April is National STD Awareness Month

CDC recognizes April as STD Awareness Month, an annual observance to raise awareness about the impact of sexually transmitted diseases (STDs) on the health of Americans and the importance of individuals discussing sexual health with their healthcare providers and, if sexually active, their partners.

- **STD Awareness Month** Tools, multi-media resources, and links to STD awareness efforts around the country.
- **GYT: Get Yourself Tested** National campaign to inform young people about STDs and promote testing and treatment.
- **findSTDtest.org** Easy-to-use ZIP-code based resource to locate STD testing sites throughout the U.S.

- [CDC Podcasts - Be Smart Be Well: STD Videos](#)
- [STD Health Disparities](#)
- [STD Prevention on Twitter](#)
Topics Covered

• Why STDs are Important
• Interpreting STD Data Measures
• STD Transmission Factors and Dynamics
• Contributing Factors to Disparities in STD Cases and Rates
• Fix The Problem Not The Blame
Why are STDs Important?

- Majority of STDs are asymptomatic
- High incidence and prevalence of STDs
- STDs facilitate HIV acquisition and transmission
- STDs cause serious complications in women and adverse pregnancy outcomes
- Stigma and Health Disparities
- STD-related costs are very high
Chlamydial Complications

Untreated Genital Chlamydial Infection

70-80% Asymptomatic

Female Cervicitis

Neonatal Infection

20-50%

PID (Acute & Silent)

18%

Chronic Pelvic Pain

14-20%

Infertility

Male Urethritis

>50% Asymptomatic

Epididymitis

9%

Ectopic Pregnancy

Orchitis

Neonatal Infection

14-20%

Pregnancy

Infertility

Chronic Pelvic Pain

Source: CDC Chlamydia in the United States. April 2001
### Estimated Annual Incidence and Direct Costs* of All STDs for Selected States

<table>
<thead>
<tr>
<th>State</th>
<th>Estimated Annual Incidence</th>
<th>Total Cost $ Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>All States</td>
<td>15,300,000</td>
<td>$8,386.8</td>
</tr>
<tr>
<td>Alabama</td>
<td>240,700</td>
<td>132.1</td>
</tr>
<tr>
<td>California</td>
<td>1,857,000</td>
<td>1,019.1</td>
</tr>
<tr>
<td>Florida</td>
<td>719,900</td>
<td>395.1</td>
</tr>
<tr>
<td>Illinois</td>
<td>736,400</td>
<td>404.1</td>
</tr>
<tr>
<td>New York</td>
<td>1,146,000</td>
<td>628.9</td>
</tr>
<tr>
<td>Utah</td>
<td>136,000</td>
<td>74.6</td>
</tr>
<tr>
<td>Washington</td>
<td>298,700</td>
<td>163.9</td>
</tr>
<tr>
<td>Wyoming</td>
<td>26,500</td>
<td>14.5</td>
</tr>
</tbody>
</table>

* Adjusted 1997 Dollars

Source: American Social Health Association/Kaiser Family Foundation
## Estimated Incidence Rates and Direct Medical Costs in Individuals age 15-24 in Illinois, 2006

<table>
<thead>
<tr>
<th>2006</th>
<th>Number of Reported Cases</th>
<th>Estimated Incidence per 100,000 population</th>
<th>Estimated Direct Medical Cost in 2007 U.S. Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Base Estimate</td>
<td>Minimum Estimate</td>
</tr>
<tr>
<td><strong>Chlamydia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>37,496</td>
<td>5,259</td>
<td>2,892</td>
</tr>
<tr>
<td>Male</td>
<td>8,255</td>
<td>1,673</td>
<td>1,055</td>
</tr>
<tr>
<td>Female</td>
<td>29,241</td>
<td>10,742</td>
<td>5,371</td>
</tr>
<tr>
<td><strong>Gonorrhea</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>12,155</td>
<td>1,705</td>
<td>937</td>
</tr>
<tr>
<td>Male</td>
<td>4,574</td>
<td>927</td>
<td>584</td>
</tr>
<tr>
<td>Female</td>
<td>7,581</td>
<td>2,784</td>
<td>1,392</td>
</tr>
<tr>
<td><strong>Primary and Secondary Syphilis</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Male</td>
<td>70</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>Female</td>
<td>13</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
Commonly Used STD Data Measures

- Number of Cases/Events
- Percent of Total Cases/Events
- Case Rates
- Test Positivity/Prevalence
## 2008 Illinois Gonorrhea Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Total Illinois</th>
<th>African American</th>
<th>White</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population*</td>
<td>12,419,293</td>
<td>1,876,875</td>
<td>9,125,471</td>
<td>1,530,262</td>
</tr>
<tr>
<td>% Population</td>
<td>100%</td>
<td>15%</td>
<td>74%</td>
<td>12%</td>
</tr>
<tr>
<td># Reported Cases</td>
<td>20,674</td>
<td>15,751</td>
<td>2,580</td>
<td>1,565</td>
</tr>
<tr>
<td>% Reported Cases</td>
<td>100%</td>
<td>76%</td>
<td>12%</td>
<td>8%</td>
</tr>
<tr>
<td>Case Rate per 100,000</td>
<td>166.5</td>
<td>837.5</td>
<td>24.3</td>
<td>102.3</td>
</tr>
<tr>
<td>Test Positivity *</td>
<td>3.5%</td>
<td>6.8%</td>
<td>1.0%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Total Tests*</td>
<td>170,769</td>
<td>74,852</td>
<td>76,307</td>
<td>28,957</td>
</tr>
<tr>
<td>% Total Tests**</td>
<td>100%</td>
<td>44%</td>
<td>45%</td>
<td>17%</td>
</tr>
<tr>
<td>% Total Positives*</td>
<td>100%</td>
<td>84%</td>
<td>12%</td>
<td>3%</td>
</tr>
</tbody>
</table>

* Based on 2000 Census  
** At Illinois Chlamydia and Gonorrhea (IPP) Screening Sites
**Illinois Excluding Chicago**
**Reported STD Case Rates in 2008**
**Disparity Between Racial/Ethnic Groups**

<table>
<thead>
<tr>
<th>Infection</th>
<th>African Americans</th>
<th>Whites</th>
<th>Hispanics</th>
<th>African Americans vs. Whites</th>
<th>Hispanics vs. Whites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>1,877</td>
<td>127</td>
<td>463</td>
<td>15 X</td>
<td>3.7 X</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>859</td>
<td>23</td>
<td>45</td>
<td>37 X</td>
<td>2 X</td>
</tr>
<tr>
<td>Primary &amp; Secondary Syphilis</td>
<td>8</td>
<td>0.6</td>
<td>1.8</td>
<td>13 X</td>
<td>3 X</td>
</tr>
</tbody>
</table>
# Health Disparities in Reported STDs in the US (1997-2008)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>P &amp; S Syphilis</td>
<td>42:1</td>
<td>24:1</td>
<td>15:1</td>
<td>8:1</td>
<td>5:1</td>
<td>6:1</td>
<td>5:1</td>
<td>6:1</td>
<td>7:1</td>
<td>8:1</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>10:1</td>
<td>9:1</td>
<td>9:1</td>
<td>9:1</td>
<td>8:1</td>
<td>8:1</td>
<td>8:1</td>
<td>8:1</td>
<td>9:1</td>
<td>9:1</td>
</tr>
</tbody>
</table>

B/W = Black White Case Rate Ratio

Percentages are calculated from numbers rounded to one-tenth.
Commonly Used STD Epidemiologic Characteristics

- **Person**
  - Sex, Age, Race, Ethnicity, Behaviors, Socioeconomic Status
- **Place**
  - Where Cases Live or are Reported From
  - Where Cases Receive Services
  - Where Transmission Occurs
- **Time**
  - Year, Quarter, Month
Sample STD Data By Person
Number of Reported Cases of Chlamydia, Gonorrhea, and Primary/Secondary Syphilis by Race/Ethnicity and Gender
Illinois, 2008

Source: IDPH STD Section

Nat. Am. = Native American; A/PI – Asian/Pacific Islander; P&S = Primary and Secondary
Rates of Chlamydia, Gonorrhea, and Primary/Secondary Syphilis by Race/Ethnicity and Gender
Illinois, 2008

Chlamydia

Gonorrhea

P&S Syphilis

Nat. Am. = Native American; A/PI – Asian/Pacific Islander; P&S = Primary and Secondary
Source: IDPH STD Section
Targeted GC Counseling and Sex Partner Services
Outcomes By Race/Ethnicity: February – December 2009

<table>
<thead>
<tr>
<th>Race and Ethnicity of Case Cx</th>
<th># Cases Cx N=754</th>
<th>% Cases Cx</th>
<th># CP SP Per Case Cx</th>
<th># CP SP Exams Per Case Cx</th>
<th># Infected SP Newly Rx Per Case CX</th>
<th>% Cases Cx With ≥ 1 Infected Newly Rx SP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>604</td>
<td>80%</td>
<td>1.4</td>
<td>0.41</td>
<td>0.18</td>
<td>23.8%</td>
</tr>
<tr>
<td>White</td>
<td>96</td>
<td>13%</td>
<td>1.5</td>
<td>0.46</td>
<td>0.21</td>
<td>30.2%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>22</td>
<td>3%</td>
<td>1.5</td>
<td>0.41</td>
<td>0.18</td>
<td>18.2%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>663</td>
<td>88%</td>
<td>1.4</td>
<td>0.42</td>
<td>0.27</td>
<td>25.5%</td>
</tr>
</tbody>
</table>

Rpt= Reported, Cx = Counseled, SP = Sex Partners, Tx/Rx = Test/Treatment, Init = Initiated
CP = Critical Period (60 Days Prior to Positive GC Test)
# Targeted GC Counseling and Sex Partner Services Outcomes By Age Group: February – December 2009

<table>
<thead>
<tr>
<th>Age Group of Case Cx</th>
<th># Cases Cx</th>
<th>% Cases Cx</th>
<th># CP SP Per Case Cx</th>
<th># CP SP Exams Per Case Cx</th>
<th># Infected SP Newly Rx Per Case CX</th>
<th>% Cases Cx With ≥ 1 Infected Newly Rx SP</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>231</td>
<td>31%</td>
<td>1.36</td>
<td>0.35</td>
<td>0.20</td>
<td>19.9%</td>
</tr>
<tr>
<td>20-24</td>
<td>263</td>
<td>35%</td>
<td>1.46</td>
<td>0.49</td>
<td>0.30</td>
<td>27.8%</td>
</tr>
<tr>
<td>25-29</td>
<td>138</td>
<td>18%</td>
<td>1.35</td>
<td>0.41</td>
<td>0.32</td>
<td>31.9%</td>
</tr>
<tr>
<td>30-34</td>
<td>56</td>
<td>7%</td>
<td>1.30</td>
<td>0.39</td>
<td>0.23</td>
<td>21.4%</td>
</tr>
</tbody>
</table>

Rpt= Reported, Cx = Counseled, SP = Sex Partners, Tx/Rx = Test/Treatment, Init = Initiated
CP = Critical Period (60 Days Prior to Positive GC Test)
Chlamydia and Gonorrhea Screening Test Positivity By Race and Ethnicity
Illinois IPP Screening Sites, 2009

<table>
<thead>
<tr>
<th>Race</th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>13%</td>
<td>6.2%</td>
</tr>
<tr>
<td>White</td>
<td>6%</td>
<td>1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6.3%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>
AIDS in Blacks/African Americans

Of the 1,030,832 AIDS cases reported to CDC through 2007, blacks/African Americans accounted for

41% of total
60% of women
59% of heterosexual persons at high risk*
59% of children aged <13 years

Of AIDS cases reported during 2007, 47% were in black/African American adults and adolescents.

*High-risk heterosexual contact with a person known to have, or to be at high risk for, HIV infection.
Sample STD Data By Time
Illinois Reported STD Case Rates
Disparity Between Whites and African Americans
1990-2008

*Primary/Secondary

Source: IDPH STD Program
Illinois Reported STD Case Rates
Disparity Between Whites and Hispanics*
1990-2008

*Hispanic ethnicity includes persons of any race
** Primary/Secondary
Source: IDPH STD Program
Illinois Reported Gonorrhea Case Rates by Race & Ethnicity*
Disparity Between Whites and Other Racial/Ethnic Groups 1986-2008

*Hispanic ethnicity includes persons of any race

Source: IDPH STD Program
Illinois Reported Chlamydia Case Rates by Race & Ethnicity*
Disparity Between Whites and Other Racial/Ethnic Groups
1989-2008

*Hispanic ethnicity includes persons of any race

Source: IDPH STD Program
Illinois Reported P/S* Case Rates by Race & Ethnicity**
Disparity Between Whites and Other Racial/Ethnic Groups
1986-2008

*Primary/Secondary Syphilis; **Hispanic ethnicity includes persons of any race

Source: IDPH STD Program
Percent of Reported STD Cases* Among African Americans
Illinois, 2000-2008

*Where race was known
Percentages of AIDS Cases among Adults and Adolescents, by Race/Ethnicity and Year of Diagnosis 1985–2007—United States and Dependent Areas

Note. Data have been adjusted for reporting delays.
*Hispanics/Latinos can be of any race.
†Includes Asian and Pacific Islander legacy cases.
Sample STD Data By Place
AIDS Rates for Black/African American Adults and Adolescents, Reported 2003–2007—50 States and DC

Note: Excludes cases from U.S. dependent areas because of the lack of census information by race and age categories for these areas.

Total rate=66.8

Rate (per 100,000)
- <50.0
- 50.0–100.0
- >100.0

Gonorrhea

Chlamydia

P&S Syphilis

[Maps showing the rates of Gonorrhea, Chlamydia, and P&S Syphilis among African Americans by state in the United States for 2008.]
## U.S. County Rankings, 2006
### Cases of Reportable STDs

<table>
<thead>
<tr>
<th></th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
<th>P&amp;S Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Los Angeles Co., CA</td>
<td>Cook County, IL</td>
<td>Los Angeles Co., CA</td>
</tr>
<tr>
<td></td>
<td>42,943 cases</td>
<td>12,605 cases</td>
<td>866 cases</td>
</tr>
<tr>
<td></td>
<td>432.2/100,000</td>
<td>237.7/100,000</td>
<td>8.7/100,000</td>
</tr>
<tr>
<td>2</td>
<td>Cook County, IL</td>
<td>Los Angeles Co., CA</td>
<td>Harris County, TX</td>
</tr>
<tr>
<td></td>
<td>31,757 cases</td>
<td>11,162</td>
<td>374 cases</td>
</tr>
<tr>
<td></td>
<td>599.8/100,000</td>
<td>112.3/100,000</td>
<td>10.1/100,000</td>
</tr>
<tr>
<td>3</td>
<td>Philadelphia Co., PA</td>
<td>Wayne County, MI</td>
<td>Cook County, IL</td>
</tr>
<tr>
<td></td>
<td>17,199 cases</td>
<td>6,851 cases</td>
<td>349 cases</td>
</tr>
<tr>
<td></td>
<td>1,175.4/100,000</td>
<td>342.9/100,000</td>
<td>6.6/100,000</td>
</tr>
</tbody>
</table>

*CDC Surveillance Report, 2006*
Comparison of Two Epidemics: Rates of Chlamydia and Gonorrhea – Chicago, 2007
Chlamydia Screening Test Positivity By Race and Ethnicity
Illinois Selected IPP Screening Sites, 2009
Gonorrhea Screening
Test Positivity By Race and Ethnicity
Illinois Selected IPP Screening Sites, 2009

- Black CT Pos
- White CT Pos
- Hispanic CT Pos
Factors Influencing STD Transmission

- Host/Susceptible
- Agent
- Environment
## Factors Affecting STD Transmission

<table>
<thead>
<tr>
<th><strong>Agent</strong></th>
<th><strong>Host</strong></th>
<th><strong>Environment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Genetic</td>
<td>Vaginal PH</td>
<td>Sexual Behaviors</td>
</tr>
<tr>
<td>Antibiotic</td>
<td>Other STDs</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Susceptibility and Resistance</td>
<td>Cervical Ectopy</td>
<td>Health Behaviors</td>
</tr>
<tr>
<td>Virulence</td>
<td>Cervical Mucus</td>
<td>Socioeconomic</td>
</tr>
<tr>
<td>Infectiousness</td>
<td>Menses</td>
<td>Sociobehavioral</td>
</tr>
<tr>
<td>Prevalence</td>
<td>HIV Infection</td>
<td>Sociodemographic</td>
</tr>
<tr>
<td></td>
<td>Pregnancy</td>
<td>Political</td>
</tr>
<tr>
<td></td>
<td>Anatomic Site of Exposure</td>
<td>Technologic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Epidemiologic</td>
</tr>
</tbody>
</table>
Acknowledgment:
Many of the Following Slides Have Been Copied or Adapted From this Resource Guide.
Frequently Asked Questions Addressed
CDPH STD Racial Health Guide for Facilitators

1. How does racism affect health and STD infection?
2. Are there biological differences among different racial/ethnic groups that explain disparities in STD rates?
3. Does socioeconomic status and/or poverty account for all the differences in racial/ethnic health disparities?
4. Are there differences in sexual behaviors among racial/ethnic groups that explain all the disparity in STD rates?
5. How do sexual networks affect racial disparities?
6. Among reported cases, how do we know, with all the missing race data, that there are true disparities in STDs?
7. Is there a difference by race/ethnicity in who attends public health clinics?
8. Does the difference in who attends public health clinics affect STD rates by race/ethnicity in the reported cases?
9. Are there differences in STD testing rates among races that may affect STD rates by race/ethnicity?
10. What is being done currently to decrease STD racial health disparities?
11. What are some resources for doing more?
STD Transmission Dynamics
(transmission by infected case)

\[ R_0 = \beta \; D \; c \]

Parameters:
- Transmission efficiency
  - Condoms, microbicides, minimizing exposure

- Duration of infectiousness
  - Screening, timely diagnosis and effective treatment, partner care

- Number of sex partners per unit time
  - Sexual decision-making, abstinence, monogamy

Graphic prepared by the California Department of Public Health, Center for Infectious Disease, Division of Communicable Disease Control, STD Control Branch. Adapted from the Robert May and Roy M. Anderson equation in Infectious Diseases of Humans: Dynamics and Control (1992)
What are the contributing factors that result in racial disparities in STDs?

- Individual Factors
- Structural Factors
What are some of the individual behaviors that can lead to STDs?

- Number of sex partners
- Concurrency of sex partners
- No/inconsistent condom use
- Not getting tested/screened
- Alcohol and Drug Use/Abuse
Structural Factors Contributing to Disparity in STD Rates - 1

• Root Causes
  ▪ Racism
  ▪ Poverty
  ▪ Policies and laws
### RACISM AND STD RISK: POTENTIAL THEORETICAL MODEL

<table>
<thead>
<tr>
<th>SOCIAL FACTORS</th>
<th>PRIMARY OUTCOMES</th>
<th>SECONDARY OUTCOMES</th>
<th>IMPACT ON FACTORS THAT AFFECT STD TRANSMISSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racism:</td>
<td>Stressful and unhealthy living</td>
<td>Under-diagnosis</td>
<td>( \uparrow ) duration of infection</td>
</tr>
<tr>
<td>➢ Poverty</td>
<td>(violence, toxins, easy access to liquor/drugs)</td>
<td>Inadequate treatment</td>
<td></td>
</tr>
<tr>
<td>and lack of access to economic goods</td>
<td>&amp; access to care</td>
<td>High prevalence of STDs in community</td>
<td></td>
</tr>
<tr>
<td>➢ Lack of educational opportunities</td>
<td>&amp; access to care-seeking</td>
<td>&amp; healthy choices (condoms, partners, care-seeking)</td>
<td></td>
</tr>
<tr>
<td>➢ Lack of employment opportunities</td>
<td>&amp; quality of care</td>
<td>&amp; Drug/alcohol use</td>
<td>&amp; Transactional sex</td>
</tr>
<tr>
<td>➢ Direct, systemic, and interpersonal discrimination</td>
<td>&amp; access to info</td>
<td>&amp; concurrency of partners</td>
<td></td>
</tr>
<tr>
<td>➢ Internalized racism from living in a race-conscious society</td>
<td>&amp; access to condoms</td>
<td>• partner choices more likely “core” sex partners in network</td>
<td></td>
</tr>
<tr>
<td></td>
<td>social support</td>
<td>India,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>psychosocial stressors</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>↓ hope, depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>High incarceration rates</td>
<td>Changes in gender ratio and sexual network dynamics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>High male and infant mortality rates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted from model created by Heidi Bauer, California Department of Public Health, Division of Communicable Disease Control, STD Control Branch, 2007.
Historical Laws & Policies Affecting African Americans and Urban Communities

- 1930’s to present:
  - Neighborhood covenants and racial exclusion
  - Discrimination for housing loans
  - Tuskegee Syphilis Study

- 1940’s to 1960’s:
  - Subsidized housing creating “the projects”
  - Urban renewal highway projects
  - Collapse of urban industries

- The war on drugs (1980’s-present)
Examples of Laws & Policies Affecting Racial/Ethnic Groups

• Native American removal, relocation to reservations and boarding schools (1800s-1900s)

• Mexican Immigration “yo-yo” policies from Braseros (post WWII) to Operation Wetback (1954)

• Asian exclusion in 1924 Immigration Act and WWII Japanese Internment
Structural Factors Contributing to Disparity in STD Rates - 2

- Contributing Factors
  - Lack of or Reduced Healthcare Access
  - Difference in Quality of Health Care Received
  - Cultural Competency of Health Care Providers
  - Disproportionally High Rates of Incarceration
  - Gender Ratio Imbalances
  - Educational Opportunities and Employment
  - Language Barriers
  - Unstable Housing Situations
  - Distrust of the Health System
Structural Factors Contributing to Disparity in STD Rates - 3

• Transmission Related Factors
  ▪ Higher-risk Social Sexual Networks
  ▪ Higher STD Prevalence in Communities
  ▪ Longer Duration of Infectiousness
  ▪ Individual Sexual Behavior
What are Sexual Networks and Their Role in STD Transmission?

Fix The Problem Not The Blame

- What is being done about these disparities?
- What can we adapt from other successful health disparity efforts?
- What else could you & your workplace be doing?
- How do we avoid stigmatizing racial/ethnic groups while trying to reduce the disparities?
Decreasing Racial Disparities in STD Rates: Possible Strategies

• Individual Level
  – Culturally appropriate health education/structural interventions to reduce risk-taking behaviors
  – Increase screening in highest rate populations
• Organizational Level
  – Expand health care access programs
  – Educate providers on disparities and cultural competency
  – Establish, expand, and improve collaborations between public health systems and impacted communities via key agencies, leaders, etc.
  – Increase implementation of culturally-appropriate programs and interventions
  – Implement and Improve targeted testing and services based on racial and geographic STD data
• Policy Level
  – Social/Political/Economic change(s) – more comprehensive social programs and economic opportunities
  – Implement policies in correctional and educational facilities to increase STD screening, treatment, education, and condom use
  – Fund additional research on racial disparities in STDs and effective prevention strategies
Culturally Appropriate STD/HIV Behavioral Interventions
http://www.effectiveinterventions.org/

- Popular Opinion Leader (adapted for African American MSM)
- Sisters Informing Sisters About Topics on AIDS (SISTA)
- Many Men, Many Voices
- VOICES/VOCES
- Be Proud! Be Responsible! (Jemmott & Jemmott)
Taking Action in Your Healthcare Setting

• Promoting sexual health
  – Moving discussion towards sexual and reproductive health, normalizing healthy sexual behaviors

• Taking a good sexual history
  – Opening communications about sex among partners
  – Routinizing STD and HIV testing

• Raising awareness
  – Educating faculty and peers about STDs and HIV
  – Sponsoring community events

• Developing cultural competency

• Career development, role models
STDs and Health Disparities
Sources and Web Resources

• California Department of Public Health

• Centers for Disease Control and Prevention

http://www.cdc.gov/std/health-disparities/default.htm
Increasing Cultural and Linguistic Competence

Increasing Workforce Diversity

Improving Quality of Care

Reducing Health Disparities
Acknowledgements

- California Department of Public Health
  - Gail Bolan
  - Amy Smith
- Will Wong
- Roxanne Barrow
- Marilyn Harris
- Local Health Dept. STD Staff
- Doris Turner
- Veronica Halloway