



TULSA STI ACTION PLAN

2025–2030

Developed by the Tulsa STI Task Force in collaboration with



AMPLIFY
YOUTH HEALTH COLLECTIVE



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VISION

A community where stigma-free STI prevention and care are a reality for everyone.

Acknowledgements

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Community Health Connection

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Take Control Initiative

Tulsa CARES

Tulsa Health Department

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Executive Summary

Sexually Transmitted Infections (STIs, formerly known as Sexually Transmitted Diseases [STDs]) are a serious public health concern that requires immediate attention.

Oklahoma's STI rates are among the worst in the United States. Similar to national STI trends, STI rates in Oklahoma continue to rise and disproportionately impact young people, racial and ethnic minorities, LGBTQ+ people, and people experiencing economic hardship. Tulsa stands at the epicenter of a growing public health crisis, with our state bearing the unfortunate distinction of being among the hardest hit by Human Immunodeficiency Virus (HIV) and skyrocketing STI rates. These statistics represent not just data points, but real lives impacted by preventable disease. While numerous dedicated organizations throughout Tulsa have implemented impactful prevention and treatment initiatives, these efforts remain largely disconnected—operating in silos that limit their collective effectiveness.

Currently, community partners implement programs aiming to address primary issues like prevention, testing, and treatment. Despite these valiant efforts, progress has been slow. The Tulsa STI Action Plan is a move to consolidate and refine efforts in order to maximize impact by outlining the critical goals and priorities that should be addressed collectively. The Tulsa STI Action Plan is grounded in a collective impact framework led by Amplify Youth Health Collective. This approach recognizes that no single entity, regardless of resources or expertise, can solve these multifaceted public health issues alone.

Amplify Youth Health Collective convened a Tulsa STI Task Force comprised of 40 stakeholders representing 16 organizations to create and implement the Tulsa STI Action Plan: 2025-2030. The Action Plan aligns with national, state, and local plans addressing reducing STI burden, and will address stigma and health disparities in STI programs and services. The Tulsa STI Action Plan articulates goals, objectives, and key activities that the Tulsa STI Task Force and community partners can engage in to support the reduction of STIs in Tulsa.

The plan is organized around five pillars for concrete action and change.

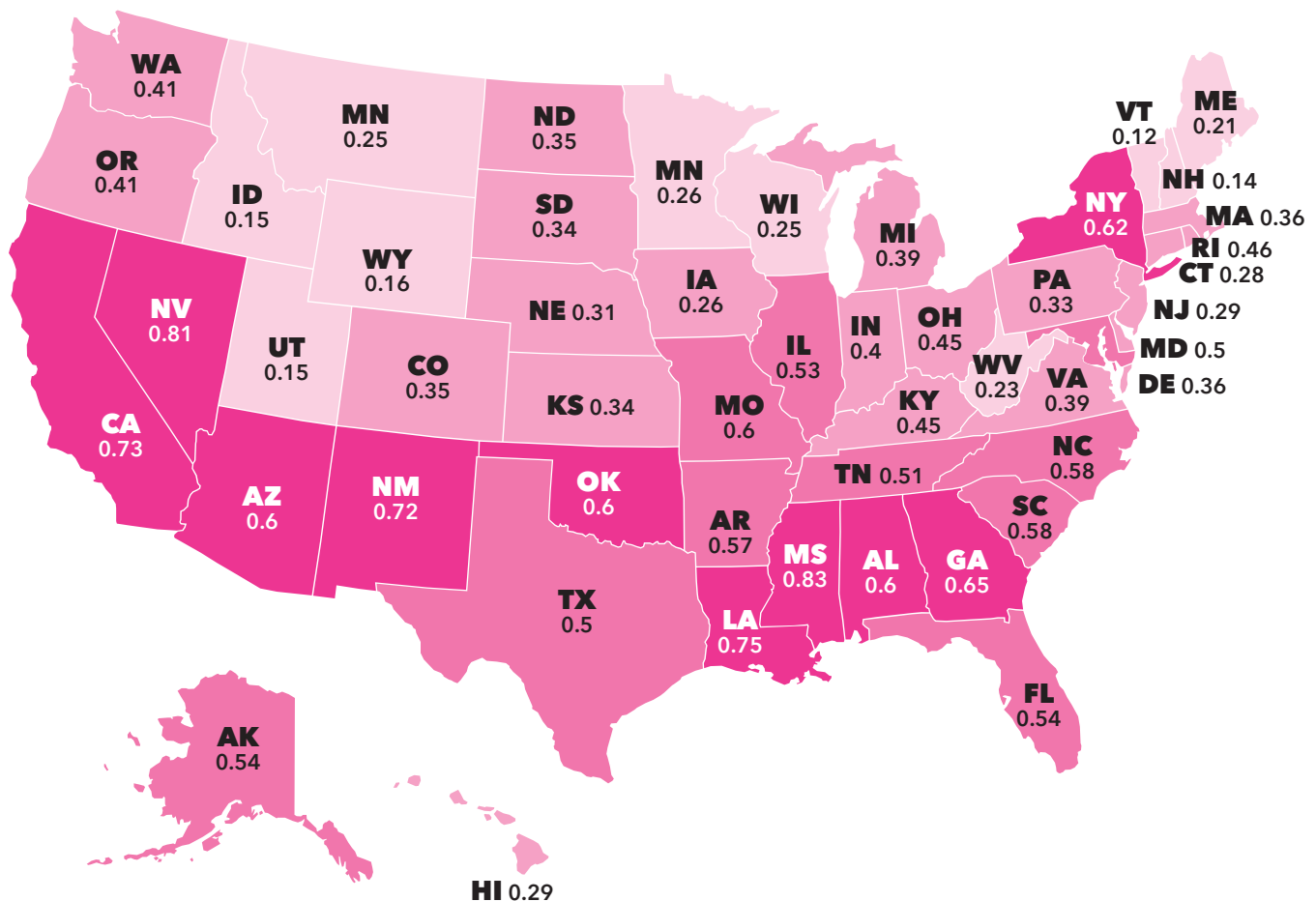
- **Awareness and Education**
- **Testing**
- **Treatment**
- **Advocacy**
- **Evaluation and Monitoring**

The Tulsa STI Task Force will work together over the next five years to implement strategies that bring us closer to our shared vision of a community where **stigma-free STI prevention and care are a reality for everyone**. We invite the community to actively participate in creating a community where everyone has access to the education, testing, and treatment they deserve.

Introduction

Sexually transmitted infections (STIs) cause significant morbidity and mortality in the United States and around the world. The Centers for Disease Control and Prevention (CDC) estimates that one in five people in the United States has an STI, totaling nearly 68 million estimated infections¹.

STATE STI INDEX



LIKELIHOOD OF CONTRACTING AN STI PER 100,000 POPULATION BY STATE

0–0.29

0.3–0.49

0.5–0.59

0.6+

CDC STI Surveillance Data

Tulsa stands at the epicenter of a growing public health crisis, with our state bearing the unfortunate distinction of being among the hardest hit by HIV and skyrocketing STI rates. Despite ranking 28th in population, Oklahoma consistently places in the top 15 states for new HIV diagnoses², with a particularly alarming increase in rural communities where healthcare access is limited. These statistics represent not just data points, but real lives impacted by preventable disease. While dedicated organizations throughout Tulsa have implemented impactful prevention and treatment initiatives, these efforts remain largely disconnected—operating in silos that limit their collective effectiveness. This fragmentation has created critical gaps in our healthcare safety net, allowing vulnerable populations to fall through the cracks and preventing our community from making the substantial gains needed to reverse these troubling trends. By uniting our existing resources under a coordinated, comprehensive approach, we will transform Tulsa's response to this growing crisis and create a model for integrated STI prevention and treatment that addresses the unique needs of our diverse community.

Addressing the rising rates of HIV and STIs in Tulsa represents not merely a public health priority but a moral imperative for our community. Beyond the immediate health consequences, these infections create cascading effects that touch every aspect of community wellbeing—from economic productivity and healthcare costs to family stability and quality of life. Left unaddressed, STIs can lead to severe long-term health complications, including infertility, certain cancers, increased susceptibility to HIV, and



maternal-child transmission. Additionally, the disproportionate impact on marginalized populations—including young people, racial minorities, LGBTQ+ people, and those experiencing economic hardship—transforms this health crisis into a matter of social justice and health equity³. By implementing comprehensive prevention and treatment strategies now, we not only alleviate immediate suffering but also invest in the future health of the entire Tulsa community.

The Tulsa STI Action Plan is grounded in a collective impact framework led by Amplify Youth Health Collective. This approach recognizes that no single entity, regardless of resources or expertise, can solve these multifaceted public health issues alone. Collective impact provides the structured collaboration necessary to coordinate initiatives, align diverse stakeholders around common goals, and implement shared measurement systems to track progress. By bringing together committed stakeholders within this framework, we can leverage complementary strengths, eliminate redundancies, and address gaps in service delivery⁴.



- 1 [National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention; About Division of STD Prevention](#)
- 2 [draft-oklahoma-ending-the-hiv-epidemic-plan.pdf](#)
- 3 Beech BM, Ford C, Thorpe RJ Jr, Bruce MA, Norris KC. Poverty, Racism, and the Public Health Crisis in America. Front Public Health. 2021 Sep 6;9:699049. doi: 10.3389/fpubh.2021.699049. PMID: 34552904; PMCID: PMC8450438.
- 4 [What Is Collective Impact - Collective Impact Forum](#)



STIs are a serious public health concern that requires immediate attention.

Oklahoma has some of the highest rates of STIs in the United States. Similar to national STI trends, STI rates in Oklahoma continue to rise, with young people, racial and ethnic minorities, and sexual and gender minorities being disproportionately affected. Persistent increases in the rates of STIs in the United States constitute an epidemic and public health crisis with profound implications for all Americans. In recent decades, rates of chlamydia, gonorrhea, syphilis, and congenital syphilis have increased significantly.



CHLAMYDIA

There were 3,730 cases of chlamydia in Tulsa County in 2023. Females were more likely to have a diagnosis, representing 65% of the cases. Non-Hispanic Whites followed by non-Hispanic Blacks had the greatest number of cases. Individuals aged 20-24 made up 34% of the cases of chlamydia in Tulsa County in 2023.

Table 1. Demographics among Chlamydia Diagnoses for Tulsa County, 2023

	TOTAL COUNTS
Tulsa County	3,730
SEX	
Male	1,301
Female	2,429
RACE/ETHNICITY	
NH American Indian/ Alaska Native	187
NH Asian/ Pacific Islander	42
NH Black	919
Hispanic	655
NH White	968
NH Multiple Race	340
Other/Unknown	619
AGE GROUPS	
10-19 yrs	903
20-24 yrs	1282
25-29 yrs	664
30-34 yrs	428
35-39 yrs	197
40-44 yrs	118
45-49 yrs	69
50 and over	69

Data Source: Oklahoma State Department of Health (OSDH), Sexual Health and Harm Reduction, STI Surveillance System, 2023

GONORRHEA

In 2023, there were 1,591 cases of gonorrhea in Tulsa County. Individuals aged 20-24 years old were most commonly diagnosed in 2023. There were 861 cases of gonorrhea among males in Tulsa County, with non-Hispanic Blacks and non-Hispanic Whites making up the majority of the gonorrhea cases at 555 cases and 416 cases, respectively. The data in Tulsa County is congruent with national data trends for age of diagnosis.

Table 2. Demographics among Gonorrhea Diagnoses for Tulsa County, 2023

	TOTAL COUNTS
Tulsa County	1,591
SEX	
Male	861
Female	730
RACE/ETHNICITY	
NH American Indian/ Alaska Native	78
NH Asian/ Pacific Islander	10
NH Black	555
Hispanic	163
NH White	416
NH Multiple Race	169
Other/Unknown	200
AGE GROUPS	
10-19 yrs	286
20-24 yrs	397
25-29 yrs	271
30-34 yrs	235
35-39 yrs	155
40-44 yrs	117
45-49 yrs	57
50 and over	73

Data Source: Oklahoma State Department of Health (OSDH), Sexual Health and Harm Reduction, STI Surveillance System, 2023



HIV

There were 88 new cases of HIV in Tulsa County in 2023. Of the new cases, 82% were males. Forty percent (40%) of new cases were among non-Hispanic Whites, followed by 32% of new cases among non-Hispanic Blacks. Forty percent (40%) of new cases were first diagnosed between the ages of 15-34 years.



**Table 3: Tulsa County at Diagnosis HIV Summary Statistics:
Newly Diagnosed HIV, 2023 (N=88)**

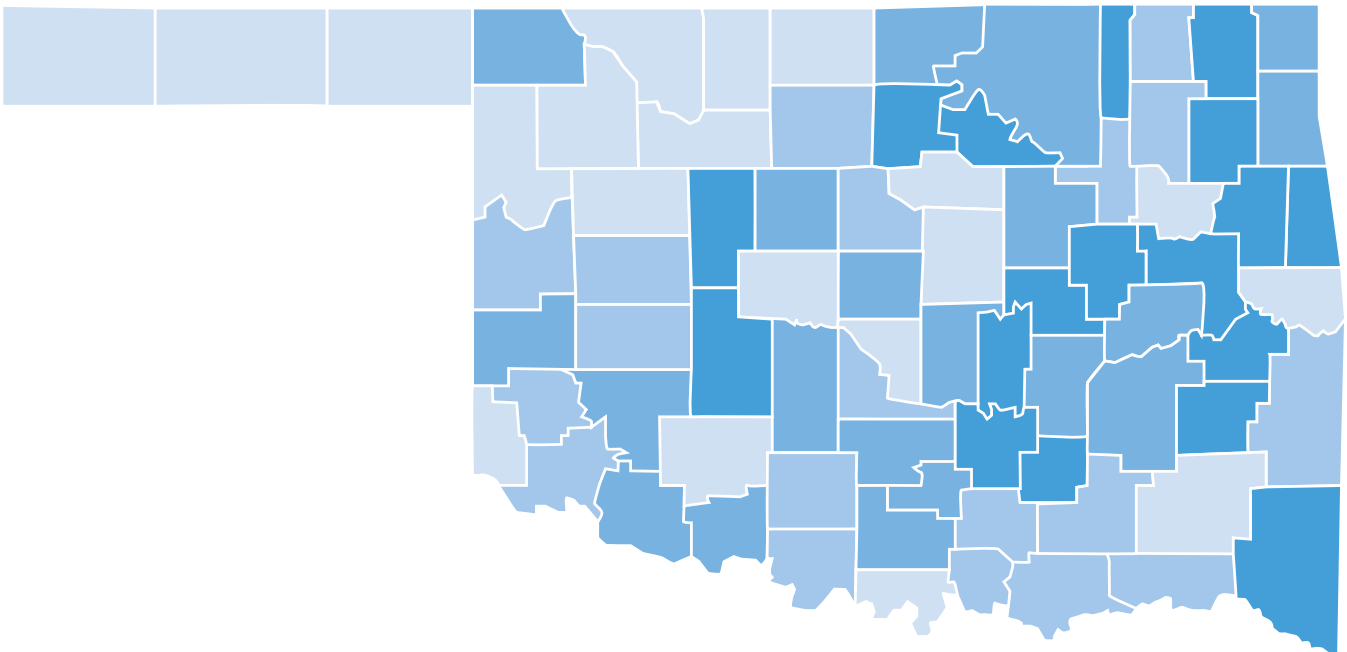
	HIV WITHOUT AIDS¹		HIV WITH AIDS²		TOTAL NEWLY DIAGNOSED	
	NUMBER	(%)³	NUMBER	(%)⁴	NUMBER	(%)⁵
Total	68	77.3	20	22.7	88	--
SEX AT BIRTH						
Male	*	*	*	*	72	81.8
Female	*	*	*	*	16	18.2
RACE/ETHNICITY						
NH American Indian/Alaska Native	0	0.0	0	0.0	0	0.0
NH Asian/Pacific Islander	*	*	*	*	*	*
NH Black	*	*	*	*	28	31.8
Hispanic	10	66.7	5	33.3	15	17.0
NH White	28	80.0	7	20.0	35	39.8
NH Multiple Race	*	*	*	*	*	*
AGE GROUPS						
10-19 yrs	0	0.0	0	0.0	0	0.0
20-24 yrs	0	0.0	0	0.0	0	0.0
25-29 yrs	*	*	*	*	10	11.4
30-34 yrs	26	76.5	8	23.5	34	28.6
35-39 yrs	19	79.2	5	20.8	24	27.3
40-44 yrs	10	77.0	*	*	13	14.8
45-49 yrs	*	*	*	*	*	*
50 and over	*	*	0	0.0	*	*

Note: *Cell counts and calculations may have been suppressed due to small cell size (less than 5). Percentages may not add up to 100% due to rounding; NH = Non Hispanic; 1people with HIV first diagnosed in 2023, who were not diagnosed with AIDS in 2023; 2people with HIV first diagnosed in 2023, who were also diagnosed with AIDS in 2023; 3percentage of HIV without AIDS diagnoses; 4percentage of HIV with AIDS diagnoses; 5percentage of all HIV diagnoses.

HUMAN PAPILLOMAVIRUS (HPV)

Human papillomavirus (HPV) is the most common sexually transmitted infection in men and women in the United States. Data from United Health Rankings shows that approximately 37,800 annual cancer cases in the United States are attributable to human papillomavirus (HPV), 35,000 of which may have been prevented through HPV vaccination.⁵ Vaccination prevents and controls HPV infection and associated outcomes and can begin at age 9. HPV vaccination in the United States has been recommended for girls since 2006 and for boys since 2011, and requires multiple doses.⁶ Data illustrates that 44.2% of adolescents aged 13-17 in Oklahoma have received all recommended doses of the HPV vaccine.

Percentage of Patients Received 2+ HPV Shots by County, 2023 (Aged 9-26 years old)



PERCENTAGE OF ACTIVE OSIIS PATIENTS WITH 2+ HPV9 SHOTS (9-26 YEARS) 2023

10.9–22.3%

22.4–24.8%

24.9–29.9%

30.0–37.5%

Data Source: Oklahoma State Department of Health, 2023

5 [Explore HPV Vaccination in Oklahoma | AHR](#)

6 [Products - Data Briefs - Number 495 - February 2024](#)

INJECTION DRUG USE (IDU)

Injection drug use (IDU) is a risk factor for STIs. Infection outbreaks among people who use drugs have devastating effects on communities. Data shows that 7.2% of all new HIV cases are related to injection drug use.⁷ 62% of Hepatitis C Virus (HCV) cases were related to injection drug use.⁸ Addressing STIs comprehensively allows for the intersection of sexual health and substance use in a manner with multi-faceted impacts.



7 [Understanding the Current HIV Epidemic in Oklahoma - AIDSVu](#)

8 [21981-oklahoma-opioid-summary_0.pdf](#)

SYPHILIS

There were 690 cases of syphilis in Tulsa County in 2023. The number of syphilis cases in Tulsa County has increased both among males and females, since 2017. In 2023, males made up the majority of the syphilis cases at 60% of cases.⁹ Thirty-seven percent (37%) were in individuals aged 25–34 years old. The majority of syphilis infections between 2015–2022 were among those who identified as White (49%); however, disparities exist as the Black population makes up only 11% of the county population, but 23% of all syphilis cases.

CONGENITAL SYPHILIS

Congenital syphilis (CS) is a growing public health concern. Congenital syphilis occurs when syphilis is passed to babies during pregnancy, and cases have more than tripled in recent years. The number of CS cases increased from 17 in 2020 to 48 in 2022. 38% of CS cases were among Black females, and 6% were among Native American females. According to the Oklahoma State Department of Health’s Sexual Health and Harm Reduction Service, maternal age ranged from 17 to 38 years for CS cases in 2022. 65% of congenital syphilis cases involved maternal drug use.

Table 4. Demographics Among Total Syphilis (All Stages) Diagnoses for Tulsa County, 2023

	TOTAL COUNTS
Tulsa County	690
SEX	
Male	412
Female	278
RACE/ETHNICITY	
NH American Indian/Alaska Native	55
NH Asian/Pacific Islander	8
NH Black	167
Hispanic	130
NH White	270
NH Multiple Race	54
Other/Unknown	6
AGE GROUPS	
10–19 yrs	21
20–24 yrs	95
25–29 yrs	101
30–34 yrs	154
35–39 yrs	98
40–44 yrs	82
45–49 yrs	62
50 and over	77

Data Source: Oklahoma State Department of Health (OSDH), Sexual Health and Harm Reduction, STI Surveillance System, 2023

9 Tulsa Health Department (2024). Stop the rise of STIs: Syphilis plan for Tulsa County [Unpublished manuscript]. Epidemiology Department.

VIRAL HEPATITIS

In Tulsa County, there were 1,752 cases of Hepatitis in 2023. Of the total cases, non-Hispanic White males aged 50+ had the greatest number of cases, with Hepatitis C being more common. Hepatitis is an inflammation of the liver caused by a virus, with symptoms often developing over a long period of time, in alignment with the increased age of diagnosis evident in Tulsa County.

Table 5. Types of Hepatitis Among Tulsa Co. Residents in 2023

HEPATITIS TYPE	SEX			
	Male	Female	Unknown	Total
Combined Hepatitis B	143	72	*	216
Combined Hepatitis C	919	611	6	1536
Total	1062	683	*	1752





Underlying Principles

In Tulsa, we want all members of our community to have access to resources that help them thrive.

We recognize that there are many influences on health behaviors and outcomes, as well as a lot of work to be done. Recent data highlights that barriers to care include stigma and limited efforts that normalize healthy sexual behaviors.¹⁰ There are likely no ailments more stigmatized than sexually transmitted infections. Given the blame, embarrassment, shame, and stigma attached to STIs, compounded by a general uneasiness in discussing sexuality and sexual health in the United States, the STI epidemic has largely remained hidden. Differences in infection rates among specific populations are illuminated,

but responses are often limited to individual-level actions. Disparities in disease burden extend beyond individual risk behaviors but are further explained by a host of other factors, including racism, discrimination, distrust in the medical system, and unequal access to healthcare and education.¹¹ These factors impede the ability to access information, services, and necessary treatment, exacerbating the deep-seated health inequities and disparities in the US. We cannot end HIV/STI transmission without addressing inequities and stigma. It is these tenets that are the guiding principles of the plan.

10 Lee, Amy, & Cody, S. (2020). The stigma of sexually transmitted infections. *Nursing Clinics*, Vol.(55), 295-305. DOI10.1016/j.cnur.2020.05.002.

11 National Academies of Sciences, Engineering, and Medicine. 2021. *Sexually Transmitted Infections: Adopting a Sexual Health Paradigm*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25955>.

Development of the Plan

The George Kaiser Family Foundation commissioned a report in 2023 identifying the scope and burden of STIs in Tulsa County.

The report highlighted data and possible challenges in addressing STIs while also recommending the need to galvanize stakeholders to address the issue. Using this report as a foundation, Amplify Youth Health Collective convened the Tulsa STI Task Force, comprised of stakeholders representing community-based organizations, state and local health departments, and medical providers. This 40-member collaborative task force was a decisive step following the creation of separate action plans for specific STIs, such as syphilis and HIV, and represented a move to consolidate and coordinate these efforts. The Tulsa STI Task Force is providing a coordinated response and breaking down silos to address STIs comprehensively. With data from state and local health departments on STI rates, the plan was developed to identify priority needs and actions.

Undergirding the plan's creation was a commitment to using a collective impact framework, securing stakeholder buy-in, aligning with state and local plans, and embracing a syndemic approach.

● **COLLECTIVE IMPACT**

Collective impact supports the African proverb of “going together for far-reaching impact.” The approach recognizes that many of the most significant and challenging issues cannot be addressed by one organization alone. It is an approach that is operationalized with a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and consistent alignment and coordination by a backbone organization.¹² This approach is based on the principle that shared responsibility is essential for sustainable change.

● **STAKEHOLDER BUY-IN**

Throughout the plan development process, stakeholders were asked to engage in shared decision-making. The Tulsa STI Task Force utilized components of the “Community Planning for Health Assessment” framework outlined by the Centers for Disease Control and Prevention to assure successful partnership engagement and shared goals.¹³ The group agreed upon a shared vision to serve as a “north star” for the Tulsa STI Action Plan.

Vision Statement: A community where stigma-free STI prevention and care are a reality for everyone.

12 [What Is Collective Impact - Collective Impact Forum](#)

13 [Community Planning for Health Assessment: Frameworks & Tools | Public Health Gateway | CDC](#)

● **ALIGNMENT WITH STATE AND LOCAL PLANS**

The Tulsa STI Task Force embraced national and local plans to help identify strengths, weaknesses, gaps, and opportunities for developing the Tulsa STI Action Plan. The state and local plans were reviewed by the Tulsa STI Task Force, with a recognition of plan elements to replicate and discard. The Tulsa STI Task Force sought to illuminate the local STI data with concrete goals and activities aimed at reducing disease rates.

	STRENGTHS	WEAKNESSES	OPPORTUNITIES
National Plans (e.g. STI National Strategic Plan, Ending the HIV Epidemic)	• Comprehensive • Addresses health disparities • Identification of priority actions to reach goal • Inclusion of measurements for progress	• No local context • Exclusive focus on federal context • No local data	• Alignment with Healthy People 2030
State/Local Plans (e.g. OK Ending the HIV Epidemic, Syphilis Plan for Tulsa County)	• Alignment with national strategies • Local data and context • Identification of priority populations	• Limited attention to rural Oklahoma • Limited current data	• Alignment with national and state plans • Diverse stakeholder group involved in plan development

● **SYNDEMIC APPROACH**

Syndemics are epidemics of diseases or health conditions that interact with each other, exacerbating their adverse effects on communities that face inequities, and are often driven by the same upstream social determinants of health.¹⁴ This perspective of health improvement focuses on the interactions that create an excess burden of disease within a population. It is this view that allows us to ensure multifaceted impact by focusing on an integrated approach to prevention, treatment, and care.

14 [HIV Prevention Priorities | CDC NCHHSTP](#)



Key Definitions¹⁵

The terminology for sexual health and STIs has significantly evolved. Stigmatizing language used in the naming, terms, and classification of STIs has contributed to the blame and alienation of those who need to be engaged and assisted.

Therefore, throughout this plan, the Tulsa STI Task Force strives to use language that is respectful and accurate. We provide the definitions to have a common language for discussing sexually transmitted infections in Tulsa.

Acquired immune deficiency syndrome (AIDS) The most advanced stage of HIV.

Adolescence The period of physical and emotional change between the beginning of puberty and early adulthood.

Antiretroviral A medicine that fights viruses. Antiretroviral therapy (ART) is a treatment for HIV patients that can help them stay healthy and lower their chances of giving HIV to someone else.

ART (antiretroviral therapy)

A combination of medicines that works to keep people living with HIV healthy by lowering the amount of the virus in their bodies.

Asymptomatic Having no signs or symptoms.

Best practices Refers to methods or techniques that have been generally accepted as superior to alternatives because they tend to produce superior results.

Chancere A sore on the skin or mucus membrane that's caused by syphilis during the first phase of infection.

Disease (An) illness of people, animals, plants, etc., caused by infection or a failure of health rather than by an accident

Harm reduction An evidence-based approach that is critical for engaging people who use drugs and providing them with life-saving tools and information to improve and potentially save their lives.

Health Equity The state in which everyone has a fair and just opportunity to attain their highest level of health.

Hepatitis B virus (HBV) A viral infection that can be sexually transmitted. It can lead to dangerous liver problems in some people.

HIV (human immunodeficiency virus) A chronic virus that breaks down the immune system, which can lead to AIDS if not treated.

HPV (human papillomavirus) The most common STI. Some types of HPV may cause genital warts. Others may cause cancer of the anus, cervix, penis, throat, or vulva. Most of the time, HPV is harmless and goes away on its own.

Infection A condition in which disease-causing bacteria or viruses have entered the body; the state resulting from the presence of one or more pathogenic agents (such as bacteria, protozoa, or viruses) in or on a suitable host.

Post-exposure prophylaxis (PEP) Medicine that helps prevent HIV (or other infections) if started within a few days after being exposed.

PrEP (pre-exposure prophylaxis) A medicine taken daily to reduce the risk of getting HIV.

Semen Fluid containing sperm that's ejaculated from the penis during orgasm. Semen is composed of fluid from the seminal vesicles, fluid from the prostate, and sperm from the testes.

Seminal fluid A liquid that nourishes and helps sperm to move. Made in the seminal vesicles.

Sex positive Embracing sex, sexuality, and sexual expression as a natural, positive part of life that can be defined, embodied, and explored without shame or judgement

Sexual health A state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled." (WHO, 2006a)

Sexually Transmitted Infections (STIs) Infections that can be transferred from one person to another through sexual contact.

Social determinants of health The social and economic conditions that influence the health of individuals and communities

Stigma Severe disapproval/judgment for a behavior that's reinforced by society/culture.

Syndemic Syndemics occur when two or more diseases or health conditions cluster and interact within a population because of social and structural factors, leading to an excess burden of disease and continuing health disparities.







STI Facts and Statistics

- U.S. reported case rates of the three most common reportable STIs (chlamydia, gonorrhea, and syphilis) have been increasing over the past two decades.
- Since 2000, the overall case rate of chlamydia has doubled, gonorrhea has increased nearly 1.4-fold, and primary and secondary syphilis is up 5-fold.
- Long-term effects of STIs include chronic pelvic pain, infertility, miscarriage or newborn death, and increased risk of HIV infection, genital and oral cancers, neurological and rheumatological consequences, and possible death in persons not being screened or whose care is not well managed.
- The rise in reported STIs underestimates the full scope of the STI epidemic in the United States, in part because many cases can be asymptomatic (especially in women) and are therefore often undiagnosed and unreported. Asymptomatic individuals may not know they are infected, yet they can still transmit an infection to their sexual partners or offspring.
- Congenital syphilis is passed to a fetus with severe and often fatal consequences for newborns. While it is fully preventable with prenatal care, the number of cases in the United States has increased 2.6-fold from 2013–2018.
- Young people aged 15-24 account for about 25 percent of the sexually active population, yet they account for about half of all reported STIs annually.
- Gay, bisexual, and other men who have sex with men represent an estimated 2-3 percent of the adolescent/adult population, yet they account for 54 percent of reported primary and secondary syphilis cases.
- STIs, including HIV, imposed an estimated nearly \$16.0 billion in lifetime direct medical costs in the United States in 2018.

SOURCES: CDC, 2019a,c, n.d.; Chesson et al., 2021; Singh et al., 2017.



STI and HIV Overview

CHLAMYDIA

Chlamydia is the most frequently reported bacterial STI in the United States¹⁶ – but just as many cases are asymptomatic, so the numbers may be higher than we realize. Symptoms, if they are present, can include discharge from the vagina or penis, pain with urination, or pain and swelling of the testicles (this is rare). A test of the urine (or a swab from the affected area) can diagnose it, and it is curable with antibiotics. If left untreated, it can lead to infertility, more commonly in women than men.¹⁷

GONORRHEA

Gonorrhea is another STI caused by a bacteria, and it can also be asymptomatic. When symptoms occur, they are very similar to chlamydia. Gonorrhea can also cause infertility in both women and men.¹⁸ While it is treatable, some infections have been resistant to the usual antibiotics used, so additional testing and treatment are sometimes needed.

TRICHOMONIASIS

Trichomoniasis is caused by a protozoan. It is another STI that can be asymptomatic. When there are symptoms, they are usually itching, irritation, and discharge. It is curable with medication.¹⁹

SYPHILIS

Syphilis has been on the rise. In the first stage of infection, there is usually a firm, round, painless sore where the infection entered the body.²⁰ The sore is generally there for three to six weeks, but because it is painless, it may go unnoticed.

In the second stage, there is a more extensive rash, though it can be faint and go unnoticed, along with general feelings of illness such as fever, sore throat, fatigue, swollen lymph nodes, or weight loss.

If syphilis goes unnoticed, it can linger in the body for years, sometimes affecting organ systems, including the brain. It is curable with antibiotics, but if found late, the damage it can do may be permanent. This infection can be very serious during pregnancy.

HSV

HSV (herpes simplex virus) causes blistering sores. There are both oral herpes (mouth sores) and genital herpes. Oral herpes, caused by HSV-1, is not usually caused by sex, but it can lead to genital herpes through oral sex. Genital herpes is more commonly caused by HSV-2.²¹

The sores from herpes can recur throughout life. There is no cure for herpes, but there are medications that can shorten or prevent outbreaks. This infection can be particularly dangerous during pregnancy, although the risks can be managed with good prenatal care.

HPV

HPV (human papillomavirus) is the most common sexually transmitted infection. It can be transmitted even by close skin-to-skin touch, and infections are generally asymptomatic. Most cases of HPV (90%) get better by themselves – but if they don't, over time the virus can cause genital warts or certain cancers. There is an effective vaccine to prevent HPV that can be given starting at age 9.²²

HIV

HIV (human immunodeficiency virus) is more common among people who have other STIs – mostly because having STIs is a sign of risky sexual behavior. It can be difficult to tell if someone has it, as early symptoms may resemble the flu, followed by a long period with no symptoms at all.²³

While there is no cure for HIV, there are medications to control it, as well as medications that can prevent it.

16 [About Chlamydia | Chlamydia | CDC](#)

17 [Sexually transmitted infections: What parents need to be sure their teens know - Harvard Health](#)

18 [About Gonorrhea | Gonorrhea | CDC](#)

19 [About Trichomoniasis | Trichomoniasis | CDC](#)

20 [About Syphilis | Syphilis | CDC](#)

21 [About Genital Herpes | Genital Herpes | CDC](#)

22 [Human Papillomavirus \(HPV\) | HPV | CDC](#)

23 [HIV | HIV | CDC](#)

Goals, Objectives, and Key Activities

Currently, community partners implement programs aiming to address primary issues like prevention, testing, and treatment.

Despite these valiant efforts, progress has been slow. The Tulsa STI Action Plan aims to consolidate and refine efforts to maximize impact by outlining the critical goals and priorities that should be addressed collectively. A recent study commissioned by the George Kaiser Family Foundation identified challenges and needs in addressing STIs in Tulsa County. It is this community-specific data, along with alignment with local and national strategies, that is intended to have a far-reaching impact.

The Tulsa STI Action Plan is designed to provide a framework for all organizations addressing STIs in Tulsa County. As Tulsa County grapples with the burden and impact of sexually transmitted infections, it is important to have a path forward. The plan serves as a point of collective action and impact.

The plan is structured around five pillars, each designed to advance the vision for STI prevention and response in Tulsa County.

These pillars move beyond individual-level behavior change toward a comprehensive approach that addresses the interconnected nature of sexual health. The Tulsa STI Task Force recognizes that focusing solely on individual-level behaviors works to fuel stigma and may not fully address health inequities. The five pillars are accompanied

by objectives and actions that recognize the role of the social determinants of health and health inequities.

Each pillar has a goal and several objectives, which are further supported by key activities to be monitored for progress toward attaining the vision. The Tulsa STI Action Plan is designed to achieve five interconnected goals. While the plan is a move toward positive sexual health for all of Tulsa County, we recognize that there is a need to address the specific needs of various sub-communities.

Priority Populations

- LGBTQ+
- People who use substances
- Racial minorities
- Women of childbearing age
- Youth and adolescents

The Tulsa STI Action Plan articulates goals, objectives, and key activities that the Tulsa STI Task Force and community partners can engage in to support the reduction of STIs in Tulsa County. The Task Force will work together over the next five years to implement strategies that bring us closer to our shared vision of a community where stigma-free STI prevention and care are a reality for everyone.

VISION

A community where stigma-free STI prevention and care are a reality for everyone.

FIVE PILLARS

① Awareness and Education

② Testing

③ Treatment

④ Advocacy

⑤ Evaluation and Monitoring

FIVE PILLARS

	PILLAR 1: AWARENESS AND EDUCATION	PILLAR 2: TESTING
GOAL	Increase HIV/STI awareness in Tulsa Co.	Implement a Tulsa Co. network for HIV/STI testing
OBJECTIVES	Increase the number of Tulsa Co. residents aged 15-44 who know their HIV/STI status by 30%	Increase the number of healthcare providers offering HIV/STI screening and testing as a part of standard care delivery
KEY ACTIVITIES	Conduct a countywide multi-channel communication campaign	Conduct cultural competence training for healthcare providers offering HIV/STI screening and testing services
		Conduct survey to assess community perceptions on barriers to HIV/STI testing
		Host targeted testing events throughout Tulsa Co.
		Promote HIV/STI testing network
OUTPUTS	# of Tulsa Co. residents who know their HIV/STI status	# of formal partnerships with healthcare providers
	# of Tulsa Co. residents who know about community STI resources	# of Tulsa Co. residents who access targeted testing events
	# of Tulsa Co. providers who are equipped with STI resources	# Tulsa Co. residents accessing HIV/STI testing network

PILLAR 3: TREATMENT	PILLAR 4: ADVOCACY	PILLAR 5: EVALUATION AND MONITORING
Treat HIV/STIs rapidly after diagnosis	Advance policy initiatives that empower HIV/STI prevention, testing, and treatment	Monitor progress of STI Taskforce activities
Increase the number of healthcare providers offering expedited partner therapy	Increase the number of Tulsa Co. legislators who are supportive of harm reduction legislation	Utilize evaluation framework for executing process and outcome evaluations
Increase utilization of community health workers for HIV/STI navigation		Establish HIV/STI data sharing process specific to Tulsa Co.
Launch community pharmacy partnership	Conduct listening session with Tulsa Co. policy makers and community members centered on HIV/STI and harm reduction	Ensure Tulsa Co. data is represented in state and local HIV/STI planning efforts
Develop expedited partner therapy protocols for Tulsa Co. HIV/STI partners	Monitor HIV/STI and harm reduction legislation proposals	
	Create educational collateral for lawmakers	
# HIV/STI partners implementing expedited partner therapy protocols	# of Tulsa Co. legislators educated on HIV/STI	
# pharmacies providing HIV/STI pharmaceuticals	# of Tulsa Co. residents participating in listening sessions	
	# educational materials created	

Collaborative Activities

The Tulsa STI Task Force has identified three interconnected primary strategies that member organizations will collectively implement to advance the plan for reducing STI burden in Tulsa County:

DATA

Data will be the foreground of collective action. Currently, STI data in Tulsa County is deficient with respect to timeliness and comprehensiveness. Timely and reliable data is requisite to drive appropriate program development and program improvements. The Tulsa STI Task Force is committed to sharing data across member organizations and also advocating for the creation of a shared data platform that meets multiple needs.

STI HEALTH MESSAGING CAMPAIGN

The Tulsa STI Task Force will plan, develop, implement, and evaluate a multi-channel STI messaging campaign for targeted subpopulations of Tulsa County. Using current data, the Task Force has identified Tulsans aged 15-26 and Tulsans aged 55+ as target populations for this campaign. The campaign will increase awareness and action related to STIs. Message content will be created by the Tulsa STI Task Force and delivered by community messengers using both traditional and non-traditional channels.

ADVOCACY

The health messaging campaign will also support public advocacy by the Tulsa STI Task Force. The Task Force will engage in public advocacy by encouraging community support for positive sexual health practices and by creating educational opportunities to support health professionals in their practice. The Tulsa STI Task Force will continue to work with advocacy and policy groups to monitor legislation impacting sexual health to inform concerted action.





Monitoring the Plan

Effective monitoring of the Tulsa STI Action Plan will build a knowledge base that transcends individual programs to strengthen the entire field of practice and organizational capacity.

Monitoring plan progress will capture not only what worked and what didn't, but also identify contextual factors, implementation challenges, and adaptations that led to success, thus allowing us to build on proven strategies.

There is a recognized need for Tulsa-specific, detailed, and up-to-date sexual and reproductive health data that monitoring the plan will help address. Current data systems are filtered through the state and local health departments, which have unintended consequences for timely and individualized data monitoring. Data from the Tulsa STI Action Plan evaluation will be monitored

annually by the Tulsa STI Task Force, with quarterly reports shared with stakeholders during Task Force meetings. Monitoring will follow an evaluation framework based on the STI plan logic model. The PDSA (Plan, Do, Study, Act) model will guide ongoing monitoring to systematically identify, review, and evaluate plan activities. PDSA cycles will assess processes implemented by the Task Force and partners to measure project performance. Performance measurements will be reviewed regularly and discussed at project partner meetings, with data shared with stakeholders to ensure accountability, continued engagement, and action.

MONITORING AND EVALUATION FRAMEWORK

OUTCOMES	INDICATORS	DATA COLLECTION METHODS	DATA COLLECTION FREQUENCY
Increased knowledge of STI status	Number and percent of community members with improved knowledge of STI status	Community survey	Bi-annually
Increased STI testing opportunities in clinics and health systems	Number of healthcare providers trained to conduct STI testing	Training sign-in sheets	Bi-annually
Increased STI testing opportunities for community members	Number of mobile testing events conducted	Event registrations	Quarterly
Increased treatment opportunities for community members	Number of clinicians trained/certified to provide STI treatments	MOUs - Pharmacy; clinic/hospital partners Expedited partner therapy protocols	Annually
Increased harm reduction policies supported	Number of public forums held to discuss harm reduction approaches	Record of legislation filings	Annually
Improved access to Tulsa-specific STI data		Shared data platform	Annually



Call to Action

Addressing this critical public health issue requires deliberate action from the entire community.

YOUNG PEOPLE

Sexual health is a dimension of overall health, with sex being a natural part of life for most people. Thus, being sexually healthy includes being proactive about protecting your sexual health. For young people, sexual health should not just be about preventing problems, but rather providing education and services that offer essential components for a healthy transition to adulthood.

As the number of STIs increases in the United States and adolescents and young adults bear a considerable burden of disease, it is important to embrace awareness and knowledge as critical components of sexual health. Knowledge and awareness are keys to helping youth be proactive and prepared. Key points for adolescents and young adults to remember include:

Personal Health Management

- Get tested regularly even if asymptomatic (recommended every 6-12 months if sexually active)
- Learn correct condom/barrier method usage and use them consistently
- Consider vaccination for preventable STIs (like HPV)
- Have honest conversations with partners about STI status before intimacy

Education and Awareness

- Educate yourself from reliable sources (CDC, Amplify Youth Health Collective, medical professionals)
- Share accurate information with peers in person and on social media

- Correct misinformation when you hear it among friends
- Learn the symptoms of common STIs to recognize them early

Support Network Building

- Create safe spaces for open discussions about sexual health
- Challenge stigma and shame around STIs in conversations
- Connect peers with resources they might not know about
- Be a non-judgmental resource for friends with questions or concerns

PARENTS

Although often viewed as a time in which young people engage in high-risk behaviors, adolescence is in fact “a period of great opportunity for adolescents to flourish and thrive.”²⁴ Nonetheless, STIs are common in this age group; for example, those aged 15–24 make up about 13 percent of the population, yet account for about half of STIs reported in the United States.

Parents provide an important social context for adolescent sexual decision making and behavior.²⁵ Parents shape a wide range of adolescent sexual behaviors, including timing of first intercourse, frequency of sex, contraception use, and STIs and HIV.²⁶

As parents, we shape our children's futures through both what we say and what we leave unsaid. Today's silence about sexual health becomes tomorrow's crisis for our youth. Join us in having courageous conversations that protect our children from sexually transmitted infections and empower them to make informed decisions that will impact their lives for decades to come. Key points for parents to remember, including encouraging healthy sexual behaviors and practices:

Create Open Communication

- Establish yourself as an “askable parent” from an early age
- Use everyday moments (TV shows, news stories, books) as natural conversation starters
- React calmly when children ask questions or share information
- Create regular check-in times where deeper conversations can happen naturally

Provide Age-Appropriate Education

- Begin with basic body knowledge and boundaries in childhood
- Introduce puberty information before changes begin
- Discuss healthy relationships before dating begins
- Cover contraception and STI prevention before sexual activity begins
- Use reputable books and resources to supplement conversations

Model Healthy Relationships and Communication

- Demonstrate respectful communication with your partner/others
- Show appropriate physical boundaries and consent in everyday life
- Discuss media messages about relationships and sex critically
- Share your values while acknowledging different perspectives

Take Practical Steps

- Help your teen access healthcare by finding teen-friendly providers
- Facilitate annual check-ups that include time alone with the provider
- Ensure your teens know how to access protection if/when needed
- Consider HPV vaccination according to medical recommendations
- Create a safety plan for potentially risky situations

COMMUNITY MEMBERS

Our community's strength lies in our willingness to confront difficult truths together. The rising rates of sexually transmitted infections aren't just statistics—they're our neighbors, friends, and family members. Stand with us to transform stigma into support, judgment into action, and create a community where everyone has access to the education, testing, and treatment they deserve. Key points for community members to remember include:

Raise Awareness and Reduce Stigma

- Participate in community education forums
- Share accurate information through social media and community networks
- Distribute information about local sexual health services
- Challenge stigmatizing language and misconceptions about STIs

Support Local Testing Initiatives

- Advocate for convenient testing locations and hours
- Volunteer at community testing events
- Help promote free or low-cost testing services
- Support mobile testing units that reach underserved areas

Support Vulnerable Populations

- Advocate for inclusive healthcare services for all individuals
- Support initiatives addressing social determinants of sexual health
- Help create youth-friendly spaces and programs

Engage in Policy Advocacy

- Contact elected officials about funding for STI prevention and treatment
- Advocate for policies that increase healthcare access
- Support comprehensive insurance coverage for STI testing and treatment
- Attend public hearings on health-related legislation

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HEALTH CARE PROVIDERS

As healthcare providers, we stand at the critical intersection between medical knowledge and human vulnerability. Every patient encounter is an opportunity to normalize STI discussions, remove barriers to care, and change the trajectory of this epidemic. Your commitment to compassionate, comprehensive sexual health services doesn't just treat infections—it rebuilds lives and protects entire communities. Key points for health care providers to remember include:

Normalize Sexual Health Screening

- Integrate STI screening questions into routine visits
- Create standardized workflows that prompt sexual health discussions
- Develop scripts for initiating conversations about sexual practices, particularly for pediatricians

Enhance Provider Education and Comfort

- Participate in continuing education on sexual health communication
- Practice using inclusive, non-judgmental language

Maximize Treatment Opportunities

- Stock medications for expedited partner therapy when legally permitted
- Prescribe PrEP (pre-exposure prophylaxis) for eligible patients

- Recommend HPV vaccination according to guidelines
- Develop clear referral pathways for complex cases

Address Structural Barriers

- Offer extended hours and/or weekend appointments
- Create teen-friendly services with appropriate confidentiality protections
- Provide telehealth options for follow-up and counseling

Advocate for System Changes

- Support policies expanding STI services coverage
- Advocate for funding for sexual health education and prevention
- Participate in professional organizations addressing STI prevention
- Provide testimony for relevant health policy decisions

RECOMMENDED ACTIONS

The Tulsa STI Action Plan acknowledges that the current social and political climate may make action surrounding STIs difficult. The fact remains that sexual health is a dimension of health and well-being and should be considered in the context of overall health improvements. It is recommended that the Tulsa STI Task Force and community continue engagement in advocacy that ensures that sexual health is prioritized. Monitoring and advocating for practices and services related to STI prevention, testing, and treatment remain paramount.



Conclusion

The Tulsa STI Action Plan offers a pathway toward a comprehensive approach to addressing STIs.

The focus of the plan is underpinned by the recognition that no single entity can solve the problem alone, and collaborative action is needed. All levels of the community must be engaged for substantive change to occur. Efforts must move beyond targeting individuals deemed “at risk” toward community-wide action within an informed and engaged population. Advancing timely, Tulsa-specific STI data is critical, as current gaps hinder monitoring of progress and process improvements and may require restructuring existing data pathways. The Tulsa STI Action Plan outlines goals, objectives, and key activities that the Tulsa STI Task Force and community partners can undertake to support STI reduction in Tulsa County and represents the first five-year collaborative approach.

There is a plethora of resources to learn about sexual health and STIs. Specific to Tulsa County, the Tulsa STI Task Force recommends:

- **Learning about the work and services provided by Tulsa STI Task Force partner organizations**
- **Review state and local STI plans**
- **Visit Healthy People 2030 for national goals related to sexual health**
- **Attend a Tulsa STI Task Force meeting**

The development of the Tulsa STI Action Plan has been led by Amplify Youth Health Collective through generous funding provided by the George Kaiser Family Foundation, with special thanks to Dr. Marshan Marick from Health Integrated Solutions. For more information, visit amplifytulsa.org

A woman with dark hair in a bun, wearing glasses and light blue scrubs, with a stethoscope around her neck. She is looking down. The background is pink with white curved stripes.

APPENDICES

Ending the HIV Epidemic:
A Plan for Oklahoma

Syphilis Plan for Tulsa Co.

Policy Recommendations

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What parents need to be sure their
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Tulsa Syphilis Plan

World Health Organization

Developed by the Tulsa STI Taskforce in collaboration with



AMPLIFY
YOUTH HEALTH COLLECTIVE