



# Talking Points:

## Confronting Disparities in Sexually Transmitted Diseases



### Why Should State Legislators Be Concerned?

- **The number of people with curable sexually transmitted diseases is increasing across the country.**
- **Chlamydia, gonorrhea and syphilis are easily treated and cured with antibiotics, but untreated STDs can lead to serious health problems.** In addition, studies suggest the presence of STDs makes an individual more likely to acquire HIV.
- **STDs disproportionately affect racial and ethnic minority populations.** African-Americans have the highest rates of chlamydia, gonorrhea and syphilis, followed by Hispanics and American Indians/Alaskan Natives.



### How Large Are the Disparities in Sexually Transmitted Diseases?

- **Chlamydia infections are the most common bacterial STD and affect African-Americans more frequently than whites.** Infection rates increased by about 6 percent from 2005 to 2006 to slightly more than 1 million documented cases. Compared to whites, chlamydia rates are:
  - More than eight times higher for African-Americans;
  - More than five times higher for American Indians/Alaskan Natives; and
  - Slightly more than three times higher for Hispanics.
- **Gonorrhea infections have greater health disparities than any other reportable disease.** The documented number of Americans with gonorrhea rose about 6 percent from 2005 to 2006 to nearly 360,000. Compared to whites:
  - African-Americans are 18 times more likely to have a reported diagnosis of gonorrhea, making it the largest health disparity to be addressed by the U.S. Department of Health and Human Services' Healthy People 2010 objectives.
  - American Indians/Alaskan Natives are about four times more likely to have a reported diagnosis of gonorrhea; and
  - Hispanics are twice as likely to have a reported diagnosis.
- **After years of decline, syphilis is now affecting more Americans and is increasing in all racial and ethnic groups.** Reported syphilis cases increased across all types of the disease by 11 percent between 2005 and 2006 to almost 37,000 reported infections. Compared to whites:
  - African-Americans are nearly six times more likely to have a reported diagnosis of syphilis; and
  - Hispanics and American Indian/Alaskan Natives are each nearly twice as likely to have a reported diagnosis of syphilis.



### What Causes Racial and Ethnic Disparities in STDs?

- **Factors that contribute to STD disparities include socioeconomic status, individual risk behavior, social environment, and access and availability of health care.**
- **Individual risk behavior does not fully explain why STD disparities exist.** Even when individual risk behavior is similar, African-Americans are still more likely to contract STDs than whites because the rates of the disease are already much higher in African-American communities.



## What Can State Legislators Do?

Policy solutions are aimed at encouraging STD screening for people as well as treatment if they have an infection. State legislators can lead a multi-pronged approach that encourages stakeholders to:

- **Cooperate with others who have an interest in STD disparities.**
  - Work with state health department officials and community leaders to identify the areas in your state that are most impacted by STD disparities; and
  - Engage stakeholders who have an interest in reducing STD disparities
- **Educate the public and providers on STD screening and treatment.**
  - Assure that educational messages are culturally appropriate for the specific communities where disparities exist;
  - Encourage people to be screened for STDs and to get treatment if they are infected. In particular, encourage sexually active women under age 26 to get tested for chlamydia each year; and
  - Educate health care providers on the need for expanded testing and treatment, such as coupling chlamydia tests with Pap tests, and expanded screening for gonorrhea and syphilis to improve health care access and quality in minority communities.
- **Support state efforts to identify and treat those affected.**
  - Support public health funding for STD screening and treatment, including syphilis and gonorrhea, for low-income and uninsured populations;
  - Support legislation requiring insurance companies to cover annual chlamydia screenings; and
  - Remove legal and administrative barriers to implementing expedited partner therapy (making treatment more available for sex partners).

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For more information see these Healthy States publications available at <http://www.healthystates.csg.org/Publications/>.

- HIV/STDs *Tool Kit*
- Chlamydia Screening and Treatment *Policy Brief*
- Expedited Partner Therapy *Talking Points*

If you would like more information or references:

- Send your inquiry to <http://www.healthystates.csg.org/> (keyword: questions/comments) or
- Call the CSG Health Policy Group at (859) 244–8000.

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