Reducing Health Disparities in STDs and HIV/AIDS

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State of Rhode Island and Providence Plantations
“Gentlemen, we have run out of money. It is time to start thinking.”

Sir Ernest Rutherford, Nobel Laureate (Physics)
Objectives

- Provide an overview of 2009 STD Morbidity for the Northeastern States
- Provide examples of social determinants that may contribute to increases in health disparities and inequality;
- Describe medically underserved areas and health professional shortage areas; and
- Describe ways and/or approaches legislators should consider to reduce health disparities.
2009 Disparity Burden for Chlamydia, Gonorrhea, & P&S Syphilis

- **Chlamydia**: AA-48%; 8:1
- **Gonorrhea**: AA-71%; 20:1
- **P&S Syphilis**: AA-52%; 9:1

Reported Cases
Connecticut – 2009 STD Data

- Total: 51%
- Other: 34%
- White: 51%
- Hispanic: 34%
- Black: 51%

P&S Syphilis
Gonorrhea
Chlamydia
Maine – 2009 STD Data

71%

Total

Other

White 78%

Hispanic

Black

P&S Syphilis
Gonorrhea
Chlamydia

0 500 1,000 1,500 2,000 2,500 3,000
New Hampshire – 2009 STD Data

- Total: 78%
- Other: 73%
- White: 78%
- Hispanic: 0%
- Black: 0%

Chlamydia
Gonorrhea
P&S Syphilis
New Jersey – 2009 STD Data

- Total
  - P&S Syphilis: 42%
  - Gonorrhea: 26%
  - Chlamydia: 32%

- Other
  - P&S Syphilis: 26%
  - Gonorrhea: 26%
  - Chlamydia: 42%

- White
  - P&S Syphilis: 12%
  - Gonorrhea: 5%
  - Chlamydia: 7%

- Hispanic
  - P&S Syphilis: 19%
  - Gonorrhea: 6%
  - Chlamydia: 22%

- Black
  - P&S Syphilis: 32%
  - Gonorrhea: 57%
  - Chlamydia: 47%
New York – 2009 STD Data

- Total: 47%
- Other: 33%
- White: 40%
- Hispanic: 47%
- Black: 31%

Categories: P&S Syphilis, Gonorrhea, Chlamydia
Pennsylvania – 2009 STD Data

- Total: 44%
- Other: 27%, 28%
- White:
- Hispanic: 62%, 55%
- Black: 44%

Legend:
- P&S Syphilis
- Gonorrhea
- Chlamydia
Vermont – 2009 STD Data

- Total: 90%
- Other: Low percentage
- White: 74%, 90%
- Hispanic: Low percentage
- Black: Low percentage

Legend:
- P&S Syphilis
- Gonorrhea
- Chlamydia
View from Above, Now we Drill Down
Social Determinants

Policy, Environment, Systems, and Culture
Social Determinants of Health

Determinants shaped by Policy:
- The Three-Strikes Laws - $750 million per year in California - African Americans are imprisoned under three-strikes at ten times the rate of whites, and Latinos at nearly double the white rate.
- In 2006, Bank of America Charitable Foundation awarded funding to Columbia University Mailman School of Public Health's Northern Manhattan Start Right Coalition, a community-based childhood immunization program designed to vaccinate all of the approximately 6,000 children born annually in Washington Heights and Harlem.

Determinants shaped by environmental factors:
- In 2008 in the United States, 47% of Black males graduated high school in comparison to 78% of White males.
- Sixty-eight percent of U.S. state prison inmates are high school dropouts or otherwise did not qualify for a diploma.
- The United States ranks 20th in high school completion rate among industrialized nations and 16th in college completion rate.
Determinants Shaped by Environmental Factors

Access to High Performing Schools

Students in Low Performing Schools

Student Access to Well-Resourced, High-Performing Schools

Students in Poorly-Resourced, Low-Performing Schools

<table>
<thead>
<tr>
<th>Group</th>
<th>Access to Well-Resourced Schools</th>
<th>Enrollment in Poorly-Resourced Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian American*</td>
<td>35%</td>
<td>42%</td>
</tr>
<tr>
<td>White</td>
<td>32%</td>
<td>35%</td>
</tr>
<tr>
<td>Native American</td>
<td>19%</td>
<td>34%</td>
</tr>
<tr>
<td>FARL</td>
<td>17%</td>
<td>32%</td>
</tr>
<tr>
<td>Latino</td>
<td>17%</td>
<td>21%</td>
</tr>
<tr>
<td>Black</td>
<td>15%</td>
<td>15%</td>
</tr>
</tbody>
</table>

*Note: Percentage values are illustrative and not exact.
STI diagnosis and condom use by education & race among young women: Add Health

Annang 2010
Social Determinants of Health

- **Determinants shaped by Systems:**
  - Institutional bias
  - Stereotyping/prejudice
  - Cross-cultural education in the training of health professionals is lacking
  - Policies and infrastructure to address the multiple needs of diverse clients is lacking

- **Determinants shaped by culture:**
  - Social media (e.g. Facebook, Twitter) used for sexual encounters
  - Youths between the ages of 8 and 18 average seven-and-a-half hours a day in front of video games, television and computers—often multi-tasking.
Strategies to Reduce and Eliminate Disparities

"The real challenge lies not in debating whether disparities exist, but in developing and implementing strategies to reduce and eliminate them."

- Alan R. Nelson, MD, Chair, IOM Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care
Policies to Consider for Addressing Health Disparities

Legislation that:

- Creates incentives for private providers and hospital systems to work more closely with local communities and State and local health department officials to assess health in particular jurisdictions and develop appropriate community-based programs, including strategies for addressing significant health disparities.
  - Potential Outcomes:
    - Community is involved in evaluating service gaps and quality problems, and collaborates with providers to solve the problems.
    - Partnership will be able to use the economic and political leverage within a community to stimulate health-related changes like economic development, housing, and public safety.

- **Example:** Enlist the U.S. Department of Agriculture’s Cooperative State Research, Education, and Extension Service (Cooperative Extension) Program model to create County-based health extension organizations that would support primary care clinicians providing infrastructure for local learning communities and practice transformation.
Policies to Consider for Addressing Health Disparities

Legislation that:

- Addresses state and local problems created by the proliferation of uncoordinated programs designed for specific diseases, specific services, specific populations, specific providers, and specific locations.

  Potential Outcome:
  - Primary care systems, including preventive services, are created to link patients to the kind of personal health care they need.

- Example: In 2008, New York City Bureau of STD Control (BSTDC) partnered with the New York State (NYS) Office of Alcohol and Substance Abuse Services (OASAS) and the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community Center to offer substance abuse screening, intervention, and referral to treatment from three STD clinics (Chelsea, Central Harlem, and Morrisania).
Policies to Consider for Addressing Health Disparities

Legislation that:

- Strengthens the capacity of state and local health departments to manage the promotion and protection of health by reducing fragmentation and improving coordination and collaboration across government.

  - Potential Outcome:
    - Detect outbreaks of infectious diseases, identify the causes, prevent their spread, and treat the people affected
    - Monitor overall community health

- Example: Gonorrhea Community Action Project initiated in 1998 focused on improving services by health care providers, increase willingness of individuals to access services through the development of programs in community organizations, and raise community awareness about sexual health
Policies to Consider for Addressing Health Disparities

Legislation that:

- Uses information systems to circulate information that can improve community health, individual health, and health care quality.
  - Potential Outcome:
    - Health care providers, community members, and state and local health department officials are provided with health information so that they can become an instrument for healthy action within their communities.

- Example: Healthy Black Family Project (HBFP) in Pittsburgh, PA
  - Funding support from the Robert Wood Johnson Foundation (RWJ) Local Funders Initiative Partnership ($500,000 matching grant), the Highmark Foundation, the Pittsburgh Foundation ($346,216 over two years), DSF Charitable Trust ($1.5 million challenge grant) and the POISE Foundation, Center for Minority Health (CMH) at University of Pittsburgh launched the HBFP in 2005.
"We may have all come on different ships, but we're in the same boat now."

- Martin Luther King Jr.
References


- New York City Department of Health and Mental Hygiene, Bureau of STD Control. 2009 CSPS Interim Progress Report.


Resources

- Bureau of Labor and Statistics: http://data.bls.gov/cgi-bin/surveymost
Resources

- CDC. MMWR. Prevalence and Awareness of HIV Infection Among Men Who Have Sex With Men --- 21 Cities, United States, 2008. September 24, 2010 / 59(37);1201-1207 [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5937a2.htm?s_cid=mm5937a2_e%0d%0a](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5937a2.htm?s_cid=mm5937a2_e%0d%0a)
For More Information About How You Can Get Involved
Please Contact:

您的当地卫生部门

CDC’s Division of STD Prevention  [www.cdc.gov/std](http://www.cdc.gov/std)

或 me at [dbj1@cdc.gov](mailto:dbj1@cdc.gov)

美国社会健康协会 [www.ashastd.org](http://www.ashastd.org)
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