

Combating Public Health Grant

Section I: Purpose Statement and Title

Purpose Statement:

It is as common as one in every four young females in the United States between the ages of fifteen to twenty five that develop a sexually transmitted disease that can cause major side effects to themselves, but also be passed on to others. The spread of sexually transmitted diseases and infections can be stopped if young adults are given the right protection when engaging in sexual activity.

Title: A Young Adult's Way to End STD and STI Transmission

Section II: Project Overview

It can be as common as 25% of young females in the United States between the ages of fifteen to twenty five developing a sexually transmitted disease. These STDs can cause major side effects to themselves, but also be passed on to others. The spread of sexually transmitted diseases and infections can be stopped if young adults are given the right protection when engaging in sexual activity. STDs and STIs are more common in females than in males. This can cause issues with fertility and pregnancy if there is not the proper screening and testing and treatments available. No matter who it is, everyone deserves access to protection for themselves and their partners from diseases and infections that can alter lives.

While some of this information may seem daunting, the adolescents of America need guidance to be on the track to having safe sex, without getting STDs and STIs. As the people in each statistic are the future of this nation, they need help, guidance, and education to get and stay on the healthy path towards caring for themselves and their bodies. Nationwide education must start before it is too late; meaning before adolescents develop STDs that have many long term side effects such as infertility, pelvic inflammatory disease, and cervical cancer. More access must be available for universal protection, education, and communication to support the needs of this demographic, providing the skills they need to be safe with their partners. STDs, STIs, and sex in general does not need to be stigmatized any longer. The goal is to ensure safe sex in America, to protect from STDs and STIs and to educate young adults about the harmful effects of these diseases and infections, so they know how to protect themselves and their partners.

Section III: Problem Statement (background and significance)

It is alarming how many adolescents develop STDs and STIs in the United States during sexual activity, using research and problem solving, these adolescents must be helped through this nationwide issue. According to Northwest Georgia Public Health, the youth bear a disproportionate share of STI's, though 15-24 year olds only make up 27% of those who are sexually active, they account for 20 million of the new cases of sexually transmitted infections every year in the United States. Broken down specifically, they make up approximately 22% of syphilis cases, 42% of gonorrhea cases, and 62% of chlamydia cases. These statistics demonstrate how prominent STDs and STIs are within the community of adolescents within the United States. This calls to action the need for proper education, protection, and testing available to this demographic, nationwide.

Seeing such a common trend in this age group tells researchers, doctors, and professionals that additional help beyond an infographic or pamphlet in a doctor's office is necessary. Some major problems the CDC records are that young people do not get the recommended STD testing. Many young people are hesitant to speak openly with their doctors or nurses about their sex lives, and with a lack of insurance and transportation limits, options for STD testing can be difficult to find. Many grants and opportunities relating to STDs are only written asking for funding in a time of sheer crisis within a specific area. In addition it is usually an area that is specific, such as one major city located in the United States. While this is a start to prevent more and more STD and STI outbreaks, it almost seems as though there is an outbreak within the entire United States that is simply being ignored. A grant focusing on a specific demographic, with a wider geographic area is something that may not have been covered before, but needs to be covered now. Therefore, this request will specifically focus on education, streams of communication, and available protection for adolescents.

Section IV: Project Goals

For this project, I have multiple goals.

Goal One: To establish available free protection for young adults who need it to prevent STDs and STIs as a result of sexual activity. (Ex. Condoms)

Goal Two: To establish available and affordable STD and STI testing that is in areas that can be easily accessed by multiple transportation options.

Goal Three: To have young adults feel as though they can be more open and honest when they communicate with their doctors, nurses, and their partners about their sex lives.

Goal Four: To educate young adults on how to protect themselves, advocate for their sexual health, communicate with their doctors, nurses, and partners, all with the greater goal of preventing STDs and STIs.

Section V: Project Objectives

Objectives:

- Decrease the STD and STI incidences by 50% in those ages 15-25 years old by 2030.
- Establish nationwide availability of affordable STD and STI testing for those 15-25 years old, without a parent present within the next five years.
- Have STD and STI prevention be taught in all middle school and high school health education curriculum nationwide by 2023.
- Offer free condoms and other protection methods at all doctors offices and pharmacies nationwide by 2030.

Section VI: Project Methodology (details)

The first goal to accomplish is to decrease the STD and STI incidences by 50% in those 15 to 25 years old by 2030. This would need to be accomplished by having each other achieve their goal accomplished. Looking at the statistics from Northwest Georgia Public, 15-25 year olds make up 27% of the sexually active population, but they account for 50% of counteracted STIs in the United States each year. Making up a little bit over one fourth of the total population of those sexually active, this demographic accounts for over half of the sexually transmitted infections in the United States. To deal with this epidemic of STDs and STI infections, there

needs to be doctors, researchers, and health education professionals to help create a plan. This plan will involve doctors having more education catered toward their young patients as well as having new methods of communication, so when they go to talk to patients with possible STD or STI issues, the patients are open, honest, and comfortable, so that the patient can get the true help they need. In addition, medical professionals will conduct research to see if the adolescents in these demographics will continue to have the same contraction rate of STDs. Medical professionals will also keep track of the infections and their contraction. They will see if they are contracted at a lower rate or a higher rate, over time as these new measures are put into place. The necessary resources to make this overall goal happen are universal health education in middle schools and high schools regarding STD and STI protection, providing free protection methods at doctors offices and pharmacies nationwide, and putting in measures to allow patients to feel comfortable when communicating with their doctors about their sexual history, health, and concerns. The implementation will occur when all other objectives listed above have been successfully achieved, with all objectives having different timelines of achievement, the goal is to decrease the STD and STI incidences by 50% in those ages 15 to 25 years old by 2030. .

The second objective is to establish nationwide availability of affordable STD and STI testing for those 15-25 years old, without a parent present within the next five years. According to NCBI, “Despite recommendations for widespread screening, a relatively small percentage of adolescents receive the recommended STI screening. A national survey of youth age 15–25 years found that most had never received an STI test: only 16.6% of females and 6.6% of males had been tested in the past 12 months [31]. Confidentiality concerns were a large barrier to testing” (NCBI, 2021). Many teenagers do not get recommended STI testing, due to confidentiality concerns. NCBI goes onto report, “Although all 50 states allow adolescents to access STI

screening and treatment without parental consent, 18 states allow for parental notification if a minor is seeking STI services [32]. Furthermore, for adolescents who are on their parents' insurance plans, concerns about confidentiality breaches through insurance billing are common" (NCBI, 2021). In this step, insurance agencies, government officials, and medical professionals would need to be responsible as well as the adolescents being tested. Insurance agencies would have to make clauses for STD and STI tests to be done for those under 18, on their parents insurance, without it showing up as necessarily a specific test. This test should still be covered by government funding or by private insurance agencies. Government officials will find funding to cover the testing needed for those who may not have the privilege of private health insurance, and still allow them to have access to healthcare. In addition, medical professionals will carry out these tests once they are made affordable to these patients. This will be implemented by all of the professionals meeting together and creating a plan. The medical professionals will just speak from a medical standpoint. The government and insurance professionals will figure out how the funding can go to those who need it and the insurance company will figure out how to have the test be able to be on insurance bills or claims without popping up as an STD test. To implement this, there will have to be meetings among insurance agents, government officials and medical officials to initiate funding and public policies outlining how the adolescents can receive confidential testing, affordable testing, yet still receive equitable healthcare.

The next objective is to have STD and STI prevention be taught in all middle school and high school health education curriculum nationwide by 2023. Prevention starts with education. Many high schoolers are no longer required to even take health education. According to a CDC Report on Sexual Education, "Across states, fewer than half of high schools (43%) and less than one-fifth of middle schools (18%) teach key CDC topics for sexual health education" (CDC,

2018). It is important to teach topics such as what the different STDs and STIs are, the different ways they can be transmitted, and most importantly how to prevent such transmission from occurring. In addition, to teach what resources are available for those who think they may have contracted an STD or STI. This would involve medical professionals meeting with educators and other school officials among America to create a relevant sexual education curriculum that details STD and STI prevention. This would take meetings to introduce the topic, possible funding for schools to have health education and teachers, lesson plans and discussions relevant to the topic, followed by implementation into schools. The implementation would occur by using the curriculum collaborated on by medical professionals and teachers being put into action and taught as a part of health education in middle schools and high schools nationwide.

The final objective is to offer free condoms and other protection methods at all doctors offices and pharmacies nationwide by 2030. According to the CDC, “If you do decide to have sex, you and your partner should get tested for STDs beforehand. Make sure that you and your partner use a condom from start to finish every time you have oral, anal, or vaginal sex. Know where to get condoms and [how to use them correctly](#)” (CDC, 2021). To have this objective completed, there will need to be government officials and medical professionals involved. Medical professionals and government officials will work together to create a public policy for funding of free protection available to the public, and to figure out where it will be distributed. The implementation will start by having free condom samples at places such as doctor offices and pharmacies. It will then lead to open access to free, basic condoms available in public locations to those who need them. The condoms will be funded by the government and distributed from the government to the state level, and the local level. The goal is to have condoms cost little to no money for those who need them. Two of the main goals of condoms are

to protect from STDs and STIs, therefore they do not need to be monetized, meaning everyone should be able to access them. Having a larger range of 15-25 year olds who have access to condoms will lower the rate of STD and STI cases among this demographic nationwide.

Section VII: Summary and Evaluation

This will have a positive impact on the 15-25 year olds across the United States. The people in these demographics will have less to worry about when it comes to STDs and STIs, and the life altering side effects that come with them. Based on statistics now, 15-25 year olds are about one fourth of the population that are sexually active, yet account for 50% of STD/ STI cases per year. Looking at these statistics, 15-25 year olds will be followed with their STD and STI testing, looking at their gender and age to add to measure statistically. In the first year, with measures beginning to be put into place, and the data collected through testing with more protection available, conclusions can be drawn if these preventative measures are helpful towards lowering the total nationwide STD and STI cases. Long term data will be collected by following the education through the middle and high schools and evaluating the teachers and curriculums after it is put into place, to make sure it is successful. In addition, putting out protection will be evaluated to make sure it is safe and being used effectively. Doctors will be evaluated to make sure they are communicating in a safe way to their patients, where the patients feel they can speak openly and honestly about their sexual health. Most importantly, STD and STI testing will be offered in more locations nationwide and will be available confidentially, and free of charge for those in need. This will allow many more people in the age 15-25 age demographic to feel comfortable about getting tested, without worrying about financial resources, or what may show up on their parents insurance. Through all of these objectives, and

following STD and STI testing within people of this age demographic just by looking at their age and gender, over time the ability to track the trends in the cases will come. By tracking the cases, then it will be easy to see what STDs and STIs may still be spreading, if the cases have successfully decreased, and any objectives that need to be modified or added to continue to end the epidemic of STDs and STIs among adolescents in America.

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