Reducing Disparities in STDs: 
*It’s Not About Me*

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“Education is an admirable thing, but it is well to remember from time to time that nothing that is worth knowing can be taught.”

Oscar Wilde (1854 – 1900)

“Given that most tasks and jobs in this world are not about understanding the structure of the universe, only the actions of other humans…”

Morton L. Kringelbach
Overview

- Burden of STD
- Test, Treat, and Vaccinate
- Broad factors as potential sources of health disparities
- Policy implications to reduce health disparities
STDs in the United States

- Sexually transmitted diseases (STDs) are a major public health challenge.
- Substantial progress in preventing, diagnosing, and treating certain STDs in recent years.

But

- CDC estimates that approximately 19 million new infections occur each year.
  - Almost half of them among young people ages 15 to 24.
- In addition to the physical and psychological consequences of STDs, these diseases also exact an economic cost.
  - Direct medical costs associated with STDs in the US are estimated at up to $15.3 billion annually.
STDs and HIV

- Testing & treatment of STDs can be effective in preventing the spread of HIV.
- Improved understanding of the relationship between STDs and HIV infection aids the development of effective HIV prevention programs.
- Persons infected with STDs are at least two to five times more likely than uninfected persons to acquire HIV infection if they are exposed to the virus through sexual contact.
- Persons infected with HIV who have an STD are also more likely to transmit HIV through sexual contact than other HIV-infected persons.

2007 B:W Ratio 8:1

Rate (per 100,000 population)

1,108,374 cases in ‘07
US Chlamydia Age- and sex-specific rates 2007

Men

Rate (per 100,000 population)

3250 2600 1950 1300 650 0

Age 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-54 55-64 65+

190.4 2.7 10.1 32.3 71.4 129.9 246.8 518.6 932.9 615.0 11.8

Women

Rate (per 100,000 population)

0 650 1300 1950 2600 3250

Age 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-54 55-64 65+

544.8 1.8 8.0 28.5 76.5 188.1 460.5 1184.5 2948.8 3004.7 123.0

Total
US Gonorrhea Rates by race/ethnicity
1998–2007

2007 B:W Ratio: 19:1

355,991 cases in ‘07
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Men Rate (per 100,000 population)</th>
<th>Women Rate (per 100,000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-14</td>
<td>450.1</td>
<td>33.1</td>
</tr>
<tr>
<td>15-19</td>
<td>305.1</td>
<td>647.9</td>
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<tr>
<td>20-24</td>
<td>181.5</td>
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<tr>
<td>25-29</td>
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<tr>
<td>30-34</td>
<td>86.6</td>
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<td>40-44</td>
<td>17.7</td>
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<tr>
<td>45-54</td>
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<tr>
<td>55-64</td>
<td>113.9</td>
<td>0.4</td>
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<tr>
<td>65+</td>
<td>Total</td>
<td>123.8</td>
</tr>
</tbody>
</table>

2007 B:W Ratio: 7:1

11,466 cases in ‘07

Rate (per 100,000 population)

- American Indian/AK Native
- Asian/Pacific Islander
- Black
- Hispanic
- White

1998 99 2000 01 02 03 04 05 06 07
Primary & secondary syphilis % of reported cases* by sexual orientation & selected reporting sources, 2007

*21% of reported male cases with P&S syphilis cases were missing sex of sex partner information; 3.3% of reported male cases with sex of partner data were missing source of information data.

†MSM denotes men who have sex with men.
2007 Chlamydia, Gonorrhea, & P&S Syphilis Cases

- Chlamydia: 1,108,374
- Gonorrhea: 524,791
- Syphilis: 355,991

US

AA Men: 1,108,374
AA Women: 524,791

AA Men: 524,791
AA Women: 355,991

AA Men: 355,991
AA Women: 250,245

AA Men: 250,245
AA Women: 11,466

AA Men: 11,466
AA Women: 5273

AA Men: 5273
Test, Treat, and Vaccinate

- Most public health clinics can routinely test for:
  - Chlamydia, gonorrhea, HIV, and syphilis

- Most public health clinics can effectively treat:
  - Chlamydia, gonorrhea, and syphilis

- Vaccine is only available for:
  - Genital human papillomavirus (HPV)
Three Broad Factors as Potential Sources of Disparities

- Social Determinants
  - Racial inequality
  - Low educational attainment
  - Socioeconomic status

- Access Issues
  - High levels of uninsured
  - Lack of adequate health care within the community
  - Long wait times to be seen by a provider
Three Broad Factors as Potential Sources of disparities

- Health Care System
  - Cultural incompetence
  - High distrust among communities of color
  - Lower referral rates to support and specialized services (e.g., drug treatment, and housing assistance)
Policy Implications to reduce STD disparities

- Individual-level interventions
  - Use community members to craft culturally specific messages
  - Promote Community-based Health Care Planning
  - Promote patient education and literacy

- Access Interventions
  - Hire “patient navigators” who are trained to navigate patients through health care organizations
  - Engage affected communities to be screened for chlamydia and gonorrhea
  - Support routine STD screening services for persons seen in community health centers
Policy Implications to reduce STD disparities

- **Health care Interventions**
  - Collect & monitor data on disparities
  - Publicly report data
  - Train nurses and physicians to effectively engage and care for diverse populations through the adoption of cultural & linguistic standards
  - Encourage Attention to Disparities in Quality Improvement
Community Involvement & Partnerships

- Acknowledgement & response to the effects of racism, poverty, & other social issues on the persistence of syphilis
- Development & maintenance of partnerships to increase access to prevention & care services
- Assurance that affected communities are collaborative partners in developing, delivering, & evaluating interventions
“In a sense, if one conceives of racism as a cell phone, the active malice is the ring tone on its highest volume, while passive indifference is the ring tone on vibrate. In either case, whether loudly or silently, the consequence is the same: a call is transmitted, a racial message is communicated.”

Michael E. Dyson, *Come Hell or High Water: Hurricane Katrina and the Color of Disaster* (2006)
References


For More Information About How You Can Get Involved Please Contact:

- Your Local Health Department
- CDC’s Division of STD Prevention [www.cdc.gov/std](http://www.cdc.gov/std)
  or me at dbj1@cdc.gov
- American Social Health Society [www.ashastd.org](http://www.ashastd.org)
The findings and conclusions in this presentation have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.