

## Introduction

Despite the plethora of STI prevention and treatment advancements, we still see consistent health disparities amongst minority populations within the United States. The general consensus in the past attributed these health disparities to a mere lack of access to affordable healthcare. While this conclusion is partially true, research studies and contemporary literature has revealed to us that this is just one of the many barriers and obstacles faced by minority populations regarding STI treatment and prevention. One significant obstacle that must be overcome by both researchers and healthcare workers is the historically ingrained mistrust of research studies and public outreach (Adams, et al, 2017). This mistrust stems from the many ethical atrocities such as the Tuskegee Syphilis study and the story of Henrietta Lacks. Other barriers included but not limited to are lack of proper sexual education, inability to access contraceptives, lack of culturally congruent and competent medical services, inability to access sexual and reproductive services and programs, and lastly, stigma.



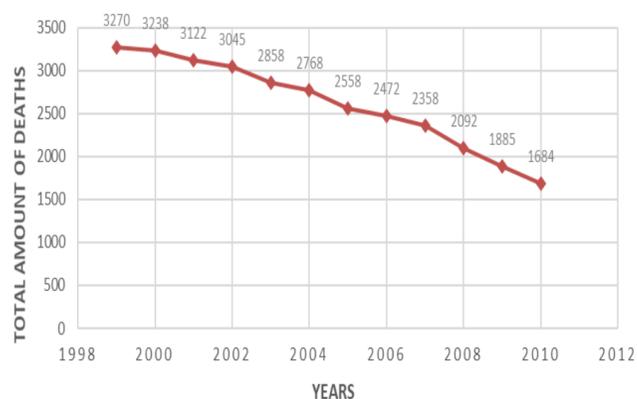
## Literature Review Methods

The literature used and references came from peer reviewed scientific journals and some scientific magazines, there were 20 studies used in these annotated bibliography from within the past five years.. Key search words used were *Health disparities, sexually transmitted diseases, minorities, vaccinations, sexual education*. The search included studies conducted in the united states.

## Background & Significance

The significance of the research is to provide evidence-based literature to bring awareness to health disparities in STI rates amongst the minority population in the United States using peer reviewed articles. Based on this research, there was limited information on mortality associated with health disparities in STI rates. However, some articles (Operario et al., 2015; Shacham et al., 2016 ), pointed out an increased rate of chlamydia, HIV, Hepatitis B, HSV-2, and Gonorrhea in the minority groups. Sexual minority men have an increased odds of testing positive for HIV, HSV-2, Gonorrhea, while sexual minority females have an increased odds of testing positive for hepatitis C (Operario et al., 2015). Understanding how health disparity affects the minority groups will help nurses provide culturally competent care to patients from this group. Nurses should check their biases, advocate for their patients, and empower them to participate in all aspects of their care; this will ensure trust among patient and reduce the burden of STIs on healthcare.

TOTAL NUMBER OF DEATHS ATTRIBUTED TO STI'S FROM 1998-2012



(McElligot KA, 2014) (Table 2 data)

## Findings

The main findings are disparities faced by this group can be attributed to various factors consisting of but not exclusive to lack of proper sexual education, access to contraceptives, culturally competent medical services, sexual and reproductive health services and stigma (Operario et al., 2015).

### Key Findings

Chronic HBV remains one of the main contributors to the increasing rates of liver cancer and is a significant racial health disparity in the United States, disproportionately affecting Asian Americans and Pacific Islanders (Tang et al., 2018)

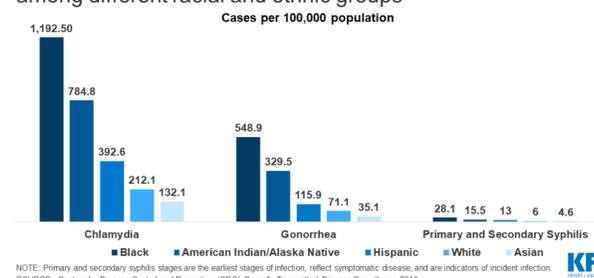
Sexual minority men have an increased odds of testing positive for HIV (AOR = 59.91), HSV-2 (AOR = 1.83), gonorrhea (AOR = 7.73) & Chlamydia (AOR = 5.13) compared with heterosexual men. Sexual minority women have an increased odds of testing positive for the hepatitis C antibody (AOR = 2.99) compared with heterosexual women (Operario et al., 2015).

A lack of condom availability (condom desert) is indicative of higher STI rates. Higher gonorrhea, chlamydia , and HIV infection rates occurred more often in areas with less condom availability. (Shacham et al., 2016)

"A total of 10,104 sexually active men, who have MSM were interviewed in this research. Overall, 1,742 white , 1,088 Hispanic, and 825 black MSM were aware of PrEP. Of these, 1,063 white, 546 Hispanic, and 412 black MSM reported discussing PrEP with a healthcare provider within the last year. Only 72 white, 373 Hispanic, and 248 black MSM reported taking PrEP within the past year (Kanny, 2019).

Figure 4

There is considerable variation in rates of STI infections among different racial and ethnic groups



NOTE: Primary and secondary syphilis stages are the earliest stages of infection, reflect symptomatic disease, and are indicators of incident infection. SOURCE: Centers for Disease Control and Prevention (CDC). Sexually Transmitted Disease Surveillance 2018.

(KAISER FAMILY FOUNDATION, 2020)

## Conclusion and Implications

Based on the peer reviewed studies and concurrent literature we can not only arrive at the conclusion that minorities are significantly lagging in vaccination rates, sexual education, routine physicals, STI testing, STI treatment and other preventative healthcare but we can both support it with statistics and analyze as to why this may be. By delving into the cultural, socioeconomic and historical context we can better equip healthcare providers and nurses with information that will ensure culturally competent evidence-based practice. It is the job of the nurse to advocate on behalf of these underrepresented minority groups and to educate them on potential risks. One overall encompassing change that we as nurses should advocate for is having High schools provide and distribute condoms to areas where condoms are not easily accessible. As evidenced by the U.S Department of Health & Human Services (2021), approximately only 7.2% of High schools and 2.3% of Middle schools within the US distributed condoms to their students.

Potential areas for additional research would be transparency in STI exposure to previous partners. Vaccination rates and adherence to treatments by the undocumented immigrant population within the US. Further research and outreach needs to be conducted on patients who identify with LGBTQ+. Furthermore, more research needs to be conducted regarding high school that distribute condoms and lower STD rates.

## References



## Acknowledgements

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Dr. Kendrea Todt

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