

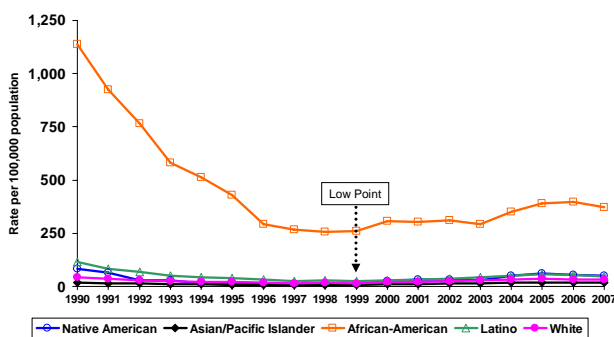
Background

It is estimated that 19 million new sexually transmitted diseases (STDs) occur each year in the United States (Centers for Disease Control and Prevention (CDC)). Most STDs can be effectively treated once diagnosed, but many people with these infections do not have symptoms, so they remain undiagnosed. Untreated STDs can lead to the increased risk of spreading the infection, acquiring or transmitting HIV/AIDS, and several other adverse reproductive health consequences, including infertility.

The rates of STDs are significantly higher among adolescents, young adults, and African Americans, nationally and in California (CA). Various efforts over the years have caused STD rates to significantly decrease among all ethnicities, but the rates among African Americans have remained disproportionately higher, regardless of disease or age group.

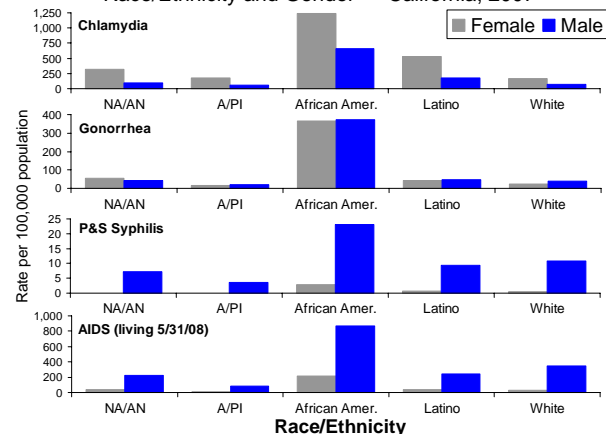
Key Facts

Gonorrhea, Rates by Race/Ethnicity
California, 1990–2007



Note: Race/ethnicity "Not Specified" ranged from 24.7% to 39.6% of cases in any given year.
Source: California Department of Public Health, STD Control Branch

Rates of Chlamydia, Gonorrhea, P&S Syphilis, and AIDS by
Race/Ethnicity and Gender — California, 2007



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander
Source: California Department of Public Health, STD Control Branch and Office of AIDS

In 2007:

- African Americans comprised approximately **6 percent** of the population in CA, but represented about **23 percent** of chlamydia cases and **40 percent** of gonorrhea cases in CA.
- African American chlamydia rates were approximately **8 times higher** than those of non-Latino whites.
- African American gonorrhea rates were almost **12 times higher** than those of non-Latino whites.
- African Americans had more cases of AIDS and syphilis, which affect predominately gay men and other men who have sex with men, than would be expected, based on their population size.
- These disparities are evident throughout most of the state, regardless of geographical location.

General Risk Factors for STDs

- Unprotected oral, anal or vaginal sex with infected partner (who usually has no symptoms)
- Multiple sex partners and/or sex with untreated partners
- Sexual networks include populations with high STD prevalence
- Use of vaginal and anal douches, as well as nonoxynol-9
- Drug/alcohol use and addiction
- Lack of comfort and communication around sex and sexuality
- Gender power imbalances and sexual abuse
- Homophobia and transphobia

Factors Linked to African American Racial Disparities

Differences in infection rates cannot be fully explained by differences in individual risk behaviors. There are many possible factors that contribute to the continued existence of racial disparities in numerous health conditions, including STDs. Some of these factors are supported by scientific evidence and others have not been studied sufficiently. These include, but are not limited to:

Underlying Root Causes

- Racism – impacting access to services, quality of environment, stress, and individual behavior
- Historical policies and laws
- Poverty

Transmission-related and Other Contributing Factors

- Lack of access to quality education, health insurance, and quality health care
- Differences in the quality of care received within the healthcare system
- Healthcare providers' lack of cultural competency
- High rates of incarceration and exposure to STDs while incarcerated
- Gender ratio imbalances directly affecting sexual networks

Strategies for Decreasing African American Racial Disparities in STD Prevalence

Possible areas of prevention include:

Individual-Level Interventions

- Regular STD screening
- Reduction of risky sexual behavior(s) and increase in self-protection behavior(s)

Organizational-Level Interventions

- Healthcare provider training on disparities and cultural competency
- Culturally and community-appropriate STD prevention programs and interventions
- Improving targeted testing opportunities based on racial and geographical STD data
- Individual and community empowerment strategies and community organizing

Policy-Level Interventions

- Include relevant race/ethnicity information in STD screening guidelines for healthcare providers
- Improve/create policies in correctional and educational facilities to increase STD screening, treatment, condom use, and education
- Funding for more research on racial disparities in STDs and effective prevention strategies

The California Department of Public Health (CDPH)/Center for Infectious Disease (CID)/Division of Disease Control (DCDC)/STD Control Branch is currently working to ensure that data is readily available by race/ethnicity, to improve screening guidelines, and to incorporate racial disparity and cultural competency information into training curricula; and is continuing to work with local health jurisdictions to address these disparities.

There is still much more to be learned about the roles of race, culture, and socioeconomic factors on the transmission of STDs. These efforts should inform future prevention messages, programs, and services.

CDPH STD Control Branch and Other Resources

- CDPH/CID/DCDC/STD Control Branch website: <http://www.std.ca.gov/>
- STD data summaries for local jurisdictions: <http://www.cdph.ca.gov/data/statistics/Pages/STDLHJData.aspx>
- California STD/HIV Prevention Training Center: <http://www.stdhivtraining.org/>
- CDC website for STDs: <http://www.cdc.gov/std>
- CDC initiatives: <http://www.cdc.gov/reach/>
- Institute of Medicine report on unequal medical treatment: <http://www.iom.edu/?id=16740>