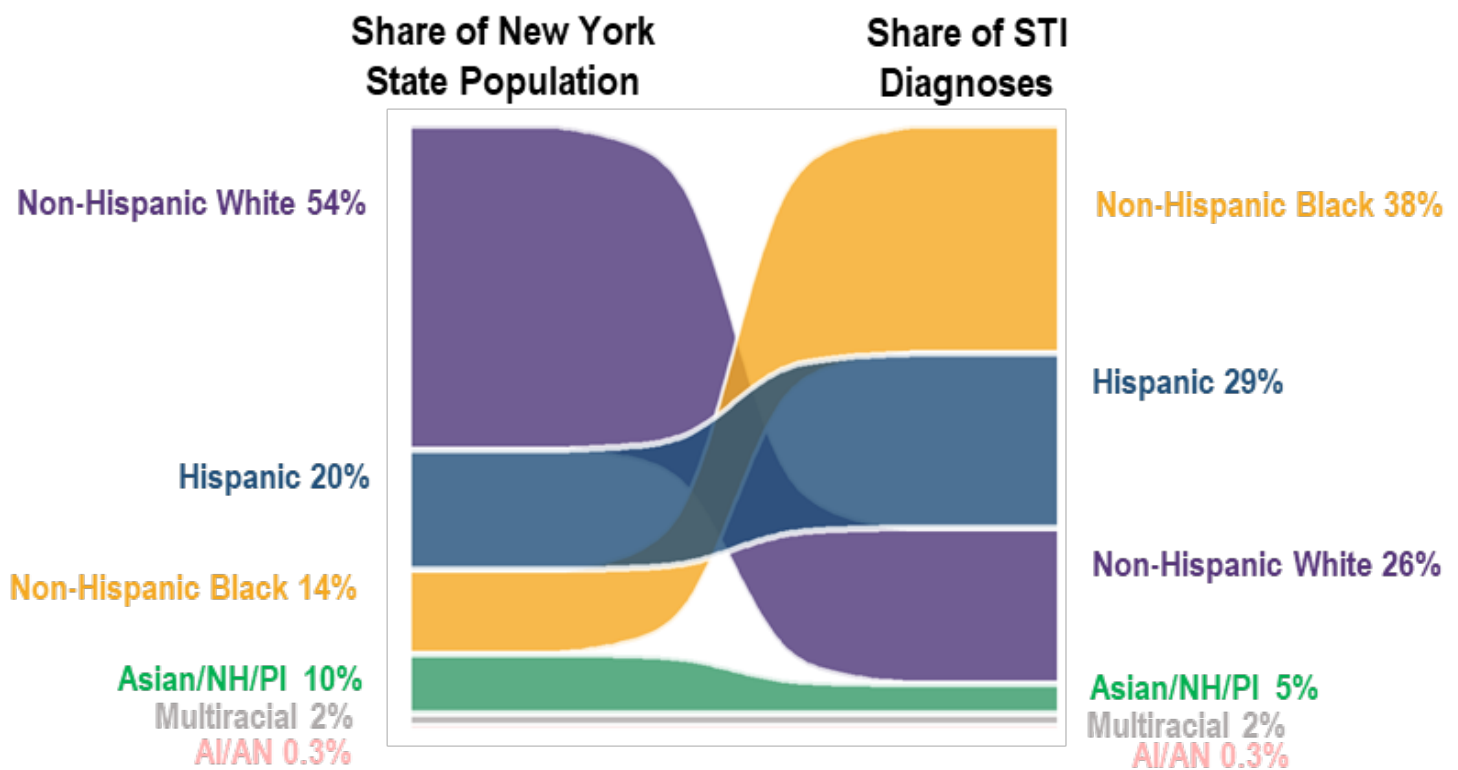


Racial and Ethnic Disparities among Sexually Transmitted Infection Diagnoses in New York State: A Glimpse from 2023

What are racial and ethnic disparities in sexually transmitted infections (STIs)?

Certain racial and ethnic communities are experiencing higher rates of STIs than others. These differences in rates may be the result of barriers in access to sexual healthcare and the impact of social and structural determinants of health. Addressing the factors contributing to these disparities may lead to improved access to prevention and treatment for STIs.

The disparities among those diagnosed with an STI* in 2023 were greatest for non-Hispanic Black and Hispanic persons.



*Primary & Secondary syphilis, gonorrhea, and chlamydia

NH/PI= Native Hawaiian/Pacific Islander; AI/AN=American Indian/Alaskan Native

The data displayed above highlight racial and ethnic disparities in STI diagnoses in New York State (NYS). Certain racial and ethnic groups experience a higher burden of STIs. In the general NYS population, about **14%** of people were **non-Hispanic Black**, however, **38%** of persons with STIs were **non-Hispanic Black**; indicating a nearly **3-fold** imbalance in the burden of STIs. If STIs affected all races and ethnicities equally, the burden of these infections will be spread proportionally across different racial and ethnic groups

In 2023, STI rates in Hispanic and non-Hispanic Black persons are over 2 and 4 times higher than non-Hispanic White persons.

Gonorrhea		Chlamydia		Primary & Secondary Syphilis	
Non-Hispanic Black	533	Non-Hispanic Black	1084	Non-Hispanic Black	34
Multiracial	298	Hispanic	583	Multiracial	27
Hispanic	242	AI/AN	530	Hispanic	19
AI/AN	175	Multiracial	294	Non-Hispanic White	7
Non-Hispanic White	117	Non-Hispanic White	200	Asian/NH/PI	7
Asian/NH/PI	87	Asian/NH/PI	182	AI/AN	1

Rates presented in the above tables are per 100,000 population, and age-adjusted.

NH/PI= Native Hawaiian/Pacific Islander; AI/AN=American Indian/Alaskan Native

What are we doing about the disparities?

- Alongside ongoing research to better understand disproportionate burden, focus groups consisting of diverse multiracial and multilingual participants were conducted to study knowledge, attitudes, and beliefs, and identify barriers and motivators to accessing sexual health services with a goal to inform sexual health programming.
- As an organization dedicated to promoting health equity, we recognize the complexity of addressing social determinants of health in isolation, given the intertwined nature of individual and community health outcomes. As we advance through the health pyramid, we understand that tackling these disparities requires sustained, collective efforts across communities and institutions, which must extend beyond individual behavior change, emphasizing structural reforms and policy initiatives, and evidence-based programming to ensure equitable access to sexual health services.

What health care providers can do:

- **Ensure** equitable access to STI testing and treatment through innovative models of care.
- **Provide** culturally competent education to patients on safe practices and behaviors.
- **Support** and advocate for policies addressing social determinants of health.

What public health practitioners can do:

- **Offer** community-based screening in areas at high risk for STIs.
- **Involve** community in development and evaluation of STI program activities.
- **Develop** targeted interventions and programs to reduce stigma around STIs.

Data Sources: New York State and New York City Communicable Disease Surveillance Systems.

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Department of Health