

STDs/STIs, Sexual Health Context, and Solutions for African Americans

2008 Minority Health Disparities
Summit

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Lumbé Davis

*Centers for Disease Control and Prevention,
NCHHSTP/DSTDP*

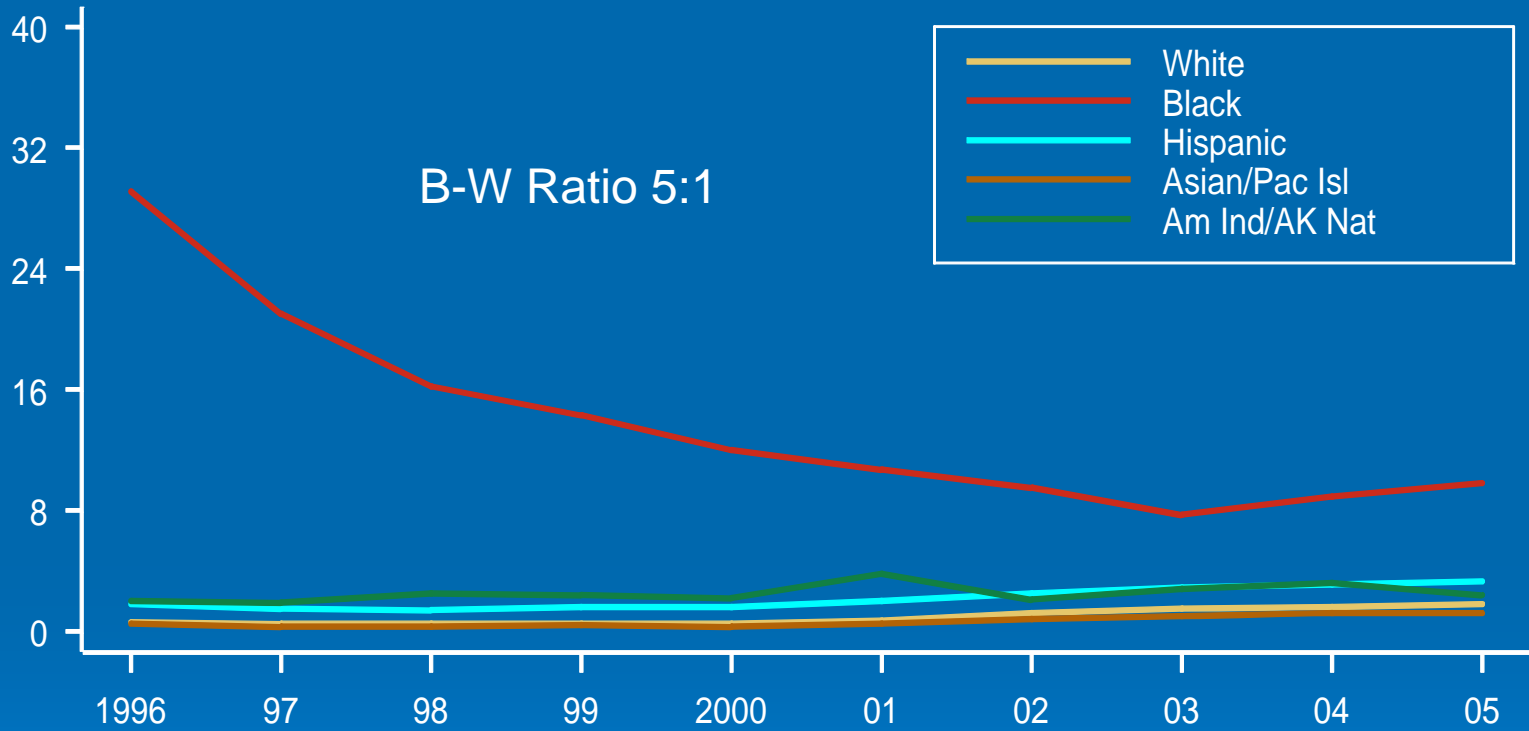


Health Disparity/Health Equity

- Health Disparity: Population-specific differences in the presence of disease, health outcomes, or access to health care.
- Health Equity: The fair distribution of health determinants, outcomes and resources within and between segments of the population, regardless of social standing.

P&S Syphilis

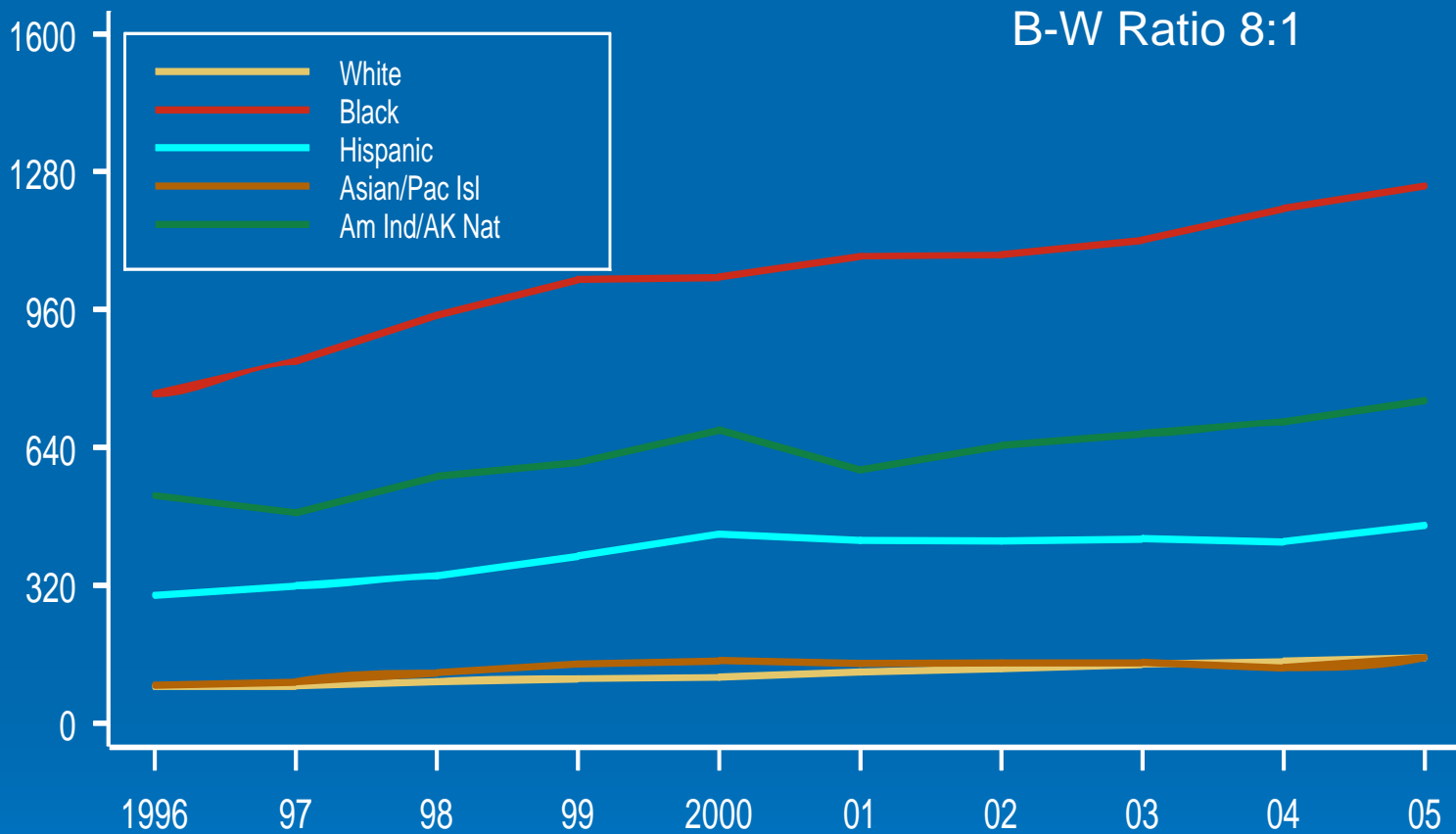
Rate (per 100,000 population)



Chlamydia

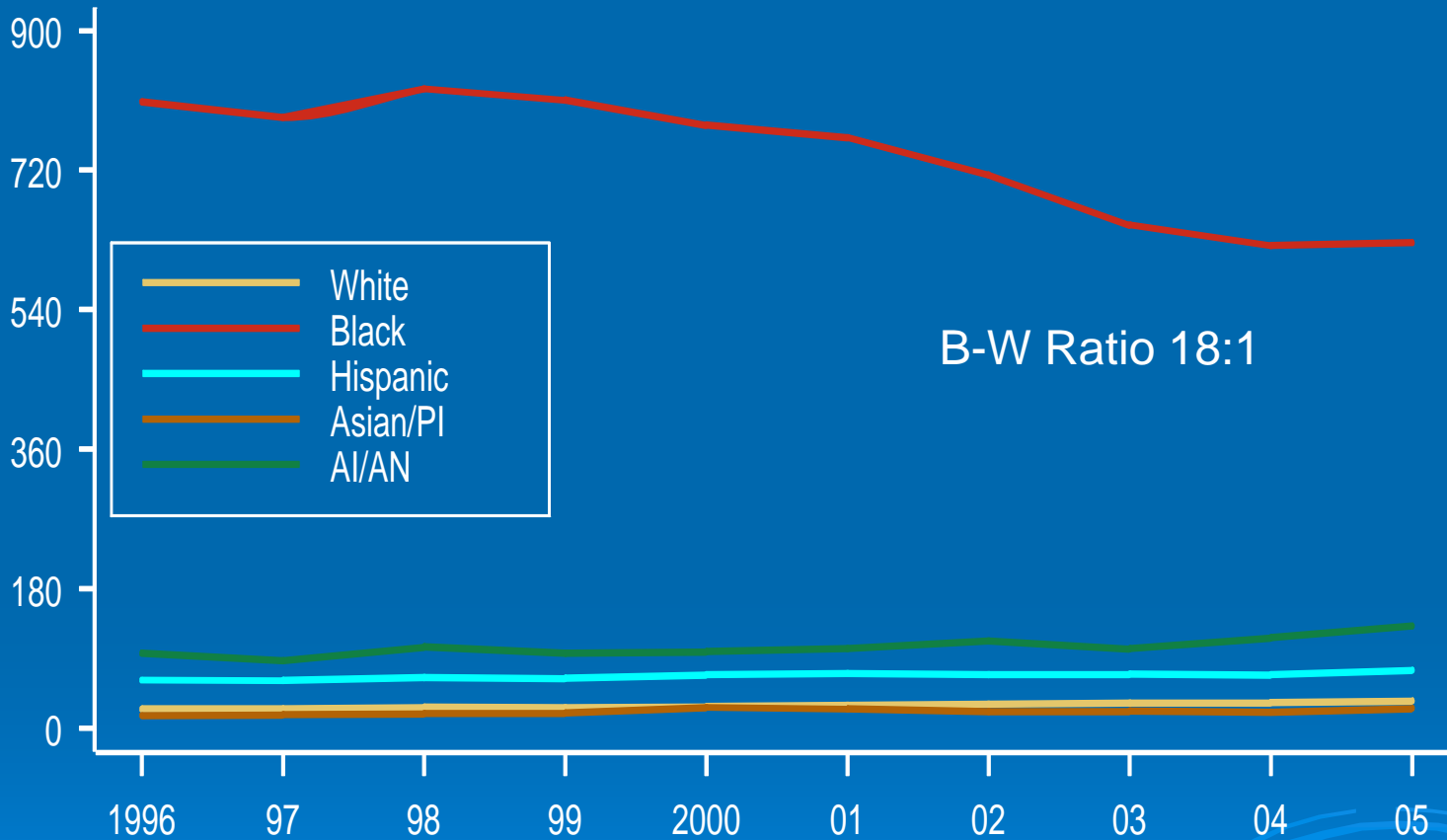
Rate (per 100,000 population)

B-W Ratio 8:1



Gonorrhea

Rate (per 100,000 population)



B-W Ratio 18:1


STD/STI Context

- Op-Ed in Washington Post, 3/21/08

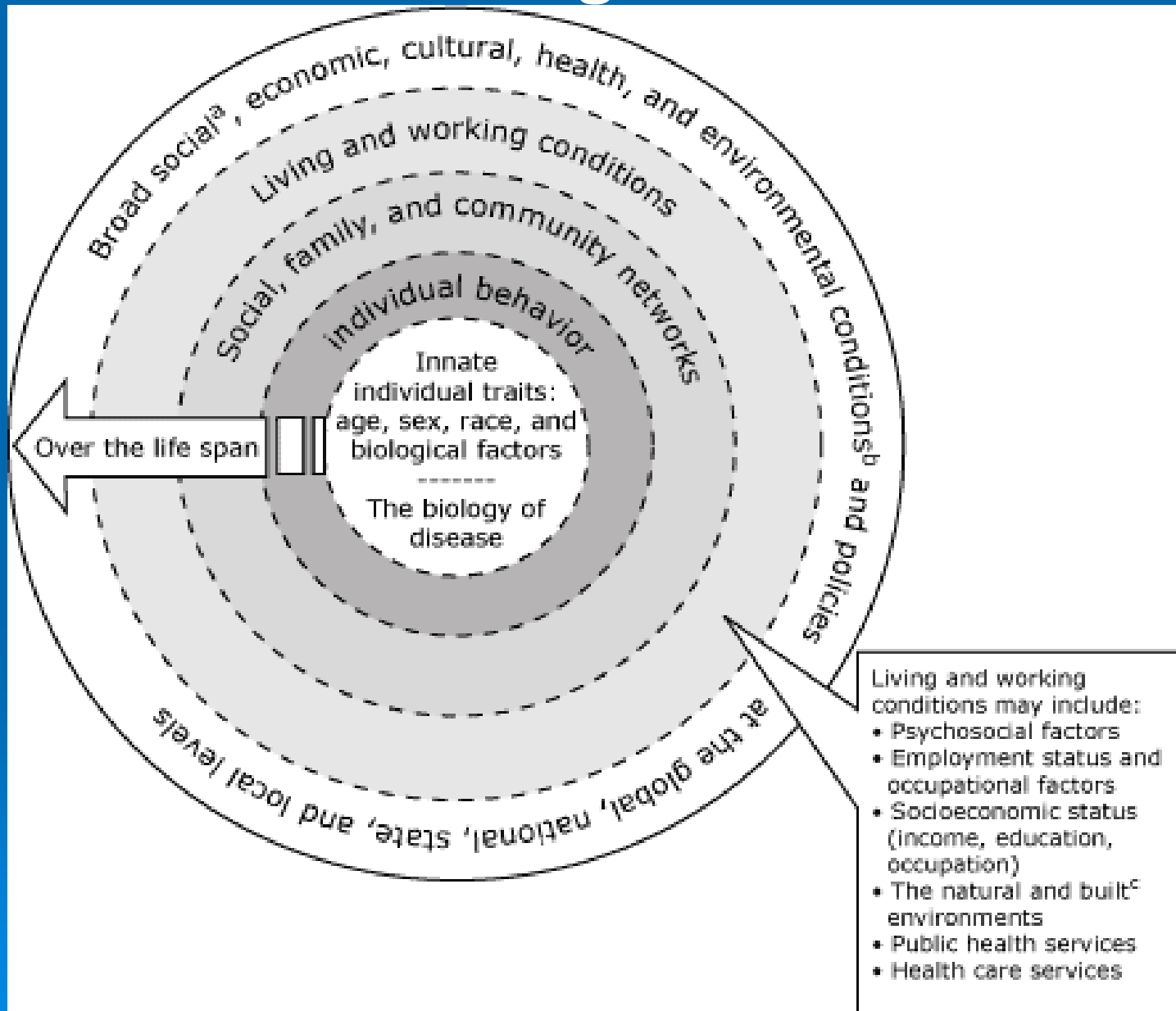
<http://www.washingtonpost.com/wp-dyn/content/article/2008/03/20/AR2008032003019.html>

- *“Simply put, we will never rid the United States of HIV and other STDs if our only weapon is medical treatment. And if we are unable to engage in a national dialogue about the sexual health of our youths and the social dynamics that drive STDs, this epidemic will go largely ignored, and many more lives will be lost.”*

What are the issues that place African Americans in danger?

- Individual Risks
 - Partner's Risk
 - Social and Sexual Networks
 - Sexual Health
- 

Socioecological Model



Individual Risk and STIs

- Sexual and Drug Behavior Patterns and HIV and STD Racial Disparities: The Need for New Directions

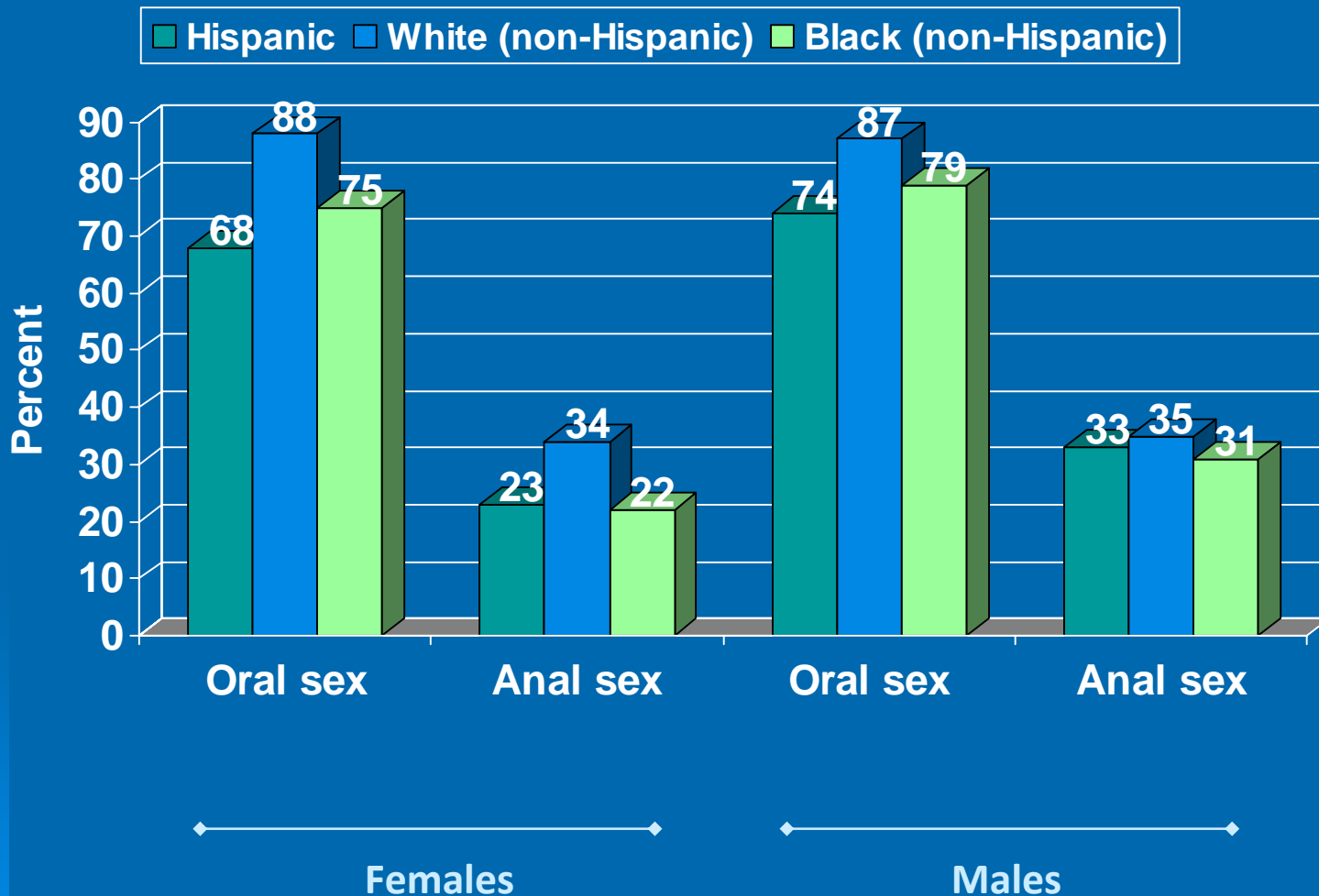
Denise Dion Hallfors, PhD, Bonita J. Iritani, MA, William C. Miller, MD, PhD, MPH and Daniel J. Bauer, PhD. 2007.

- *Key findings*

- White young adults in the United States are at elevated STD and HIV risk when they engage in high-risk behaviors.
- Black young adults, however, are at high risk even when their behaviors are normative.
- Factors other than individual risk behaviors and covariates appear to account for racial disparities, indicating the need for population-level interventions.

<http://www.ajph.org/cgi/content/abstract/97/1/125>

Type of Sexual Contact with Opposite-Sex Partner (Lifetime)



Partner Risk

➤ Concurrency

- Mobility contributes to concurrency
- *Incarceration*

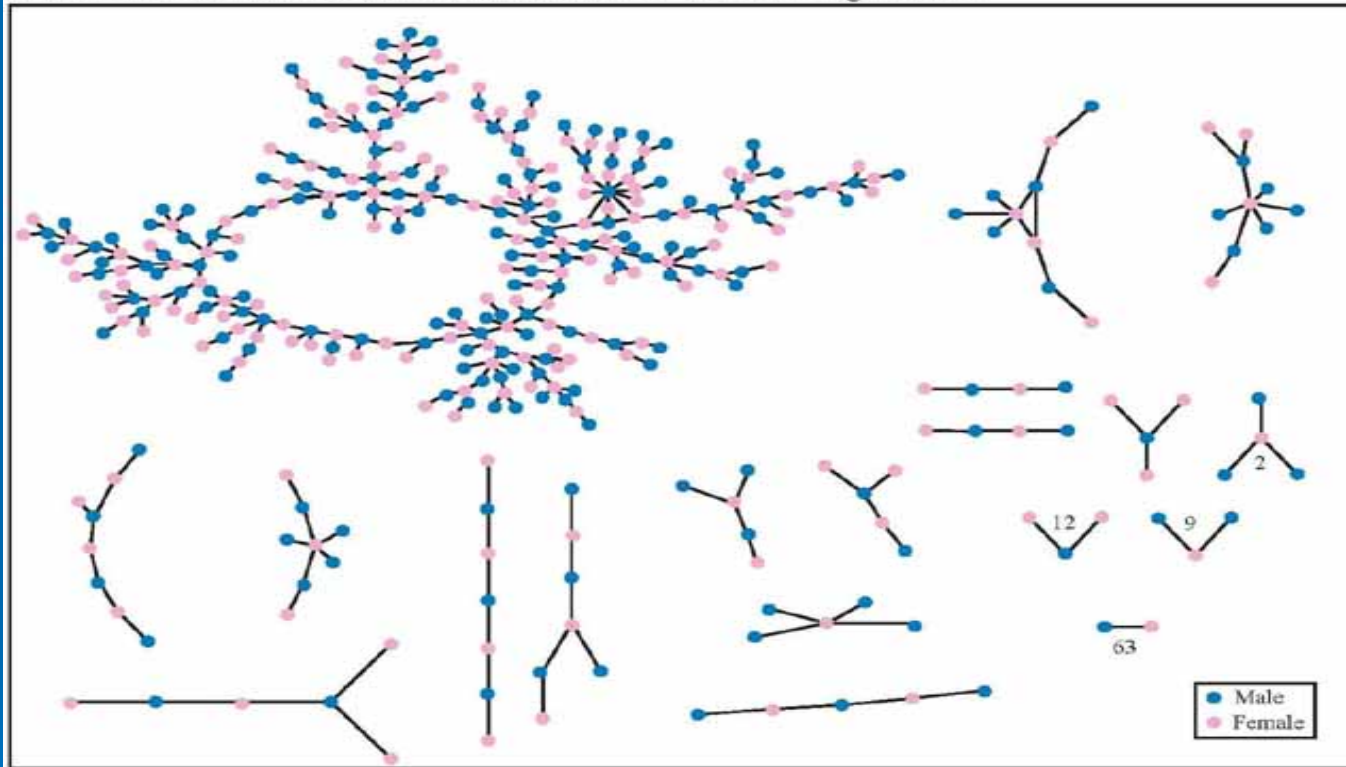
➤ Availability

- Real (sex ratios) and perceived (what is believed)
- Low perceived availability associated with more risk behavior among women with men

Williams, S. (2001). Perception of sexual risk among African Americans in the South.

Sexual Networks

The Structure of Romantic and Sexual Relations at "Jefferson High School"



Each circle represents a student and lines connecting students represent romantic relations occurring within the 6 months preceding the interview. Numbers under the figure count the number of times that pattern was observed (i.e. we found 63 pairs unconnected to anyone else).

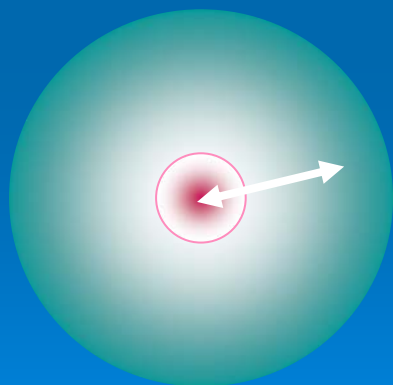
Figure courtesy of the University of Chicago Press. From the American Journal of Sociology, Vol. 100, No. 1. "Chains of affection: The structure of adolescent romantic and sexual networks," Bearman PS, Moody J, Stovel K.

<http://researchnews.osu.edu/archive/chains.htm>

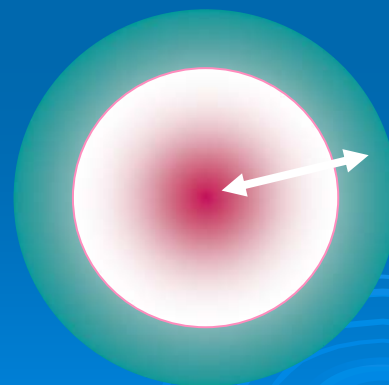
Networks & Core Groups

relatively small core group
low mixing between high
and low risk groups (core
and periphery)

relatively large core group
high mixing between high
and low risk groups



Low STI prevalence



High STI prevalence

Factors That Contribute to STI Risk

Social Determinants

Age composition

Sex ratio

Incarceration

Unemployment

Migration

Mobility

Segregation

Poverty

Sexual Mixing
Patterns

Concurrency

Gaps

Number of partners

Duration of infection
(D_x R_x)

STI Risk

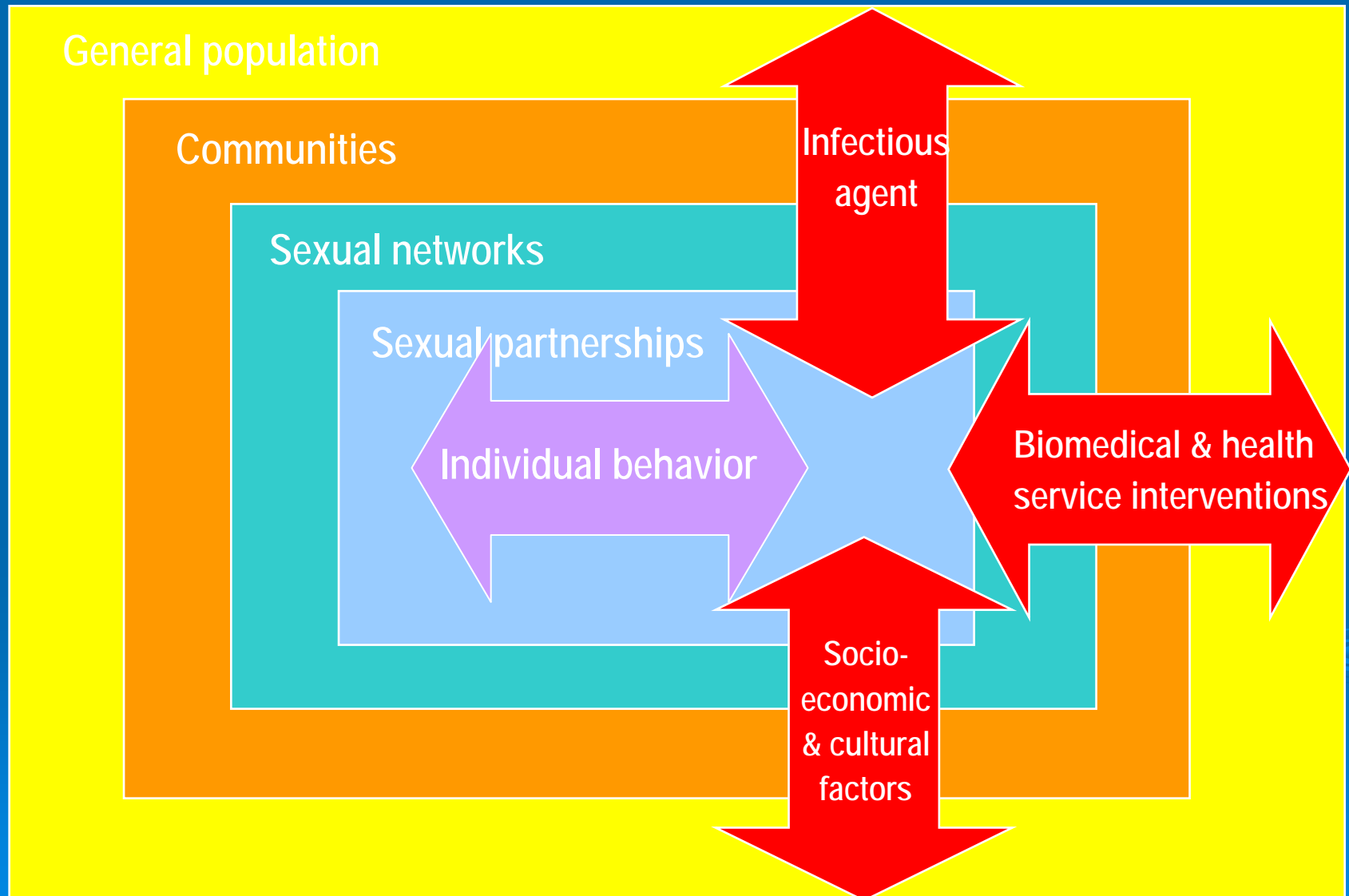
Possible Solutions

- STDs can be prevented by intervening at multiple points with behavioral, biomedical, and structural interventions on both individual and community levels.
- These and other effective interventions, however, *will need to be fully implemented and utilized to have an impact.*
- Because STDs are **complex** diseases that are associated with a variety of social issues and involve a wide spectrum of stakeholders in the community, *a collaborative, multifaceted approach to STD prevention is essential.*

Possible Solutions, cont.

- Sexual Health Approach - how is it achieved
 - *Sexual health* is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.
 - Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. ([WHO working definition, 2002](#))
- Must continue the discourse and action regarding sex and the impact of racism, sexism, classism, ageism, etc.

A multi-level approach for understanding health disparities and STDs



Adapted from Fenton & Imrie. *Infect Dis Clin N Am.* 2005; 19: 311-331

NCHHSTP Priorities

- ***Reducing Health Disparities.*** Bringing together our best science and programs to reduce variations in incidence rates across population subgroups disproportionately affected by our diseases.
 - ***NCHHSTP Health Disparities Report: Health Disparities in HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases and Tuberculosis in the US: Issues, Burden and Response,*** a retrospective review of CDC surveillance data from 2000 to 2004
http://www.cdc.gov/nchhstp/healthdisparities/docs/NC_HHSTPHealthDisparitiesReport1107.pdf

NCHHSTP Priorities, cont.

- ***Program Collaboration and Service Integration.*** Improving collaboration across NCHHSTP's domestic programs to maximize opportunities for health protection and to ensure that our prevention services are optimally integrated and holistic for our clients at the point of access.
- ***Maximizing Global Synergies.*** Ensuring collaboration across our global programs and research activities in order to take full advantage of opportunities to advance the prevention of HIV, STD, TB and viral hepatitis through integrated approaches. This involves leveraging our strengths, competencies, and capacities to accelerate health protection globally.

STD Disparities Initiative

Mission: To improve the sexual and reproductive health of disproportionately affected populations by reducing STD disparities

Initiative began with a 2007 consultation that included:

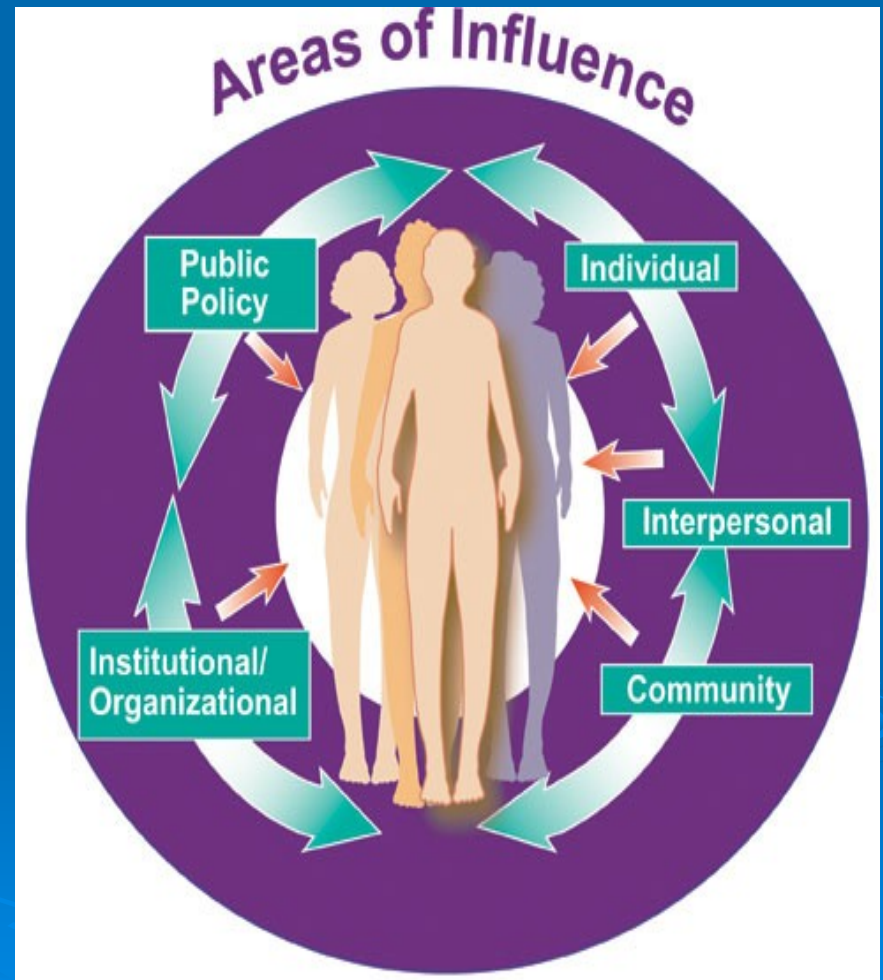
- 1) a review epidemiology of bacterial STDs, with a focus on gonorrhea in African-Americans communities;
- 2) a discussion of determinants, including stigma, that contribute to disparities in bacterial STD among African Americans; and
- 3) A discussion of the individual, social, and health impact of these disparities

STD Disparities Initiative

- Steps following the consultation included:
 - Posting of summary report and recommendations from consultation:
<http://www.cdc.gov/std/general/STDHealthDisparitiesConsultationJune2007.pdf>
 - Development of workgroups with external and internal partners
 - Drafting of short-term action plan and long-term strategic plan to address disparities

STD Disparities Initiative

- Expands focus from individual focused intervention to several points of intervention, including structural components



STD Disparity Initiative Goals

- **Goal One:** Organize a comprehensive DSTDP approach to reducing STD disparities
- **Goal Two:** Strengthen STD Prevention research capacity and output to reduce STD disparities in disproportionately affected populations
- **Goal Three:** Strengthen STD prevention program capacity to reduce STD disparities in disproportionately affected populations
- **Goal Four:** Develop and enhance internal and external collaborative partnerships with key stakeholders, organizations, and affected community leaders to expand access to care and health education to promote sexual health and reduce STD disparities

References and Acknowledgements

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- Jami Leichliter
- Lori Newman
- Samantha Williams
- Jo Valentine

Resources

- STD Website
 - www.cdc.gov/std
- Op-Ed in Washington Post, 3/21/08
 - <http://www.washingtonpost.com/wp-dyn/content/article/2008/03/20/AR2008032003019.html>
- Health Disparities Consultation, 2007
 - <http://www.cdc.gov/std/general/STDHealthDisparitiesConsultationJune2007.pdf>
- 1 in 4 study press release
 - <http://www.cdc.gov/stdconference/2008/media/release-11march2008.htm>