

MURC's Uncomfortable Conversations Series Forum
Report: Proceedings and Key Findings on
Mississippi's STD Crisis



**MURC UNCOMFORTABLE
CONVERSATION SERIES:**

Don't Be #1 Mississippi--

**Open Conversations on Soaring Sexually Transmitted
Diseases (STD) Rates**

**Wednesday
November 19, 2025**

10 AM - 12 PM

JSU Student Center Ballroom A



Mississippi Urban Research Center (MURC)
College of Education and Human Development
Jackson State University

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Executive Summary

This report summarizes the proceedings of the Mississippi Urban Research Center (MURC) research forum titled Uncomfortable Conversations Series "Don't Be #1 Mississippi," held on November 19, 2025. The forum served as an opportunity to focus on the escalating crisis of Sexually Transmitted Diseases (STDs) / Sexually Transmitted Infections (STIs), across the United States, with a specific focus on Mississippi, Hinds County, and the City of Jackson.

Key Forum Findings

The forum findings established that Mississippi is experiencing a profound public health challenge, as evidenced by the state's national top five rankings in four major STD categories (Chlamydia, Primary & Secondary Syphilis, Congenital Syphilis, and HIV). This prevalence has earned the state an estimated health grade of F+ . The crisis is acutely concentrated in the state's capital city area, with Hinds County registering an incident rate of 1,090 per 100,000, and the City of Jackson ranking 12th among U.S. cities with high STD rates (MDHS, 2025).

One of the forum's central findings was that Mississippi's high STD rates are not solely a result of individual behavior, but are also driven by harmful socioeconomic and systemic issues. Critical barriers identified during the forum included: entrenched social stigma and shaming attitudes surrounding sexual health behaviors (which limits testing and treatment); a lack of comprehensive sex education materials and dissemination methods; incomplete public health reporting systems; and policy gaps failing to comprehensively address many social determinants of health such as housing insecurity, poverty, and substance abuse.

Audience Discussions & Programmatic Implications

Discussions among panelists and the audience produced a consensus that viable solutions must be long-term and multi-pronged. Key forum proposed strategies included fundamental reforms to sexual education programs (e.g., advocating for "Abstinence +" programs in addition to "Abstinence only" programs); utilizing social media for public health messaging via influencers; promoting preventive health technologies (e.g., vaccines and PrEP), and addressing legal/structural barriers such as needle exchange programs and sex work criminal charges.

Although the forum event was profoundly impactful for attendees, with 100% of evaluation respondents reporting high familiarity with the subject post-event, overall attendance (estimated at 20.9% to 23.3% of registrations) highlighted the inherent difficulty of scaling dialogue on "uncomfortable" topics surrounding sexual health and practices. Audience discussions and future programmatic implications included aligning with national CDC communications and treatment strategies; prioritization of congenital syphilis prevention; and the use of integrated service models to address socioeconomic, cultural, and systemic barriers.

Introduction / Forum's Goals

The 1st MURC Uncomfortable Conversation Series convened on Wednesday, November 19, 2025, for the purpose of directly addressing the growing crisis of sexually transmitted diseases (STDs) in Mississippi. The forum's organizers recognized that discussions about sexual health frequently occur in an atmosphere of discomfort, silence, and intense social stigma, factors that actively contribute to the ongoing public health emergency (Rapier, 2023; Guttmacher, 2020). The forum's primary goals were to:

1. Present national, state, and local epidemiological maps and data tables highlighting significant geographic disparities associated with STDs.
2. Provide a detailed analysis of the prevalence and impact of STDs in Mississippi and other Southern states.
3. Explore the complex set of socioeconomic and systemic factors driving escalating disease rates across the nation overall, and Mississippi in particular (Rapier, 2023; Guttmacher, 2020).

The forum's structure was designed to move beyond traditional presentations by engaging a multidisciplinary panel and live audience in a vigorous discussion aimed at identifying viable, long-term solutions specific to the STD challenges faced in Mississippi, Hinds County, and the City of Jackson.

Evolution of Terminology: From VD to STI

The forum's research presentation segment began with tracing the evolution of terminology used to describe the diseases associated with sexually transmitted diseases (STD). The initial term, Venereal Disease (VD), used widely into the mid-20th century, carried heavy social stigma (Rapier, 2023). The label "venereal," derived from Venus, implied a moral failing or promiscuous behavior, which served as a major impediment to individuals seeking testing or treatment (Rapier, 2023). From a clinical perspective, "VD" was also imprecise, failing to distinguish between bacterial, viral, or parasitic etiologies (Rapier, 2023).

The first major shift occurred in the 1960s and 1970s with the adoption of the term Sexually Transmitted Disease (STD) (Rapier, 2023). This change was intended to reduce stigma by shifting the focus from the moral act ("venereal") to the means of transmission, resulting in a more neutral and clinical term that supported public health communication.

The current preferred terminology, Sexually Transmitted Infection (STI), gained popularity in the 1990s and is currently endorsed by organizations such as the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) (Rapier, 2023). The rationale behind this most recent shift is to improved medical accuracy. An *infection* indicates the presence of a pathogen in the body, whereas a *disease* suggests the infection has progressed to cause clear, noticeable symptoms (Rapier, 2023). Since many infections are asymptomatic, STI is a more precise designation.

A review of the linguistic history of the terms “STD” and “STP” illustrates how combating social judgment is fundamental to improving public health. The struggle with social judgments (identified by forum audience members to include issues of embarrassment, honesty, and diverging values) often keep people from seeking testing and treatment (Rapier, 2023). This serves to confirm the core challenge of the earlier “VD” era; that is, dealing with issues associated with shame and embarrassment remains a major non-clinical hurdle hindering the effective control of *STIs*. This forum sought to have an open discussion of such issues.

Scope of the Crisis: National, State, and Local Trends

While the national context reveals substantial overall U.S. STI burden, data for the year 2024 offered mixed signals of progress (MDHS, 2025). Nationally, the combined total number of cases of chlamydia, gonorrhea, and syphilis declined 9% from 2023, marking a third consecutive year of decline (CDC, 2024). Specifically, Chlamydia cases were down 8% since 2023, and Gonorrhea cases declined 10% (CDC, 2024). Primary and secondary syphilis (the most infectious stages) also saw a 22% decline (CDC, 2024). However, the national decline in rates is severely undermined by the massive increase in congenital syphilis, which rose for the 12th consecutive year, with nearly 4,000 cases reported in 2024, representing a 700% increase compared to a decade ago (CDC, 2024).

Overall, the above national trends are not uniformly reflected across the United States. The data presentation highlighted that the southeastern states, including Mississippi, continue to be disproportionately impacted, constituting what is frequently termed the “Southern States’ STD Hotspots” (Invigor Medical, 2025). This regional concentration underscores the importance of understanding how local socioeconomic and structural factors impact infection rates and treatment measures.

Researchers’ Findings & Presentations

The following section highlights the critical issues discussed during the forum. Mississippi Urban Research Center (MURC) staff members Mr. James Kelley - Research Associates/Analyst (MS), and Ms. Sheryl Bacon - Research Associates/Analyst (MPA), presented data and literature findings highlighting the severity of the crisis in Mississippi. Their evidence-based analysis also highlighted the need for targeted interventions and policy solutions addressing this growing crisis.

Mississippi’s National Standing: A Health Grade of F+

Mississippi's ranks in the top five nationally across four out of five measured major STD and HIV categories (CDC, 2025). This collective burden resulted in the state receiving an estimated “Health Grade F+” from the MURC analysts (Todd & Stewart-Oliver, 2025). The specific national rankings for Mississippi, based on CDC surveillance data (2023–2024), were presented as shown in the Table 1.

In addition to presenting data comparing disease rankings, the presentation also identified key factors contributing to this devastating outcome (Williams, 2025; Guttmacher, 2020). Those key factors included:

- Inadequate access to screening, diagnosis, and treatment services.
- Low public awareness and high levels of misinformation.
- Behavioral patterns that increase risk.
- Insufficient public health resources.
- Negative social, economic, and demographic perceptions of STDs.
- A wide-spread lack of willingness to address the problem openly and comprehensively.

Table 1 Mississippi National STD Rankings

STD Category	Mississippi Rank	Higher Ranked States/Jurisdiction (Top 2)	MS Health Grade	Source (CDC)
Chlamydia	2nd	Louisiana	F+	2024
Syphilis (P&S)	3rd	South Dakota, New Mexico	F+	2024
Syphilis (Congenital)	3rd	South Dakota, New Mexico	F+	2024
HIV	4th	Washington D.C., Georgia, Florida	F+	2023
Gonorrhea	5th	Alaska, Louisiana	F+	2024

Source: Dr. Melinda Todd (DrPH) & Ms. Jasmine Stewart-Oliver (MPP), Research Poster, 2025

The presentation emphasized that Mississippi's consistently high STD/STI rankings are a reflection of not only individual health outcomes and decision-making, but also a reflection of systemic programmatic and socio-economic factors (e.g., lower public health funding, low health insurance rates, policy restrictions on the distribution and discussion of sexual health information, and challenges related to poverty), which contribute to an environment where disease transmission thrives and access to preventative care is severely limited.

Localized Severity: Hinds County and the City of Jackson

The data presentation also underscored how the crisis is acutely concentrated in Mississippi's metropolitan centers. Data from the Mississippi State Department of Health identified the top 10 counties with the highest disease incident rate per 100,000 population (MDHS, 2025). Figure 1 presents those counties and associated rates.

Hinds County, which includes the state capital city of Jackson, registered an incident rate of 1,090 per 100,000 population while Coahoma (1,312) and Leflore (1,302) counties reported even

Figure 1 Mississippi County-Level STD Incident Rates (Top 10)

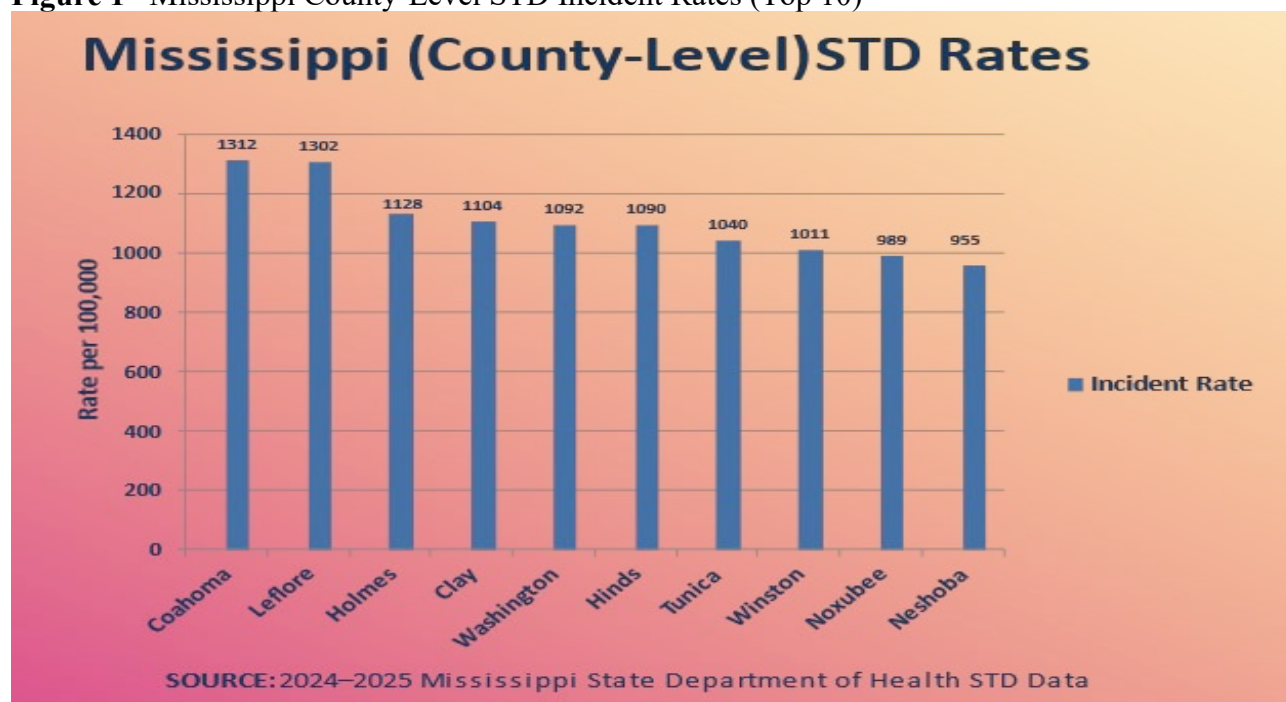


Figure 2 Top 25 U.S. Cities with High STD Rates

Top 25 U.S. Cities with High STD Rates			
Rank	City	Rank	City
1	Detroit, MI	12	Jackson, MS
2	Philadelphia, PA	13	Cleveland, OH
3	Montgomery, AL	14	Columbia, SC
4	Memphis, TN	15	Portland, OR
5	Baltimore, MD	16	Seattle, WA
6	New Orleans, LA	17	Richmond, VA
7	Washington, DC	18	Shreveport, LA
8	St. Louis, MO	19	Miami, FL
9	Baton Rouge, LA	20	New York, NY
10	San Francisco, CA	21	Minneapolis, MN
11	Mobile, AL	22	San Antonio, TX
		23	Savannah, GA
		24	Lexington, KY
		25	Tampa, FL

Source: Innerbody Research, STI Report 2025

higher rates (MDHS, 2025). Hinds County's position as the state's largest urban center and seat of government provides a vivid example of the epidemic's severity in the state's most populous area. The City of Jackson itself was identified as ranking 12th among the Top 25 U.S. Cities with High STD Rates (Innerbody, 2025).

The presentation of data illustrated how urban environments, while typically offering better access to public health services, also simultaneously concentrates the high-risk socioeconomic factors (e.g., poverty, housing insecurity, and drug use) contributing to increased transmission and prevalence rates (Williams, 2025; Guttmacher, 2020). The high STD rates listed above illustrate how effective interventions need tailoring to address specific socioeconomic factors existing in urban communities such as the City of Jackson.

Socio-economic Implications of STD Prevalence

The presentation also discussed the socio-economic implications of high STD prevalence on the state's public health, economic, and social systems. The sections below provide a summary of those discussions.

Health and Social Strain

STDs can lead to significant long-term health consequences including damage to organ systems, scarring, and impacts to future reproductive health (Kumar et al., 2021). Additionally, STDs often correlate with acute mental health issues, including feelings of blame, shame, and guilt (Kumar et al., 2021). The prevalence of STDs can also place severe strain on relationships and families, and can help increase the risk of accidental transmission. Moreover, sexual health issues rarely exist in isolation; they are often connected to complex co-occurring challenges such as housing insecurity, drug addiction, and other socioeconomic vulnerabilities (Scheidell et al., 2024; Kumar et al., 2021). A particularly vulnerable population noted was incarcerated individuals, who face elevated risks of STD infections and outbreaks due to their confined status (Spaulding et al., 2022; Cochran et al., 2024).

Economic Burden and Productivity Loss

High STD rates impose significant financial burdens and contribute to economic productivity losses (Kumar et al., 2021). Productivity loss is calculated based on three primary factors:

1. **Absenteeism:** Missed work or school time necessary for medical appointments, testing, or treatment.
2. **"Presenteeism":** Reduced performance quality or focus while infected/affected due to the physical or mental conditions of pain, fatigue, or distraction.
3. **Disability and Death:** Reduced or loss ability to perform work or school activities.

The economic impact of STDs can be substantial. The productivity costs associated with HPV-related cancers are estimated to exceed \$5 billion annually nationwide (Kumar et al., 2021). In terms of direct medical costs, Chlamydia treatment is estimated at \$151 per diagnosed case, and Gonorrhea treatment at \$85 per diagnosed case (in 2018 US dollars) (Kumar et al., 2021).

Cumulatively, Chlamydia and Gonorrhea infections are estimated to cost the United States nearly \$1 billion annually in direct medical costs alone, encompassing both immediate treatment and the delayed costs of untreated or inadequately treated infections (Kumar et al., 2021).

Stigma and Legal Considerations

Stigma, defined as “a mark of disgrace or negative association leading to discrimination”, remains a critical driver of the epidemic (Cochran et al., 2024; Guttmacher, 2020). It is frequently cited as the primary non-clinical factor leading to reduced testing and treatment, thereby fueling higher rates of transmission (Williams, 2025; Guttmacher, 2020).

Figure 3 Stigma Definition and Early Public Depictions

Stigma

- Stigma is a complex term that, at its core refers to a mark of **disgrace** or a **negative association**. It can be a source for discrimination and stereotyping.
- Often cited as a factor in reduced testing and treatment of STDs, which in turn, leads to rates increasing.
- Episode of the TV show **Good Times** called "**J.J. in Trouble**" (**Season 3, Episode 21**), which aired on February 3, 1976.
- **Stigma 101** trainings for the public and healthcare providers are offered by The Mississippi Center for Justice.





Figure 4 Legal Considerations

Legal Considerations

~ Knowingly spreading or exposing someone to an STD is illegal.

~ Laws mostly focus on HIV, but some include other STDs like gonorrhea, chlamydia, and herpes.

- Episode of the TV show **Law and Order: Special Victims Unit** called "**Quickie**" (**Season 11, Episode 11**), which aired on January 6, 2010 .





Finally, the legal context was reviewed. The presentation noted that knowingly spreading or exposing someone to an STD is illegal in certain states (Center for HIV Law and Policy, 2017 & 2024). While these laws often focus on HIV, some jurisdictions include other STDs such as

Figure 5 STD-Related Legal Requirements and Selected Civil and Criminal Cases




gonorrhea, chlamydia, and herpes (Center for HIV Law and Policy, 2017 & 2024). This legal dimension adds another layer of complexity and potential fear that could be discouraging infection reporting and treatment. Figure 5 lists several alleged cases involving legal consequences for spreading STDs. The Figure 6 provides a summary of statistical and socioeconomic factors impacting the spread of STDs.

Figure 6 Summary of statistical and socioeconomic factors impacting the spread of STDs

Summary

- Mississippi ranks in the top 5 in the nation in 4 STD categories, and rates are increasing.
- Discussions about sexual health are often filled with stigma, discomfort, and silence –the current public health crisis proves this conversation is necessary and urgent.
- The implications of this issue are varied, so solutions must also address the many socioeconomic and systemic causes and factors tied to the matter.



Event Panelists

The forum featured a diverse and multidisciplinary panel selected to provide clinical/medical, state public health policy, community research, and social services perspectives. The composition of the panel reflected the understanding that solving the STD crisis will require expertise spanning several public health and public policy disciplines. The facilitator for the panel discussion was Dr. Melinda Todd, MURC Associate Director for Research. The panelists were:

- Ms. Victoria Coleman:** Registered Nurse, Jackson State University, Student Health Center (representing campus health and clinical access for the youth demographic).
- Mr. Kevin Patterson:** Research Associate, Jackson State University, Community Health Program (representing community-based intervention strategies and data implementation).
- Dr. Christopher Roby:** Chief Operating Officer, Mississippi Health Alliance (representing healthcare system administration and broader access to care).
- Dr. Angela Savage:** Assistant Professor, Jackson State University, School of Social Work (representing the critical link between social determinants, behavioral health, and vulnerable populations).

NOTE: Not in attendance but providing statistical and program information was Ms. Kendra Johnson: Director, Mississippi State Department of Health Office of STD/HIV.

The panel's overall reactions to the data presentation recognized that the problem is multi-disciplinary and systemic in nature. Comments from the panelists addressed a multitude of issues including limited resources to address the problem; the impact of social stigma on patient engagement and compliance; and cultural factors such as age, gender orientation, and accepted norms that each require unique solutions. The panelists' collective assessments reinforced the conclusion that state policies and individual behaviors are all part of the problem, and are all part of the solutions needed to address those problems.

Key Audience Discussion Points

The audience discussion segment provided additional insight regarding the underlying social, economic, cultural, and communication barriers contributing to the STD problem. **The overarching consensus was that no single solution exists; rather, the complexity of the problem demands a multifaceted approach tailored to specific populations being affected.** The following sections below discuss in more detail the forum's audience feedback.

Stigma Issues and Data Distortion

A major theme emerging from the discussion was how much impact stigma had across multiple areas of the problem. Issues such as embarrassment, lack of trust in providers or partners, difficulty with honesty, and divergent personal values collectively impacted whether people sought testing and/or treatment. There was general audience consensus that the fear of judgment ("social stigma") had the effect of forcing the STD epidemic underground, making it more difficult to prevent, track, and/or treat.

The audience discussion highlighted how the faith community (generally referred to as "churches") frequently look down upon their members with STDs, creating an environment of judgment rather than support and further isolating infected individuals. The audience felt that involving churches in prevention efforts will require fundamentally altering those judgmental perspectives.

Furthermore, the audience indicated that official public health reporting systems are likely to significantly under-report the actual number of infections, and thus potentially distort accurate data counts for different groups (e.g., by race, by economic status). Individuals with greater wealth who can afford private physician treatment often receive care outside of the official public health reporting framework. This under-reporting means that in all likelihood, publicly available STD numbers do not accurately depict true infection rates and represent government funded health systems only. This data distortion may lead to the misallocation of limited resources based on an incomplete picture of the overall prevalence of STD rates across all socioeconomic groups and health care systems.

Generational and Communication Divides

Generational gaps in behavior and communication methods were also identified by audience members as major challenges. Attendees noted that younger individuals, particularly those under the age of 30, exhibit a notable aversion to consistent condom use. This resistance to preventative methods, combined with a false sense of invulnerability (that is, young people often believing contracting an STD "cannot happen to them") accelerates the actual transmission risk.

The role of digital social media platforms was viewed as a "double-edge" sword both helping and hurting efforts to successfully address the STD problem. The audience consensus was that social media contributes negatively by spreading false information about STDs, and by facilitating easy access to pornography for very young people. However, the audience insisted that social media can and must become part of the solution. They recommended leveraging the reach and credibility of "Social Media Influencers" to spread truthful, educational, and prevention-oriented messages effectively to various demographic groups.

The audience also strongly emphasized the need for increased parental involvement in sexual health education, both abstinence and non-abstinence programs. Participants acknowledged that some parents inadvertently serve as negative role models through their own behavior, which can lead children to conclude that certain risky sexual behaviors are acceptable. Addressing this aspect of the problem will require interventions focused on family communications and a positive role modeling of acceptable values.

Strategies for Prevention Education

Based on the above issues discussed related to communication challenges, the audience advocated for a balanced, pragmatic, and highly visible approach to educating various targeted groups. Some of those approached included:

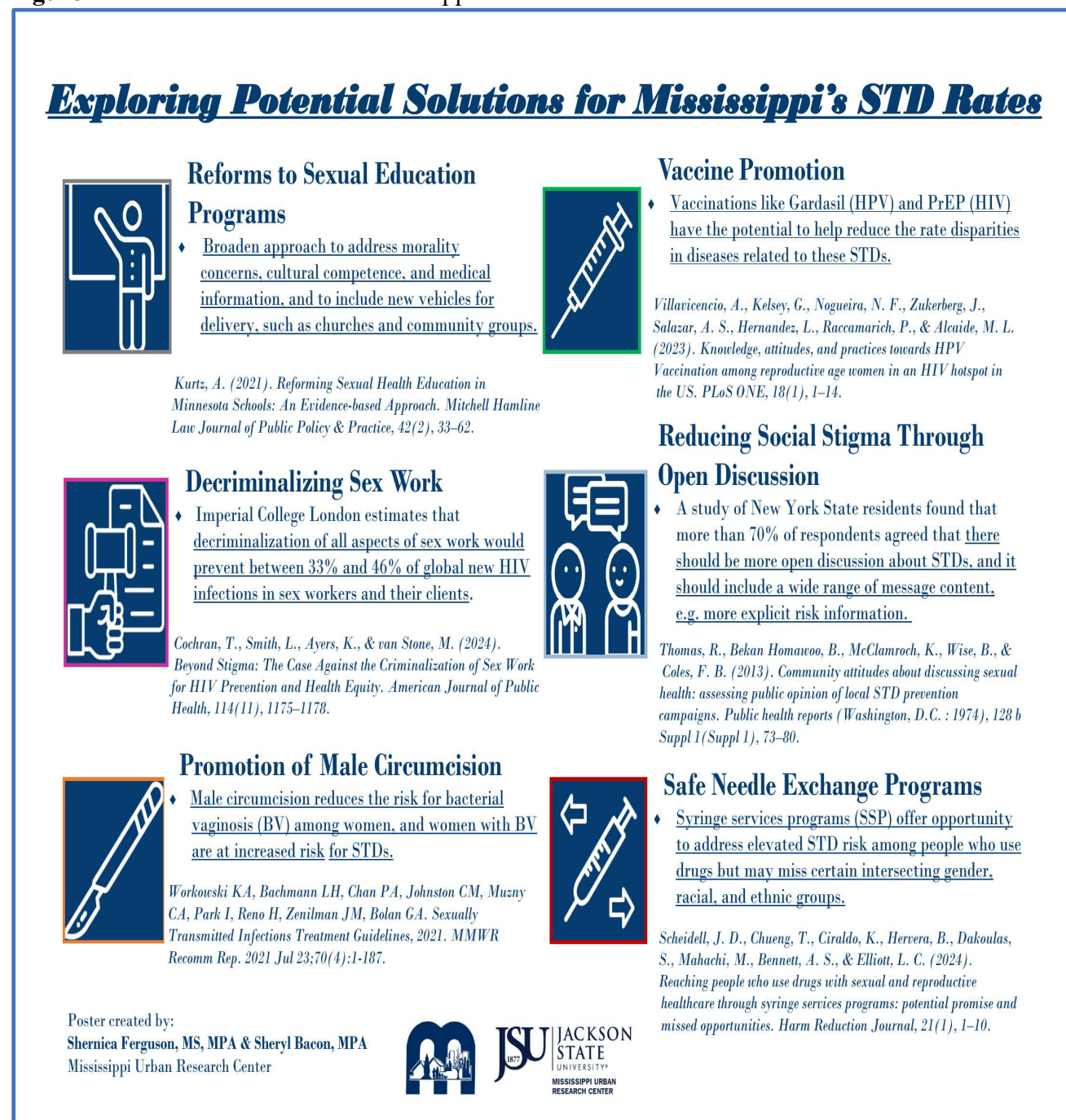
- **Visual Messaging:** Sharing pictures that explicitly show the health effects of contracting an STD as a way of deterring risky sexual behavior.
- **Balanced Curriculum:** There was support for bringing back traditional "Abstinence Programs" to reduce the overall level of sexual activity, combined with also offering "Abstinence + programs" to ensure essential information on condom use is provided alongside abstinence teaching.
- **Targeted Youth Programs:** The need for specialized programs for youth (e.g., the "Call Me Mister Program," which focuses on teaching positive values specifically to young men) was highlighted.

Audience members articulated the need to have patience in tackling this issue. The STD problem is a long-term issue driven by decades of cultural, behavioral, and systemic factors that will require sustained, long-term solutions rather than quick fixes.

Exploration of Proposed Solutions

To help generate discussion around possible solutions that could effectively help reduce STD rates both nationally and locally, Ms. Shernica Ferguson (MURC Evaluation Specialist) presented several options that were identified in the research literature as potentially having a positive impact on reducing the spread of STD rates. Figure 7 presents a listing of those potential solutions identified in the research literature.

Figure 7 Potential Solutions for Mississippi's STD Rates



Ms. Ferguson's presentation included a discussion regarding audience feedback to the proposed solutions. **Ms. Ferguson emphasized the proposed solutions were not being advocated by JSU/MURC, and were being presented only to stretch the audience's imagination and creativity regarding what is possible in addressing the STD problem.**

By introducing bold and potentially nontraditional strategies, Ms. Ferguson encouraged participants to move beyond traditional frameworks and consider innovative, multifaceted interventions that might otherwise be overlooked. This approach created space for attendees to explore a broader range of strategies, question existing assumptions, and envision transformative solutions that could more effectively combat the STD epidemic in Mississippi. The presentation aimed to foster an environment where participants could engage with challenging ideas while considering the practical, ethical, and political implications of various intervention strategies.

Event Evaluation

Overall Responses

The forum's effectiveness was assessed through participant evaluation responses, which indicated high satisfaction and a significant educational impact, despite low overall attendance.

The evaluation results were based on 10 respondents, out of a total of 43 people who had registered for the event. The event received strong positive reviews. According to the evaluation summary, 55.5% rated the session as 'Excellent' and 44.4% rated it as 'Good.' Notably, zero attendees rated the event as fair or poor. The most powerful result of the forum was its demonstrable educational impact. Prior to attending, participants displayed varied levels of familiarity with Mississippi's STD status; for example, 30% were "very familiar," 50% were "somewhat familiar," and 20% were "slightly familiar". Following the presentations and discussions, 100% of attendees reported that they were "very familiar" with the topic, signifying a measurable increase in participant knowledge and understanding after having attended the forum.

Attendees praised specific elements of the forum which include the open dialogue, the panel's expertise and professionalism, the quality of the research presentations, and the successful way the complex material was made both accessible and engaging. Interest in continuing the series was strong, with 80% of attendees requesting information about future events, reflecting approval for the program's overall quality and mission.

Forum Challenges

Despite audience feedback regarding the high quality and impact of the forum overall, the primary concern raised by multiple respondents was poor attendance. The calculated attendance rate, based on the total number of pre-registered respondents, was low, falling between 20.9% and 23.3%. This difficulty in converting registration into physical attendance suggests that while the forum format was effective for those who attended (e.g., were primarily motivated by academic/professional reasons (33%) or personal interest (28%)), the deeply sensitive nature of the topic appears to have played a role in limiting broader community attendance.

The primary method utilized to publicize the event was email (60%), with smaller numbers learning about the event through distributed announcement flyers or by word-of-mouth. The reliance on publicizing the event via email suggests a need for more diversified and targeted outreach channels to overcome the barriers limiting audience attendance. Future communication strategies should incorporate the audience's suggestion to use "Social Media Influencers" and other high-engagement methods to reach target groups most affected, but least likely to attend traditional academic events such as this STD forum.

Conclusions

The MURC STD Forum achieved its primary goal of initiating an open, data-driven discussion on the current STD crisis gripping Mississippi and the Jackson/Hinds County area. The epidemiological evidence presented (i.e., Mississippi's top five ranking in four major STD categories, coupled with the significant local concentration in Hinds County (1,090 per 100,000) and the City of Jackson (12th nationally), firmly establishes the state's STD/STI problem as a public health emergency of significant importance.

The comprehensive analysis conducted through the presentations and audience dialogue highlighted how the core drivers of the high STD rates are systemic, structural, and behavioral in nature. The widespread presence of social stigma, often reinforced by cultural institutions like the church, can act as critical factors that often discourage testing and treatment, and serve to distort public health data by creating a large cohort of unreported and/or untreated infections. These barriers can greatly undermine any prevention program built solely on clinical access.

A key take-away from this forum proceedings is that effective interventions will likely necessitate a paradigm shift --- that is, one that moves beyond traditional methods and towards an approach that embraces innovative, comprehensive, and community-centered solutions. The paradigm shift needs to integrate traditional clinical strategies (e.g., testing and pharmaceutical methods) with fundamental policy and social reforms (e.g., updated educational guidelines, drug and criminalization reform, and deep community engagement), and sustained behavioral modifications (e.g., abstinence approaches; increase condom uses). The success of the forum in educating participants demonstrated its capacity to impact the problem; yet the forum's struggle with poor attendance highlights the immediate challenge of scaling this critical conversation to the populations that face the highest risk and the greatest barriers to care.

Future Research / Programmatic Implications

Based on a review of findings from the forum proceedings, and an alignment with evidence-based national public health strategies, specifically the CDC's framework for Program Collaboration and Service Integration (PCSI) (CDC, 2024), several high-priority programmatic areas emerged as viable solutions. Below is a brief description of those areas.

Addressing the Congenital Syphilis Crisis

The most urgent clinical priority should include addressing the alarming rise in congenital syphilis. Nationally, congenital syphilis has increased nearly 700% over the last decade, and

Mississippi's position as 3rd nationally for this condition represents a very high rate of infection (CDC, 2024). Mississippi public health agencies and healthcare systems should strongly consider applying the CDC's PCSI model to ensure that screening, diagnosis, and treatment for syphilis are seamlessly integrated into routine maternal and child health touchpoints, particularly prenatal and postnatal care (CDC, 2024). By reducing administrative barriers and ensuring universal, non-integrated screening procedures, the number of missed opportunities for timely treatment during pregnancy could be dramatically reduced, directly impacting congenital syphilis rates.

Structural Interventions and Policy Reform

The forum discussions connected high infection rates with structural issues related to law, social services, and education. Interventions should target these social determinants of health in order to effectively reduce STD infection rates.

Criminal Justice Reform and Harm Reduction

The discussion involving proposed structural policy changes (e.g., implementing Safe Needle Exchange Programs (SNPs)), have been shown to help reduce infection rates for some high-risk, vulnerable groups (Scheidell et al., 2024; Kumar et al., 202; Spaulding et al., 2022; Cochran et al., 2024). Sex workers and people who use drugs often face elevated STD risks, which are compounded by the fear of criminalization and subsequent reluctance to seek medical services or partner notification assistance. Structural policy changes in these areas could help address social and systemic factors impeding access to services and increasing STD disparity rates.

Education and Communication Reform

The current educational landscape is facing “messaging and informational” challenges reaching young people. Reforming sexual education programs to incorporate "Abstinence & Abstinence +" programs should be strongly considered as a viable and necessary public health approaches.

Investment in Clinical Access and Workforce

To address limited access and resource availability issues identified during the audience and panelists' discussions, future investments should be strategically directed towards increasing clinical and workforce capacity for this issue. The following are examples of where such investments could be made:

Preventive Technology Promotion

Targeted state funding could be prioritized toward the expansion of preventive technologies, including wide-scale vaccine promotion (e.g., Gardasil for HPV), and expanded availability and awareness of Pre-Exposure Prophylaxis (PrEP) for HIV.

Workforce Capacity and Service Integration

An increased public health workforce could help reduce the high rates of STD infections by providing more “boots on the ground” to address the problem from multiple perspectives. Resources could be allocated to support the training and expansion of capacity, specifically for Disease Intervention Specialists (DIS), particularly in the geographic areas most impacted, such as Hinds County and the Mississippi Delta region (MDHS, 2025; Innerbody, 2025). Optimizing the use and effectiveness of expedited partner therapy (EPT) and enhancing partner services could also help monitor and reduce transmission chains (CDC, 2024).

The following table summarizes the alignment between the solutions discussed during the MURC forum, and national programmatic strategies aimed at addressing structural barriers to sexual health equity (CDC, 2024; Schnitzler et al., 2023).

Table 2 Comparison of Local Solutions and National Programmatic Strategy

Local Solution Theme (Forum/Poster)	Underlying Barrier Addressed	National Public Health Strategy (CDC Alignment)
Education Reform (Abstinence +), Community Delivery	Cultural barriers, misinformation, low awareness in youth	Support programs that reduce barriers and address structural determinants of health
Promoting Vaccines (HPV/PrEP)	Lack of access to preventive technologies	Expand workforce knowledge and healthcare systems capacity for quality prevention/screening
Combating Stigma/Open Dialogue, Church Engagement	Reduced testing/treatment, moral judgment, underreporting	Utilize Program Collaboration and Service Integration (PCSI) for seamless, non-integrated service delivery
Revisiting Sex Work criminalization measures; Safe Needle Exchange Programs	High-risk environments, co-occurring conditions (drug use, criminalization)	Support policies that address social and structural determinants of public health (e.g., housing, drug use, poverty)

Future Research Implications

Future research should focus on developing and validating culturally competent educational modules delivered through non-traditional vehicles (e.g., churches and community organizations) as suggested by the forum attendees. Research must also quantify the effectiveness of using social media influencers to disseminate accurate STI prevention information among young

people in the Jackson metro area, focusing on messaging that counteracts misinformation and the sense of invulnerability among youth.

Final Thoughts & Comments

Mississippi's high STD rates are driven by multiple social, economic, behavioral, and systemic factors. Both public health and non-public health interventions are needed to address the social stigma associated with STDs; improve access to care; expand sexual health education; promote healthy behavioral modifications; and leverage social media to counter misinformation.

The forum's central finding was that high STD rates are not solely a result of individual behavior, but are also driven by pervasive socioeconomic and systemic issues. As discussed during the forum, it is a mistake to think soaring STD rates are only confined to certain communities and/or demographic groups. The high infection rates are directly connected to the high levels of sexual activity that are already taking place across communities and groups. STDs do not discriminate, they impact the old and young, the rich and poor, and all racial and ethnic groups. Their health and non-health related costs are staggering and greatly impact Mississippi's overall level of productivity and prosperity. Therefore, it is incumbent for individuals, groups, policymakers, healthcare practitioners, community organizers, and other concerned parties to actively take part in helping to reduce the impact of these diseases in Mississippi. That is the major take-away from this STD forum.



THANK YOU
*for attending MUARC's Uncomfortable
Conversations on Soaring
(STD) Rates in MS event*

We hope you felt inspired and engaged.
Follow us on social media or visit our
webpage, and please join us for our next
series, coming soon!

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MISSISSIPPI URBAN RESEARCH CENTER

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The graphic features a large, stylized blue letter 'M' on the right side, which contains a white silhouette of a city skyline with a house and a tree. The background of the graphic is a light blue and white abstract pattern resembling a splash or a textured surface.

Photos from the Forum



MURC UNCOMFORTABLE CONVERSATION SERIES:

Don't Be #1 Mississippi--

Open Conversations on Soaring Sexually Transmitted Diseases (STD) Rates

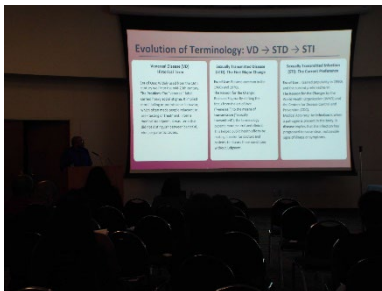
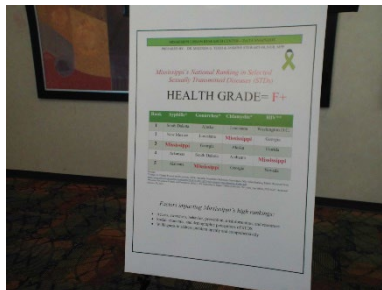
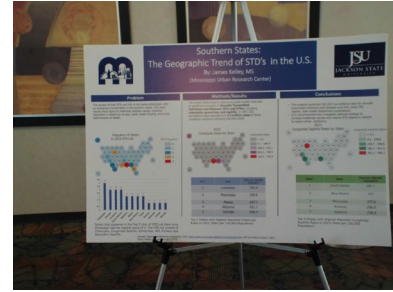
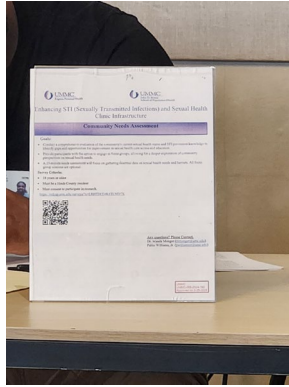
Wednesday
November 19, 2025

10 AM - 12 PM

JSU Student Center Ballroom A

JSU JACKSON STATE UNIVERSITY
UNIVERSITY OF MISSISSIPPI





Pictured Left to Right: UMMC Staff employee, Shernica Ferguson, Dr. Sam Mozee, Pablo Williams, Jr, Dr. Melinda Todd, Sheryl Bacon, and Kenya Dotson

NOTE: In attendance, but not pictured above, was Ms. Jasmine Stewart-Oliver (MURC Evaluation Specialist), and Mr. James Kelley (MURC Research Associate/Analyst)

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About MURC

The Mississippi Urban Research Center's (MURC) mission is "to conduct basic and applied research into urban problems and public policy, and to make available the results of this research to private groups, public bodies, and public officials." Many urban areas across Mississippi are experiencing similar problems whether related to infrastructure, housing, crime, education, employment, governance, health, growth, contraction, or other issues impacting quality of life.

Using multidisciplinary approaches and diverse research methods, MURC provides a structure and setting for conducting research, analyzing public policies, managing research data, evaluating programs, and engaging urban communities. Specific research activities include Policy analysis; Program evaluation; Census data research and training; Focus group facilitation; Survey development, distribution, and analysis; Statistical analysis services; and Needs assessment services. MURC also conducts instructional programs, forums, conferences, and workshops on current urban-related topics and issues. The Mississippi Urban Research Center stands ready to work independently and collaboratively in helping urban communities identify and implement solutions leading to a higher quality of life.

Contact Information:

<i>Mailing/Physical Address</i> Mississippi Urban Research Center Jackson State University 101 W. Capitol Street / 5th Floor Jackson, MS 39201	<i>Telephone</i> Phone: 601.979.1386 / 601-979-1400
<i>Email</i> Email: murc@jsums.edu	<i>Website</i> www.jsums.edu/murc/

MURC Forum Presenters, Researchers, & Report Authors

Dr. Sam Mozee, Jr., Director
Dr. Melinda Todd, Associate Director
Mr. James Kelley, Research Associate/Analyst
Ms. Sheryl Bacon, Research Associate/Analyst
Ms. Shernica Ferguson, Evaluation Specialist
Ms. Jasmine Stewart-Oliver, Evaluation Specialist
Ms. Kenya Dotson, Administrative Assistant

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