

October 1, 2020

Submitted electronically to STDPlan@hhs.gov.

Re: Request for Information: STI National Strategic Plan 2021-2025 Available for Public Comment (85 FR 59321)

Howard Brown Health would like to thank you for the opportunity to provide comment on the draft STI National Strategic Plan 2021-2025. Howard Brown is the largest LGBTQ health center in the Midwest, serving over 38,000 patients across twelve clinic locations in Chicago. As a Federally Qualified Health Center (FQHC), Howard Brown provides care to LGBTQ communities through primary care, behavioral health, research, mental health services, HIV/STI prevention, elder services and community outreach initiatives regardless of ability to pay. Through these programs, Howard Brown fulfills its mission of eliminating health disparities and improving health outcomes experienced by LGBTQ individuals.

We applaud the overall vision for the Strategic Plan. Howard Brown agrees that the United States should be a place where every person has access to high-quality STI prevention, care, and treatment while living free from stigma and discrimination. We also applaud the Strategic Plan's emphasis on priority populations that experience a disproportionately higher burden of infection, including men who have sex with men (MSM) and racial/ethnic minorities.

In order to achieve this vision, we have the following recommendations on several strategies listed in the Strategic Plan in order to ensure that priority populations are thoughtfully included throughout each of the Strategic Plan's goals.

Strategy 1.1.2: Support a comprehensive approach to sexual health education that includes both risk-avoidance and risk-reduction messaging at the community level in schools, faith-based organizations, and other community-based organizations.

- It is important that concepts related to sexual orientation and gender identity are included in comprehensive sexual health education. Most LGBTQ youth are not taught information in sex education courses that is relevant or affirming of their identities. According to the 2017 GLSEN School Climate Survey, a national survey of 23,000 students, just 6.7% of respondents reported receiving LGBTQ-inclusive sex education.¹ In addition to a general lack of LGBTQ inclusion in sex education curricula, 7 states actually require that only negative information about

¹ Kosciw JG, Greytak EA, Zongrone AD, Clark CM, & Truong NL. (2018). *The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. New York: GLSEN.

homosexuality be shared in sex education.² This contributes to further stigmatization of LGBTQ youth and can result in worse sexual health outcomes. In order to best reach LGBTQ youth, comprehensive sex education should ideally provide age-appropriate and medically accurate information to help youth understand their own sexual orientation and gender identity. LGBTQ-inclusive sexual education should also include positive representations of LGBTQ people and relationships, and describe best methods for safe sex between people of all identities. Given the various state restrictions around sex education in schools, we would also recommend exploring innovative methods for delivery of comprehensive sex education information, including online, multimedia approaches that have demonstrated acceptability and efficacy among LGBTQ youth.³

Strategy 1.2.3: Promote safe and supportive environments such as school, family, and community that encourage adolescents and young adults to avoid and decrease STI risk.

- Unfortunately, schools are often unsafe environments for LGBTQ youth. The 2017 GLSEN School Climate Survey found that the vast majority of LGBTQ students (87.3%) experienced some sort of harassment or assault at school based on personal characteristics including sexual orientation and gender identity.⁴ Many LGBTQ students (62.2%) also reported experiencing anti-LGBTQ discriminatory policies at school, such as being prohibited from discussing LGBTQ topics, being restricted from creating a GSA, being prohibited from wearing clothes aligning with their gender identity, and being disciplined simply for identifying as LGBTQ. GLSEN identified several strategies for improving school environments for LGBTQ youth, including: providing LGBTQ cultural competency training for school staff, ensuring that school policies do not intentionally or unintentionally discriminate against LGBTQ students, and adopting and implementing comprehensive anti-bullying/harassment policies that specifically include protections for LGBTQ youth.⁵ These could be helpful strategies to promote as a part of Strategy 1.2.3 of the Strategic Plan.

² Guttmacher Institute (Sept 1, 2020). State Laws and Policies: Sex and HIV Education. Available online at: <https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education>

³ Mustanski B, Greene G, Ryan D, Whitton S. (2015). Feasibility, Acceptability, and Initial Efficacy of an Online Sexual Health Promotion Program for LGBT Youth: The Queer Sex Ed Intervention. *The Journal of Sex Research*. 52(1): 220-230.

⁴ Kosciw JG, Greytak EA, Zongrone AD, Clark CM, & Truong NL. (2018). *The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. New York: GLSEN

- LGBTQ youth also unfortunately do not always have supportive or safe home environments, but there are great resources and interventions available that are specifically geared towards families of LGBTQ children. The Family Acceptance Project (FAP) is a research, intervention, education, and policy initiative based out of San Francisco State University. FAP uses a research-based and culturally grounded approach in order to create interventions and resources that help diverse families learn to best support their LGBTQ children. Some of their publications and resources can be found [here](#).

Strategy 3.1.3: Ensure that critical pathways exist to facilitate STI vaccine licensure and to bring newly licensed STI vaccines to market

- Any research on and implementation of STI vaccines must be rooted in gender and racial equity. Vaccine development and marketing should also be community-informed in order to best serve those disproportionately affected by STIs.

Strategy 3.2.2: Advance research on pre-exposure and post-exposure prophylaxis.

- There are several lessons that can be learned from research that has been done around the acceptability and efficacy of pre-exposure prophylaxis (PrEP) for HIV prevention. While research on PrEP for HIV among MSM is relatively robust, other priority populations—including transgender people⁶ Black people⁷, and people who inject drugs (PWID)⁸, all communities that are also disproportionately burdened by HIV infection—are less well represented in research and clinical trials. It is important to actively recruit and include populations that are disproportionately impacted in the research.
- There is also research that shows disparities in uptake of PrEP for HIV prevention among different priority populations.⁹ More research should be done around PrEP for HIV, as well as PrEP/PEP for other STIs, around the drivers for these disparities, including cost, accessibility, health literacy, and medical mistrust. Innovative modalities for treatment and community-based interventions to improve access to care among understudied priority populations should also be prioritized.

⁶ amfAR: The Foundation for AIDS Research. (2014). *Trans population and HIV: Time to end the neglect*. <http://www.amfar.org/issue-brief-trans-populations-and-hiv-time-to-end-the-neglect/>

⁷ Centers for Disease Control and Prevention. (2016). HIV surveillance reports, <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>

⁸ Allen S, O'Rourke A, Hamilton White R, et al. (2019). Barriers and Facilitators to PrEP Use Among People Who Inject Drugs in Rural Appalachia: A Qualitative Study. *AIDS and Behavior*. 24: 1942-1950.

⁹ Kanny D, Jeffries WL IV, Chapin-Bardales J, et al. (2019). Racial/Ethnic Disparities in HIV Preexposure Prophylaxis Among Men Who Have Sex with Men — 23 Urban Areas, 2017. *MMWR Morb Mortal Wkly Rep* 2019;68:801-806.

- Research has shown that the use of doxycycline as prophylaxis has been effective for preventing bacterial STIs, including syphilis and chlamydia, for MSM.¹⁰ This is a promising approach for STI prevention, and more research is needed on long-term safety, antimicrobial resistance, cost-effectiveness, dosage and efficacy, and community acceptability in different target populations.¹¹

Strategy 3.3.2: Support the development of diagnostic tests to rapidly identify and characterize antimicrobial resistant isolates.

- Any development of susceptibility testing for STI isolates must also be scalable and accessible on a national level. While rapid diagnostics reporting antibiotic susceptibility is critical in extending the life of current last-line treatment regimens, implementation will be challenging in resource-limited settings without cost-effective development.

Strategy 4.1.1: Support and encourage training of health care and health systems personnel in cultural sensitivity, implicit bias, discrimination, and disparities associated with STIs.

- We applaud the inclusion of this strategy, which will be critical to the success of the Strategic Plan with priority populations that have historically experienced stigma and discrimination in accessing health systems. For example, Black patients are systematically undertreated for pain compared to White patients¹², which can be traced back to inadequate training and education of medical staff.¹³ These experiences have justifiably led to widespread medical mistrust among Black Americans, which can act as a major barrier to care. Anti-LGBTQ discrimination is also still common in healthcare settings, and experiences of discrimination or anticipation of discrimination acts as a barrier to accessing healthcare. In a survey conducted by the Center for American Progress, 17% of LGBTQ respondents reported avoiding preventative healthcare in the past year due to previous experiences of discrimination based on sexual orientation or gender identity.¹⁴ Training for healthcare personnel in cultural competency,

¹⁰ Molina J, Charreau I, Chidiac C, et al. (2018). Post-exposure prophylaxis with doxycycline to prevent sexually transmitted infections in men who have sex with men: an open-label randomized substudy of the ANRS IPERGAY trial. *Lancet Infect Dis.* 18: 308-17.

¹¹ Grant J, Statylis C, Celum C, et al. (2019). Doxycycline Prophylaxis for Bacterial Sexually Transmitted Infections. *Clinical Infectious Diseases.* 70(6): 1247-1253.

¹² Meghani S, Byun E, Gallagher R. (Feb 2012). Time to take stock: A meta-analysis and systematic review of analgesic treatment disparities for pain in the United States. *Pain Med.* 13(2): 150-74.

¹³ Hoffman K, Trawalter S, Axt J, Oliver N. (April 19, 2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences of the United States of America.* 113(16): 4296-4301.

¹⁴ Mirza S and Rooney C. (January 18, 2018). Discrimination Prevents LGBTQ People From Accessing Health Care. Washington, DC: Center for American Progress.

implicit bias, and discrimination will be necessary in order to engage with priority populations in an effective and affirming manner.

Strategy 5.2.1: Strengthen and expand existing surveillance infrastructure and methods in health departments while incorporating novel scientific approaches for monitoring, identifying, and responding to trends in STIs and STI sequelae and social determinants of health related to STIs.

- We would recommend expanding current surveillance systems to include the collection of sexual orientation and gender identity (SOGI) data along with other demographic data. Public health researchers, advocates, and healthcare providers agree that SOGI data collection is critical for being able to track and address LGBTQ health disparities.¹⁵ Given the disproportionate burden of STI's among sexual and gender minority populations, collection of SOGI data to track trends in STIs and STI sequelae among these populations would be especially helpful. Reliable standards for SOGI data collection exist. SOGI data standards have been included in the Interoperability Standards Advisory since it was first published in 2015.¹⁶ SOGI standards have achieved steadily increasing and high levels of maturity and adoption by healthcare professionals since 2015, as reflected in the 2019 edition of ONC's Interoperability Standards Advisory.¹⁷

We thank you for the opportunity to provide feedback on the STI National Strategic Plan 2021-2025. If you have any comments or questions, please feel free to reach out to Tim Wang, Director of Policy and Advocacy, at timothyw@howardbrown.org.

Sincerely,

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¹⁵ Fenway Institute, the Center for American Progress, and 103 other health care, research, professional, and patient advocacy organizations Public Comment on Stage 3 Meaningful Use proposed rule CMS-3310-P, published March 30, 2015.

¹⁶ Office of the National Coordinator for Health Information Technology. (2015). 2015 Interoperability Standards Advisory. Page 7. Available online at: https://www.healthit.gov/sites/default/files/2015interoperabilitystandardsadvisory01232015final_for_public_comments.pdf

¹⁷ Office of the National Coordinator for Health Information Technology. (2019). 2019 Interoperability Standards Advisory. Pages 20-22. Available online at: <https://www.healthit.gov/isa/sites/isa/files/inlinefiles/2019ISARReferenceEdition.pdf>.



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