

Region II Infertility Prevention Project Meeting

June 19-20, 2008
New York, New York

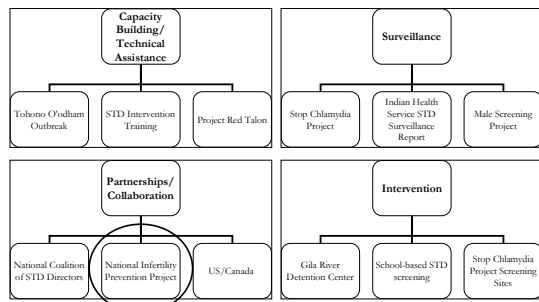
Scott Tulloch
Program Manager
CDC Assignee
IHS National STD Program

Quote of the Day:

“Collaboration can be fun”

- Phoebe Mills, American Indian Community House

Program Overview/Priorities: 2008



Background

- AI/AN comprise 1.5% of the total U.S. population
- AI/AN are disproportionately affected by STDs

2006

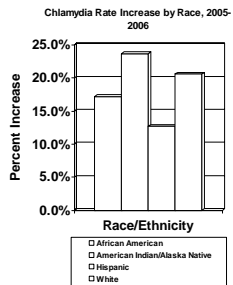
- 2nd highest rates of chlamydia (797.3 per 100,000)
- 2nd highest rates of gonorrhea (138.3 per 100,000)
- 3rd highest rates of P&S syphilis (3.3 per 100,000)

Compared to White, non-Hispanics

- 1.7 times higher rates of Primary and Secondary syphilis (P&S)
- 3.8 times higher rates of gonorrhea
- 5.2 times higher rates of chlamydia

Source: Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance, 2006 Atlanta, GA Department of Health and Human Services.

Upward trends continue among AI/AN:



- ✓ Between 2005 and 2006, the rate of P&S syphilis among American Indian/Alaska Natives increased 37.5% (from 2.4 to 3.3)
- ✓ Chlamydia - In 2006, 26.3% of reports on chlamydia cases were missing race or ethnicity
- ✓ Gonorrhea - In 2006, 21.6% of reports on gonorrhea cases were missing information on race or ethnicity (ranging by state from 0.0% to 46.8%)

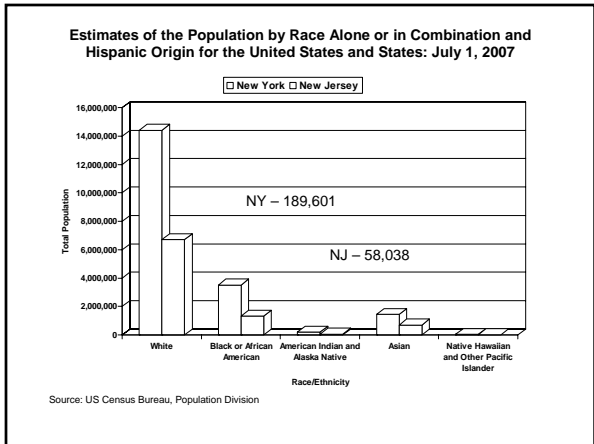
Snapshot: Region II AI/AN CT/GC Prevalence



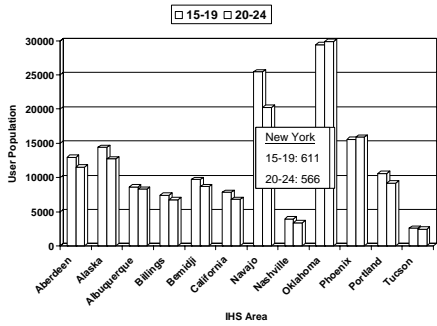
What are the Questions?	What are the Answers?
<ul style="list-style-type: none"> ■ Region II AI/AN Prevalence? ■ Missing/Unknown/Misclassification? ■ Limited AI/AN representation in visit data? ■ Limited/No IHS service providers? ■ Where are AI/AN going for care? 	<ul style="list-style-type: none"> → Data → Data → Data → Data → Data

Understanding the IHS environment

- IHS Structure
 - Limited Funding
 - ~60% underfunded
 - Approximately 1% of IHS dollars go to support Urban Indian programs (>65% of AI/AN pop. reside in urban areas)
 - Primary care model
 - IHS not funded to do prevention
 - Competing Priorities
 - Geographic inaccessibility
 - Tribal eligibility restrictions
 - Confidentiality
 - Decentralized
 - 563 Federally recognized tribes in 34 states doing things a little bit different (~245 non-federally recognized tribes)
 - Data maintained locally/regionally – No central repository
 - **Tribal Sovereignty/Self-Determination**



IHS (I/T/U) User Population by Age Group, 2007*



*Preliminary Data

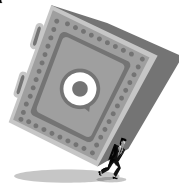
Chlamydia Screening in Indian Country:
2006 Summary

- 52 Participating Sites
 - 38 IHS Facilities
 - 12 Tribal
 - 2 Urban
- 63,635 Chlamydia specimens
- 89% (56,440) Women
- Overall positivity
 - Female - 6.4% (Range 1.1 -12.9)
 - Male - 12.5% (Range 0 - 19.5)
- Participation from 10 of 12 IHS Service Areas



STD need among AI/AN & Program **GAPS**

- Partner Services
- Screening Coverage/Standardized STD Screening Protocols/Criteria
- Access to Care
- Reporting
- Racial Misclassification
- EPT
- Behavioral Risk Data



Opportunities

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What can we do together?

- Describe the current audience, need, and existing healthcare structure
- Assess what efforts are currently happening in your backyard that are focused on AI/AN
- What current organizations are working with Native populations?
- What new or “new to you” access points exist to engage Native communities
- How can we help connect the dots?



Resources

- Indian Health Services
 - National Programs
 - Area Offices
 - Tribal EpiCenters
 - Tribal Health Boards
 - Tribal Programs
 - Stop CT
 - RPMS/National Data Warehouse (?)
 - Bridge between Federal, Regional, State, Local and tribal programs



Questions/Comments?

Thank you
