

Health Equity Video Transcript: Dr Mena

Social determinants of health play a significant role in who gets, transmits and remain untreated for sexually transmitting infections. These social determinants can include a stigma, discrimination, racism, sexual and gender phobias, poverty, transportation challenges, safe housing, and access to healthcare and education. In the United States, the population most affected by STIs include young people, gay, bisexual, and other men who have sex with men, pregnant people, and people from some racial and ethnic minority groups. For example, men who have sex with men, despite representing a small percentage of adults in the United States, account for almost half of syphilis cases reported. Black or African American people are disproportionately affected by STIs compared to other racial or ethnic groups. And we are seeing an increase in congenital syphilis. Babies are being born to people with syphilis who did not receive timely parental care or treatment.

The first step to addressing social determinants of health is understanding the mechanisms by which health inequities exist and how equity can be achieved. We are prioritizing a comprehensive health equity approach that explores those mechanisms and seeks to meet people where they are and where they need to receive care. One way we're doing this is through broadening community engagement methods and partnerships to build local STD prevention and control capacity. This entails working closely with communities to identify and develop interdisciplinary interventions for issues that contribute to STI disparities. It also involves promoting personal health and advancing community wellness. Another area we've been strengthening is the expansion of STD specialty clinics in communities that have high burden of HIV. STD clinics are an essential healthcare setting and access point for individuals who may not otherwise have healthcare access. They also provide opportunities to connect people to other services. This is important as individuals who are at risk for STIs are also at risk for HIV, viral hepatitis and substance misuse. We're also investing in a diverse disease intervention workforce that is responsive to addressing disparities and engaging with those disproportionately affected by STIs.

Health disparities exist along lines of socioeconomic differences, which in the US are often determined by race or ethnicity. In our work addressing sexually transmitted infections, the overlap that exist between areas with high numbers of STIs, and many of the social determinants of health is evident. For almost two decades I live and work in a Southern state, and saw firsthand how differences in access and exposure to the social determinants of health, were large contributors to the high rates of sexually transmitted infections experienced by key populations. As a physician, as public health professionals, I believe we have an ethical and moral obligation to eliminate these disparities. Our ability to care for each other is a privilege, and one that requires we work together as a society.