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## STD Disparities Summary

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Poster 98: Royer. Young Women's Beliefs about the Barriers to STD Testing and Their Knowledge of the STD Testing Process

*[Presentation Time: Wednesday, March 10, 3:45 pm]*

Oral Presentation D8f: Sutton, Willis, Woods, et al. Routine Healthcare Provider Sexual History Taking among National Medical Association Physicians and African-American Male Patients

*[Presentation Time: Thursday, March 11, 8:30 am]*

Oral Presentation C2d: Seth, Wingood, DiClemente, et al. Experiences of Racial Discrimination among African-American Women: Is It Associated with Risky Sexual Behavior and Psychosocial Mediators of HIV/STI-Associated Sexual Risk Behavior?

*[Presentation Time: Wednesday, March 10, 10:30 am]*

Poster 60: Prince, Cyrier, and Wong. Who Gets Turned Away: Patient Turnaways in Chicago Municipal Sexually Transmitted Infection Clinics, 2009

*[Presentation Time: Wednesday, March 10, 3:45 pm]*

## New Studies Explore Reasons for Heavy STD Burden Among Women and Minorities

Four studies presented at the National STD Prevention Conference provide new insight into the socioeconomic and other barriers to STD prevention and treatment. Understanding and addressing the factors that contribute to heavy disparities in STD rates – especially among African-Americans and women – is critical to reducing the national burden of STDs.

Blacks represent 12 percent of the U.S. population, yet account for almost half of all reported chlamydia and syphilis cases, more than 70 percent of all reported gonorrhea cases, and almost half of new HIV infections. In addition, new CDC data show that one in five women (21 percent) is infected with herpes (HSV-2), as are more than one-third of blacks overall (39.2 percent) and almost half of black women (48 percent).

Following is a summary of study findings on barriers to STD prevention/treatment:

### ***Women of all Races***

- **Stigma and Misinformation about STD Testing:** To understand why many young women do not get tested for STDs, Heather Royer of the University of Wisconsin-Madison examined young women's beliefs about STD testing and their knowledge of the testing process. Royer surveyed 302 women ages 18-24 who visited local health clinics (n=201) or were enrolled in an undergraduate communications class (n=101) at the university. The study identified several common barriers to STD testing. The vast majority of women said they would be uncomfortable seeking STD testing from a male health care provider (88 percent) and would be more comfortable seeking STD testing from a specialist rather than a family doctor (79 percent). In addition, almost two-thirds of the women reported anxiety about testing (62 percent), and one-third reported concern about STD results appearing in their medical records (31 percent). The women also had significant misperceptions about STD testing. Despite the fact that various tests are required to screen for different STDs, 40 percent of women expected to be tested for eight STDs when they asked their provider for STD testing. While a diagnostic test is often required to detect chlamydia and gonorrhea, one-third believed that these infections could be diagnosed solely by visual inspection (32 percent and 35 percent, respectively); and one-quarter thought that a Pap smear could detect chlamydia and gonorrhea (26 percent and 23 percent, respectively).

In addition, women who reported being embarrassed to talk about sex with their providers or complete questionnaires about their sexual history were twice as likely as others to have never been tested for STDs. The study author encourages health care providers to incorporate discussion of sexual health into routine medical care for young women to reduce stigma about STDs and ensure appropriate testing.

### ***African-American Men and Women***

- **Physician Discomfort Talking about Sex:** Data show that black men, especially black gay and bisexual men, are disproportionately affected by HIV and other STDs, yet many are not tested during routine medical visits. To better understand the barriers to HIV and STD testing, the National Medical Association (NMA) – the leading professional organization of doctors of color

- was funded by CDC to increase awareness and education among its physician members regarding CDC's routine HIV testing recommendations, which call for all Americans ages 13-64 to be tested for HIV. NMA physicians collaborated with CDC to conduct a series of 14 sessions at NMA national and regional meetings from 2006 to 2009 with more than 6,000 physician members. NMA found that over half of the physicians who attended the routine HIV testing training sessions were reluctant to initiate sexual health discussions, particularly with their black male patients, as a transition to offering an HIV test. The main reasons for the hesitancy to discuss sex included concerns about sexual health not being the main reason for the clinical visit and not being comfortable engaging in a sexual health dialogue. In response, CDC and the NMA have developed a simple tool to facilitate and standardize routine sexual history discussions with black male patients, which is currently being pilot-tested by NMA physicians in 10 U.S. cities with high HIV and STD prevalence.

- **Racial Discrimination:** A study led by CDC's Puja Seth finds an association between sexual risk behavior and experiences of racial discrimination among young black women. Researchers surveyed 848 black women (ages 18-29) visiting Kaiser Permanente health facilities in Atlanta from October 2002 through March 2006. The women completed a computer-assisted interview in which they ranked their experiences of lifetime racial discrimination using a standard survey, and provided information about their recent sexual behavior. The study found that African-American women who reported higher levels of racial discrimination (more than four incidents) were significantly more likely to report engaging in riskier sexual behaviors, including multiple sexual partners during the past year and past six months, having an abusive or risky sexual partner, less frequent communication about sex with their partners, and barriers to condom use.
- **Poverty and Access to Health Care:** Many urban STD clinics serve predominantly low-income and African-American populations, and face greater demand for same-day services than they have the capacity to provide. To better understand the characteristics of the population not receiving needed STD services, Leslie Prince of the University of Illinois at Chicago and colleagues surveyed patients (n=76) who were turned away from four Chicago STD clinics in September 2009. The majority of participants (67 percent) were African-American, reflecting the overall racial composition of the clinics' patient population, and almost half (45 percent) reported current STD symptoms. The analysis found that almost half of those turned away had no income (45 percent), and most had no insurance (70 percent) and no regular doctor (82 percent). Fifteen percent of respondents reported being turned away from an STD clinic in the past. The majority (57 percent) planned to return to the same clinic the next day because they had no other options for care. To help reduce patient turnaways, the Chicago STD clinics are implementing procedures such as a fast-track option for STD testing and referral agreements with other local community clinics. However, the authors note that additional resources are

urgently needed for public STD clinics to ensure adequate support for serving at-risk patients who have no other options for care.

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