

Discussion

Purpose

The purpose of the graded collaborative discussions is to engage faculty and students in an interactive dialogue to assist the student in organizing, integrating, applying, and critically appraising scholarly literature. Meaningful dialogue among faculty and students fosters the development of a learning community as ideas, perspectives, and knowledge are shared. This discussion will support the professional formation of the nurse practitioner role.

Course Outcomes

This assignment enables the student to meet the following course outcomes:

- CO4 Formulate an evidence-based management plan for acute and common health problems based on needs of the patient and family. (PO 5)
- CO 6: Demonstrate novice level proficiency in prioritizing patient needs. (PO 5)

Due Date

Initial posts are due to the discussion forum by Wednesday at 11:59 p.m. MT. Peer responses are due by Sunday at 11:59 p.m. MT. Students must post on a minimum of two separate days. A 10% late penalty will be imposed for discussions posted after the deadline Wednesday at 11:59 p.m. MT, regardless of the number of days late. NOTHING will be accepted after 11:59 p.m. MT on Sunday (i.e., the student will receive an automatic 0).

Total Points Possible

This discussion is worth a total of 50 points.

Preparing the Discussion

Follow these guidelines when completing each component of the discussion. Contact your course faculty if you have questions.

General Instructions: Healthy People 2030 goals include reducing sexually transmitted diseases (STDs) and their complications and improving access to quality STD care. The U.S. Department of Health and Human Services (n.d.) estimates that there are more than 20 million new cases of STDs in the U.S. each year. STD rates are disproportionately higher among racial/ethnic minorities, youth, and LGBTQ+ populations, which cannot be fully explained by differences in individual risk behavior. Other factors, including discrimination, environmental injustice, wealth inequality, and healthcare access barriers may contribute to these disproportionate rates.

View STD data from the Centers for Disease Control and Prevention (CDC,2021) by following these steps.

- Access the [CDC Atlas Plus](#)

□ [Links to an external site.](#) site.

□ Select STD from the STEP 1 prompt: What data do you want to see?

□ Select Charts from the STEP 2 prompt: How do you want to see them? □ Access [STD charts](#)

- [Links to an external site.](#).
- Navigate to the left-hand search box titled Select Data
 - Select STD from the indicator category.
 - Select the state in which you will practice from the geography category.

Include the following sections:

- I. **Application of Course Knowledge:** Answer all questions/criteria with explanations and detail. Examine the CDC Atlas Plus website data presented in the charts and address the following:
 - a. Explain what the data indicates about infections rates based on age, race, and gender.
 - b. Identify evidence of disparities. Explain your rationale.
 - c. Discuss biases or barriers that may contribute to disparities in STD rates in your state.
 - d. Return to the left side of the screen and change the geography indicator category to the United States. Discuss how rates in your state compare to those of the U.S. as a nation.
 - e. Describe two person-centered actions the nurse practitioner can use to promote STD self-care management for marginalized clients.
 - f. Discuss opportunities for interprofessional collaboration to address disparities in STD rates.

Application of Course Knowledge:

The CDC Atlas Plus website provides a wealth of information on STD rates in the United States. By examining the charts, the following insights can be gained in the state of Florida.

Infection rates based on age, race, and gender:

The data indicates that young people between the ages of 25 and 29 have the highest rates of syphilis while 20-24 had the highest rate of gonorrhea and chlamydia. Men have higher rates of syphilis and gonorrhea, while women have higher rates of chlamydia. African Americans have the highest rates of all three STDs, followed by the Whites and then Hispanics/Latinos.

Evidence of disparities:

There is clear evidence of disparities in STD rates based on race/ethnicity, with African Americans having significantly higher rates than other groups. Additionally, there are disparities in STD rates based on gender, with men having higher rates of some STDs, and women having

higher rates of others. These disparities are likely due to a range of social, economic, and structural factors, including poverty, lack of access to healthcare, and discrimination.

Biases or barriers contributing to disparities in STD rates in your state:

1. Lack of access to healthcare: Limited access to healthcare can make it difficult for individuals to receive timely and appropriate STD testing and treatment. This can be particularly true for individuals who are uninsured or underinsured, and who may face financial barriers to seeking care.
2. Stigma and discrimination: Stigma and discrimination surrounding STDs can lead to shame and embarrassment, causing individuals to delay seeking care or to avoid testing and treatment altogether (Valentine et al., 2022). This can be particularly true for marginalized populations, such as LGBTQ+ individuals and people of color.
3. Limited education and awareness: Lack of comprehensive sex education in schools and limited access to accurate and culturally appropriate information on STD prevention and treatment can contribute to higher rates of STDs. This can be particularly true for individuals from low-income and marginalized communities, who may have limited access to educational resources.
4. Geographic barriers: In Florida, there are large rural areas where individuals may face geographic barriers to accessing healthcare, particularly specialized care for STD testing and treatment.
5. Language and cultural barriers: Individuals who do not speak English as their primary language may face language and cultural barriers to accessing healthcare and information on STD prevention and treatment. This can be particularly true for individuals from immigrant communities.

Comparison of rates in your state to those of the U.S. as a nation:

When compared to the United States as a whole, my state has lower rates of chlamydia, gonorrhea, and syphilis. For example, Florida had 11204 cases of gonorrhea for age group 20-24 and the US had 182, 880 in the same group. Both data show that 20-24 years had the highest rate of gonorrhea (CDC, n.d.). In both data, men had a higher prevalence of syphilis and gonorrhea while women had more cases of chlamydia. This may be due to a variety of factors, including differences in healthcare access, sexual behavior, and reporting practices.

Two person-centered actions the nurse practitioner can use to promote STD self-care management for marginalized clients:

Nurse practitioners can take the following two actions to promote STD self-care management for marginalized clients:

- a) Provide culturally competent and linguistically appropriate education on STD prevention and self-care management strategies, such as condom use and regular STD testing (Palmer-Wackerly et al., 2020). Marginalized clients may have unique healthcare needs that require tailored approaches to education and care. Nurse practitioners can use individualized education to help clients understand the risks of STDs, the importance of regular testing, and ways to prevent transmission. This approach can help ensure that clients receive information in a way that is culturally and linguistically appropriate and that they can apply to their unique circumstances.
- b) Use a person-centered approach to address stigma and discrimination surrounding STDs, providing a supportive and non-judgmental environment for clients to seek care and receive treatment.

Opportunities for interprofessional collaboration to address disparities in STD rates: