



Commentary

State-Level Recommendations to Reduce Inequities in Sexually Transmitted Infections



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Sexually transmitted infections (STIs) are common and costly in the United States, and people who are Black, American Indian/Alaskan Native, or Native Hawaiian or other Pacific Islander experience consistently higher rates of STIs (Centers for Disease Control and Prevention [CDC], 2021a; 2021b; 2019c). Furthermore, STI rates have been increasing across all racial/ethnic groups for the past several years at an alarming rate, particularly among those 15–24 years old (CDC, 2021b).

STI acquisition is influenced by social determinants of health (e.g., poverty, residential racial segregation, and inadequate health care access), which disproportionately impact people of color and make it more difficult to be sexually healthy (National Academy of Sciences, Engineering, & and Medicine, 2021; Tapp & Hudson, 2020). Historically embedded structures and functions of U.S. society maintain hierarchies of power based on social identity and underlie the unequal distribution of social determinants of health between socially defined groups (Feagin & Bennefield, 2014). Both structural and social determinants of health, therefore, explain in part racial inequities in STIs (Bowleg, Malekzadeh, Mbaba, & Boone, 2022).

The federal government recently created an inaugural 5-year plan (2020–2025) to reverse the recent rise in STIs, including goals to reduce STI-related disparities and inequities (U.S. Department of Health and Human Services [DHHS], 2020). Specific objectives center on federal power; however, given that

many domains of social determinants of health (such as education, employment, and incarceration) are under state jurisdiction, state governments must concurrently and urgently lay the groundwork to help decrease inequities in STIs (DHHS, 2020).

Addressing inequities in STIs means addressing the interrelated systemic factors that produce these inequities across local, state, and federal levels. Practice and policy interventions that focus on the experiences of historically oppressed groups can improve sexual health for all people (Bowleg et al., 2022). Sexual health care must be delivered to people of all genders, races, and socioeconomic backgrounds in a manner that upholds the tenets of reproductive justice (“the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities”) (SisterSong, 1997).

Louisiana exemplifies how state policy changes could have a large impact on STI rates and disparities. Louisiana ranks 49th for chlamydia, 45th for gonorrhea, and 46th for syphilis rates in the United States (CDC, 2019c) and 15- to 24-year-olds in Louisiana have some of the highest rates of STIs in the country (CDC, 2019a; Louisiana Department of Health [LDH], 2018). Moreover, STI rates are approximately four to six times higher among Black people than White people in Louisiana (LDH, 2018), and these racial disparities are evident across socioeconomic strata (poverty, unemployment, income inequality, median household income, and percentage of college graduates) (Mary Amelia Center for Women's Health Equity Research, 2021).

Using Louisiana as a case example, this commentary offers state-level policy recommendations to address various factors that underlie adverse sexual health outcomes within a conservative state hit relatively hard during the COVID-19 pandemic. The recommendations that follow are specific to Louisiana, but would have broad applications to many states across the nation.

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Despite several disappointing legislative defeats, advocates continue to seek bipartisan support for measures that will uphold sexual and reproductive health as fundamental human rights necessary to ensure all people have an equal chance of living healthy and safe lives.

Health Insurance Coverage

Health insurance coverage is an important first step in accessing and using health care. Louisiana's Democratic Governor John Bel Edwards expanded Medicaid health insurance coverage by executive order immediately upon his election in 2016, which resulted in one of the sharpest state-level declines in the uninsured rate among women of childbearing age (26% in 2013 to 11% in 2017) in the United States (Searing & Ross, 2019). Results are mixed as to whether states that expanded Medicaid improved reproductive health care use (e.g., earlier entry into prenatal care) (Searing & Ross, 2019) or not (e.g., STI screening) (Hatch et al., 2021). Although this step was taken through executive order, legislatures are also critical for expanding health insurance coverage. For example, on April 1, 2022, Louisiana became the first state to extend postpartum Medicaid coverage through the American Rescue Plan (DHHS, 2022), encouraged by a bipartisan legislative resolution. Extended postpartum Medicaid coverage will give more than 14,000 women in Louisiana greater access to reproductive health access, including STI services (DHHS, 2022); such extensions are associated with improved postpartum reproductive health access (Dunlop, Joski, Strahan, Sierra, & Adams, 2020; Thiel de Bocanegra, Chang, Howell, & Darney, 2014). This initiative shows how partnerships between the federal government and a state's executive and legislative branches can work together to unlock resources to expand health care coverage for vulnerable populations.

Sexual Health Services

Increase Availability of Sexual Health Services

Obstetricians/gynecologists and family planning clinics are primary sources of sexual health care in the United States (Hall, Patton, Crissman, Zochowski, & Dalton, 2015), but access in Louisiana greatly depends on where one lives. Approximately one in four women of reproductive age reside in a parish with limited or no obstetric health care (Wallace et al., 2021). However, Louisiana has at least one publicly supported reproductive health clinic per parish (Frost, Blades, Zolna, Douglas-Hall, & Bearak, 2017), which provides essential reproductive health services (e.g., STI testing and treatment) (Frost et al., 2019). This care is indispensable. In 2016, such services helped to avert 2,460 cases of chlamydia and 530 cases of gonorrhea, and they are estimated to have saved Louisiana nearly \$17.5 million in health care costs otherwise associated with undiagnosed STIs (Frost et al., 2019). However, many states, including Louisiana, experienced an increase in the number of women in need of publicly supported reproductive health services from 2010 to 2016 (Frost et al., 2019). Thus, state legislatures must meet the growing need for such services by appropriating operational funding for publicly supported reproductive health clinics (Frost et al., 2019). These allocations should also be present in gubernatorial budget proposals.

Nationally, sexual health services are less available in rural areas (Jenkins, Williams, & Pearson, 2021). To entice more sexual health providers into rural and underserved areas, state legislatures and departments of health should develop adequate

reimbursement models, residency training programs, and financial incentives (Centers for Medicare and Medicaid Services, 2019). Financial incentives such as scholarships and loan repayment programs may offer only a short-term solution to the workforce shortage; results are mixed as to whether providers remain after the fulfillment of their commitment (Grobler, Marais, & Mabunda, 2015). Retention programs and ongoing professional support may help to retain providers after their initial obligation period (Grobler et al., 2015). The Louisiana State Loan Repayment Program within the Louisiana Department of Health offers a reduction of education debt (\leq \$30,000 per year) in return for a 3-year commitment to serving in a designated health professional shortage area (LDH, n.d.). Eligibility includes reproductive health care providers such as obstetricians/gynecologists, certified nurse practitioners, and certified nurse midwives (LDH, n.d.).

Gaps in health care provision could also be filled if the state eliminated the collaborative practice agreement or provided exemptions that allow advanced practice nurse practitioners (APRNs) to practice in the state more freely (New Orleans Maternal and Child Health Coalition, 2020/2021). In 2021, Louisiana state legislative efforts to allow full practice authority for APRNs (i.e., to practice independently without the oversight of a collaborating physician) was denied (House Bill 495, 2021). In 2022, Senate Bill 175 and House Bill 543 were put forth by a Democratic senator and Republican representative and would allow exemptions for collaborative practice agreements (e.g., the APRN has a valid APRN license in Louisiana and has experience as recognized by the State Board of Nursing to be \geq 1,000 hours in collaborative practice); time will tell if these versions are less controversial and, therefore, more likely to pass (House Bill 543, 2022; Senate Bill 175, 2022). Reducing regulation of a particular industry, such as advanced practice nursing without additional oversight from a physician, may appeal to Republican legislators who may be willing to partner with Democratic colleagues seeking to expand care by APRNs.

LGBTQ+ Protections

Further contributing to stigma that impacts health-seeking services, the Louisiana State Legislature continuously facilitates LGBTQ+ discrimination and stigma by introducing bills to limit rights of LGBTQ+ adolescents. In 2020, state legislators tried to require parental consent for gender-affirming care (Senate Bill 104) and require athletic teams or school-sponsored sporting events to be designated based on "biological sex" (House Bill 466 and Senate Bill 172) (SIECUS, 2021). These attempts, which died in committee, would have further stigmatized LGBTQ+ persons and would have led to an avoidance of health care owing to anticipated discrimination (Alencar Albuquerque et al., 2016; Casey et al., 2019). Legislators should stop introducing such bills.

One bright spot for LGBTQ+ rights in recent years occurred in 2017 when HB27, introduced by Republican Patrick Connick, was signed into law by Governor Edwards (Act No. 79). By removing language that limited domestic violence protections to those in opposite-sex relationships, Democrats and Republicans expanded the rights of domestic violence victims to include those who are LGBTQ+ (Act No. 79).

Strengthen Sex Education

Mandate Comprehensive Sex Education Curriculum

Comprehensive sex education is crucial to equipping young people with the knowledge and skills necessary to reduce the

risk of STIs and live sexually healthy lives (American Public Health Association, 2014). Schools are not legally required to teach sex education (Permitted Courses of Study, 1993), and approximately one-third of parishes have opted not to teach any sex education (LPHI, 2020). However, like many other states, Louisiana permits abstinence-plus sex education in grades 7–12, which includes information about contraception and condoms in the context of abstinence messages (Permitted Courses of Study, 1993). Among parishes with a sex education policy, there is no standardized curriculum (Permitted Courses of Study, 1993), despite the majority (74%) of K-12 parents in a statewide survey reporting they would prefer their children were taught how to use and obtain birth control and condoms (LPHI, 2018). Because most Louisiana public school districts are majority Black and tend to be in impoverished areas (Louisiana Budget Project, 2019), a combination associated with pediatric health inequities (Heard-Garris et al., 2021), it is imperative that all public schools in Louisiana teach evidence-based sex education to decrease the risk of STIs among Black youth and low-income youth, who are at greater risk of STIs.

All students in secondary school should receive evidence-based comprehensive sexual education that includes risk reduction strategies for unintended pregnancy, STI and sexual violence prevention, and LGBTQ+ -specific guidance. The CrAFT Curriculum, for example, developed by the Institute of Women and Ethnic Studies to serve Louisiana students, is currently in three New Orleans schools, and it integrates comprehensive sex education with gender-transformative and trauma-informed concepts within a human rights framework (Institute of Women and Ethnic Studies, 2018).

Allow Data Collection on Sexual Health Among Adolescents

Louisiana is one of several states where state law forbids testing, quizzing, or surveying students about their personal beliefs or practices regarding sex (Permitted Courses of Study, 1993). Without robust data collection, evaluation of sex education programs and teen sexual health will remain incomplete and insufficient. Thus, to understand and support adolescent teen sexual health, the Louisiana state legislature should allow data collection on sexual risk behaviors (CDC, 2019b). Last, school-based health care programs in Louisiana should be allowed to provide contraceptive services, as such services have a demonstrated ability to increase STI testing (Dittus et al., 2014; Ethier et al., 2011).

Conclusions

This commentary describes how state-level policies contribute to disparities in STIs and highlights several opportunities to improve sexual health and advance health equity. Although specific to policies in Louisiana, the recommendations could be applicable to other states. Recommendations include policies that increase investment in sexual and reproductive health care services, protect and promote LGBTQ+ sexual and reproductive health needs, and strengthen sexual health education. Furthermore, inequities in STIs can be decreased when policies purposefully aim to create equitable opportunities for health and well-being where all women and their families live, work, and play, and there is an understanding of how interconnected systems (well beyond health care) function as a whole to shape inequities (Gee & Hicken, 2021). In particular, poverty reduction efforts would have an outsized impact by combating deep-seated structural conditions that shape people's ability to

lead healthy lives. These are not intractable problems and state policies alone cannot rectify them. The federal government has an important role in STI prevention and family planning services through the CDC, Title X, and workforce programs. Thus, solutions will require cooperation across sectors and political party to decrease disparities in sexual health, enhance opportunities for equitable health, and enable all people in Louisiana and beyond to live healthy and happy lives.

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