

Sexually Transmitted Infections

Adopting a Sexual Health Paradigm

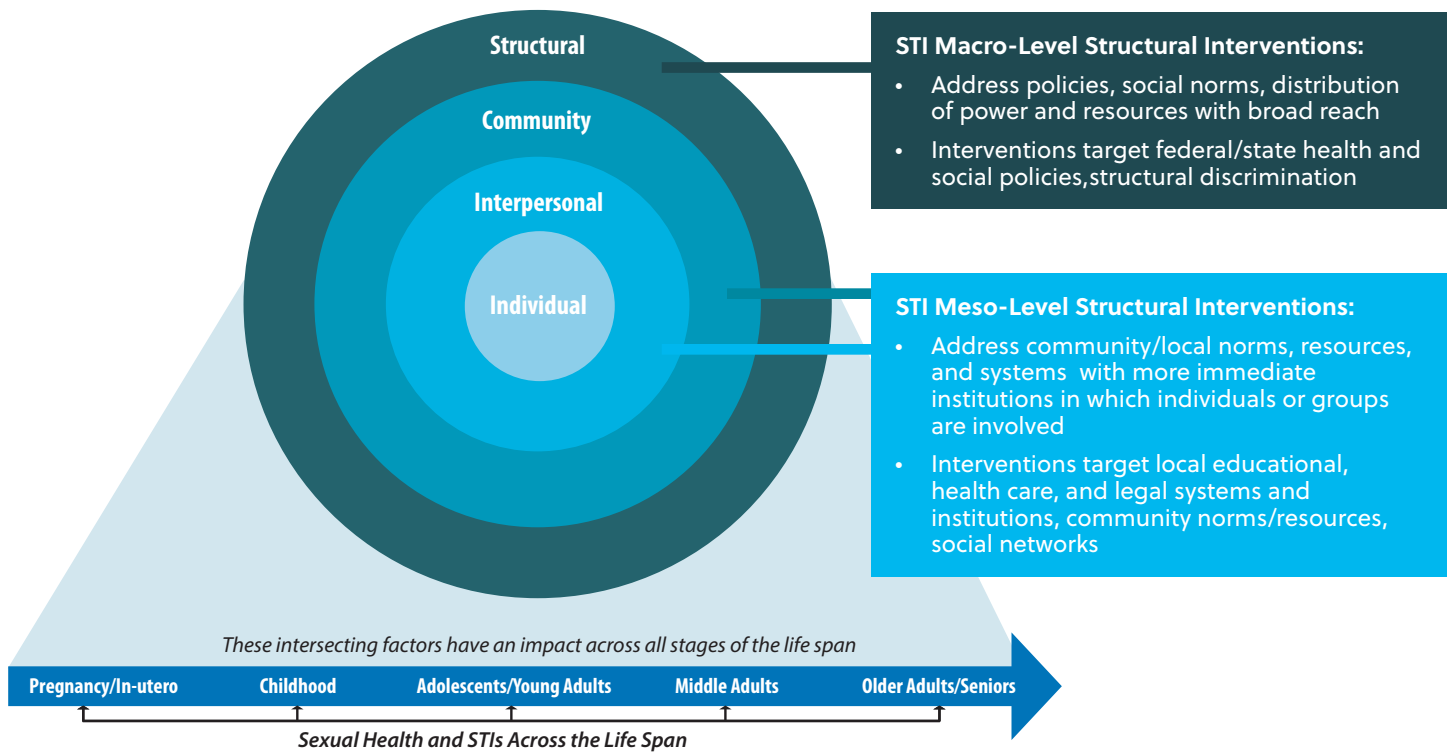
Structural Interventions Are a Key Opportunity to Address STIs

Federal government agencies should lead a coordinated approach, collaboratively with affected communities, which addresses structural racism as a root cause of sexually transmitted infections (STIs) and sexual health inequities.

Structural inequities related to sexual orientation, gender identity, race and ethnicity, and national origin, among other factors, are pervasive. They increase STI risk, perpetuate stigma, and undermine access to STI prevention and treatment among marginalized populations. Structural interventions can decrease STI inequities by addressing social factors at both the macro level (e.g., policies, social norms, societal distribution of power and resources) and meso level (e.g., social networks, community resources, local health care systems). Very few structural interventions that address STIs currently exist. The report *Sexually Transmitted Infections: Adopting a Sexual Health Paradigm* explores how structural interventions can accelerate national progress in reducing STIs.

Structural interventions in public health promote population health and health equity by altering the structural context within which health is produced.

Macro- and meso-level structural interventions



A PERSISTENT PROBLEM

In the United States, STIs disproportionately affect individuals with multiply marginalized social identities (e.g., race, ethnicity, gender). Pronounced racial/ethnic STI inequities exist, with Black, Indigenous, and Latino/a populations experiencing a disproportionate burden of infections. For example, in 2018, the incidence of chlamydia was 952, 410, and 246 cases per 100,000 among Black, Indigenous, and Latino/a people, respectively — 7 to 2 times higher than among white individuals (140 per 100,000). Research indicates that racial and ethnic STIs inequities are not due to individual sexual behaviors and that structural racism is the main driver.

Laws, policies, and societal norms may fuel structural racism by distributing social, economic, political, and environmental resources and harms (all of which affect STIs) unequally across racial and ethnic groups. By shaping the social determinants of health, relevant laws, policies, and practices may influence racial and ethnic STI inequities in the United States. Minimum wage laws that allow states to set their minimum wage at a level higher than the federal minimum present an important opportunity for tackling structural racism by potentially decreasing racial inequities in wages and, in turn, STI rates — which are negatively linked to income level. For example, researchers found that metropolitan statistical areas (MSAs) in states with a \$1 higher minimum wage had lower rates of STIs (compared to MSAs in states with a \$1 lower minimum wage) among U.S. women. This suggests that laws that increase minimum wages may decrease STIs among women and among Black, Indigenous, and Latina women, who are more likely than are white women to work in minimum wage industries, in particular.

Studies also show that areas with high residential segregation by race have higher rates of STIs. Laws, policies, and practices that decrease residential segregation may help decrease STIs in the U.S. in general and among Black, Indigenous, and Latino/Latina communities in particular.

STRUCTURAL RACISM is the historically contingent and persistent ways in which systems and institutions generate and reinforce inequities in access to power, privilege, and other resources among disadvantaged and advantaged racial and ethnic groups.

While any person who has sex (genital, anal, or oral) without barrier protection is at risk for an STI, risk varies and is influenced by social and societal factors.

Case rates of the three most common reportable STIs (chlamydia, gonorrhea, and syphilis) have been increasing over the past two decades in the United States. Since 2000, the **overall case rate of chlamydia has doubled, gonorrhea has increased nearly 1.4-fold, and primary and secondary syphilis is up 5-fold.**

The **rise in reported STIs underestimates the full scope of the STI epidemic** in the United States, in part because many cases can be asymptomatic and are therefore often undiagnosed and unreported.

STIs, including HIV, imposed an estimated nearly **\$16 billion in lifetime direct medical costs** in the United States in 2018.

Recommended Action

The United States Department of Health and Human Services should lead a comprehensive response that engages relevant federal departments and agencies in developing, collaboratively with affected communities, a coordinated approach that addresses structural racism as a root cause of racial and ethnic STI and sexual health inequities. This should include developing and implementing laws that promote access to economic and health care resources among Black, Indigenous, Latino/Latina, and other marginalized communities.

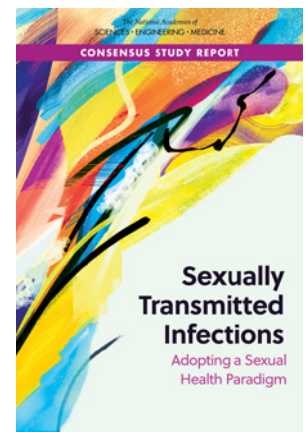
"...when we discuss with providers methodologies for treating and addressing STIs, we must realize that these do not occur in a vacuum, and that the STI is only one aspect of the person who is presenting that day — in fact, the STI may be the least important thing that they need addressed."

– Participant, lived experience panel

Conclusion

Addressing the structural determinants of STIs and STI inequities requires bold vision and a long-term commitment with multidisciplinary, intersectoral, and interagency collaboration supported through dedicated cross-agency funding from the National Institutes of Health, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and private foundations and funders. This collaboration will demand steadfast political will at all levels of government and sustained community engagement and mobilization. Due to structural interventions' focus on addressing the root causes of poor health and the social determinants of health, these efforts stand to have the greatest impact on preventing STIs and decreasing STI inequities in the United States.

To learn more about how structural interventions can advance sexual health, [see Chapter 9](#) of the report.



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