—the survey period was extended until the goal was met.



Inclusion Criteria

To be included in this analysis, respondents had to be **Arizona residents**, **13 years of age or older**, provide an **Arizona zip code**, and answer most questions. For those under 18, parents were given the option of an opt out form. While 1,104 people completed the survey, 140 respondents were excluded from analysis due to not meeting the inclusion criteria. Consequently, **964** respondent's answers were included in the analysis.



Demographics

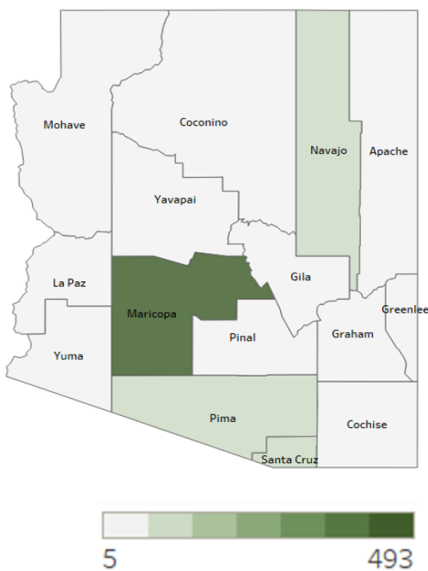
Key points:



- Most survey respondents resided in Maricopa, Pima, Santa Cruz, and Navajo counties.
- Over half of survey respondents were Hispanic and female.

AZ Counties

The majority of Arizona residents who completed the survey were from 4 counties: **Maricopa, Pima, Santa Cruz, and Navajo**. Compared to the general Arizona population, survey respondents were more likely to be from a rural county (see *Appendix Table 2A*). **Santa Cruz** and **Navajo** county residents were the most over-represented in the survey; while together comprising 2% of Arizona's overall 2021 population, 19% of survey respondents were from these two counties.



The largest percentage of survey respondents (**51%**) were from **Maricopa county**, which is where 71% of Arizona's 2021 STI cases reside and where 61% of the 2021 Arizona population lived.

Each county had at least 2 respondents. Less than 1% of survey respondents were from Gila, Graham, Greenlee, La Paz and Mohave counties.

Race / Ethnicity

The survey was targeted at racially diverse populations. Therefore, it is unsurprising that the racial and ethnic characteristics of survey respondents does not mirror the overall Arizona population. In general, survey re-

spondents were more likely to identify as Hispanic/Latino as compared to the general Arizona population—**Hispanic/Latinos** represented **52%** of the survey population. That percentage is high considering in 2021 only 29% of the Arizona population was Hispanic/Latino, though there may be methodological differences in categorizing Hispanic ethnicity. **29%** of survey respondents identified as **White** non-Hispanic/Latino, compared to 58% of the 2021 Arizona population. Respondents were more likely to describe themselves as **American Indian/Alaskan Native (9%)** than the Arizona population (4%), while **Black/African American** respondents mirrored the Arizona population at **5%**. Additionally, **5%** of respondents described themselves racially/ethnically as **Other**—which is difficult to interpret, but higher than the 3% of Arizona residents in 2021 that described themselves as belonging to two or more races. STI case data is limited by missing race/ethnicity, making comparisons difficult; see *Appendix Table 1A*.

Sex and Gender

Two questions relating to sex and gender identity were asked to understand respondent's gender diversity. **3%** identified as a **gender other than the one assigned** to them at birth. **62%** indicated **sex assigned at birth** was **female, 37% male**. A lower percentage identify as female or male: **59% female, 34% male, and 7% gender expansive**.^{*} Female respondents (59%) are over-represented compared to the Arizona population (51%).



^{*}Gender expansive includes: non-binary/gender non-conforming, trans women, trans men, questioning, and two-spirit.

Demographics

Key points:



Close to 50% of respondents earned less than \$2,500 a month.



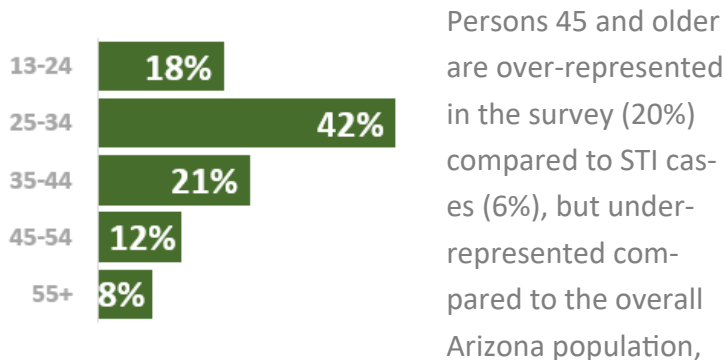
The majority of respondents chose to complete the survey in English.



More than half of female respondents were previously pregnant.

Age

Close to **60%** of survey participants were **under the age of 35**. In 2021, people under the age of 35 comprised 82% of the STI population but only 35% of the Arizona population.



where they make up half of the population (see Appendix Table 1A).

Language

Although the survey was offered in 13 different languages, **96%** were completed in **English** and 4% in Spanish. Recruitment materials were only available in English and Spanish. In Arizona, 27% of the population greater than 5 years of age speak a language other than English at home.¹

Income and Health Insurance



Questions about income and health insurance were asked since low income and lack of health insurance are

known **barriers to healthcare**. Almost half of respondents (**45%**) made **less than \$2,500** in total household income in the last month. This is slightly less than the Arizona monthly per capita income of \$2,887 (2017-2021).¹

In Arizona, 13% of people had no health insurance compared to 10% nationally.¹ Among respondents, **11%** indicated they **lacked health insurance**, while 1% each indicated they didn't know or preferred not to answer. In this survey, **86%** had **health insurance**, which includes Indian Health Services or tribal health. This may be due to the survey recruitment strategy, which utilized community partners of the health department and was not randomized.

Pregnancy

Pregnancy status is important for STI services because untreated STIs can negatively affect pregnancy outcomes; syphilis infection can cause miscarriage, stillbirth, and infant death.² Of 593 female respondents, **56%** had been **pregnant previously**, and **3%** were **currently pregnant**.




Pregnant STI patients may require different STI treatment regimens and increased follow-up compared to non-pregnant patients. Notably, **8%** of female respondents preferred not to answer the question; the remainder indicated they had never been pregnant (see Appendix Table 5A).

1. United States Census Bureau. Quick Facts: Arizona. <https://www.census.gov/quickfacts/fact/table/AZ/PST045222>

2. STI Control. Annual Reports. 2020 STIs in Arizona Annual Report. <https://www.azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/std-control/index.php#reports>

Behaviors

Key points:

-  About 75% of respondents had only 1 or 0 sex partners in the last year.
-  Common way to meet sex partners were through friends, phone-dating/hookup apps, and social media.
-  More than 3 out of 4 people do not think it is likely they will contract an STI in the next 5 years.

Questions about sexual behavior were asked to better understand current sexual practices, risk taking, and how to support STI prevention measures. **93%** of respondents reported **ever having sex, of those— 87%** had **sex** in the **past 12 months** and 2% declined to answer. **76% respondents** reported being in **monogamous relationships** or only having 0-1 partners in the past 12 months.

Finding Sexual Partners

People can find sexual partners in many different ways. Overall, the 236 respondents who reported multiple partners indicated the top two ways they met partners was through **friends** and **phone dating/hookup apps**. However, respondents 35-year-olds and older cited dating apps and social media less often compared to those under 35.

How do you generally meet the people you have sex with?

	<=34yrs (N=174)	35yrs +(N=62)
Phone dating apps	59%	26%
Friends	56%	48%
Social Media	41%	29%
Bars/Clubs	37%	34%
Work	26%	34%
School	21%	8%
Gym	14%	3%
Other	5%	8%

Body Sites

It is important for healthcare providers to know what body sites their patients are using for sex because some tests are site specific. If someone becomes infected through oral sex, but their provider only does a urine

test, the infection would go undiagnosed and the person could unknowingly pass the infection to others because they had a negative test.

Of respondents who reported having sex in the past 12 months, **65%** reported **performing oral sex** with **59%** of those being **female**.

How often respondents engage in oral sex rather than vaginal or anal in the past 12 months



0-24% of the time | 25-49% of the time | 50-74% of the time | 75-100% of the time | N/A

17% engaged in oral sex greater than half the time rather than vaginal or anal sex in the past 12 months. As for anal sex, of **1 in 5 receiving anal sex**, **57%** were **male** and **42%** **female**.

STI Risk Perception

Overall, **77%** think it is **very unlikely/unlikely** that they acquire an **STI** in the **next 5 years**, as did almost half (**44%**) of respondents with a **positive STI test** in the **past 12 months**. More than **1 in 10 did not know** their STI risk. Risk perception among infrequent condom users for **anal sex** with multiple partners shows that only **47%** thought it was **very likely/likely** they would acquire an **STI** in the **next 5 years**; this drops to **24%** among those engaging in **vaginal sex**.

Do you know your STI risk? Take this quiz:

<https://www.cdc.gov/std/saw/pbyt/quiz.htm>

Behaviors—Multiple Partners

Key points:



Condoms are an integral part of STI prevention; more access to free condoms might encourage people to use them.

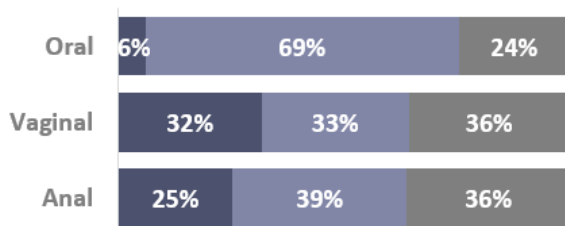


STI prevention and HIV prevention are the main reasons respondents use condoms.

Condom Use

Condoms are an integral part of STI prevention—correct and consistent use reduces the risk of contracting STIs, including HIV and viral hepatitis.¹ Of survey respondents with **multiple partners in the past 12 months**: **30%** reported that they **never use condoms** and **39%** used a **condom** for **anal sex less than half of the time**.

Condom frequency with type of sex for those with multiple partners



Greater than 50% of the time | Less than 50% of the time | N/A

Of those with **multiple partners in the past 12 months**: almost a third (**32%**) reported using a condom **more than half** the time for **vaginal** sex (with 96 females and 133 males answering this question), while a quarter reported using a condom **more than half** the time for **anal** sex.

What would make it easier for you to use condoms?

More places to get free condoms	28%
Free condoms by mail	24%
More types/brands of free condoms	14%
Place to get condoms where I wouldn't be recognized	12%
More sizes of free condoms	10%
Other	6%

Reasons to Use Condoms

The **top reason** for **using condoms** for those with **multiple partners in the last 12 months** was disease prevention—**57%** for **STI prevention** and **45%** for HIV prevention. Among female respondents, **58%** cited pregnancy prevention.

Perception of Risk & Condoms

Perception of STI risk may differ from actual risk. STIs like chlamydia, gonorrhea, and syphilis can be passed through oral, anal, and vaginal sex. It is a very common **misconception** that **oral sex** is 'risk free/low risk' for STI acquisition.

Over 50% of respondents with **multiple partners** who **use condoms less than half of the time** for **vaginal sex** perceive their risk of getting an STI in the next 5 years as **very unlikely/unlikely**. **1 in 5 (21%)** answered they **didn't know** their 5 year STI risk.



Of respondents with **multiple partners** who **use condoms less than half of the time** for **anal sex**, **42%** perceive their 5 year STI risk as **very unlikely/unlikely**, while **47%** said **very likely/likely**. The rest didn't know their risk.

For free condoms:

<https://hivaz.org/free-condoms/>

1. Centers for Disease Control and Prevention. Condom Effectiveness. <https://www.cdc.gov/condomeffectiveness/index.html>

Substance Use

Key points:



Alcohol is the most used substance among survey participants in the past 12 months.



Young male respondents were most likely to engage in illicit* drug use.



Only 4% of pregnant people report using an illicit substance in the past 12 months.

Substance Use in the Past 12 Months

Substance use, including alcohol or drugs, is associated with increased risk of STI and HIV acquisition partly due to the likelihood of engaging in risky sexual behaviors.¹

Of respondents who indicated whether they used any substances in the past 12 months, **31%** (265) said **yes**.

Among **recent substance users**, **alcohol** was the most commonly reported substance (75%), followed by: **marijuana** (67%), tobacco (37%), **amphetamines / meth** (28%), **cocaine** (21%), **poppers** (16%), **fentanyl** (14%), and other substances (see Appendix Table 2C).

Among respondents who reported substance use, **4 out of 5** of the top substances reported were the same, regardless of whether or not respondents had a positive STI test in the past 12 months.



Substances that include any products or mixtures of products that are not meant for **alcohol consumption** (for example, mouthwash or hand sanitizer) were not commonly used (less than 20 respondents). But for those who report using them, **86%** were **under the age of 34**.

Illicit* Substance Use

Only 12% of respondents reported using illicit substances in the past 12 months. About half of those respondents were 25-34 years old. **59%** of those who use **illicit** drugs were **male**. **64%** of those who use **fentanyl** were **male** and **70%** of



amphetamine/meth** users were also male.

Only **4%** of currently pregnant respondents reported using an **illicit** drug in the past 12 months.

Medical Care Delay Due to Substance Use



About **1 in 4** respondents reported **delaying** or **avoiding** medical care due to substance use. Of those respondents, **85%** used illicit substances. Only **1 in 28** (4%) females who reported delaying medical care due to substance use were pregnant.

Delayed or avoided medical care due to substance use



Currently pregnant | **Was pregnant, not currently**
| Never been pregnant | **Prefer not to answer**

To find mental health and substance use disorder treatment: <https://findtreatment.gov/>

Note: *Illicit: Includes amphetamines/methamphetamine, cocaine, fentanyl/blue leaf, heroin, ecstasy, LSD, mushrooms, psychedelics, MDMA, molly, psilocybin mushrooms.
**Meth: methamphetamine

1. Centers for Disease Control and Prevention. HIV and Substance Use. <https://www.cdc.gov/hiv/basics/hiv-transmission/substance-use.html>

Sexual Health Services

Key points:



Most respondents seek information from medical providers; 78% feel comfortable asking their provider sexual health questions.



Most participants travel 0-15 miles for sex and sexual health services.

Health Care Providers



Questions about where people go when they have sexual health questions were asked to better inform communication strategies for STI prevention.

Most respondents obtain information about sexual health from 3 top sources:



Medical providers (56%)



Internet (25%)



OB/GYN (23%)

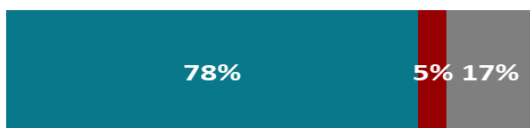
Though respondents could select all the sources they use when they have questions about their sexual health, **STI clinics** ranked **#6** (13%), behind friends and family.

42% of respondents say their provider **ALWAYS** asks sexual health questions on intake forms.

Most respondents ask their provider for information on sexual health; however, **22% NEVER** ask their provider for sexual health information.

78% feel comfortable asking their health provider questions about their sexual health, while **5%** of respondents feel **uncomfortable** asking.

Do you feel comfortable asking your healthcare provider questions about your sexual health?



Yes | No | It depends

The top **3** reasons given for being **uncomfortable** asking questions are: **fearing asking questions**, previously **experienced judgment and/or microaggressions**, and they **don't want to seem uneducated**.

Gender pronouns are used to convey and affirm gender identity.¹ **43%** of respondents said providers **don't** routinely ask about gender pronouns.

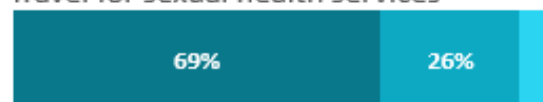


Travel

How far someone is willing / able to travel for sex or health services may vary depending on where a person lives, transportation options, and what type of services are needed.

Most respondents **traveled 0-15 miles** for both **sex** and **sexual health services**.

Travel for sexual health services



Travel for sex



■ 0-15 miles ■ 16-60 miles ■ 61+ miles

Although **89%** of respondents traveled 15 miles or less for sex partners, nearly **a third** of respondents traveled **more than 15 miles** for sexual health services, with 5% traveling over 60 miles for sexual health services (see *Appendix Table 3D*).

1. National Institutes of Health. Gender Pronouns & Their Use in Workplace Communications. <https://dpcpsi.nih.gov/sgmro/gender-pronouns-resource>

Testing

Key points:



Most respondents know where to get an STI test.



The main reasons people get tested for STIs are for testing at regular time points such as an annual exam, peace of mind, and to protect themselves.

STI Screening

STI screening guidelines vary by gender and by disease¹. Since STIs often result in asymptomatic infection, screening is crucial to both treat patients and prevent disease spread.

While **81%** of respondents know where to go for an STI test, this could reflect oversampling of persons connected to services given the survey recruitment strategy.

Top 3 places where people get tested for STIs:

1. **Provider's office**
2. **Health clinic/Community center**
3. **STI clinic (includes PrEP/HIV care provider)**

For a complete list of locations where respondents were most recently tested for STIs, see Appendix Table 2E.

29% of respondents **ever tested positive** for an STI. Of those who ever tested positive, **28%** were **25-34 year old males**. **40%** reported testing for an STI in the past 12 months, with **23%** of those testing **positive**. Overall, **57%** had not had an STI test in the past year.

Some ways to stop the spread of STIs are to test regularly and test between sexual partners. Almost **1 in 3** **always/often** test regularly for STIs, while almost **1 in 4** **rarely/never** test between people they have sex with.



STI Testing Reasons

The top reasons people got **tested** for STIs:



24% test at **regular** time points (e.g., quarterly)



15% peace of **mind**



11% to **protect** myself

For testing locations in Arizona:

<https://gettested.cdc.gov/>

Delaying STI Testing

Only **16%** report ever **delaying** a test. Of those 138 persons who ever delayed an STI test, the most common reasons were: not knowing **where** to get tested, not **feeling ready**, not wanting anyone to **know** they were getting tested, the need to **prioritize** other things, and not being able to **afford** testing.

Testing Leads to Treatment

Of respondents who tested positive for an STI, **92%** indicated the last time they tested positive they received treatment (e.g., pills, shots, creams).

1. Centers for Disease Control and Prevention. Sexually Transmitted Infections. Screening Recommendations. <https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm>

Treatment

Key points:



Most respondents who last tested positive for an STI received treatment. The top 2 places respondents received treatment were at an STI clinic or health provider’s office.



Only 14% of respondents experienced a delay or inability to get treatment for an STI.

Treatment

Chlamydia, gonorrhea, and syphilis can be treated with antibiotics, which can prevent long-term complications as well as disease spread. **92%** of respondents that last tested positive for an STI received [treatment](#).

STI Testing Location Versus Treatment Location

Where someone gets STI testing and where they get treated may not always be the same. Some patients may be referred to another setting for treatment following a positive test. **Local STI clinics** routinely provide treatment support for testing centers and healthcare providers that may not have the treatment available. In other instances, differences in testing and treatment location may reflect patient preference or barriers to treatment.

Testing and Treatment at the **Same** Location

Over **40%** who **tested** positive for an STI at a **healthcare provider’s office/STI clinic** were **treated** at the **same** place.

Testing and Treatment at **Different** Locations

Tested health clinic/community center - treated at:

- **healthcare provider:** 1 in 3
- **STI clinic*** (PrEP/HIV): ~1 in 5
- **pharmacy:** ~1 in 5

Tested healthcare provider’s - treated at:

- **pharmacy:** ~1 in 6
- **STI clinic*** (PrEP/HIV): ~1 in 9

Tested STI clinic *(PrEP/HIV) - treated at:

- **healthcare provider:** ~1 in 5
- **pharmacy:** ~1 in 5

Have any providers who diagnosed you offered to connect your *partner* to treatment?

49% Yes

22% No, they did not ask about partners

20% No, they asked about partners, but did NOT offer to help them get treatment

9% Don’t know

Partner treatment

When someone tests positive for an STI, sex partners should be **notified**, **tested**, and **treated** for potential exposure. Of those who tested positive, about **61%** reported their **partners** also obtained treatment. According to respondents, close to **half** of providers offered to connect their partners to treatment. [Expedited Partner Therapy \(EPT\)](#) is an option for partners to get treatment if they are not able to come in for a full physical exam.



Treatment Delay

Only **14%** of respondents with an STI experienced a **delay or inability** to get **treatment**. The top 3 reasons:



Cost and lack of **transportation**



Health care provider **did not have** the medication



Insurance refused to cover

Note: *See Table 2E for all clinic types included in ‘STI’ 12

Prevention Strategies

Key points:



There are various ways that people can stop the spread of STIs. Roughly 1 in 4 (or more) rarely or never take any STI prevention actions despite reporting multiple sex partners in the last year.

PrEP and HIV

There are many ways that people can prevent STIs including HIV. One way is using **pre-exposure prophylaxis (PrEP)** — which are pills or shots that can be taken **on-demand**, **daily**, or **monthly** to reduce the chances of getting HIV. **8%** of respondents **always/often** use **daily** PrEP, while **6%** **always/often** use **on-demand** PrEP. Among those who tested **positive** for an **STI** in the past 12 months, over **40%** **rarely/never** use **daily** or **on-demand** PrEP.

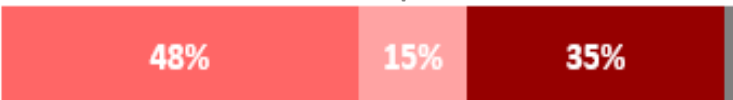
Positive STI in the Last 12 Months



About **3 in 4** respondents who tested positive for an STI in the last 12 months **always/often** get regularly tested for STIs.

Here are some prevention strategies used by respondents who tested STI positive in the last 12 months:

Get tested for STIs between sex partners



Limit number of sex partners



Before having sex I ask my sex partner(s) about STI status



Always/Often | **Sometimes** | **Rarely/Never** | **N/A**

Multiple Partners in the Last 12 Months

Roughly **1 in 4 rarely or never** take any STI prevention actions despite reporting multiple sex partners in the past year.

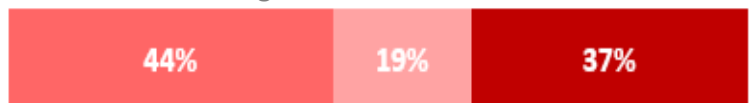


Around **50%** of respondents with **multiple partners limit** sex partners, **test regularly** for STIs, and get **tested** for STIs **between** partners.

Substance Use and Multiple Partners

Using substances like drugs or alcohol can lower inhibitions and lead to increased sexual risk taking.² Over **40%** of respondents with **multiple partners always/often limit** the use of **drugs or alcohol** when having sex.

I limit the use of drugs when I have sex



I limit the use of alcohol when I have sex



Always/Often | **Sometimes** | **Rarely/Never**

Note: N/A was removed from analysis. See appendix for details.



About **63%** of drug users reported **always/often/sometimes** limiting the use of **drugs** when having sex.

1. Centers for Disease Control and Prevention. PrEP. <https://www.cdc.gov/hiv/basics/prep.html>
2. Centers for Disease Control and Prevention. STDs and HIV-CDC Basic Fact Sheet. <https://www.cdc.gov/std/hiv/stdfact-std-hiv.htm>



Partner Services

Key points:

-  Partner services can help people who test positive with an STI to notify partners. 66% of respondents would be willing to use an anonymous partner notification app or website.
-  Overall most respondents had positive experiences with partner services and health department staff.

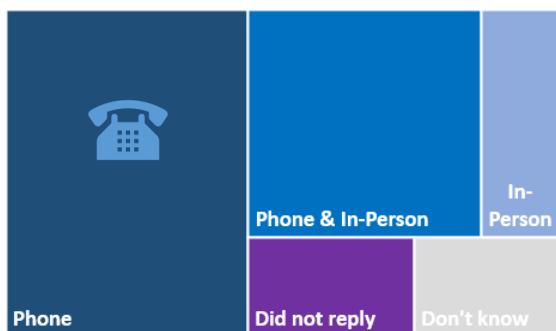
What are Partner Services?

Partner services are services that are offered through public health to people who test positive or are at increased risk for getting an STI. These services include: anonymous partner notification, testing, treatment, and other resources.



Disease Intervention Specialists (DIS) are public health professionals who are experts in case analysis, education, counseling, linkage to care, and providing partner services. Respondents who ever had an STI were asked about their experiences with partner services from the health department.

Of the **39%** that were contacted by the health department, phone was the primary method:



- **43%** spoke over the phone,
- **29%** spoke both in-person and over the phone
- **10%** spoke in-person.

Note, **57%** of those who ever tested positive for an STI did **NOT** get contacted by the health department to discuss partner notification.¹ Health departments may prioritize outreach of patients for partner services based on resources and services available.



Partner Notification

Partner notification of STI exposure is a critical STI control measure for stopping the spread of disease. The notification process can be challenging for the person who tested positive for an STI. A DIS can offer anonymous notification to partners and help partners navigate preventive treatment. Respondents **preferred** these **notification methods** for partners:

- Self notify but have a **provider on call** for questions,
- **Anonymously** notify them,
- **Provider** notify them and **protect my identity**.

Anonymous Notification

Anonymous apps or websites for notification are great ways to protect the identity of the person with an STI. **66%** said they would be willing to use an **app** or **website** to **anonymously notify their partners** of an STI exposure. When contacted by partner services, **52%** were **offered** the option of using an anonymous app or website for notification. **Half** of respondents **chose to notify** partners **on their own**, while **23%** chose to have someone from the health department notify partners instead.

Health Department Perception



For STI positive persons contacted by the health department in the past year, roughly **75%** indicate (**agree or somewhat agree**) that **health department staff¹ were respectful, knowledgeable, helpful and understanding**, and the client **felt comfortable**.

1. Note: The survey did not specify local, state or tribal health departments; responses may reflect experiences with various health departments.

COVID-19 Impact on STI Needs

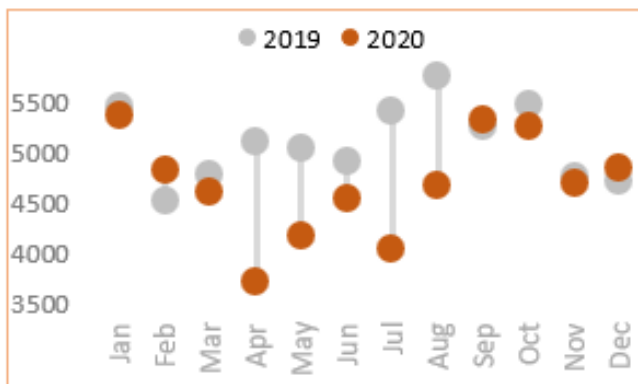
Key points:

- More than half of respondents reported that STI testing and treatment were not impacted by COVID-19.
- Almost 1 in 3 said that COVID-19 impacted their sex life.

COVID-19 Impact on STIs

In 2020, the emergence of COVID-19 impacted many aspects of public health including STI trends.

STI Case Counts by Month



Implementation of social **distancing**, **reductions in screenings**, and **limited resources** like **STI testing kit** and **supply shortages** contributed to a decrease in STI reports. The Arizona Department of Health Services, local and tribal health departments, and healthcare providers and laboratories **implemented strategies** to help ensure test kits were available for those most at risk.

The state of Arizona's COVID-19 Declaration of Emergency was in effect between March 11, 2020 through March 31, 2022. The impact of COVID-19 on STIs may still be felt today, so the STI needs assessment survey asked a series of questions to gauge if, and how, people are being impacted by COVID-19 in relation to STIs.

Testing and Treatment

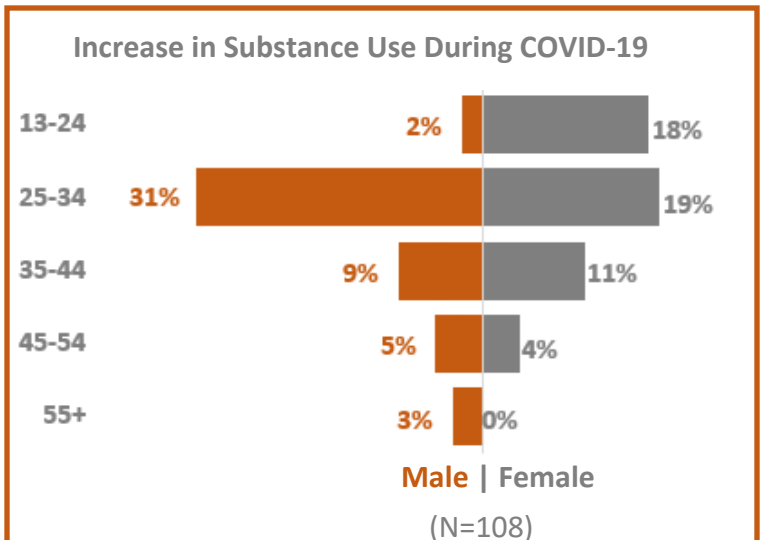
Fewer than **10%** of respondents indicated **STI testing** and **treatment** were negatively impacted by COVID-19. **55%** indicated COVID-19 did **not** impact their **STI testing**, while **7%** said they had **fewer** opportunities for testing.

59% indicated access to STI **treatment** was **not impacted** by COVID-19; **6%** reported having **fewer opportunities** to **access treatment** due to COVID-19.

Of those who tested **POSITIVE** for an STI in the past year, **1 in 7** reported having **fewer opportunities** for **accessing treatment** due to COVID-19.

Substance Use During COVID-19

42% of respondents out of the 265 who responded to this question had an **increase in substance use**. Of those who had an increase in substance use, **31%** were **males 25-34** years old.



COVID-19 Impact on Sex Life

28% of respondents reported their sex life was ever **impacted** by COVID-19. In the past 6 months, **43%** of these respondents said **COVID-19** is **STILL impacting their sex lives**. Of those whose sex life is still being impacted, **62%** had **1** or **fewer partners** in the last 12 months.

Conclusion



The number of STIs in Arizona surpassed 63,000 cases in 2021. ADHS OSTIC is committed to addressing health disparities and improving prevention efforts to reduce STIs in the state. The STI needs assessment survey was a tool that OSTIC developed and deployed to find gaps in STI education, testing, treatment, and prevention measures.

Takeaways

Regardless of risk behavior or prior STI history, most survey participants had a **low perception of future risk** of getting an STI. Risk perception was correlated with low condom use, so enabling Arizonans to have a more accurate perception of their STI risk while avoiding stigmatization may be a key strategy to promoting condom use and other STI prevention strategies across the state.

Condom use is a critical STI prevention measure, but many people who have multiple partners are not using them. Respondents indicated several ways to **make condom use easier**, including increasing access to free condoms and different types and brands of free condoms. More media attention on how to receive free condoms through the internet as well as locations where people can receive free and diverse types of condoms could help in STI control.

Since **healthcare providers** are the most sought out source for sexual health information, they have an opportunity to engage their patients and **educate them on STI prevention and risks**. Providers could also ask more sexual health questions on intake forms since a little over half of respondents report that they do not always ask for this information. The sexual health questions in the intake form could help promote dialogue among patients and providers.

For those who test positive for an STI, treatment and partner notification to **stop the spread** are important parts of STI control. **Health department staff** can help with partner notification and were **well regarded**; given the acceptability of anonymous notification tools, **promoting anonymous partner notification** may be a great way for partners to get notified of STI exposure.

The STI needs assessment survey is a useful tool to promote dialogue among the Arizona public and community leaders about sexual health and disease prevention to improve the sexual health of all Arizonans.

Strengths & Limitations

There are several limitations to the STI needs assessment survey, such as participants may not be representative of the Arizona population due to differences in race, ethnicity, and gender—likely due to the survey deployment strategy used; selection bias is a possibility. These results should not be considered representative of Arizonans. The population at most risk for STI exposure was defined as the target audience, and this informed survey distribution methods and decisions, including the use of incentives. Adolescents and young adults age 13-24 were lacking representation in this survey, though Arizona youth have some of the highest rates of STIs. Releasing the survey in the summer months potentially prevented younger respondents from participating. Other limitations include an underrepresentation of rural county participants and males. While extensive effort was devoted to developing a non-biased survey tool, such as care in phrasing questions, examining language use, question order, etc., there is the possibility of various types of bias, such as: recall bias, non-response bias, response bias, social-desirability bias, and voluntary response bias. Lastly, the use of incentives may have increased the response rate, helped capture results from harder to reach populations, and encouraged survey completion.

Appendix 1: Tables

A. Demographics

Table 1A

Population Tables: >=13 years old

	Needs Assessment		STI Population		AZ Population	
Gender Identity*	N	%	N	%	N	%
Female	570	59%	34,951	55%	3,107,108	51%
Male	328	34%	28,373	45%	3,033,286	49%
Another Gender	66	7%	63	<1%		0%
Sex assigned at birth	N	%	N	%	N	%
Female	594	62%	34,951	0.55	3,107,108	51%
Male	361	37%	28,373	0.45	3,033,286	49%
Prefer not to answer	9	0.93				
Age Group	N	%	N	%	N	%
13-24**	170	18%	30,770	49%	1,160,712	19%
25-34	402	42%	20,918	33%	1,011,999	16%
35-44	205	21%	7,512	12%	896,852	15%
45-54	112	12%	2,790	4%	844,036	14%
55+	74	8%	1,334	2%	2,226,795	36%
Unknown	1	0%	63	<1%		
Race/Ethnicity	N	%	N	%	N	%
Hispanic/Latino	505	52%	17,759	28%	1,806,576	29%
White	277	29%	11,304	18%	3,549,938	58%
American Indian/Alaska Native	90	9%	3,985	6%	234,588	4%
Black/African American	47	5%	7,101	11%	301,018	5%
Other***	45	5%	2,740	4%	248,274	4%
Unknown			20,498	32%		
Total	964		63,387		6,140,394	

*Gender identity: Includes non-binary/gender non-conforming, trans women, trans men, questioning, and two-spirit

**13-24: The lowest age group is 13, but the youngest participants were 15

***Other: Asian, Native Hawaiian/Pacific Islander, Multi-racial, and Other

Table 2A

County	Needs Assessment		STI Population		2021 AZ Population	
	Population					
	N	%	N	%	N	%
Apache	16	2%	821	1%	54,160	1%
Cochise	39	4%	514	<1%	107,436	2%
Coconino	22	2%	1,221	2%	126,549	2%
Gila	7	<1%	289	<1%	46,042	1%
Graham	3	<1%	182	<1%	31,561	1%
Greenlee	3	<1%	47	<1%	7,700	0%
La Paz	2	<1%	90	<1%	14,945	0%
Maricopa	493	51%	44,958	71%	3,770,356	61%
Mohave	7	<1%	715	1%	191,622	3%
Navajo	78	8%	1,094	2%	88,254	1%
Pima	115	12%	8,535	13%	906,019	15%
Pinal	34	4%	2,622	4%	371,265	6%
Santa Cruz	104	11%	267	<1%	39,465	1%
Yavapai	15	2%	573	<1%	214,955	4%
Yuma	26	3%	1,459	2%	170,065	3%
Total	964		63,387		6,140,394	

Table 3A

Total Household Income	N	%
\$1,000 - \$1,499	86	9%
\$1,500 - \$1,999	77	8%
\$2,000 - \$2,499	124	13%
\$2,500 - \$2,999	84	9%
\$3,000 - \$3,499	82	9%
\$3,500 - \$3,999	59	6%
\$4,000 or more	205	21%
Don't know	54	6%
Less than \$1,000	66	7%
No income	76	8%
Prefer not to answer	44	5%
Total	957	

Table 4A

Health Insurance	N	%
Yes	831	86%
No	107	11%
Don't know	11	1%
Prefer not to answer	14	1%
Total	963	

Table 5A

Pregnancy	N	%
Currently pregnant	17	3%
Was pregnant, but not currently pregnant	332	56%
Never been pregnant	199	34%
Prefer not to answer	45	8%
Total	593	

B. Behaviors**Table 1B**

Have you had sex before? (This includes anal, oral, and/or vaginal sex)

	N	%
Yes	867	93%
No	63	7%
Total	930	

Table 2B

In the past 12 months, how many different people have you had sex with? (Please enter a number. This includes oral, anal, and/or vaginal sex.)

	N	%
0-1 Partner	728	76%
1+ Partners	236	24%
Total	964	

Table 3B

Have you had sex in the past 12 months? (This includes anal, oral, and/or vaginal sex)

	N	%
Yes	739	87%
No	96	11%
Prefer not to answer	15	2%
Total	850	

Table 4B

How do you generally meet the people you have sex with? (Select all that apply)

Multiple Partners	N
Through friends	132
Through phone dating/hookup apps	124
Through social media	94
At bars/clubs	91
Through work	68
Through school	42
At the gym	27
Other	14

Table 5B

In the past 12 months, what parts of your body do you use to have sex? (Select all that apply) (N=739)

	Female	Male	Prefer not to answer	Total
Butt	85	115	3	203
%	42%	57%	1%	
Mouth	282	193	4	479
%	59%	40%	1%	
Penis	30	253	3	286
%	10%	88%	1%	
Vagina	445	23	2	470
%	95%	5%	0%	
Other	9	9	0	18
%	50%	50%	0%	

Table 6B

How likely do you think it is that you will contract an STI during the next 5 years?

	N	%
Very Likely/Likely	107	12%
Very unlikely/Unlikely	669	77%
Don't Know	92	11%
Total	868	

Table 7B

How likely do you think it is that you will contract an STI during the next 5 years?

Multiple Partners

	N	%
Likely/Very Likely	69	31%
Unlikely/Very Unlikely	123	56%
Don't Know	28	13%
Total	220	

Table 8B

How likely do you think it is that you will contract an STI during the next 5 years?

Positive STI test in the past 12 months

	N	%
Likely/Very Likely	35	43%
Unlikely/Very Unlikely	36	44%
Don't Know	10	12%
Total	81	

Table 9B

What would make it easier for you to use condoms? (Select all that apply)

	N
More places to get free condoms	267
Free condoms by mail	234
More types/brands of free condoms	132
Place to get condoms where I wouldn't be recognized	118
More sizes of free condoms	98
Other	62
None of the above (Excluded from top 3)	261

Table 10B

What are the reasons you use condoms? (Select all that apply)

<i>Respondents with multiple partners in the past 12 months</i>	N	%
STI prevention	135	57%
HIV prevention	106	45%
Pregnancy prevention	73	31%
N/A -I don't use condoms	70	30%
Total # of respondents who have multiple partners	236	

Pregnancy prevention-Sex at birth

	Female	Male	Total
Pregnancy prevention	42	31	73
%	58%	42%	100

Table 11B

How likely do you think it is that you will contract an STI during the next 5 years?

<i>Multiple Partners</i>	Very likely/ Likely	Very unlikely/ Unlikely	Don't know
Use condom for anal sex <50% of the time	47%	42%	11%
Use a condom for vaginal sex <50% of the time	24%	56%	21%
Use condom for oral sex <50% of the time	32%	55%	13%

C. Substance Use

Table 1C

Have you used substances in the past 12 months?	N	%
Yes	265	31%
No	594	69%
Total	859	

Table 2C

Have you used any of the following substances in the past 12 months? (Select all that apply) N=265

	N
Alcohol	202
Marijuana	178
Tobacco	97
Amphetamines / methamphetamines	73
Cocaine	55
Poppers	42
Fentanyl / blue leaf	36
Prescription pain killers / opiates other than as prescribed	26
Heroin	21
Other	21
Any products or mixtures of products that are not meant for alcohol consumption (for example, "ocean", mouthwash, hand sanitizer, cleaning products, vanilla or other baking extracts)	14

Table 3C

Have you used any of the following substances in the past 12months? (Select all that apply)

Respondents with a positive STI in the past 12 months (N=43)

	N
Alcohol	27
Marijuana	27
Amphetamines / methamphetamines	23
Poppers	20
Tobacco	14
Cocaine	10
Fentanyl / blue leaf	5
Any products or mixtures not meant for alcohol consumption	3
GHB	3
Prescription pain killers / opiates other than as prescribed	2
Heroin	1
Other	1

Table 4C

Have you used any of the following substances in the past 12months? (Select all that apply) (Stratified by age group)

	Age Group					Missing	Total
	13-24	25-34	35-44	45-54	55+		
Any products or mixtures of products that are not meant for alcohol consumption (for example, "ocean", mouthwash, hand sanitizer, cleaning products, vanilla or other baking extracts)	5	7	2	0	0	0	14
%	36%	50%	14%	0%	0%	0	

Table 5C

Have you ever delayed or avoided medical care due to your substance use?

	N	%
Yes	68	26%
No	195	74%
Don't know	2	1%
Total	265	

Table 6C

Have you used any of the following substances in the past 12months? (Select all that apply)

	Sex assigned at birth		
	Female	Male	Total
Illicit drugs*	48	69	117
%	41%	59%	

Table 7C

Have you used any of the following substances in the past 12months? (Select all that apply)

	Female	Male	Prefer not to answer	Total
Fentanyl / blue leaf	13	23	0	36
%	36%	64%	0%	

Table 8C

Have you used any of the following substances in the past 12months? (Select all that apply)

	Female	Male	Prefer not to answer	Total
Amphetamines / methamphetamines	22	51	0	73
%	30%	70%	0%	

D. Sexual Health Services**Table 1D**

Who do you go to when you have questions about your sexual health? (Select all that apply) (N=964)

Top 6 answers

	N	%
Healthcare Provider	536	56%
Internet	242	25%
Obstetrician/gynecologist	225	23%
Friends	214	22%
Family member	141	15%
STI clinic (example: county STI clinic, Planned Parenthood, PrEP/HIV Care provider)	122	13%

*Illicit: Includes amphetamines/methamphetamine, cocaine, fentanyl/blue leaf, heroin, ecstasy, LSD, mushrooms, psychedelics, MDMA, molly, psilocybin mushrooms.

Table 2D

Why do you feel uncomfortable asking questions about your sexual health? (Select all that apply)

	N
I'm afraid to ask.	59
I have experienced judgement/microaggressions from a healthcare provider in the past	45
I don't want to seem uneducated by asking questions	35
I personally know the healthcare provider or someone in their office	28
I don't want them to judge the type of sex that I am having	25
My healthcare provider does not know how to respond to the questions that I ask	22
Other	20
I do not feel comfortable with them knowing about my sexual orientation or gender identity	18
I have experienced cultural barriers	12
I don't want them to know or think that I am having sex	12
I have experienced language barriers	6

Table 3D

If more than 60 miles, why do you have to travel so far? (Select all that apply) (N=24)

	N
I do not feel comfortable going to my local clinic because I know the people that work there	9
I do not trust the quality of care at my local clinic	9
My local clinic does not offer all the services I need	7
Other	7
There is no closer clinic	2

E. Testing

Table 1E

Do you know where to get an STI test if you want one?

	N	%
Yes	703	81%
No	107	12%
Not sure	57	7%
Total	867	

Table 2E

When tested for STI, where were you tested?

	N
Healthcare provider's office	168
Health clinic/community health center	156
STI clinic (example: county STI clinic, Planned Parenthood, PrEP/HIV Care provider)	57
Health department (separate from health department STI clinic)	30
Hospital/ER	22
Tribal Health Clinic/facility (example: IHS hospital, 638 facility, etc.)	21
Community-based testing (e.g., mobile testing unit, outside of clinic setting community testing)	12
Outreach event/street outreach	10
Through a walk-in lab	8
Health fair	7
Needle exchange/harm reduction/syringe services (SSP) program event	6
Home test kit	4
Through a self-collected swab	4
Correctional facility	2
VA medical center	1
Blood bank/plasma center	1

Table 3E

Have you ever tested positive for an STI?	N	%
Yes	255	29%
No	582	67%
Don't know	30	3%
Total	867	

Table 4E

Have you ever tested positive for an STI? (Yes)

	Age Group					MISSING	Total
	13-24	25-34	35-44	45-54	55+		
Female	16	59	34	20	5	0	134
%	6%	23%	13%	8%	2%	0	
Male	9	71	24	10	3	0	117
%	4%	28%	9%	4%	1%	0	
Prefer not to answer	2	1	0	1	0	0	4
%	1%	0%	0%	0%	0%	0%	
Total	27	131	58	31	8	0	255

Table 5E

Have you tested for an STI in the past 12 months?

	N	%
Yes, I tested positive at least once in the past 12 months	81	9%
Yes, I tested negative	266	31%
No, I have not had STI testing in the past 12 months	494	57%
Don't know	27	3%
Total	868	

Table 6E

Tested for STIs regularly

	N	%
Always/Often	286	32%
Sometimes	126	14%
Rarely/Never	235	26%
N/A	244	27%
Total	891	

Table 7E

Please select the response that best describes your experience over the past 12 months with the following:

Test between people I have sex with

	N	%
Always/Often	266	30%
Sometimes	89	10%
Rarely/Never	207	23%
N/A	329	37%
Total	891	

Table 8E

What are the main reasons you get tested? (Select no more than three responses)

	N
I get tested at regular time points (annually, quarterly, etc.)	177
Peace of mind	113
To protect myself from STIs	82
I get tested any time I'm with a new sex partner	78
My doctor recommended testing	55
To help protect person(s) I have sex with from STIs	42
Wanted to know	38
Concerned that person(s) I had sex with might have an STI	37
Felt sick or had symptoms I thought might be from an STI	27
I was offered free testing	26
Received notification of STI exposure	18
No reason	9
Shared drugs/needle with someone	4
I saw an ad for testing	3
Friends/Family encouraged me	3
Required medical exam for entering the United States	1
Other	29
Total	742

Table 9E

Have you ever delayed STI testing, or have you ever been unable to get testing?

	N	%
Yes	138	16%
No	727	84%
Total	865	

Table 10E

If you have ever delayed or were unable to get STI testing, please indicate the reasons why.
(Select all that apply)

	N
Did not know where to get tested	37
Did not feel ready to get tested	35
Did not want anyone to know I was getting tested	35
Had to prioritize other things	34
Could not afford testing	32
Did not think I needed testing	28
Wasn't sick/didn't have symptoms	26
Did not have transportation to the testing site	21
Did not want people to think I have an STI	20
Did not know which STIs to get tested for	16
Scared of needles and/or the testing process	10
Did not want people to know I'm having sex	8
Experienced cultural/language barriers	6
Other	15

F. Treatment

Table 1F

The last time you tested positive for an STI, did you receive treatment (pills, shots, creams, etc.)?

	N	%
Yes	238	92%
No	18	7%
Don't know	3	1%
Total	259	

Table 2F

Where did you receive treatment for your most recent infection?

Location of treatment	Top 3 places people get tested		
	Health clinic/ community health center	Healthcare provider's Office	STI clinic
Community-based testing (example: mobile testing unit, outside of clinic setting community testing)	3	0	0
%	4%	0%	0%
Healthcare provider's office	24	47	7
%	33%	58%	21%
Hospital/Emergency Department	2	1	0
%	3%	1%	0%
Naturopathic doctor	0	1	0
%	0%	1%	0%
Other (please specify)	2	1	1
%	3%	1%	3%
Pharmacy	15	13	6
%	21%	16%	18%
STI clinic (example: county STI clinic, Planned Parenthood, PrEP/ HIV Care provider)	17	9	15
%	23%	11%	44%
School health clinic	0	1	1
%	0%	1%	3%
Spiritual healer	1	0	1
%	1%	0%	3%
Tribal Health Clinic/facility (example: IHS hospital, 638 facility, etc.)	6	5	1
%	8%	6%	3%
Urgent care	3	3	2
%	4%	4%	6%
Total	73	81	34

Table 3F

Where did you receive treatment for your most recent infection?

	N
Healthcare provider's office	102
STI clinic (example: county STI clinic, Planned Parenthood, PrEP/HIV Care provider)	53
Pharmacy	30
Community-based testing (example: mobile testing unit, outside of clinic setting community testing)	3
Hospital/Emergency Department	9
Naturopathic doctor	1
Other (please specify)	6
School health clinic	3
Spiritual healer	1
Tribal Health Clinic/facility (example: IHS hospital, 638 facility, etc.)	21
Urgent care	8

Table 4F

Have you ever experienced a delay or been unable to get treatment for an STI?

	N	%
Yes	37	14%
No	220	86%
Total	257	

Table 5F

If you have ever delayed or were unable to get treatment for an STI, please indicate why.
(Select all that apply)

	N
Cost	12
Lack of transportation	12
Healthcare provider did not have the medication	10
Insurance refused to cover it	9
Experienced stigma/mistreatment by my provider and did not want to return	7
Lack of childcare	1
Other	10

G. Prevention

Table 1G

I use daily PrEP to prevent HIV (e.g. Truvada, Descovy)

	N	%
Always/Often	74	8%
Sometimes	7	1%
Rarely/Never	347	39%
N/A	464	52%
Total	892	

Table 2G

I use on demand PrEP to prevent HIV (e.g. Truvada, Descovy)

	N	%
Always/Often	53	6%
Sometimes	8	1%
Rarely/Never	356	40%
N/A	475	53%
Total	892	

Table 3G

Please select the response that best describes your experience over the past 12 months with the following:

Test regularly for STIs

Respondents who tested positive for an STI in the last 12 months

	N	%
Always/Often	60	74%
Sometimes	8	10%
Rarely/Never	10	12%
N/A	4	4%
Total	81	

Table 4G

Please select the response that best describes your experience over the past 12 months with the following:

Respondents who had multiple partners in the past 12 months

	Always/	Sometimes	Rarely/	N/A
I get tested for STIs between sex partners	45%	19%	31%	6%
Test regularly for STIs	55%	17%	24%	4%
Limit number of sex partners	46%	25%	26%	3%

Table 5G

Please select the response that best describes your experience over the past 12 months with the following:

	N/A	
	N	%
I limit the use of alcohol when I have sex (N=228)	27	12%
I limit the use of drugs when I have sex (N=228)	62	27%
Before sharing needles, I ask about their HIV status (N=228)	184	81%
Before reusing a needle, I sanitize/clean them (N=228)	181	79%

(Note: N/A was removed from the prevention strategies analysis for the substance questions to get a better look at those who do use these substances.)

Table 6G

If you ever tested positive for an STI, did someone from the Health Department contact you to discuss notifying the person(s) you've had sex with about possible exposure?

	N	%
Yes, I was contacted	99	39%
No, I was not contacted	145	57%
Don't know	9	4%
Total	253	

H. Partner Services**Table 1H**

If you were contacted by someone from the HD, did you speak with the person?

	N	%
We spoke in person	10	10%
We spoke on the phone	43	43%
We spoke both in person and on the phone	29	29%
I was contacted but did not speak with the person	8	8%
Don't know/Don't remember	9	9%
Total	99	

Table 2H

If you receive a positive test for an STI, how would you prefer to notify the person (s) you've had sex with?
(Select all that apply)

	N
I would like to notify them but have my provider on the call to help answer questions	291
I would like to notify them anonymously if possible	268
I would like for my provider to notify them and protect my identity	258
I would not notify the person (s) I've had sex with	138
Other	83

Table 3H

Did the person who contacted you from the HD offer you the option to notify the person you've had sex with via an anonymous mobile app or website?

	N	%
Yes, I was offered this option but did not want to use it	7	11%
Yes, I was offered this option	27	42%
No, I was not offered the option	22	34%
Don't know	9	14%
Total	65	

Table 4H

Would you be willing to use a mobile app or website to anonymously notify the person(s) you've had sex with about possible STI exposure?

	N	%
Yes	517	66%
No	137	18%
Don't know	127	16%
Total	781	

Table 5H

Did the person who contacted you from the Health Department give you the option to notify the person (s) you've had sex with on your own?

	N	%
Yes, this option was given to me but I chose to have someone from the Health Department notify the person (s) I've had sex with	23	23%
Yes, this option was given to me and I chose to notify on my own	49	50%
No, I was not offered the option to notify the person (s) I've had sex with on my own	14	14%
Don't know	12	12%
Total	98	

Table 6H

What was your experience with the person from the Health Department who contacted you?

	Somewhat			
	Agree	Agree	Disagree	N/A
I felt comfortable with the person who contacted me	63%	19%	10%	7%
I was given the option to meet in person	48%	8%	30%	14%
The person who contacted me was helpful and understanding of my needs	66%	16%	11%	6%
The person who contacted me was knowledgeable about my diagnosis	71%	13%	8%	7%
The person who contacted me treated me with respect	68%	17%	8%	6%

I. COVID-19 Impact on STI Needs

Table 1I

How was your access to STI testing impacted by COVID-19? (Select all that apply) (N=962)

	N	%
No impact	533	55%
Not applicable/Did not need testing	201	21%
I had fewer opportunities for testing	69	7%
I had fewer sex partners and did not need as much testing during COVID-19	42	
I was afraid to seek testing due to COVID-19	30	
I waited to get tested until COVID-19 cases were down	21	
I waited to get tested until I was vaccinated for COVID-19	21	
I replaced clinic-based testing with home testing	9	
Other (please specify)	36	

Table 2I

How was your access to STI treatment impacted by COVID-19? (Select all that apply) (N=934)

	N	%
No impact	553	59%
Not applicable/Did not need treatment	246	26%
I had fewer opportunities for accessing treatment	52	6%
I was afraid to seek treatment for my STI due to COVID-19	25	
I waited to get treated until COVID-19 cases were down	16	
I waited to get treated until I was vaccinated for COVID-19	12	
Other (please specify)	30	

Table 3I

Has your substance use increased during COVID-19?

	N	%
Yes	111	42%
No	137	52%
Not sure	17	6%
Total	265	

Table 4I

Has your substance use increased during COVID-19?
(Yes)

Age Group	Sex at birth		
	Female	Male	Total
13-24	19	2	21
%	18%	2%	
25-34	20	33	53
%	19%	31%	
35-44	12	10	22
%	11%	9%	
45-54	4	5	9
%	4%	5%	
55+	0	3	3
%	0%	3%	
Total			108

Table 5I

COVID-19 has affected our personal and sexual interactions in many ways. Was your sex life ever impacted by COVID-19?

	N	%
Yes	237	28%
No	572	67%
Prefer not to answer	50	6%
Total	859	

Table 6I

In the past 6 months is your sex life still being impacted by COVID-19?

	N	%
Yes	102	43%
No	131	55%
Prefer not to answer	4	2%
Total	237	

Table 7I

In the past 6 months is your sex life still being impacted by COVID-19?

	Number of partners in the last 12 months	
	0-1	1+
Yes	63	39
%	62%	38%

Arizona Department of Health Services

Bureau of Infectious Disease and Services

Office of STI Control

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Mission

The Mission of the Arizona Department of Health Office of STI Control is to improve the sexual health of all Arizonans by strengthening the prevention and control of sexually transmitted infections in Arizona through education, surveillance, collaboration, and program development.