STI NATIONAL STRATEGIC PLAN

2021 LOCAL ANALYSIS

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Teen Pregnancy & Prevention Partnership

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STIs National Strategic 2021-2025
Written Analysis

Introduction

Introduction of the National Strategic Plan

The Sexually Transmitted Infections National Strategic Plan is the first plan ever developed by the United States Department of Health and Human Services (HHS) in response to the increasing rates of STIs in the country. The National Strategic Plan was created as a guide for public health, health care, government, community-based organizations, educational institutions, researchers, private industry, and academic stakeholders to develop, enhance, and expand STI prevention and care programs at the local, state, tribal and national levels over the next five years.

The National Strategic Plan includes goals, objectives, and strategies on most STIs. However, the plan emphasizes four specific STIs that have the greatest impact on the health of Americans: chlamydia, gonorrhea, syphilis, and human papillomavirus infection (HPV). The plan also determines, based on nationwide data, the populations, and geographic areas with highest burden of STIs to assist stakeholders in focusing their resources and interventions for the greatest impact.

The National Strategic Plan proposes to federal and non-federal stakeholders' nationwide goals and objectives to prevent STIs, care, treatment while allowing Americans to live free from stigma and discrimination. The National Strategic Plan should offer an opportunity to stakeholders to share their perceptions of the strengths and weaknesses on the implementation of the plan in their region. Discussing the critical issues affecting different organizations will allow stakeholders to generate decisions arrived at by consensus. A consensual approach is likely to ensure that key stakeholders believe in the National Strategic Plan's vision and are committed to achieving it.

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Importance of Sexually Transmitted Infections

Sexually transmitted infections are preventable diseases that are most often, but not exclusively, passed from one person to another through sexual activity including vaginal, oral, and anal sex (CDC). Although most of the diseases have treatments, there are infections produced by viruses that do not have a definitive cure and remain latent in the organisms they have infected and periodically cause symptoms.

The National Strategic Plan emphasizes syphilis, caused by *treponema pallidum*; gonorrhea, caused by *neisseria gonorrhoeae;* chlamydia, caused by *chlamydia trachomatis*; and HPV caused by *human papillomavirus*. However, there are many other STIs that can be transmitted sexually such as genital herpes, hepatitis, and the human immunodeficiency virus (HIV) which can lead to AIDS. If left untreated STIs can lead to long-term irreversible health outcomes such as chronic pelvic pain, infertility, adverse pregnancy outcomes, neonatal death, and congenital abnormalities, and can facilitate HIV acquisition. Furthermore, STIs cost American's billions of dollars each year in direct medical expenses. Combined the health and economic toll can affect American's quality of life and prosperity.

Several factors contribute to the spread of STIs. The biological factor that most affects the spread and complications of STIs is the asymptomatic nature of STIs. They may not produce any symptoms or signs or they produce symptoms so mild that go unnoticed. This leads to many infected Americans not knowing that they need medical care. STIs produce gender disparities, since women frequently develop more serious complications than men do. Adolescents and young adults account for 50% of new STI cases, although they only represent 25% of the sexually active population.

Social, economic, and behavioral factors also contribute to the spread of STIs, present obstacles to STI prevention, access to provision of care, willingness to seek care, and social norms regarding sex and sexuality (Healthy people). Among the most influential factors that affect the spread of STIs in the United States are racial and ethnic disparities. African American, Hispanic, and American Indian/Alaska Native populations have higher rates of STIs, compared with rates for whites. Poverty and marginalization exacerbate disparities in STI rates. People impacted by poverty and stigma have limited access to health care or prevention services. Access to health care is essential for early detection, treatment, and behavior-change counseling for STIs. Substance use is also associated with STIs. Stigma in the United States is one of the most important factors related to the spread of STIs in the United States. There is a general discomfort with discussing intimate aspects of life, especially those related to sex.

Approach

This report uses a cross-sectional study design utilizing surveys and interviews with St. Louis STI Stakeholders about their organizations' goals and objectives and how they relate to the National Strategic Plan. The purpose of this report is to assist stakeholders in the implementation of the STI National Strategic Plan in the St. Louis Region. The report reveals which objectives and goals are currently being implemented in the city and which need to be prioritized to meet the Strategic Plan goals and objectives to reduce STI rates. This report was created with the participation of various STI stakeholders of St. Louis City and County.

Results

The purpose of the survey and interviews was to develop a written analysis based on the data and information obtained from stakeholders in the St. Louis Region about the STI National Strategic Plan. This analysis will identify the St. Louis Region's priority populations, focusing on racial and ethnic minority groups, including African Americans, Hispanics, and sexual and gender minority populations. We consider social determinants of health to improve the health outcomes of racial, ethnic, and sexual minority groups. Ultimately, this written analysis will assist stakeholders from different settings, such as state and local health departments and organizations, health care providers, schools, academic institutions, communities, and researchers, to improve and match their goals and objectives to the STI National Strategic Plan. A total of 19 STI stakeholders in the St. Louis Region participated in the survey. Data was collected via electronic survey tool.

The first question of the survey addressed the populations that are being prioritized in their organizations. Stakeholders in the survey prioritized African Americans, followed by White and Hispanic populations (Table 1). The stakeholders interviewed also prioritized minority racial-ethnic populations, specifically African Americans in St. Louis. The results from the surveys and interviews are consistent with the priority populations stated by the Strategic Plan based on national-level data.

Stakeholders were asked to rank the strategies they prioritize when approaching STIs in St. Louis. The options were: Care, Prevention, and Treatment (Table 2). The survey results indicate that the stakeholders prioritize Prevention, Treatment, and Care in that order. The stakeholders interviewed also mentioned that testing and treatment are their organizations' main activities.

However, they mention that to improve treatment and testing results we need to focus more on education and contact tracing.

When asked about the individual characteristics the organizations use to prioritize STIs services they selected from the following list of characteristics (Table 3): age, sexual orientation, Race/ Ethnicity, and socioeconomic circumstances. These are consistent with both answers in the interviews and the characteristics prioritized by the National Strategic Plan. There was one characteristic that was mentioned by stakeholders that does not seem to be mentioned in the Strategic Plan, the uninsured population. Uninsured community members are a priority to stakeholders in the St. Louis region. Many stakeholders provide free or low-cost testing and treatment in their organizations.

Next, the stakeholders were asked to rank the five National Strategic Plan's goals. The options were the following:

- Accelerate progress in STI research, technology, and innovation
- Achieve integrated, coordinated efforts that address the STI epidemic
- Improve the health of people by reducing adverse outcomes of STIs
- Prevent new STIs cases
- Reduce STI-related health disparities and health inequities

The Strategic Plan does not rank them in a specific order; however, we were able to obtain a general consensus from local stakeholders on how they would rank them. The most important goal to local stakeholders is the prevention of new STIs cases. There was mixed consensus about the prioritization of the other strategies but overall, the stakeholders prioritized "improve the health of

people by reducing adverse outcomes of STIs", "reduce STI-related health disparities and health inequities", and "achieve integrated, coordinated efforts that address the STI epidemic" in the order mentioned. Finally, the stakeholder indicated that "accelerate progress in STI research, technology, and innovation" seems to be a low priority. (Table 4).

Related to the previous question, stakeholders were asked: "which goals are being implemented in your organization?". The stakeholders indicated that they are implementing the goals in the same order of priority as in Table 4. The only difference is that locally "reduce STI-related health disparities and health inequities" is being prioritized over "improve the health of people by reducing adverse outcomes of STIs". This finding indicates that the St. Louis region is implementing plans with a focus on preventing STIs. The results are shown in Table 5.

The stakeholders were asked which of the following objectives from the "Prevent new STIs" goal of the National Strategic Plan are being implemented by their organizations. Stakeholders indicated that "increased awareness of STI testing, especially among adolescents, young adults, and people who can become pregnant" is being implemented in 79% of their organizations. The next strategies were "Increasing awareness and education among MSM (Men who have Sex with Men) and their providers on the importance of extragenital testing" (73%), "Campaigns that provide education on sexual health, STI primary prevention, testing, and treatment" (68%), "Comprehensive, non-stigmatizing approach to sexual health education in schools and communities" (58%), "comprehensive, non-stigmatizing approach to sexual health education in schools and communities" (47%). The results are shown in Table 6.

When asked which primary prevention strategies are being implemented by their organizations. Stakeholder answered that the most-used strategy to prevent STIs is "Evidence-based approaches in health care delivery, education, and community-based settings" with 90% of organizations using

this strategy, followed by "safe environments for adolescents and young adults where they can talk about/learn how to avoid and reduce STIs" (79%), and "Prevention programs that are accessible, comprehensive, and culturally, linguistically, and age appropriate" (73%). The two least utilized strategies by local stakeholders were "Private and confidential time for providers and their adolescent patients during preventive care visits" (56%) and "Partnerships between public and private entities for joint STI prevention efforts" (53%). The results are shown in Table 7.

Stakeholders were asked which HPV vaccination strategies are being implemented in their organizations. There was a noticeable decrease in organizations which focus on HPV vaccination compared to other STI prevention strategies. The option most often noted was "Increase confidence in the HPV vaccine with messaging and evidence-based interventions" by 47% of stakeholders. This was followed by "Promote and provide routinely recommended HPV vaccination in accordance with current Advisory Committee on Immunization Practices recommendations" (42%), "Working with community leaders, community-based organizations, and providers to reduce HPV vaccine hesitancy in communities" (26%) and "Provide HPV vaccination in clinical and nontraditional community-based settings, including pharmacies, retail clinic, and dental offices" (11%). The results are shown in Table 8.

Stakeholders answered which public health strategies their organizations use. St. Louis region organizations are focusing on implementing prevention services. They are integrating their prevention services with HIV, viral hepatitis, substance prevention services which diversifies the delivery of these prevention services. The strategy that seems none of the stakeholders' organizations is implementing is "Providing resources, incentives training and technical assistance to expand health workforce and systems capacity". The results are shown in Table 9.

Stakeholders were asked to rank the most important strategies to help reduce new STIs cases in order among five options:

- Expand implementation of quality
- Comprehensive STI primary prevention activities
- Increase awareness of STIs and sexual health
- Increase completion rates of routinely recommended HPV vaccination
- Increase the capacity of public health, health care delivery systems, and the health workforce to prevent STIs

In general, they answered that expanding implementation of quality, comprehensive STI primary prevention activities, and increasing awareness of STIs and sexual health are the two most important strategies. (Table 10)

We investigated the strategies being implemented by local organizations to reduce the adverse outcomes of STIs. The findings indicate that most of the organizations are implementing strategies to reduce systemic and financial barriers to receiving STI testing, care and treatment and increase STI screening and testing in adolescent and young women, people who can become pregnant, and MSM (Men who have Sex with Men). 80% of the stakeholders are using these strategies, followed by 74% of the stakeholders answering that they have taken an action to “Expand high-quality affordable STI secondary prevention (screening, care, and treatment) in communities and populations most impacted by STIs”. "Increasing the linkage between public health, substance use disorder treatment facilities, school-based health centers to provide

coordinated, comprehensive care and treatment for people with STIs" had the lowest implementation at 58%. The results are shown in Table 11.

Stakeholders were asked about the strategies being implemented in their organization to accelerate the progress in STI research, technology, and innovation. The findings show that “identifying, and evaluating best practices in STI prevention and treatment, including through translational, implementation, and communication science research” is the most common approach to accelerate the progress in STI research, technology, and innovation. Implemented by 58% of the stakeholders’ organizations, this strategy was followed by “supporting the development and uptake of innovative STI diagnostic technologies, therapeutic agents, and other interventions for the identification and treatment of STIs, including new and emerging disease threats” (26%), “Supporting the development and uptake of STI multipurpose prevention technologies, antimicrobial prophylaxis regimens, and other preventive products and strategies” (21%), and

“Supporting research and investments to develop STI vaccines and bring them to market” (11%).

The results are shown in Table 12.

Stakeholders were questioned about the strategies being implemented by their organization to reduce stigma and discrimination associated with STIs. There seems to be even distribution among the strategies being implemented by the organizations to reduce stigma as seen on Table 13.

The results are shown in Table 13.

Stakeholders were asked about the strategies being implemented by their organizations to address STI-related social determinants of health and co-occurring conditions. They highlighted “Promoting innovative programs and policies that provide patients with resources that address

social determinants of health, including housing, education, transportation, food, and employment" as the most implemented strategy followed by "Improvement of data collection and surveillance of STIs in populations that are underrepresented in current data", and "Expanding policies and approaches that promote STI prevention and care in programs involving housing, education, transportation, the justice system, and other systems that impact social determinants of health".

The results are shown in Table 14.

Stakeholders were asked to rank the social determinants of health that have the greatest impact on the current STI rates among 5 different options, their answers show that they prioritize "Health Care Access and Quality" as the most important determinant followed by "Economic stability", "Education access and quality", "Social and community context", and finally "Neighborhood and built environment". The results are shown in Table 15.

Stakeholders were asked about the strategies being implemented by their organizations to achieve integrated, coordinated efforts to address the STI epidemic. "Integrate STI prevention, screening, testing, care, and treatment in funding opportunities that address other components of the Syndemic" was the strategy chosen by the majority (79%) of stakeholders. "Monitor, review, evaluate, and regularly communicate progress on STI program implementation according to an established schedule and address areas of deficiency" was the next most popular strategy (58%), followed by both "Establish and scale up integration of STI-related efforts, policies, and programs involving all components of the Syndemic" and "Encourage entities to integrate STIs and sexual health into existing and future implementation plans that address or relate to other communicable infections or substance use disorders" which were implemented by 47% of stakeholders respectively. Lastly, stakeholder's least implemented strategy was "Develop and implement

recommendations promoting policies, programs, and activities that accomplish goals and address areas for improvement". The results are shown in Table 16.

Stakeholders assessed the strategies being implemented by their organization to improve quality, accessibility, timeliness, and use of data related to STIs and social determinants of health. Overall, "Work to align indicators across programs that address STI, HIV, viral hepatitis, preventive care, maternal care, pediatrics, family planning, and substance use disorder treatment and services" was the most popular strategy with 47% of stakeholders' organizations implementing it. The results are shown in Table 17.

Stakeholders were asked to rank the populations that need to be prioritized for prevention efforts. The stakeholders ranked Black or African American > White and others > Asian > American Indian or Alaska Native. There was no prioritization of Native Hawaiian or Pacific Islanders in the St. Louis region. Moreover, there were a big gap between the first and second rankings. Black or African Americans was chosen by 89% of stakeholders and White and Hispanics by 31% of stakeholders. Therefore, stakeholders in the St. Louis region clearly prioritize Black or African American community members over other populations. The results are shown in Table 18.

Finally, stakeholders were asked about the STI that needs to be prioritized in St. Louis. In general, the results shows that the stakeholders consider HIV and Syphilis to be the two most urgent STIs followed by Chlamydia and Gonorrhea, and lastly HPV. The results are shown in Table 19.

Conclusions

The STI National Strategic Plan was created to address the need for a road map to assist federal and non-federal stakeholders to reduce the alarming, increasing rates of sexually transmitted infections in the country. This Strategic Plan was developed with nation-wide data to address the most prevalent and urgent STIs. Furthermore, the plan recognizes that racial and ethnic disparities contribute to the unequal burden of STIs in the United States and it also recognizes that the efforts to date to address STIs have been insufficient. The increasing rates of STIs over the past decade have led to a public health crisis. The Strategic Plan aims to make the United States a place where Americans have access to high-quality prevention services, care, and treatment while living free from stigma and discrimination. However, the Strategic Plan does not take into consideration that the United States is a diverse country. There are different laws, norms, and regulations among states and within states that impede an effective nationwide implementation of the Strategic Plan. St. Louis itself has implementation, cost, and disparity issues that do not allow stakeholders to successfully implement the Strategic Plan.

The results of our surveys and interviews demonstrate that St. Louis is already implementing several goals and objectives that align with Strategic Plan and that there is willingness to implement the goals and objectives from the Strategic Plan that are not being prioritized right now. However to achieve these unaddressed goals and objectives, stakeholders must first overcome the funding issues faced by the St. Louis region, and overall, the country. The current COVID-19 pandemic has only deepened the STI problem, and with most of the resources

relocated to COVID-19, stakeholders expect an even higher rise of STIs for 2022 in the greater St. Louis region. The Strategic Plan presents indicators for 5 years and 10 years targets. To be able to meet these long-term indicators, St. Louis needs short-term solutions that can be applied immediately within existing funding.

Limitations

There are several limitations to this report. First, our surveys and interviews had small sample sizes which makes it difficult to generalize the results. Another limitation is that the data comes from a cross-sectional study at a single point in time, which does not allow us to observe or fully consider changes needed in St. Louis to adapt stakeholders' strategies to future exceptional situations including the COVID-19 pandemic.

Appendix.

Tables

Table 1. What population does your organization prioritize in your work with STIs?

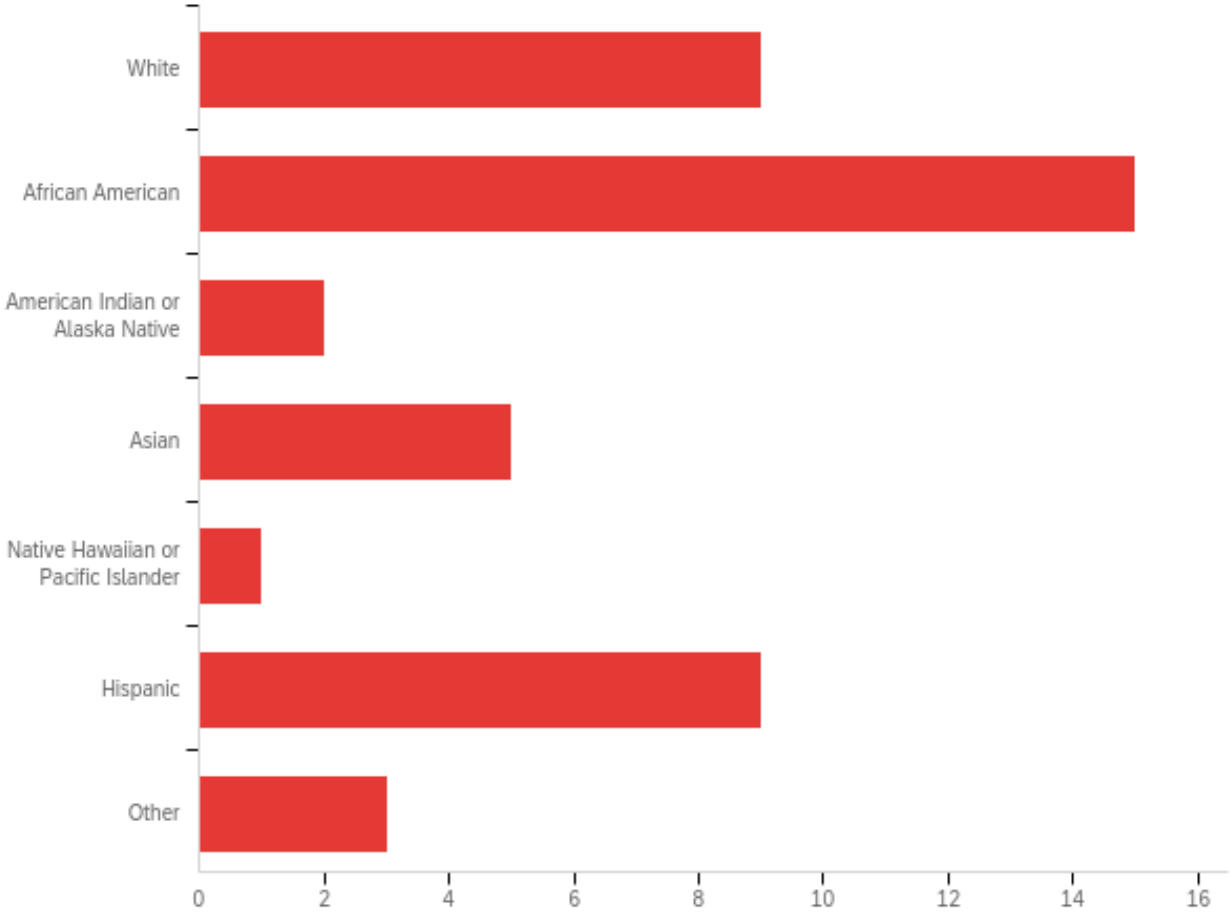

Table 2. How do you prioritize the following strategies in your approach to STIs?

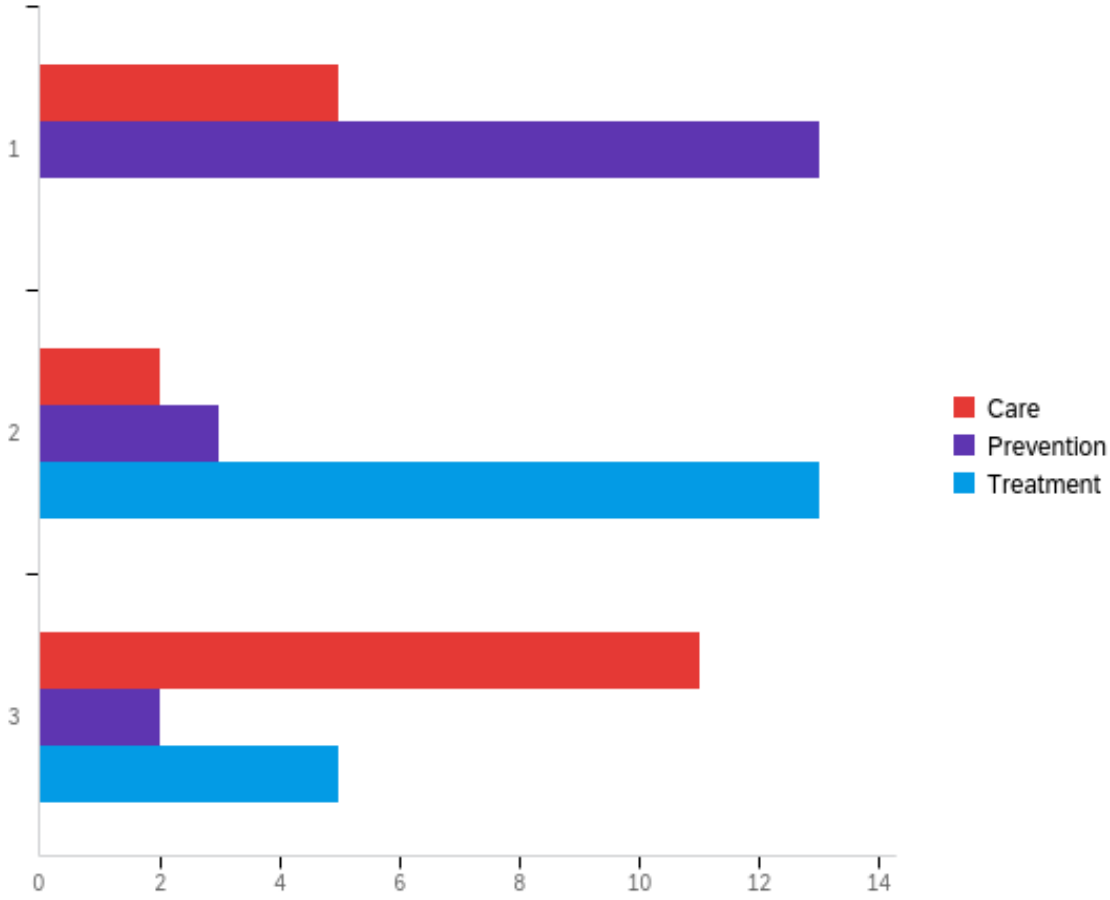

Table 3. In your opinion which of the following individual characteristics does your organization use to prioritize STIs services?

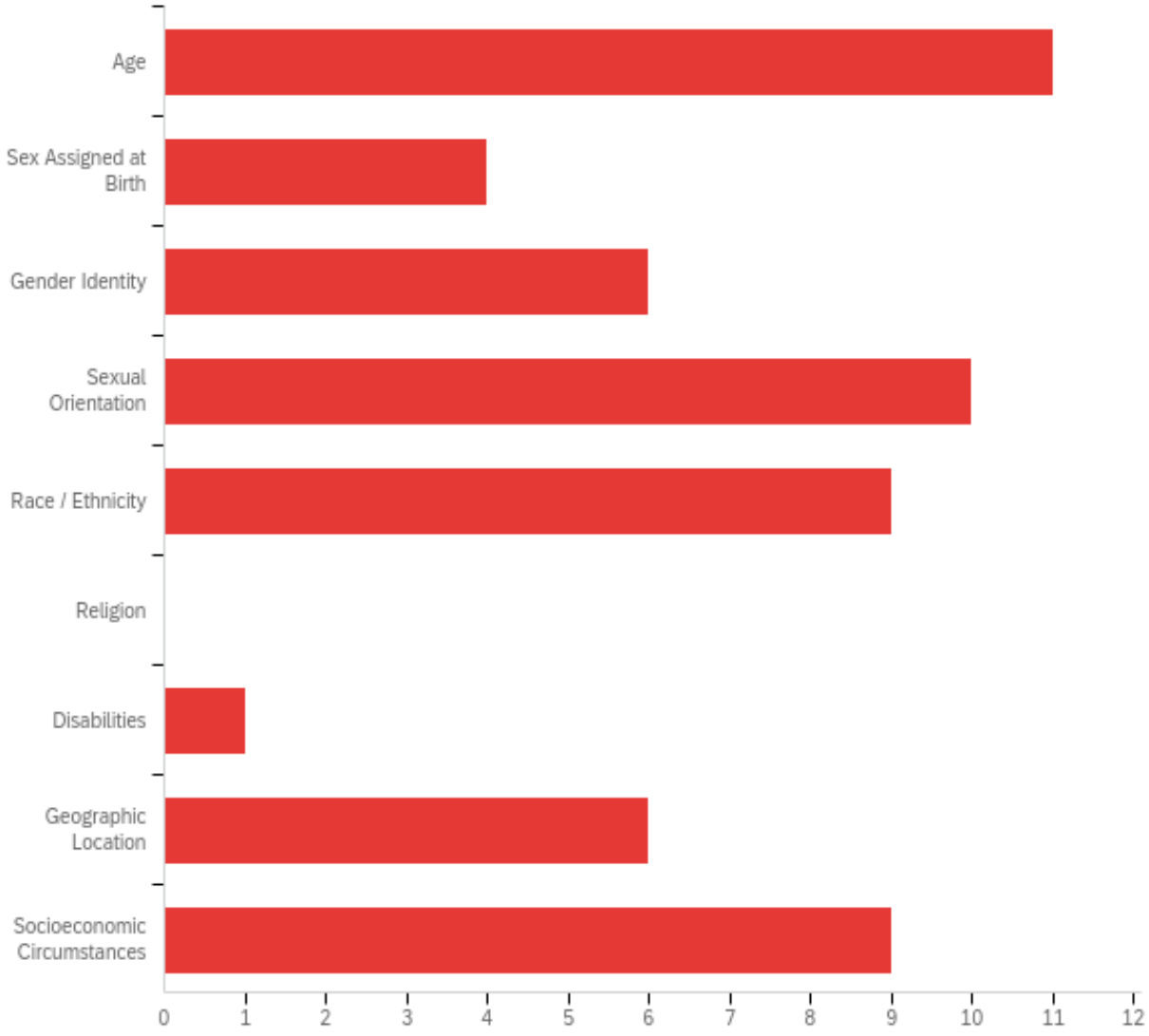

Table 4. The following are national goals to reduce the rates of STIs. Arrange them in order of priority for your organization:

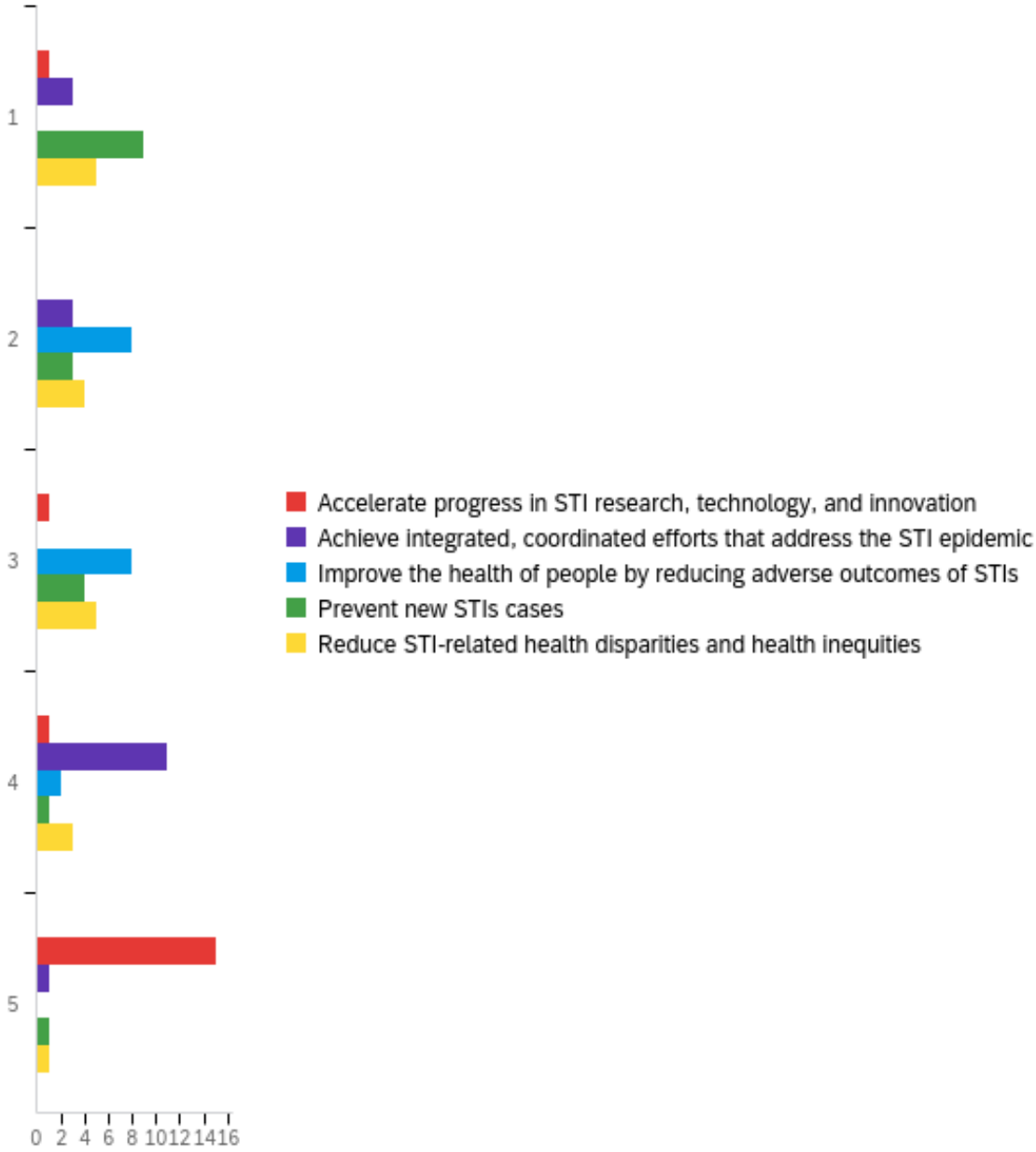

Table 5. From the previous question, which goals are being implemented in your organization?

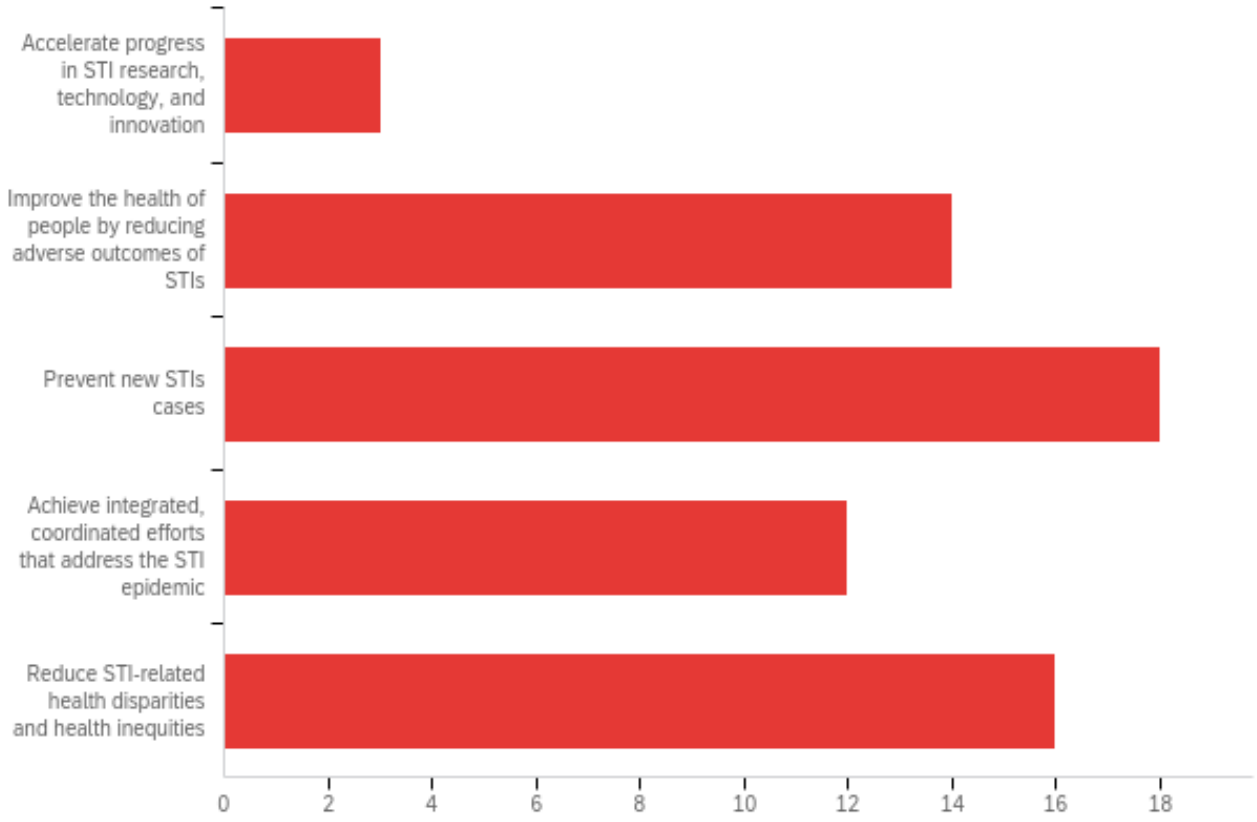

Table 6. Which of the following strategies are being implemented by your organization to achieve increased community awareness about STIs and sexual health?

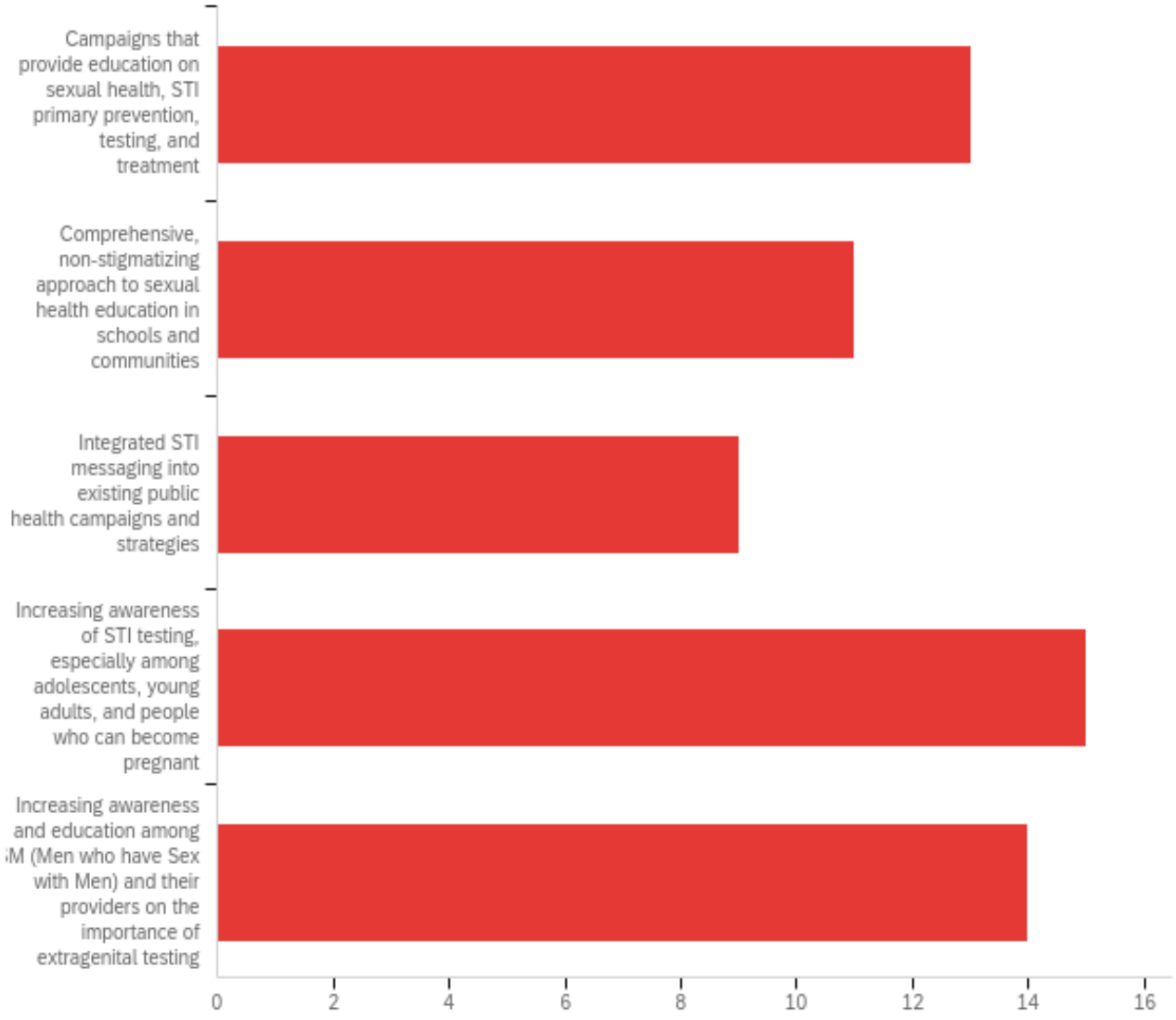

Table 7. Which of the following primary prevention strategies are being implemented by your organization?

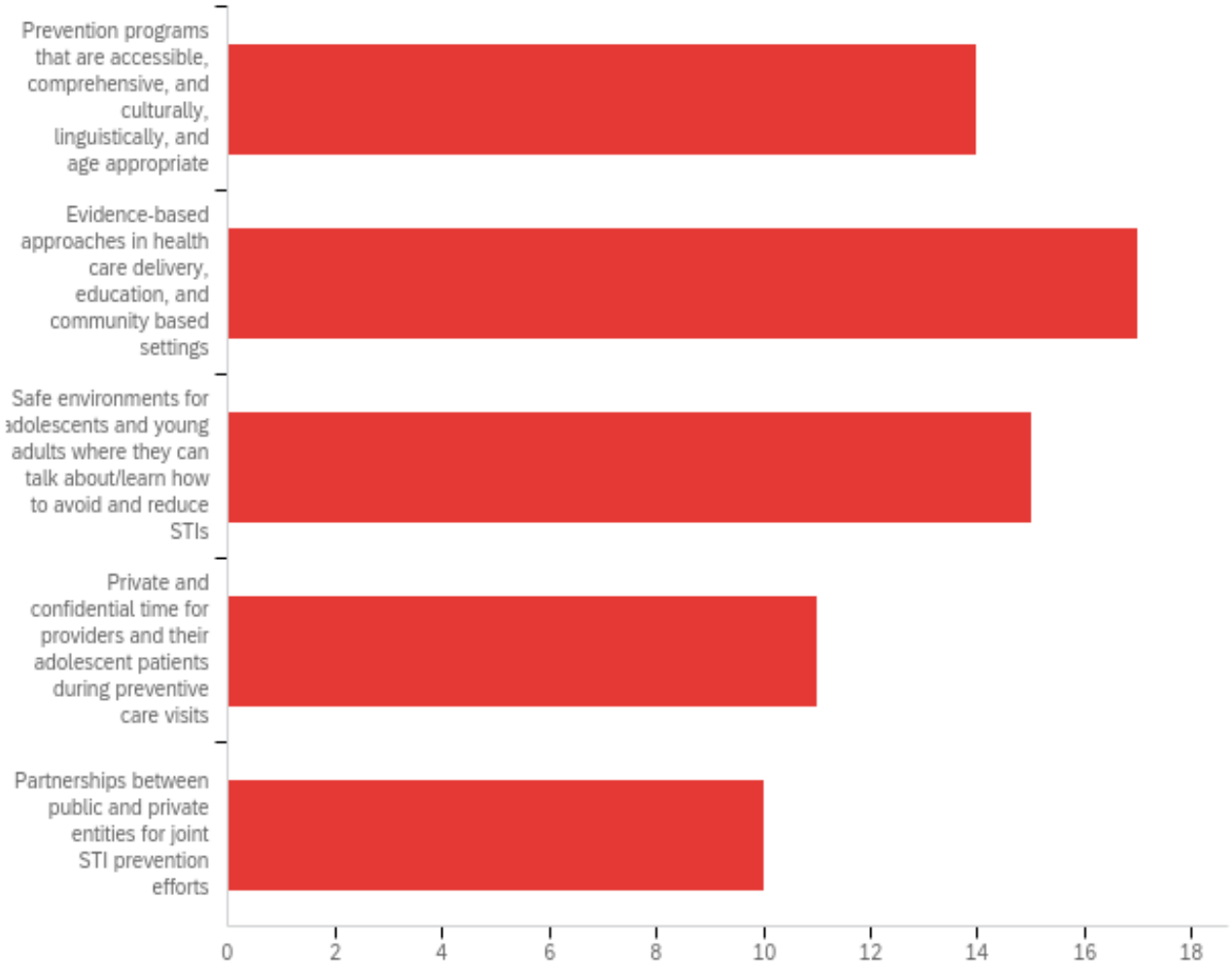

Table 8. Which of the following HPV vaccination strategies is your organization implementing?

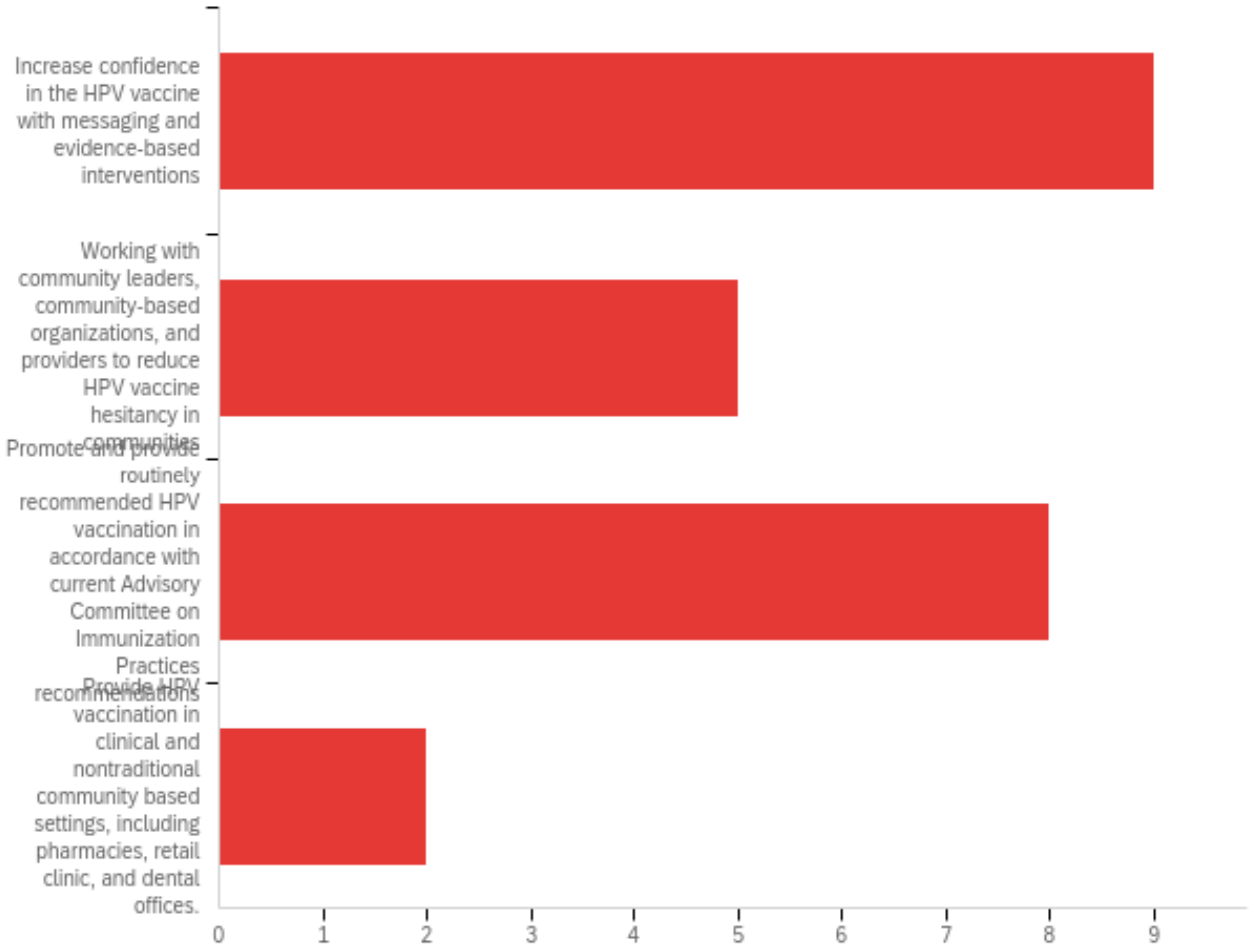

Table 9. Which of the following public health strategies are your organization implementing?

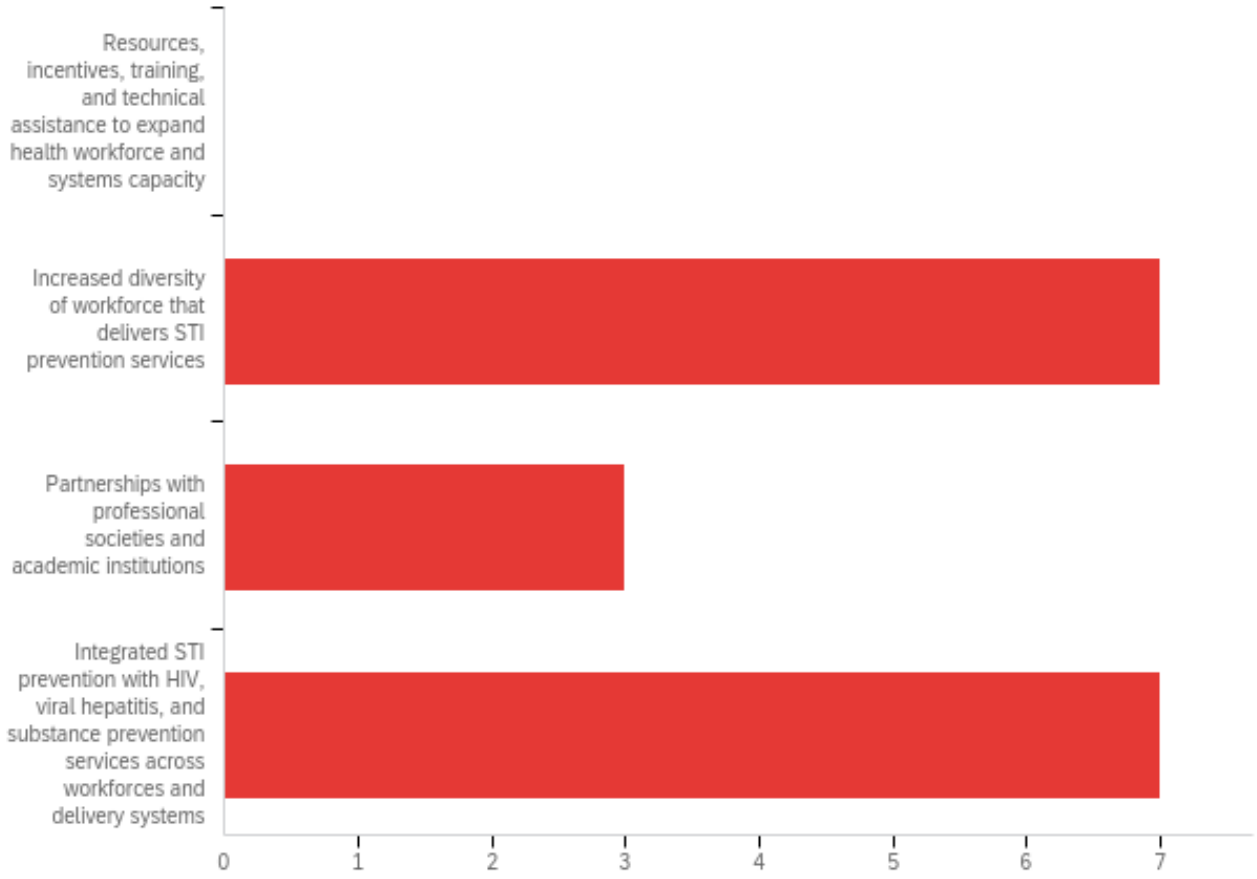

Table 10. In your opinion which of the following strategies are the most important to help reduce new STIs cases? Ranked in order of importance.

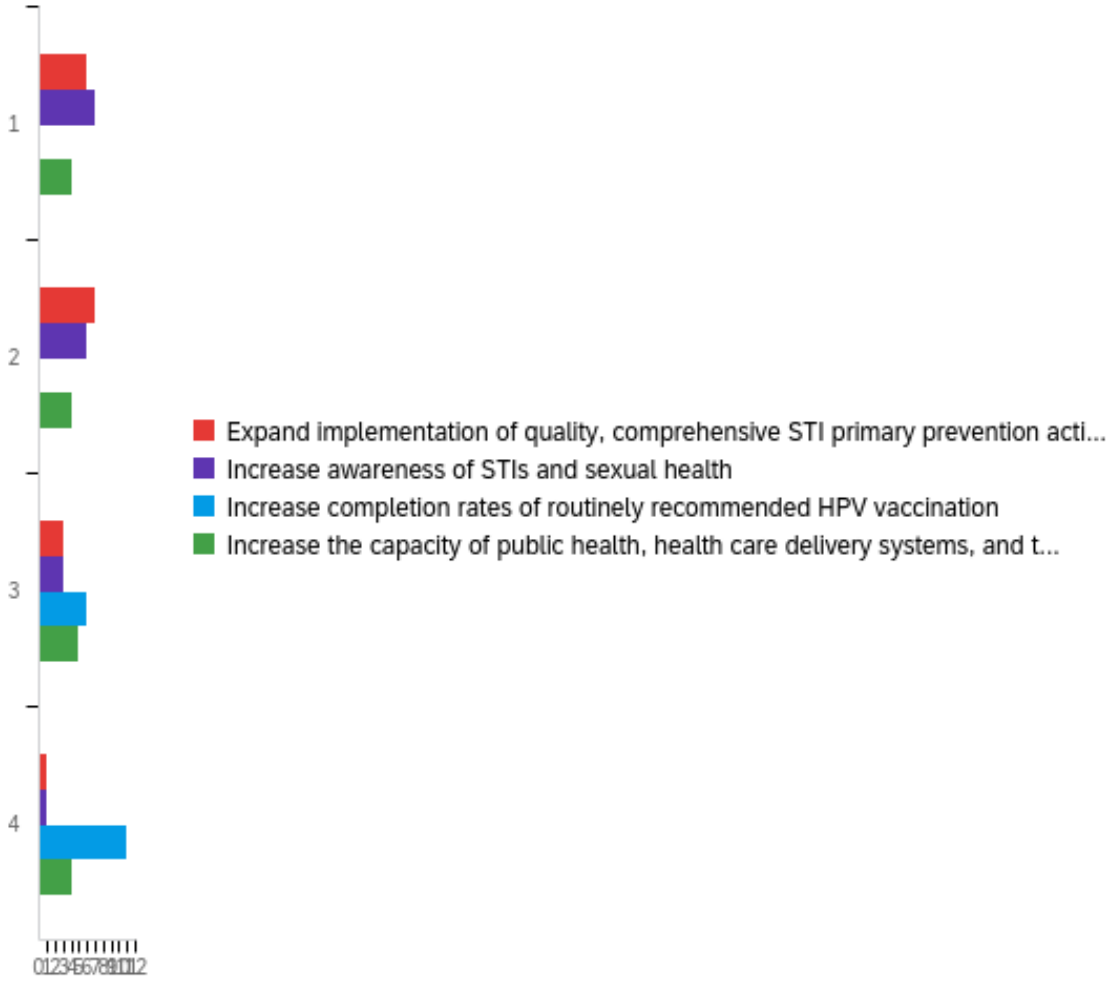

Table 11. Which of the following are being implemented by your organization to reduce the adverse outcomes of STIs?

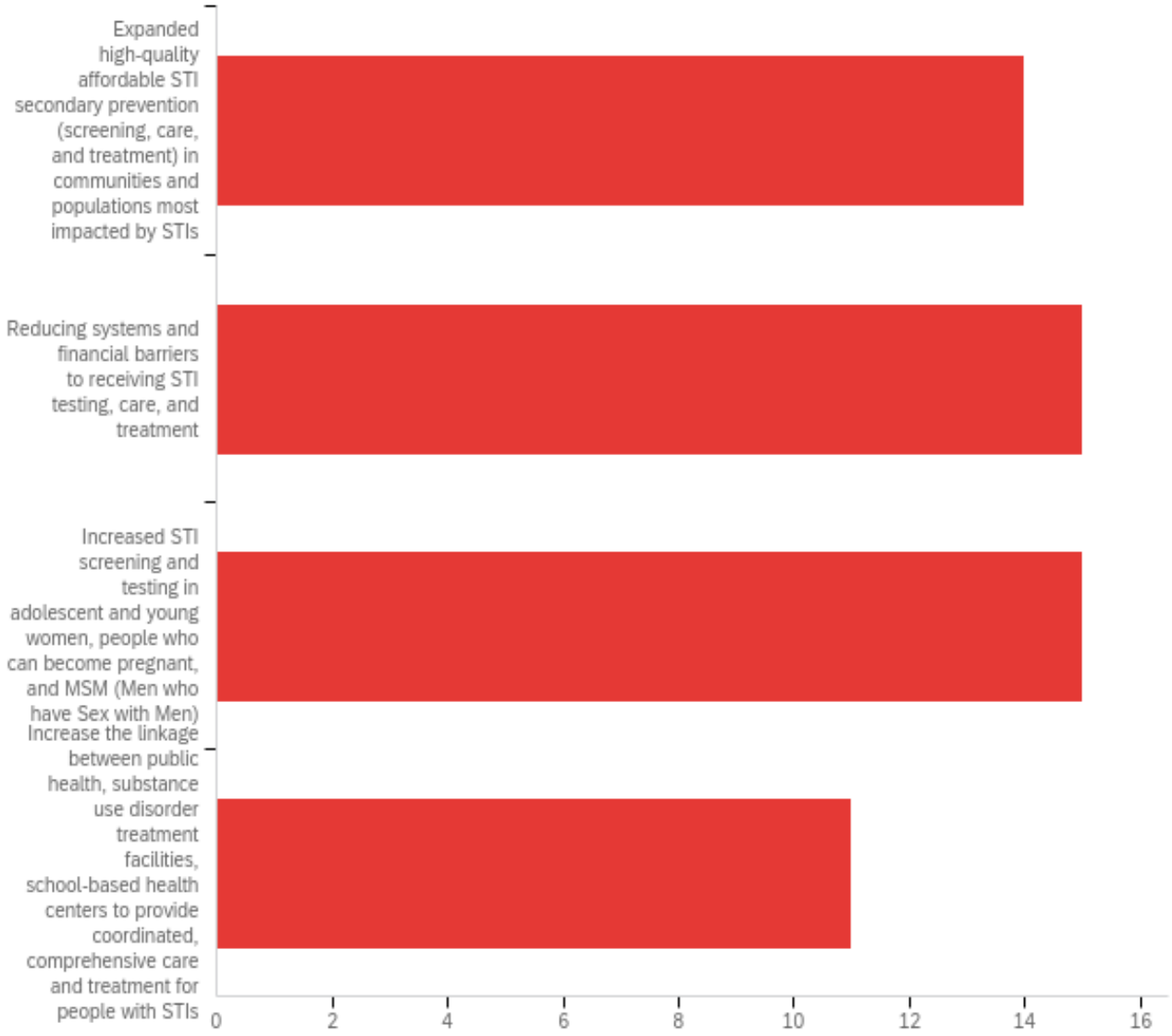

Table 12. Which of the following are being implemented by your organization to accelerate the progress in STI research, technology, and innovation?

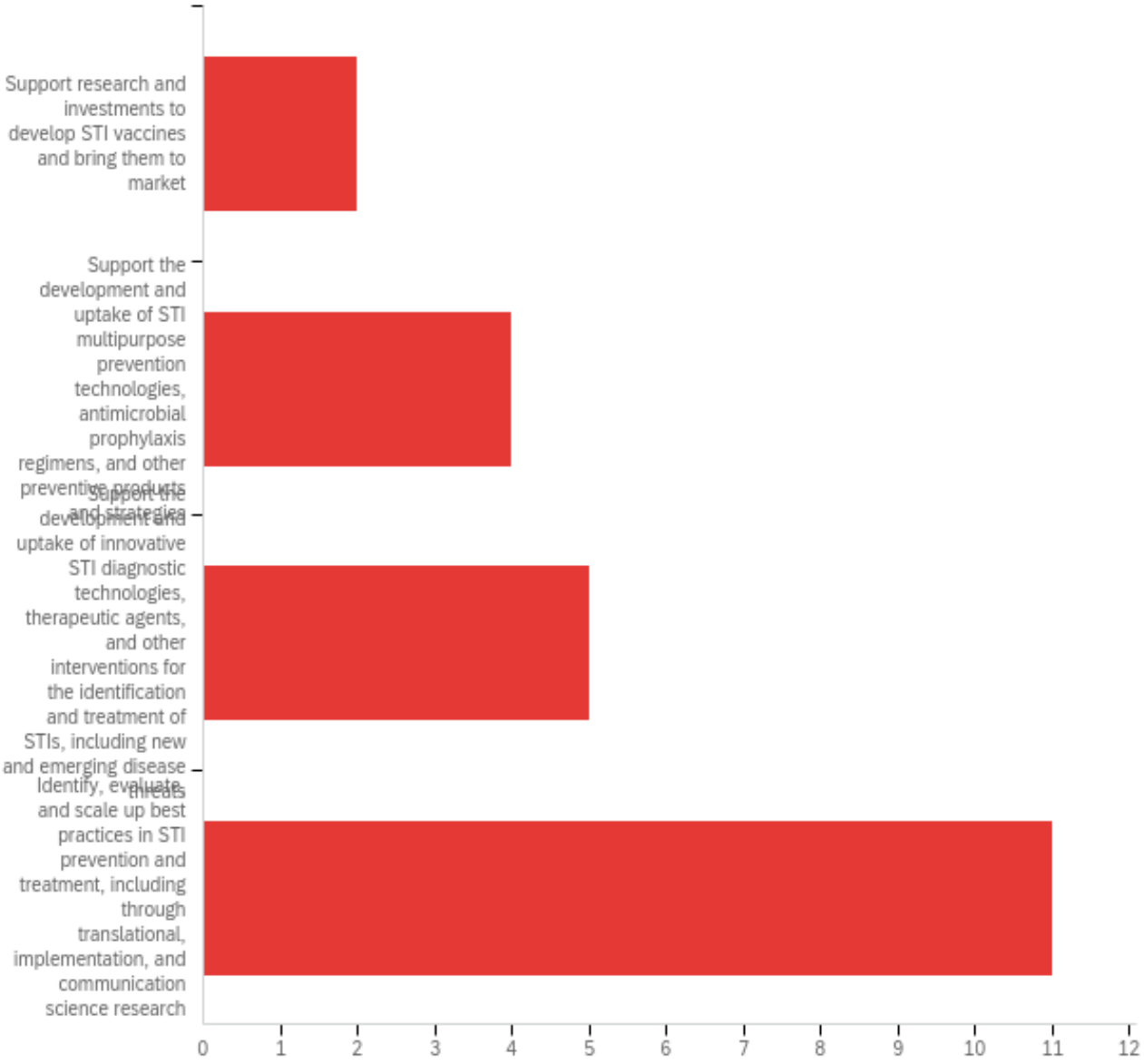

Table 13. Which of the following are being implemented by your organization to reduce stigma and discrimination associated with STIs?

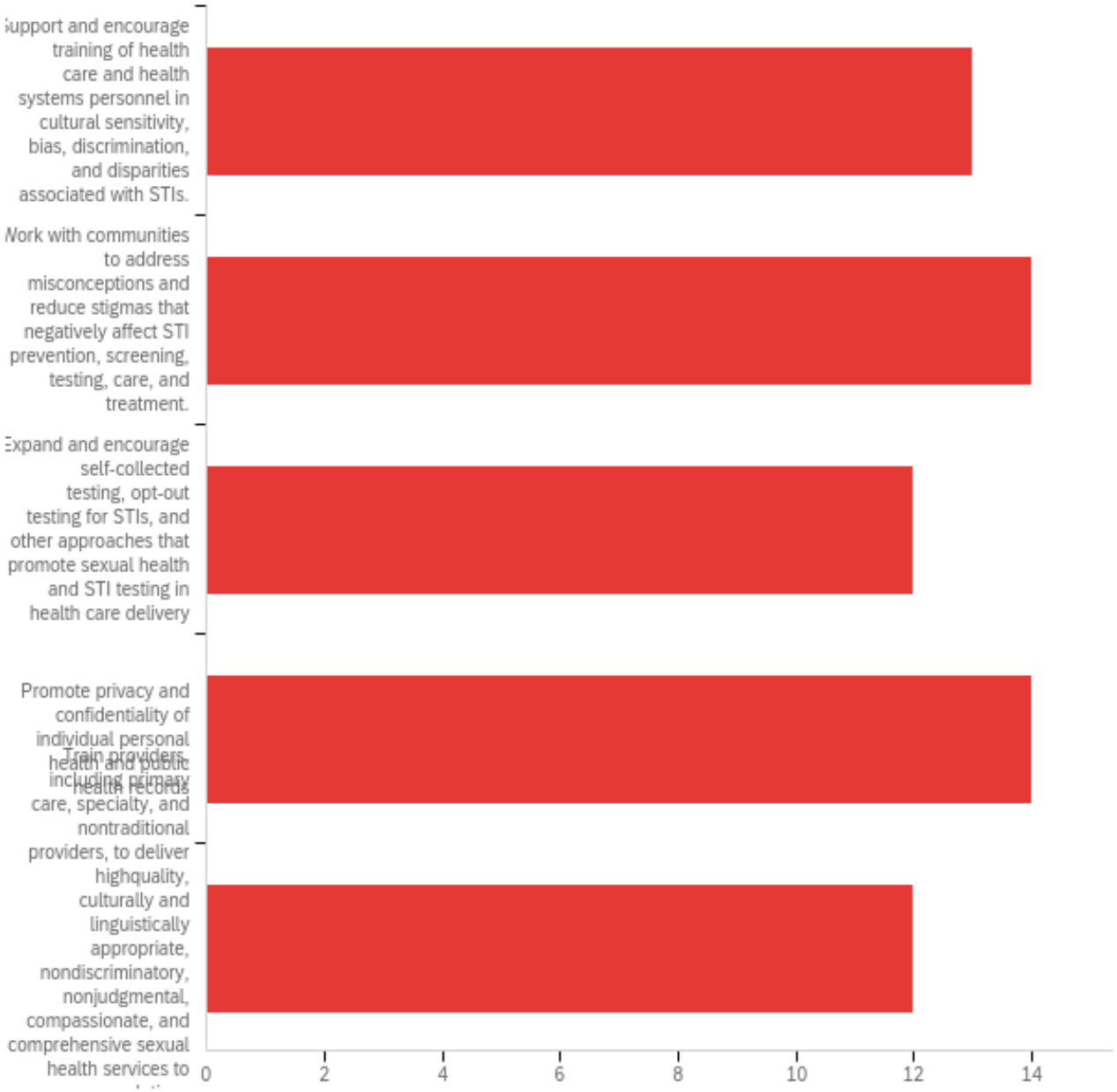

Table 14. In your opinion which of the following are being implemented by your organization to address STI-related social determinants of health and co-occurring conditions?

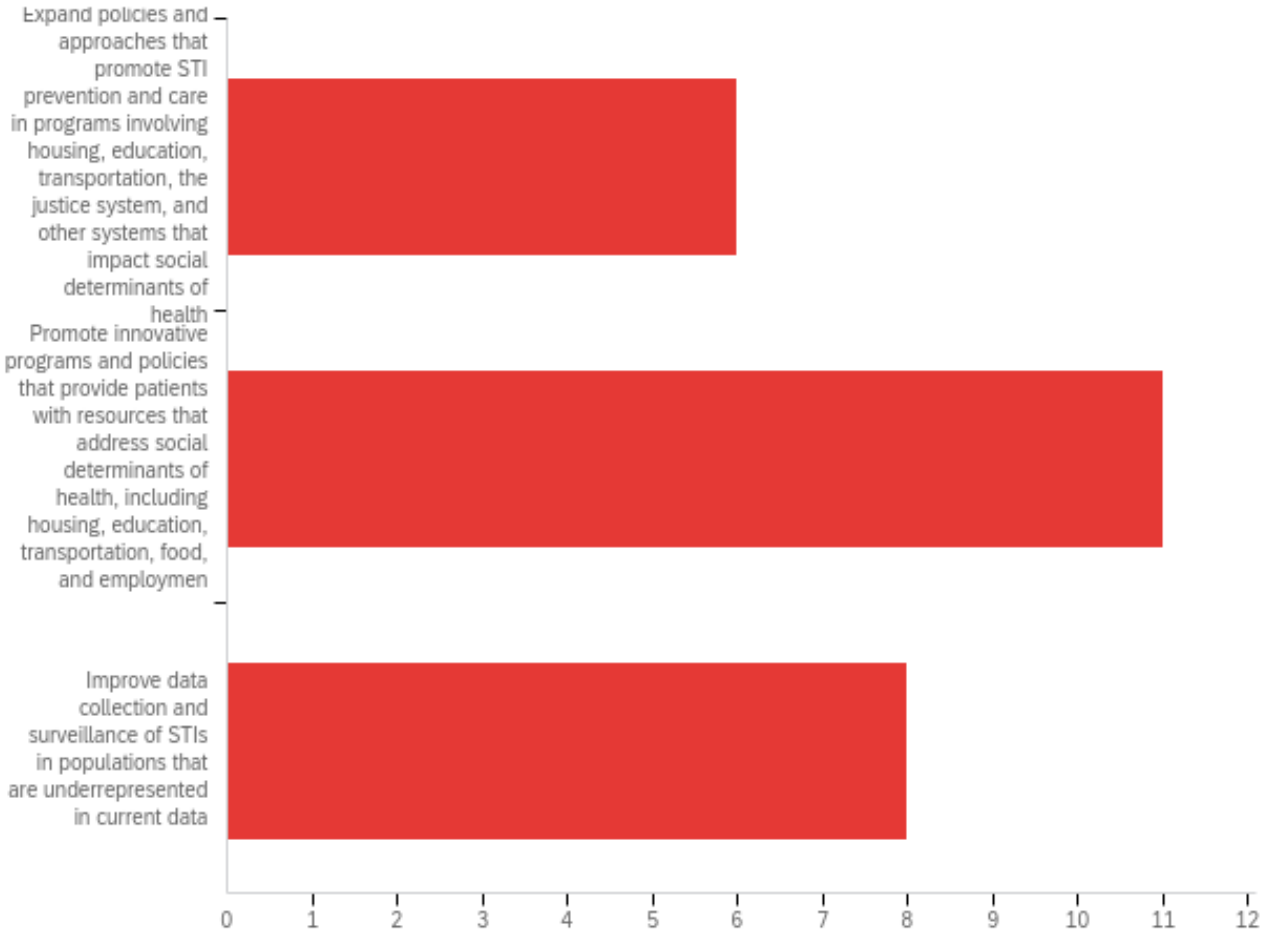

Table 15. In your opinion, which of the following social determinants of health have the greatest impact on the current STI rates? Ranked in order of importance.

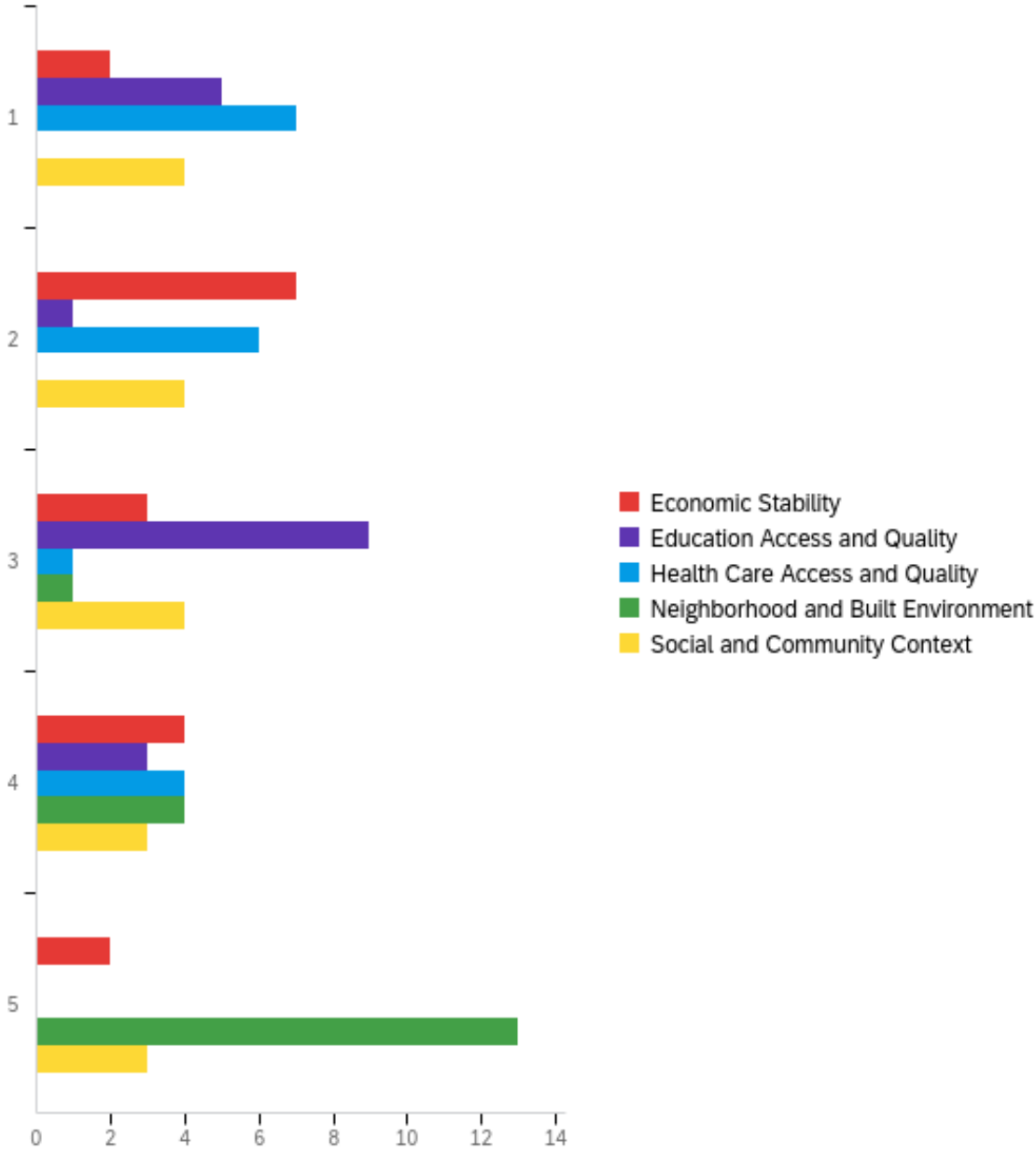

Table 16. Which of the following are being implemented by your organization to achieve integrated, coordinated efforts to address the STI epidemic?

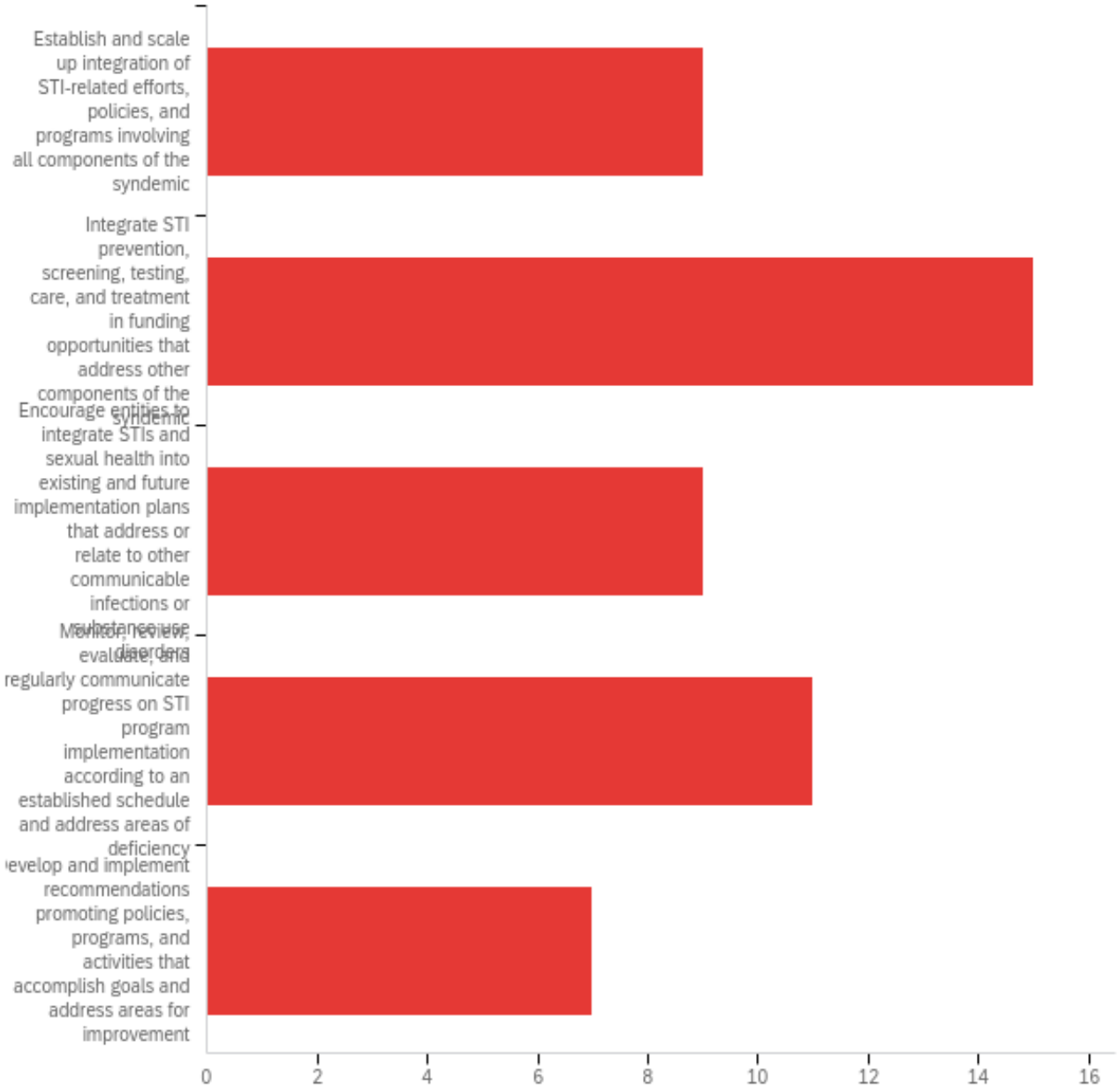

Table 17. Which of the following are being implemented by your organization to improve quality, accessibility, timeliness, and use of data related to STIs and social determinants of health?

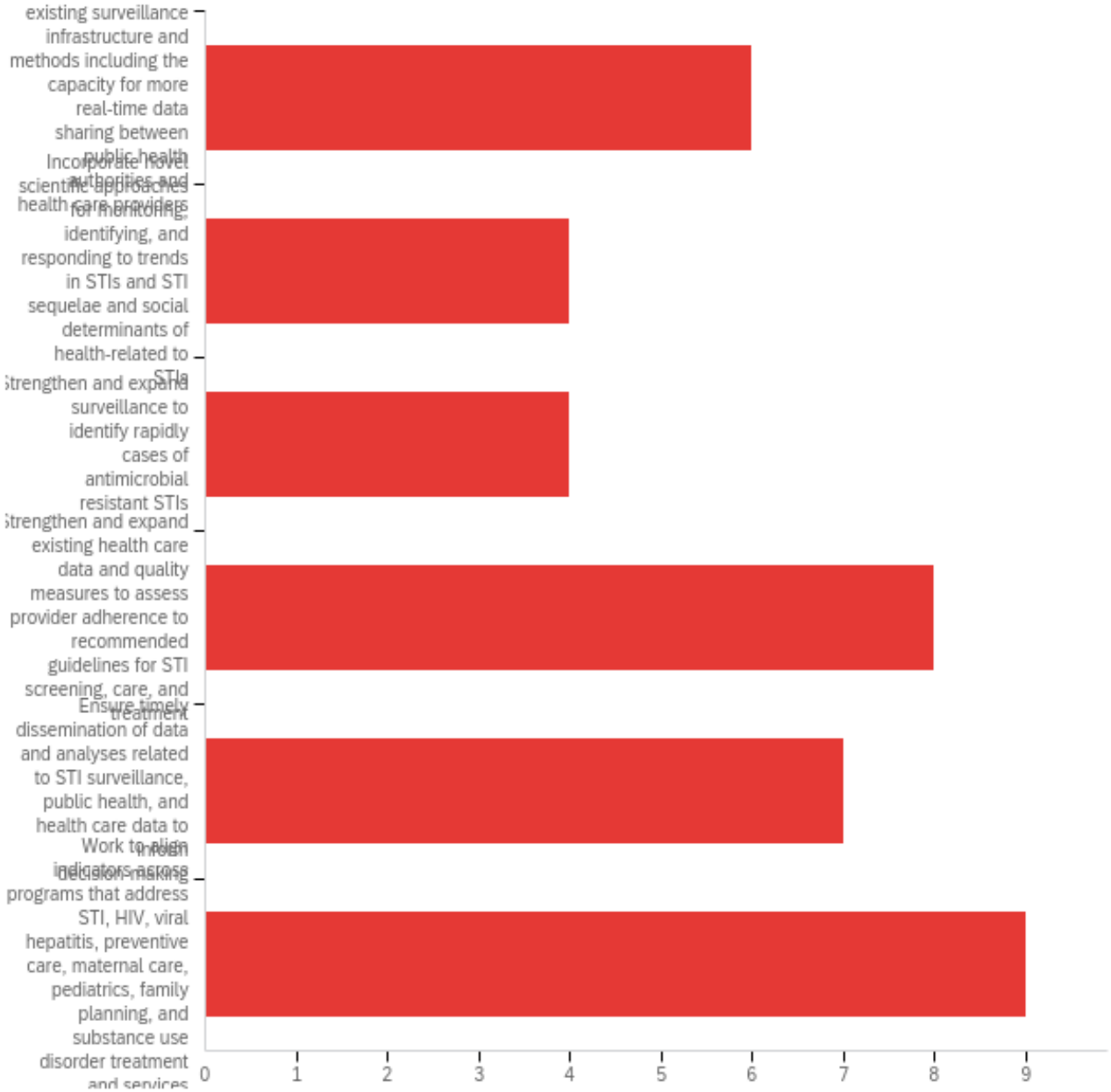

Table 18. In your opinion, what populations should be prioritized for prevention efforts in the St. Louis Region?

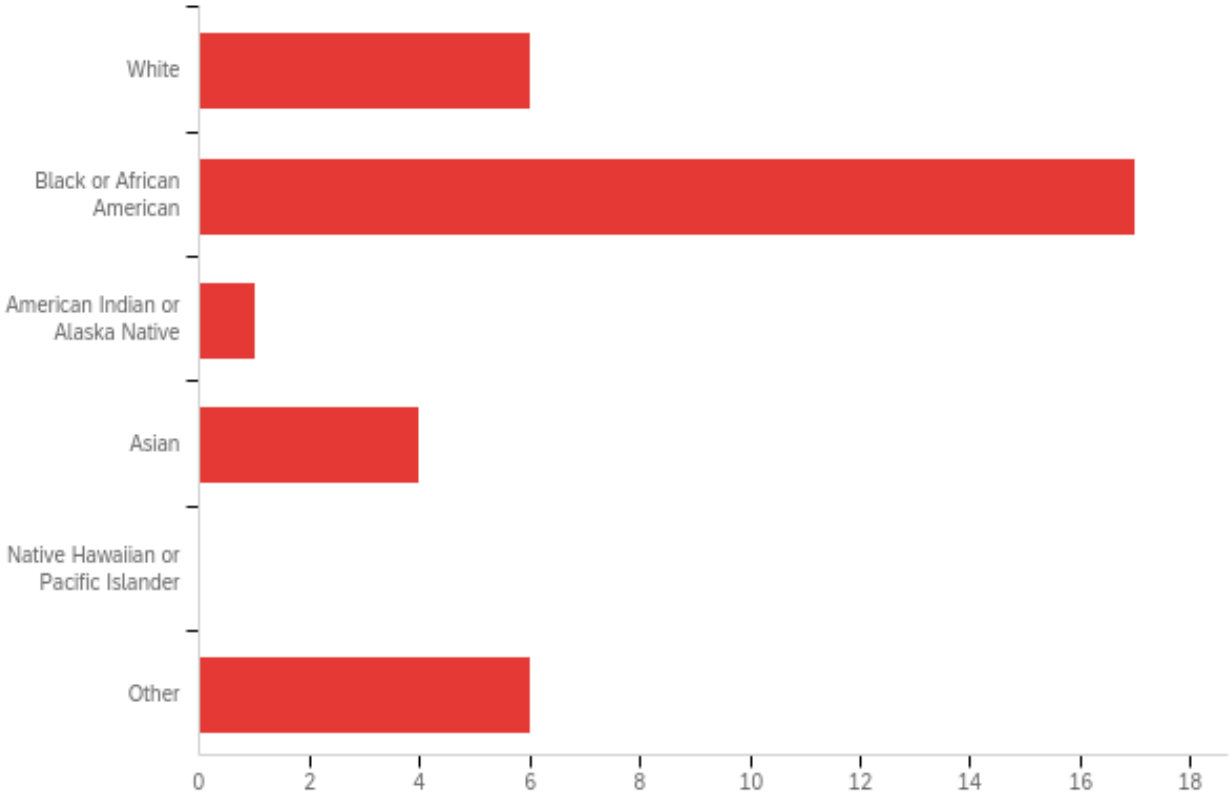

Table 19. In your opinion which STI do you think should be prioritized in the St. Louis Region? Ranked in order of priority.