Engaging with Tribal Communities in Responding to STDs: An Update on the Indian Health Service's STD Surveillance Report & How Health Departments Can Collaborate with Tribal Organizations

April 10, 2019

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Logistics

- This webinar will be recorded. The recording and slides will be made available to those who registered.

- Please mute your phone line or computer speaker.

Agenda

1. Objectives
2. Andria Apostolou, PhD, MPH (Indian Health Service)
3. Amanda Gill, MS (South Dakota Department of Health)
4. PJ Beaudry, MPH (Great Plains Tribal Epidemiology Center)
5. Q&A- Please save all questions for the end.

Objectives

This webinar aims to:

- Provide an overview of national STD trends among American Indian/Alaska Native populations, including considerations for state and local health agency programmatic planning.
- Highlight activities and lessons learned from the South Dakota Department of Health STD program's partnerships with tribal communities.
- Describe the role of Tribal Epidemiology Centers (TECs), and specific experiences from the Great Plains TEC in collaborating with health agencies and other local partners to address STD rates within tribal communities.

Introduction

Andria Apostolou, PhD, MPH
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Division of Epidemiology & Disease Prevention – Indian Health Service

Indian Health STD Surveillance Report

Andria Apostolou, PhD, MPH
Indian Health Service National STD Program Lead
Senior Epidemiologist
Division of Epidemiology and Disease Prevention

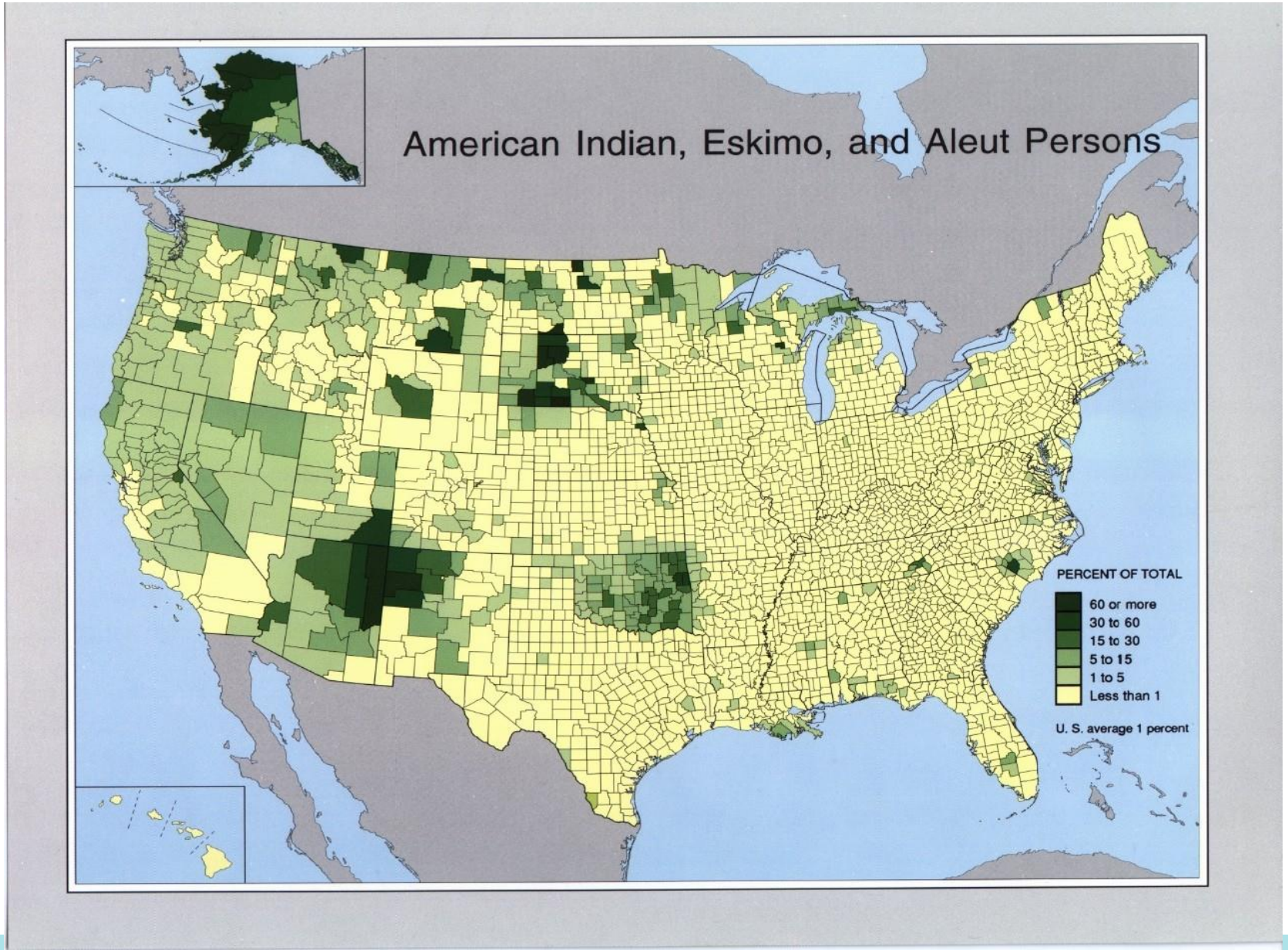
Disclaimer: The findings expressed in this presentation are those of the authors and do not necessarily reflect the views of the Indian Health Service.

Indian Health Service (IHS)

Map of the 12 IHS Administrative Areas

- An agency within the Department of Health and Human Services
- Provides health services to 2.2 million American Indians and Alaska Natives (AI/AN) who belong in 573 federally recognized tribes in 37 states
- 45 IHS and tribally operated hospitals (5 are critical access); 550+ health centers, Alaska village clinics, health stations

AI/AN Geography and Population Density



U.S. Department of Health and Human Services

Indian Health Service

The Federal Health Program for American Indians and Alaska Natives

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- Tribal Epidemiology Centers (TECs)
- Health Issues - Cancer
- Health Issues - Vaccine - Preventable Diseases
- Health Issues - STD Program
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Division of Epidemiology and Disease Prevention

Announcements

The IHS Flu website is now available at https://www.ihs.gov/flu/

IHS Mission Statement

The mission of the Indian Health Service is to raise the health status of the American Indian and Alaska Native people to the highest level possible. The Division of Epidemiology functions as the leading office in IHS for disease epidemiology, prevention and control activities for general infectious and chronic diseases as well as the following specific health conditions: cancer, tobacco use, breast and cervical cancer, vaccine-preventable diseases, sexually-transmitted diseases, and disease outbreaks. Additional activities of the Division include providing high level, responsive expertise on public health subject matter and methods, and strengthening the capacity for, and practice of, public health through mentor, training and development of a network of proactive, responsive tribally-operated epidemiology centers for tribes and regions.

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Join our STD Listserv

IHS Headquarters, Indian Health Service, 5600 Fishers Lane, Rockville, MD 20857 - Find a Mail Stop

https://www.ihs.gov/Epi/std-program/

https://www.ihs.gov/Epi/

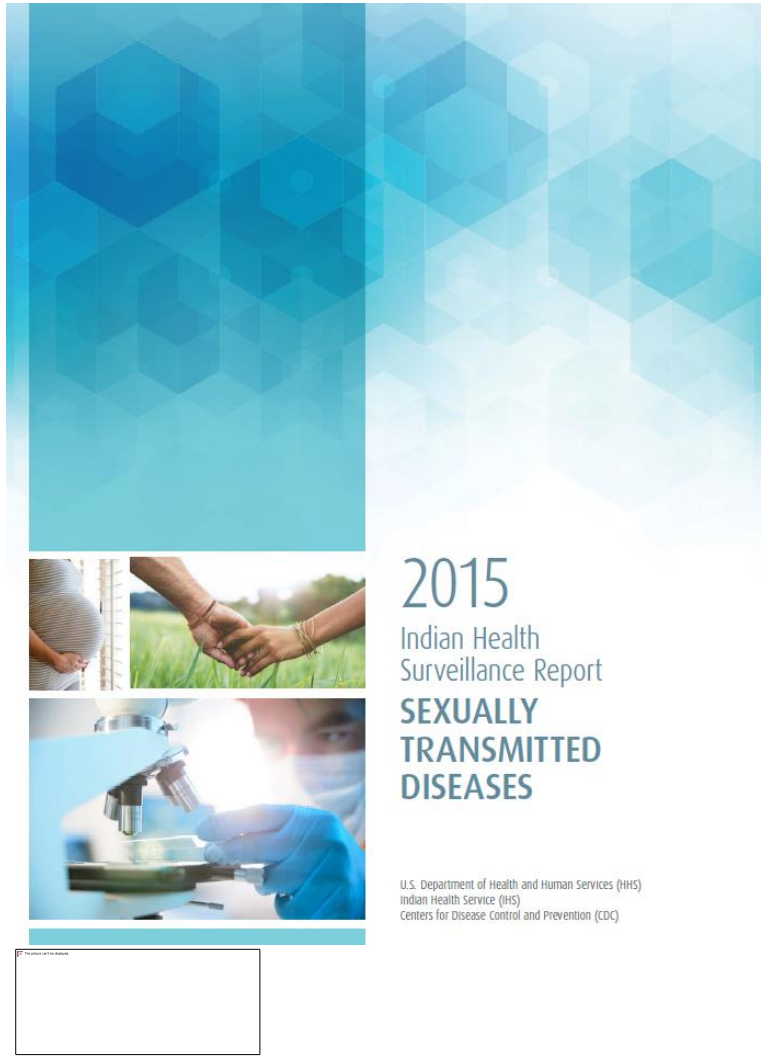
IHS National STD Program Goals

- Raise awareness of STDs as a high priority health issue
- Support partnerships and collaborations with state STD programs, IHS, tribal, urban Indian (I/T/U), and other public health agencies
- Support improvement of I/T/U, state, and local STD programs for AI/AN
- Increase access to up-to-date STD training for clinicians and public health practitioners
- Support and strengthen surveillance systems to monitor STD trends
- Promote STD research and identify effective interventions for reducing STD morbidity
- Support STD outbreak response efforts

Sexually Transmitted Diseases

- 20 million new cases of Sexually Transmitted Diseases (STDs) occur in the U.S. each year
- AI/AN bear a disproportionate burden
- Chlamydia & gonorrhea rates among AI/AN are ~4 times those of non-Native whites
- Syphilis and human immunodeficiency virus (HIV) also have disproportionately higher impact on AI/ANs
- Serious health consequences of unrecognized STDs, including infertility, might occur without prompt diagnosis & treatment
- Half of all STDs occur in those under 25 years of age
  - This age group represents only one quarter of those that are sexually active

Indian Health Surveillance- Sexually Transmitted Diseases 2015 Report



- The IHS National STD program and the IHS Division of Epidemiology and Disease Prevention released a new report of the Indian Health Surveillance Report — Sexually Transmitted Diseases 2015.
- Represents a unique collaboration and partnership between the IHS and the CDC. The initial Indian Health Surveillance Report — Sexually Transmitted Diseases, containing data through 2004, was published in November 2006. Additional editions of the report were produced in 2009, 2012, and 2014.

https://www.ihs.gov/Epi/std-program/stats/

Indian Health Surveillance- Sexually Transmitted Diseases 2015 Report

- Presents statistics and trends for STDs-chlamydia, gonorrhea and primary and secondary (P&S) syphilis- among AI/AN between 2011-2015
- Consists of two main components presenting 2011–2015 data:
  - The National STD Profile, which contains text and figures that provide an overview of STD morbidity among AI/ANs in the United States;
  - The IHS Area STD Profiles representing rates and trends for the 12 IHS Administrative Areas.

Methodology

- STD case data from CDC's National Notifiable Disease Surveillance System
  - 50 states and Washington, DC
  - Include case's age, self-reported race(s) and ethnicity, and county of residence
  - Chlamydia, gonorrhea, and primary and secondary (P&S) syphilis
- Denominator used to calculate crude rates come from the US Census Bureau annual population estimates
- Crude rates are presented by race and age groups in addition to overall crude rates

Methodology

National STD Profile

- Race categories must comply with the Office of Management and Budget's (OMB) 1997 race/ethnicity classification
  - Alaska has statistics only for 2015 due to non-compliance in years 2011-2014
  - Maryland, Michigan, New York, North Carolina, and DC were non-compliant in years 2011-2015
  - Utah was non-compliant in years 2011-2015 for P&S syphilis cases
- For trend analysis, a state must be OMB-compliant for all 5 years
- Cases and rates for AI/AN Hispanics are reported separately from AI/AN non-Hispanics
- Multi-race cases and rates are reported separately

Methodology

IHS STD Profile

- Cases and rates for AI/AN Hispanics are reported with AI/AN non-Hispanics
- Multi-race cases and rates are not included with AI/AN
- Cases and rates are reported only for counties where IHS provides services
- Fifteen counties are shared between 2 IHS Areas
  - For these counties, chlamydia and gonorrhea cases were assigned to 1 IHS Area based on IHS-calculated ratios
- P&S syphilis cases were assigned to 1 IHS Area by state STD coordinators using case's home address
  - Cases' home addresses are not sent to IHS

NATIONAL STD PROFILE

CHLAMYDIA

Figure 1. Chlamydia Rates, U.S.

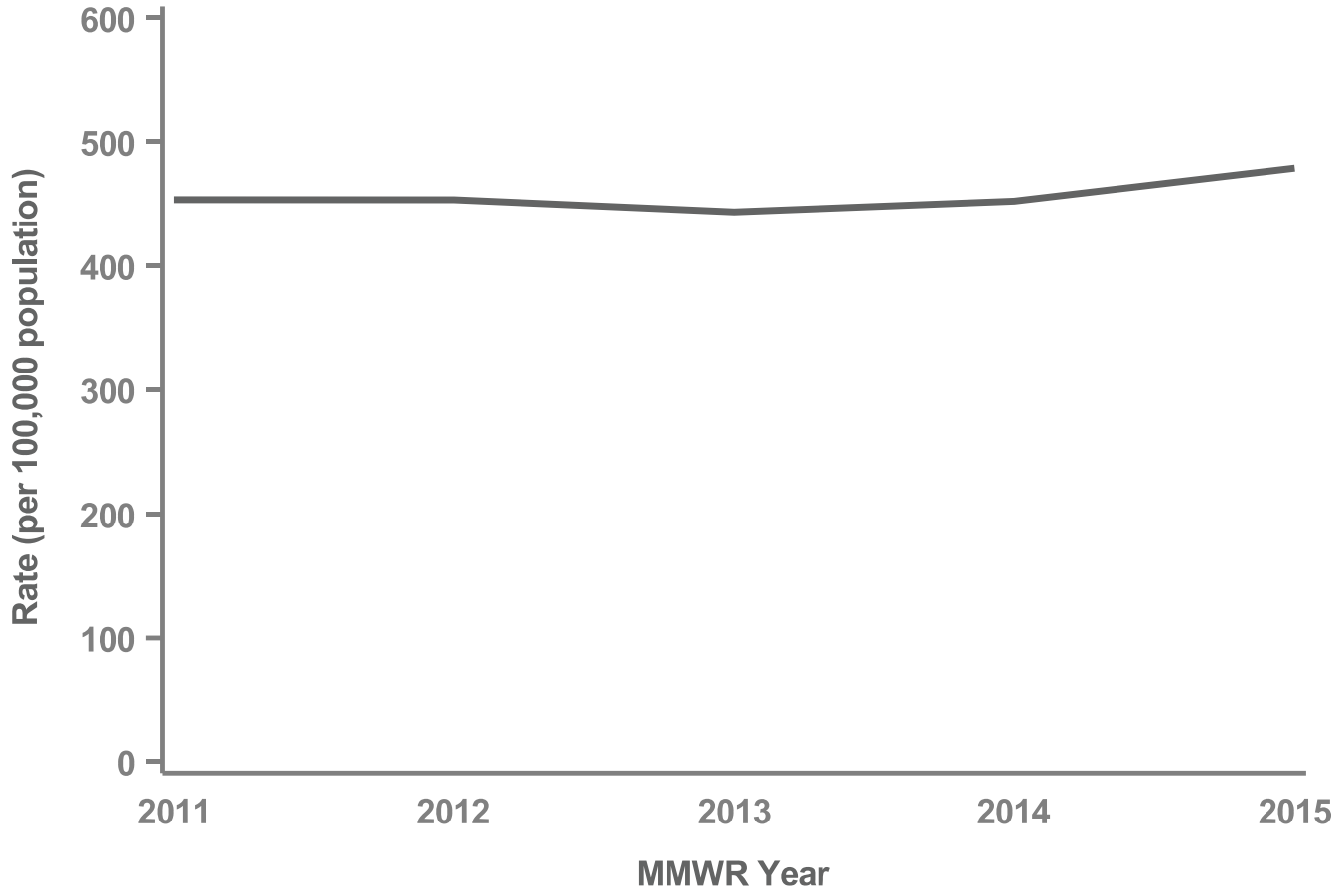


Figure 2. Chlamydia Rates by Race & Ethnicity, U.S.

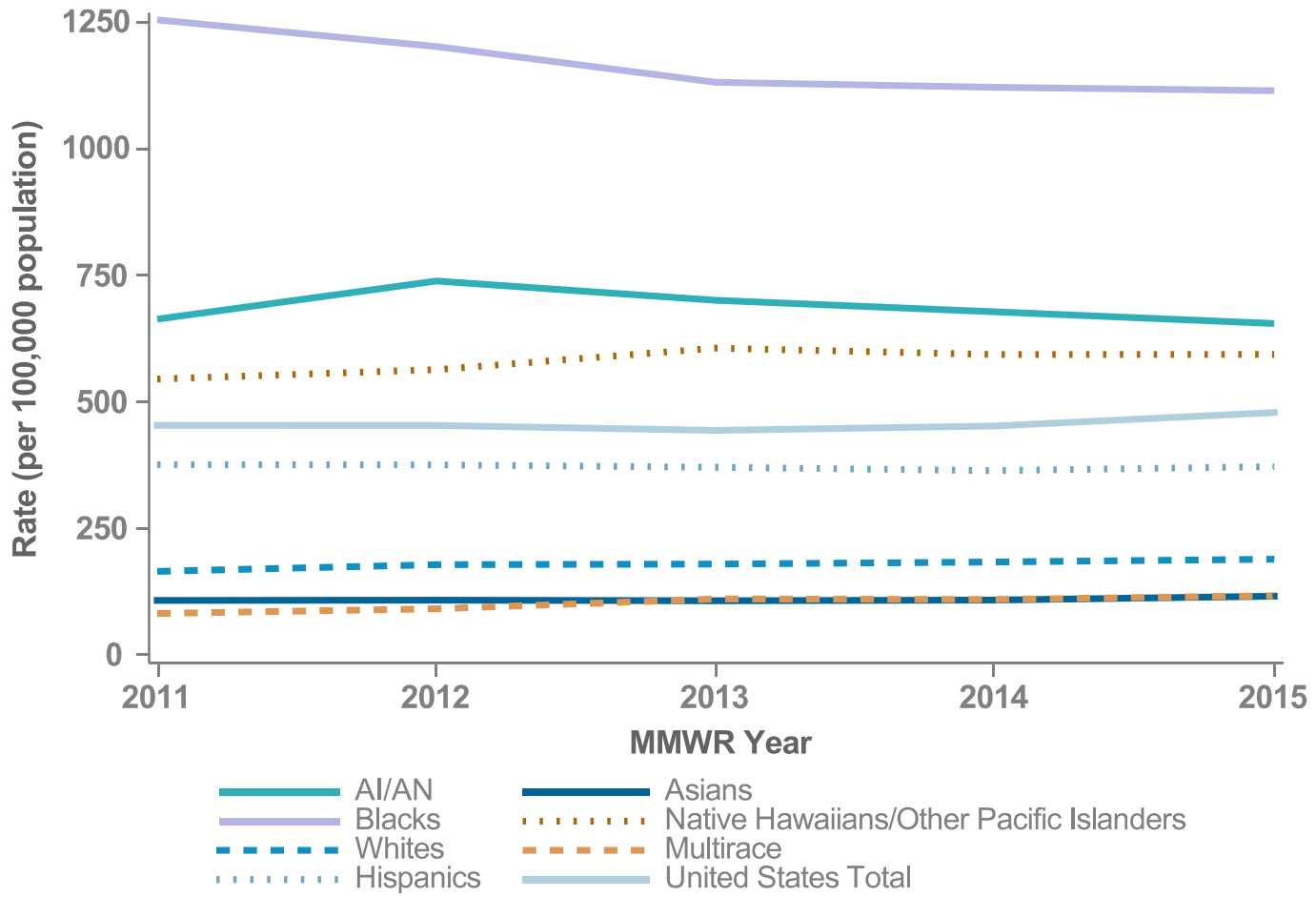


Figure 3. Chlamydia Rates, AI/AN Non-Hispanic, U.S.

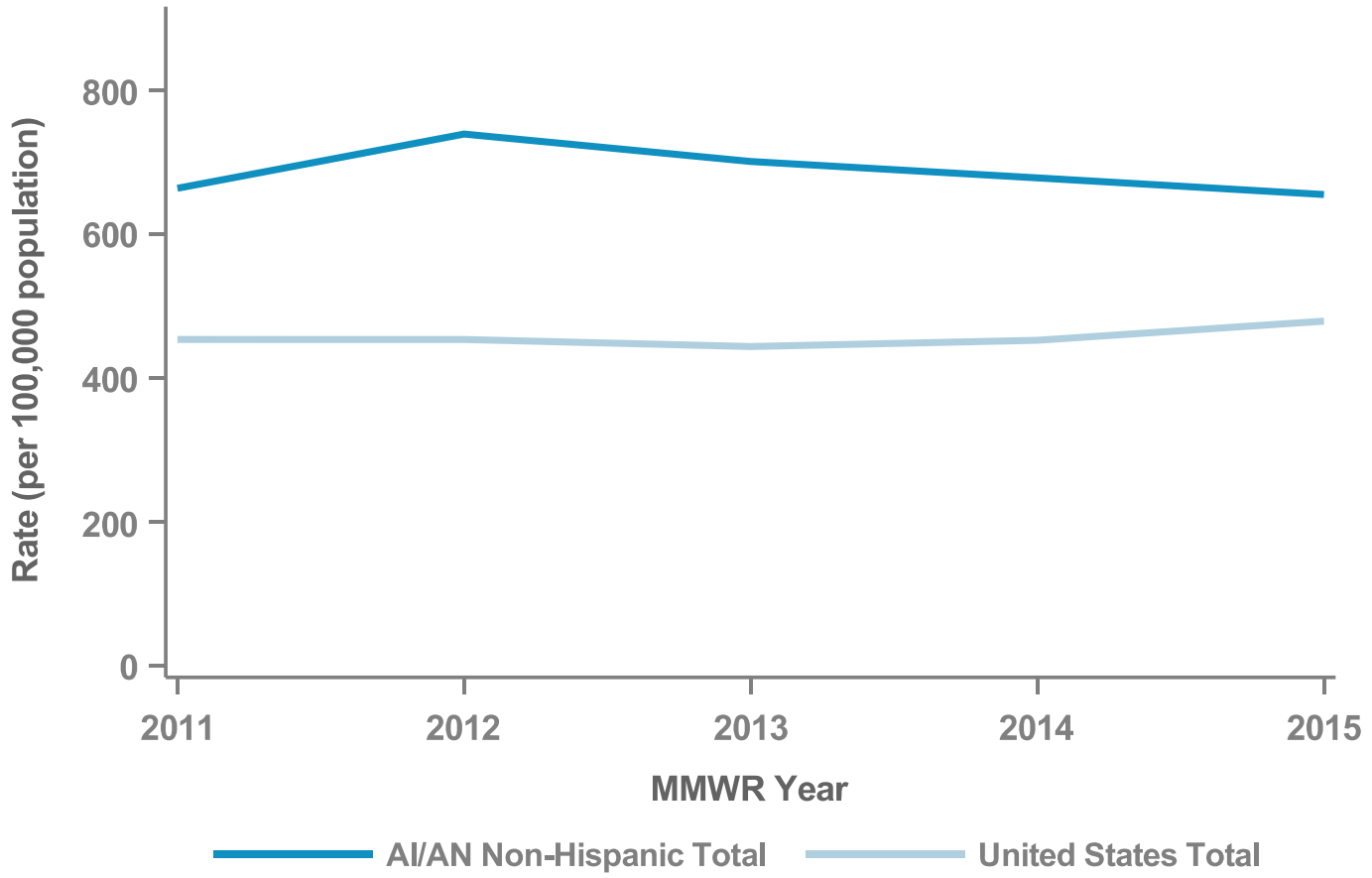


Figure 4. Chlamydia Rates by Sex, AI/AN Non-Hispanic, U.S.

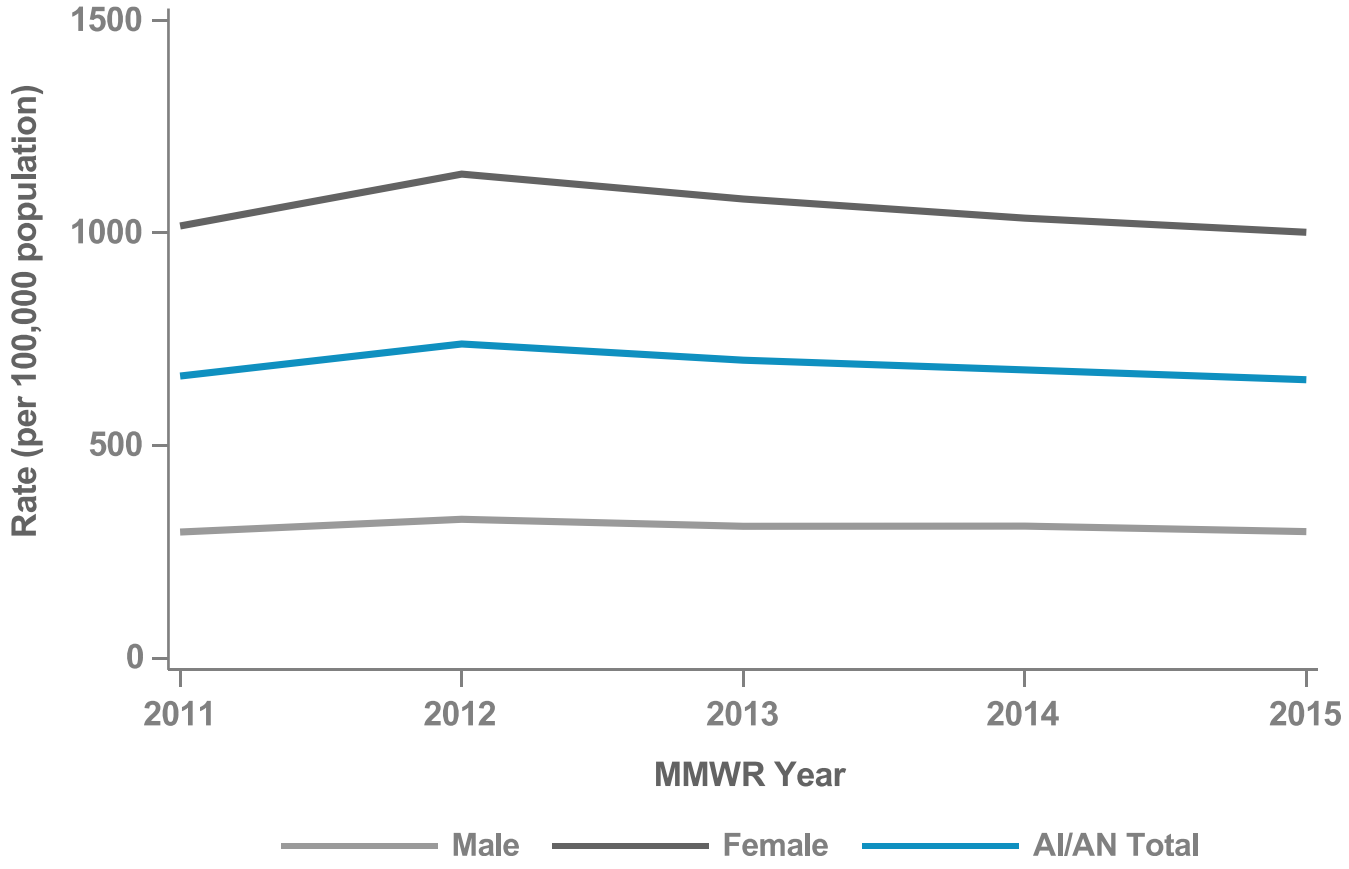
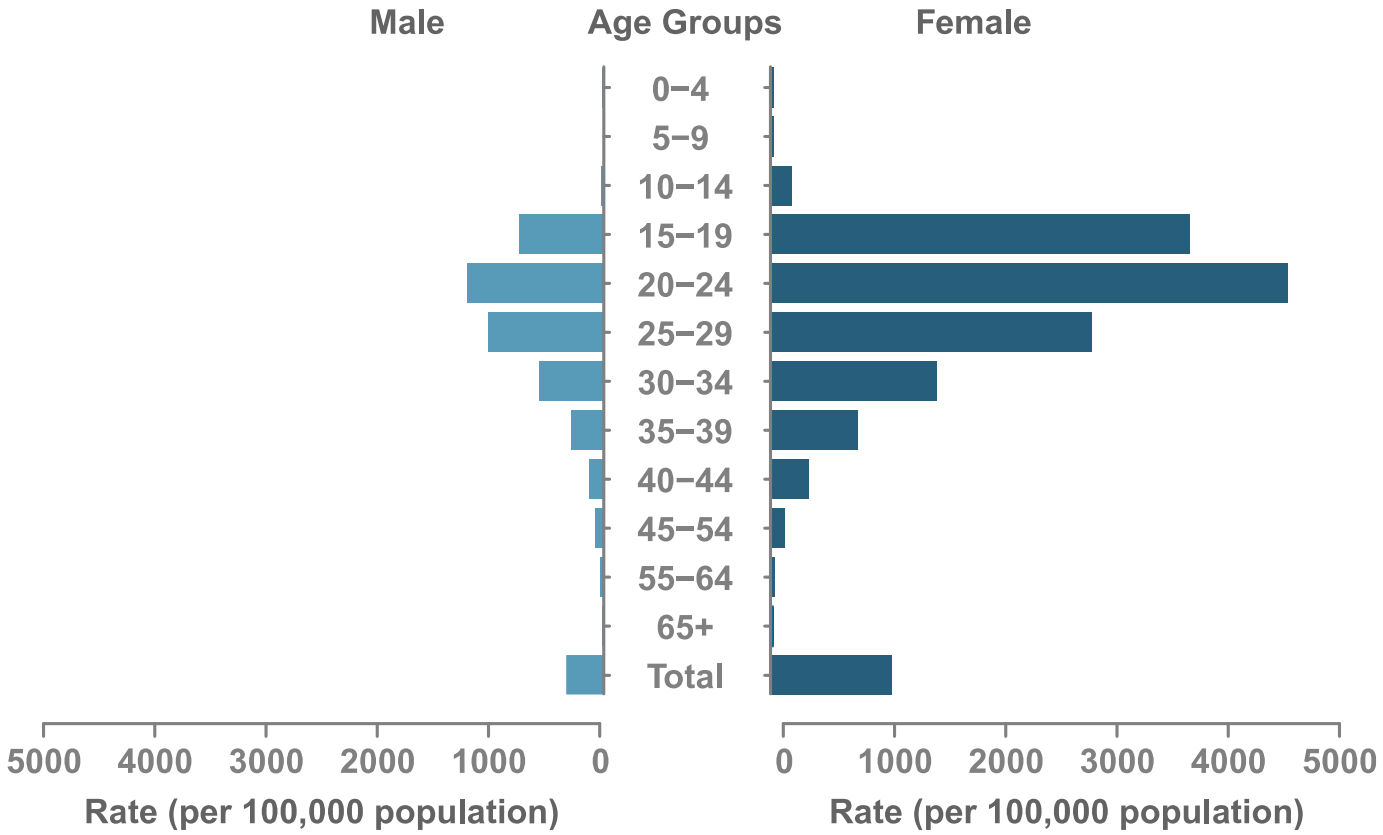


Figure 5. Chlamydia Rates by Sex & Age, AI/AN Non-Hispanic, U.S.



NATIONAL STD PROFILE

GONORRHEA

Figure 6. Gonorrhea Rates, U.S.

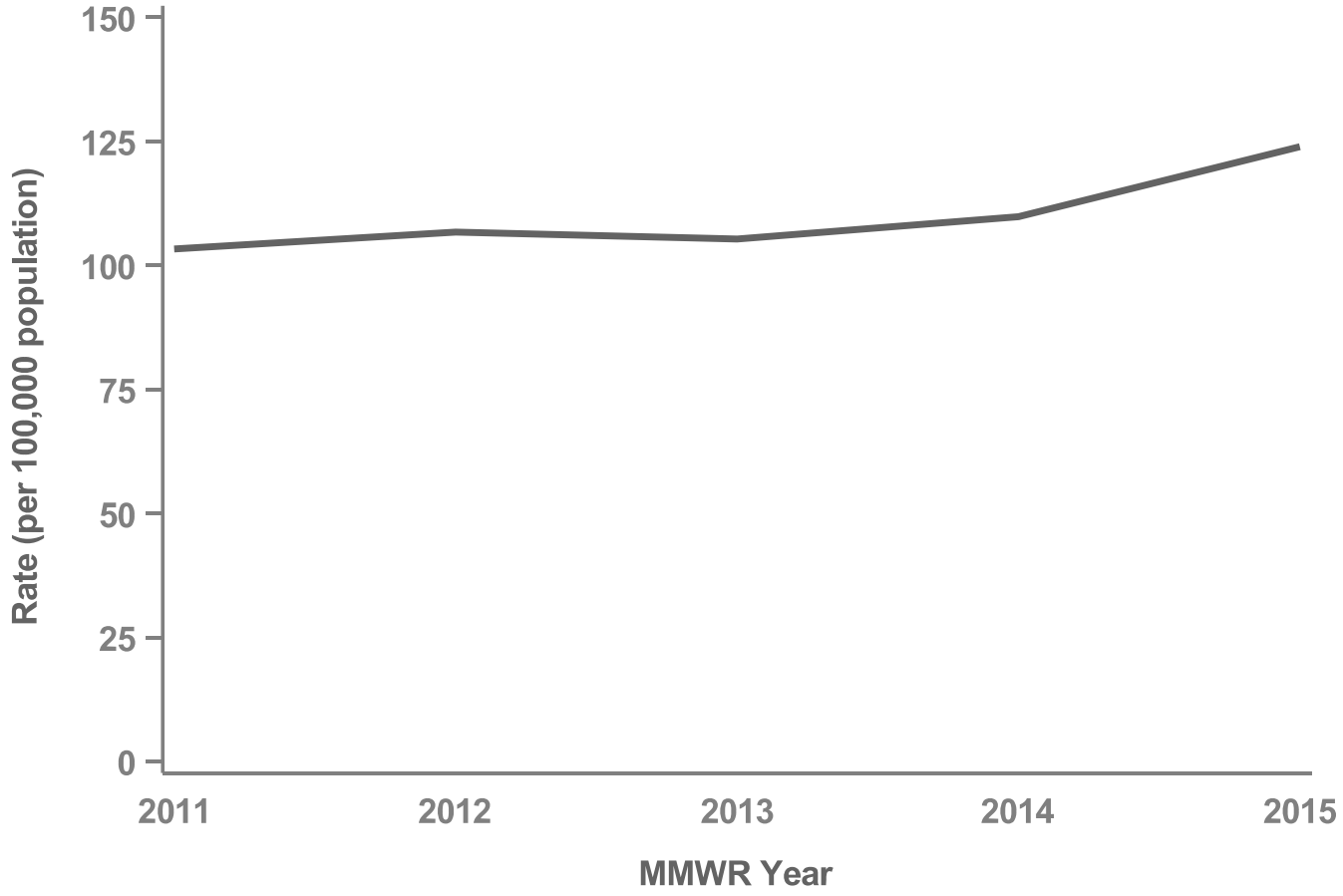


Figure 7. Gonorrhea Rates by Race & Ethnicity, U.S.

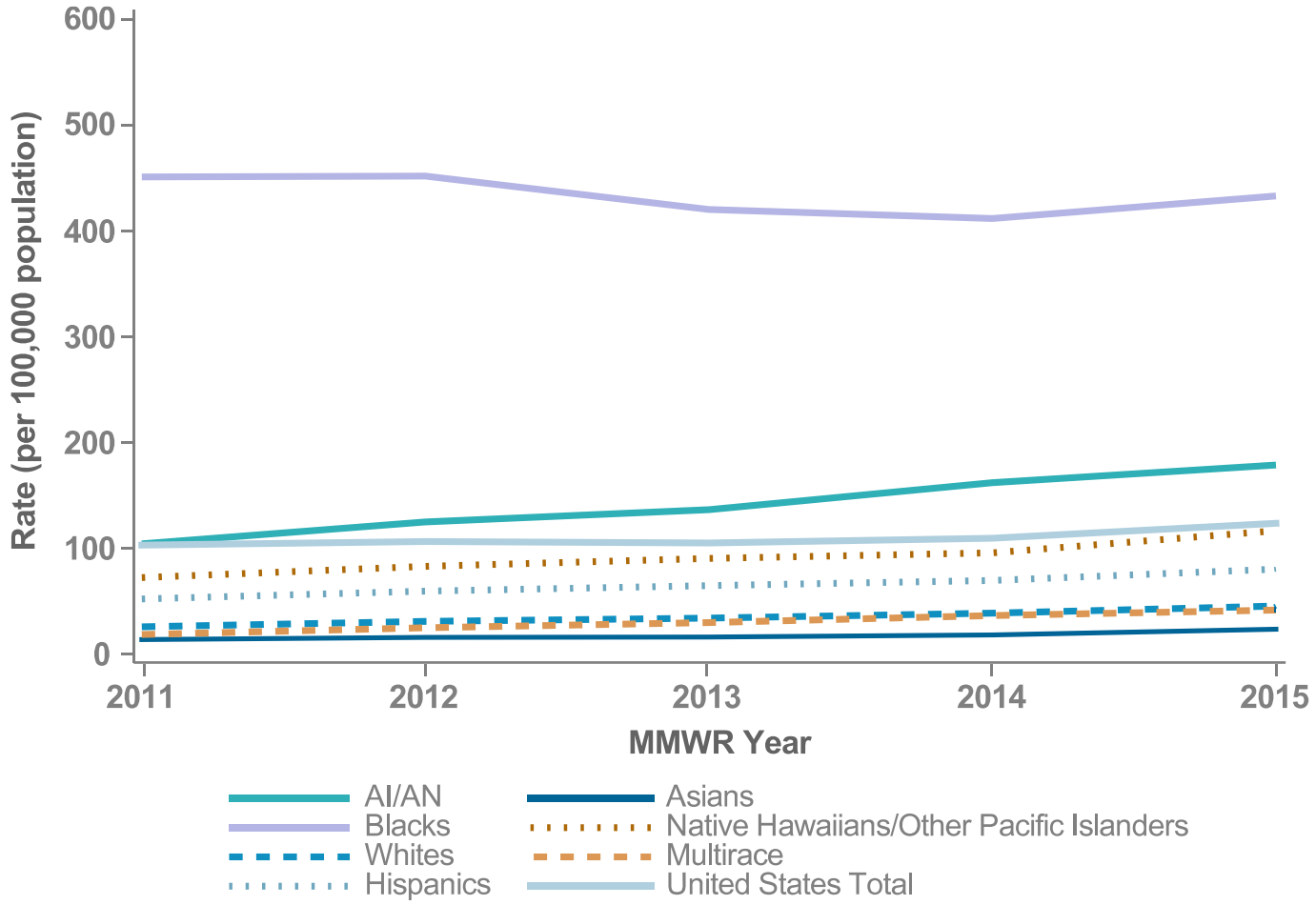


Figure 8. Gonorrhea Rates, AI/AN Non-Hispanic, U.S.

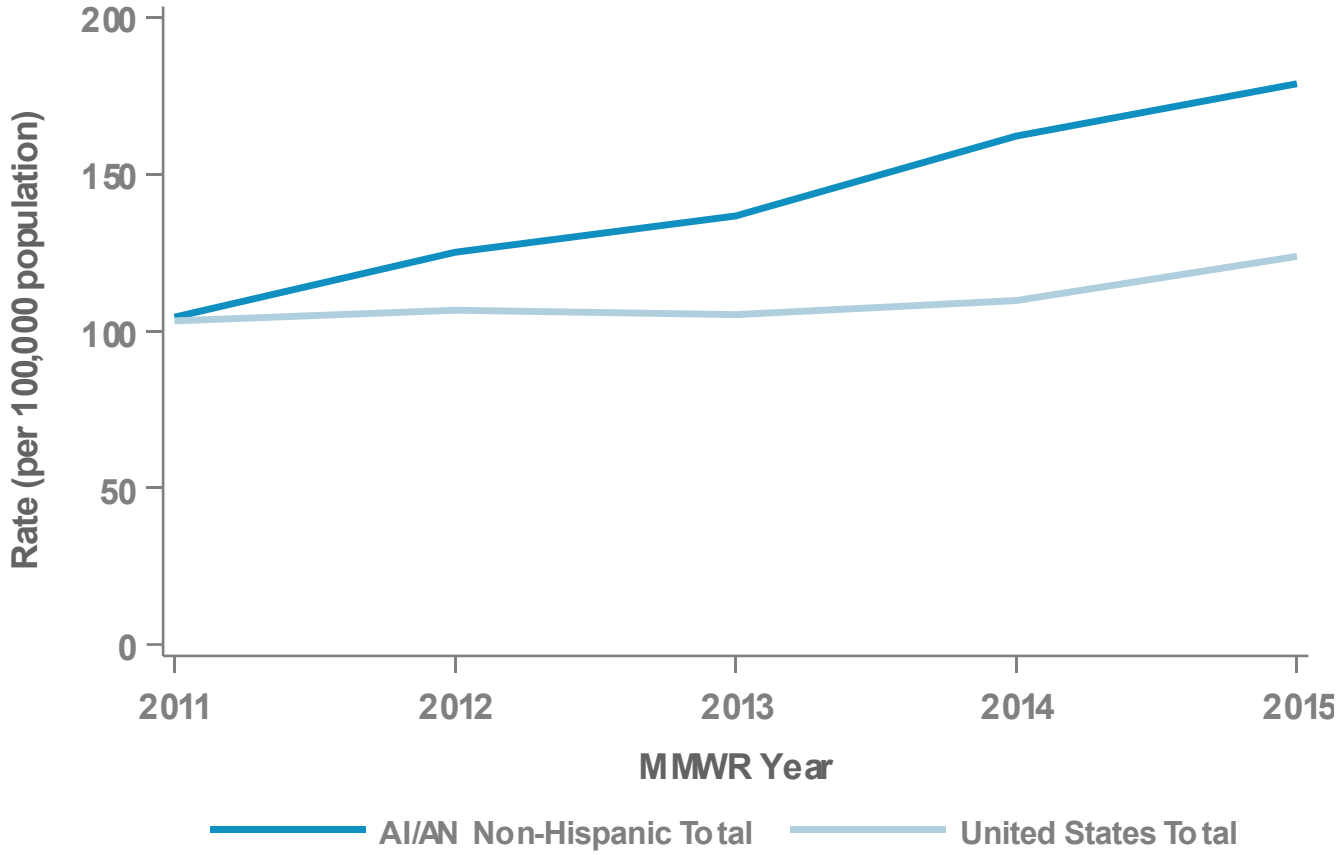


Figure 9. Gonorrhea Rates by Sex, AI/AN Non-Hispanic, U.S.

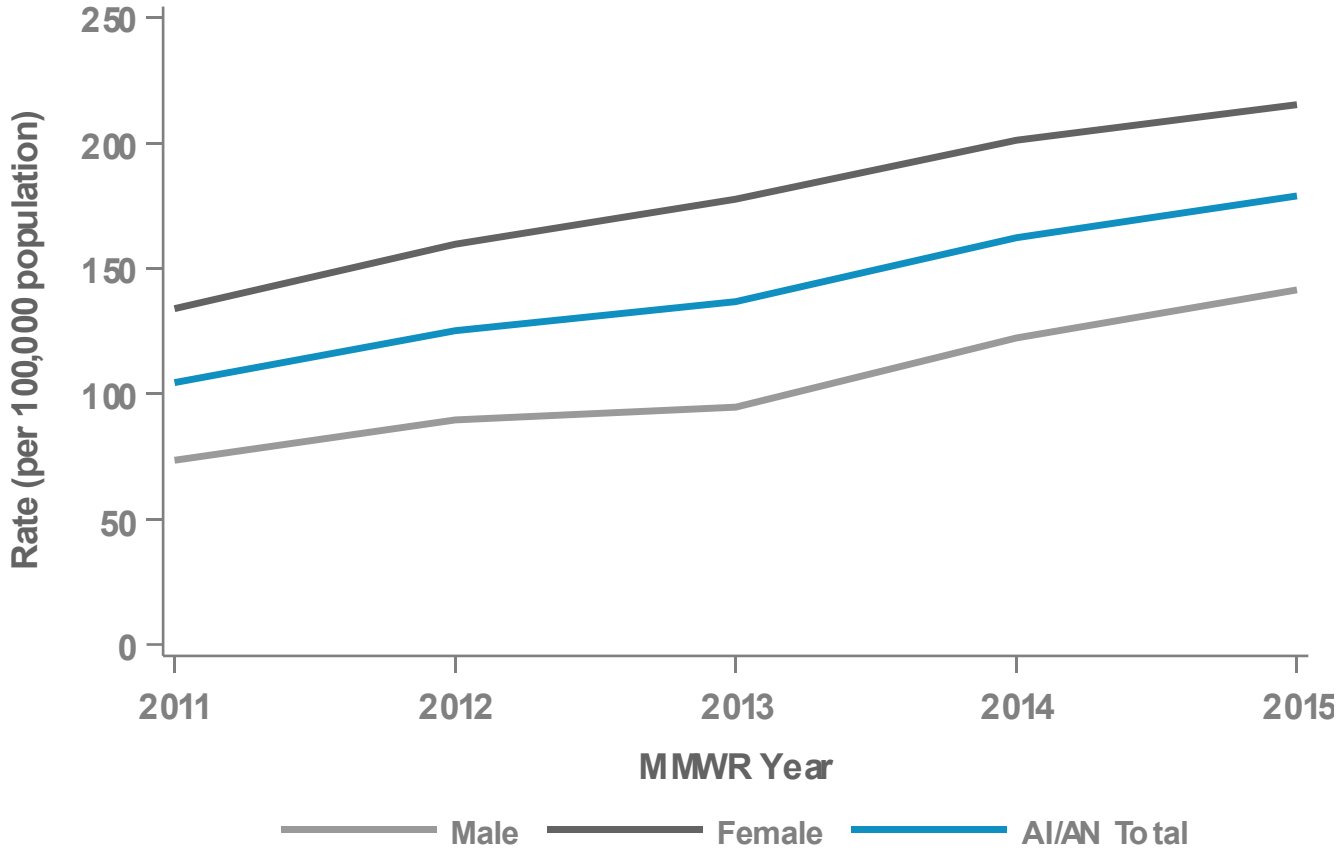
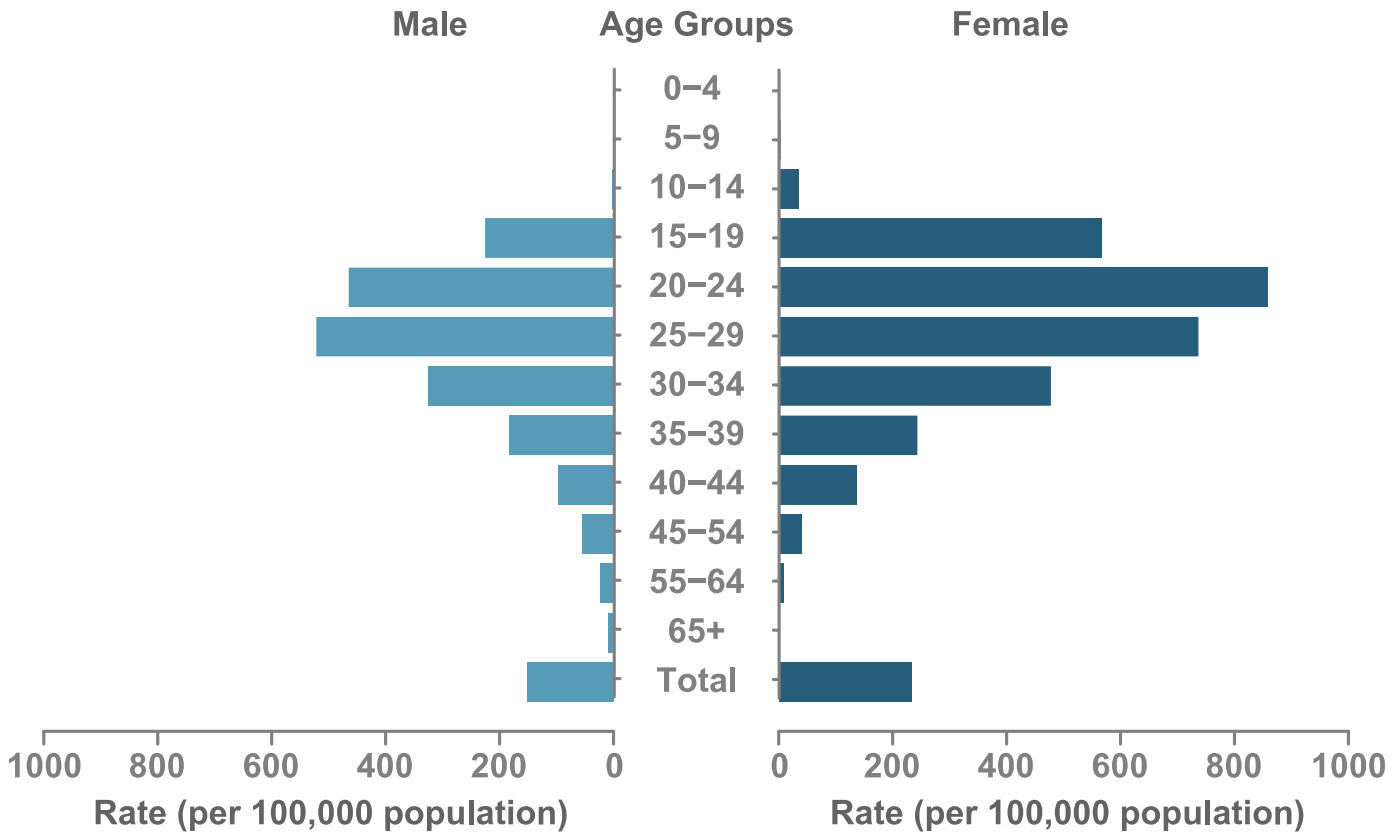


Figure 10. Gonorrhea Rates by Sex & Age, AI/AN Non-Hispanic, U.S.



NATIONAL STD PROFILE

PRIMARY & SECONDARY (P&S) SYPHILIS

Figure 11. P&S Syphilis Rates, U.S.

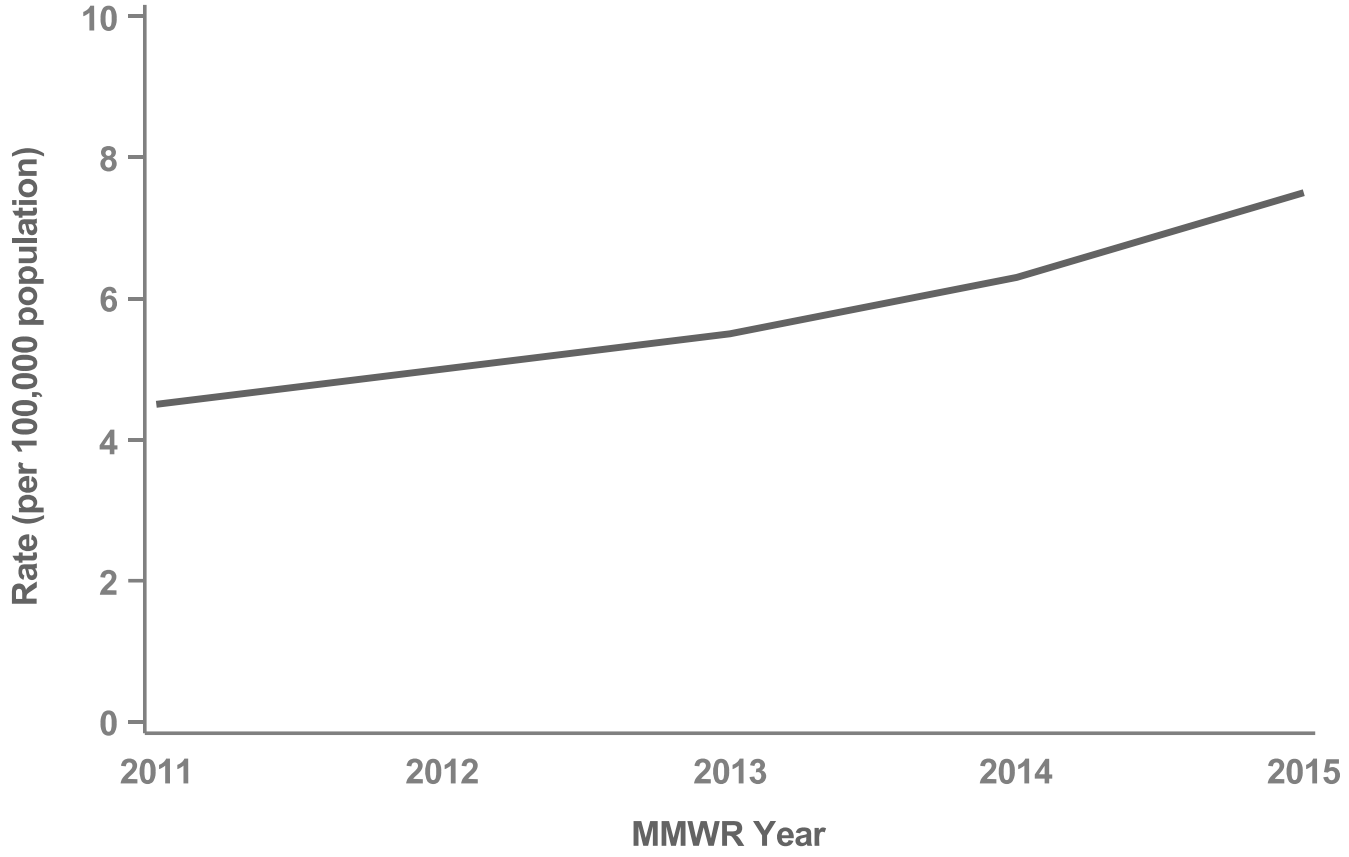


Figure 12. P&S Syphilis Rates by Race & Ethnicity, U.S.

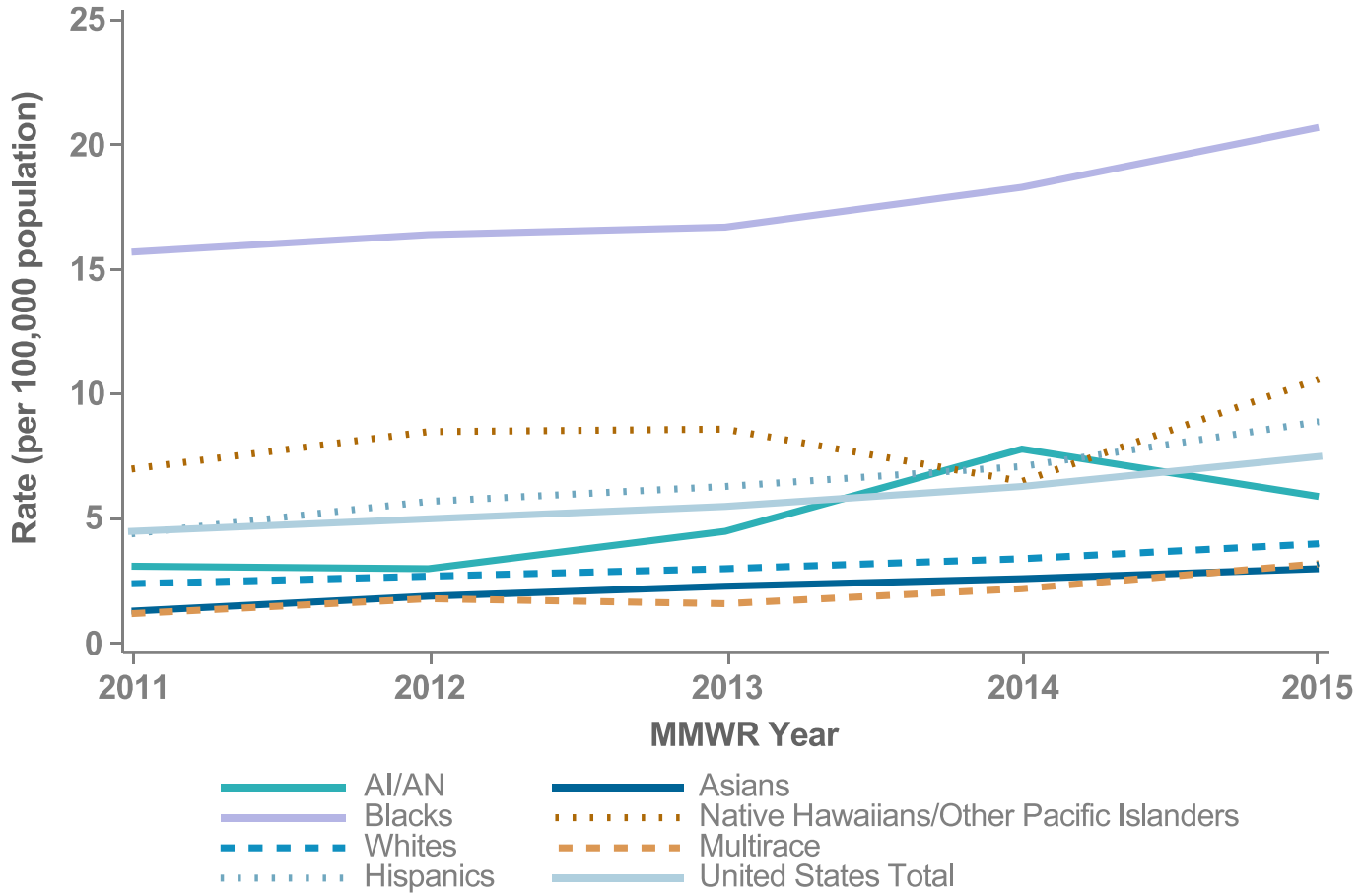


Figure 13. P&S Syphilis Rates, AI/AN Non-Hispanic, U.S.

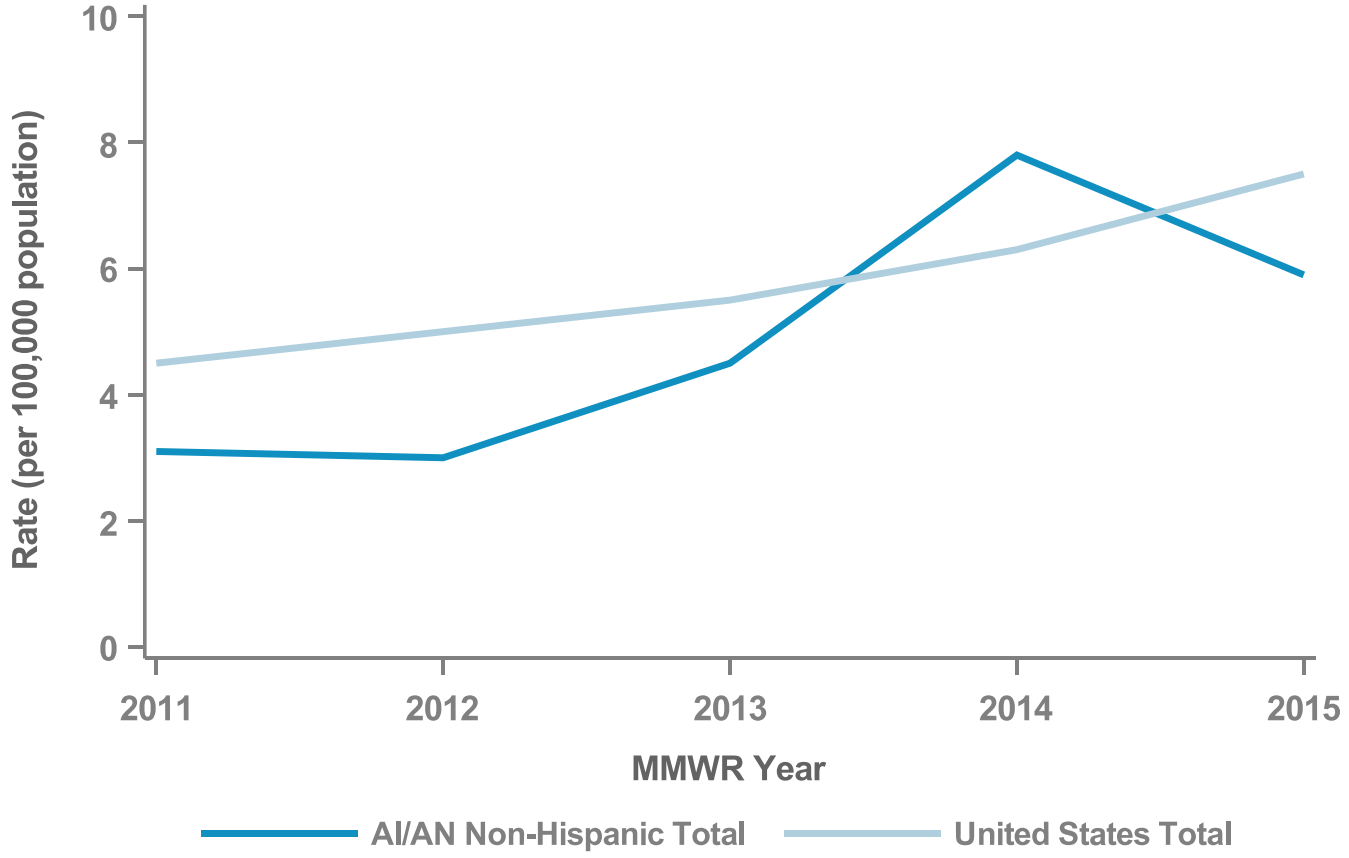


Figure 14. P&S Syphilis Rates by Sex, AI/AN Non-Hispanic, U.S.

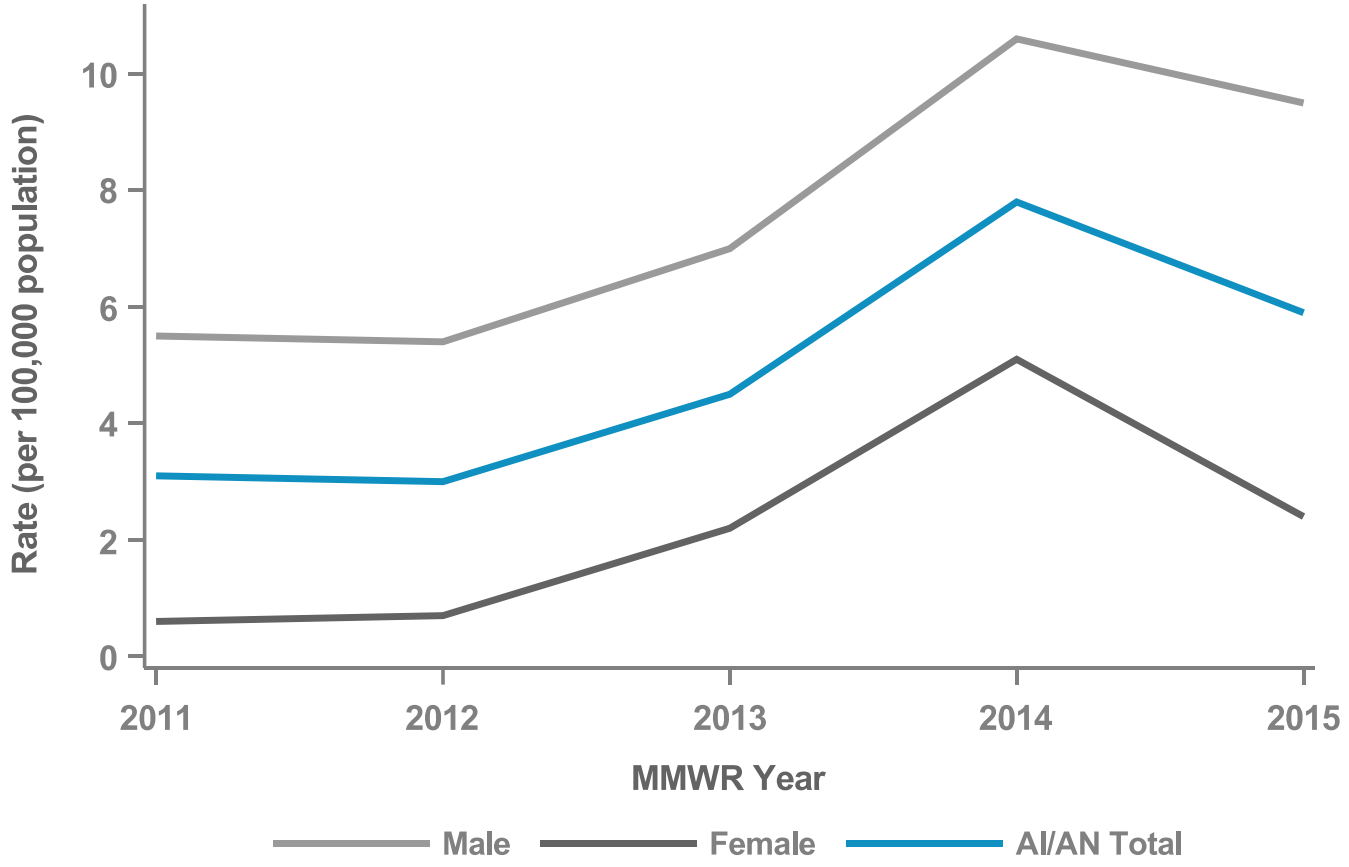
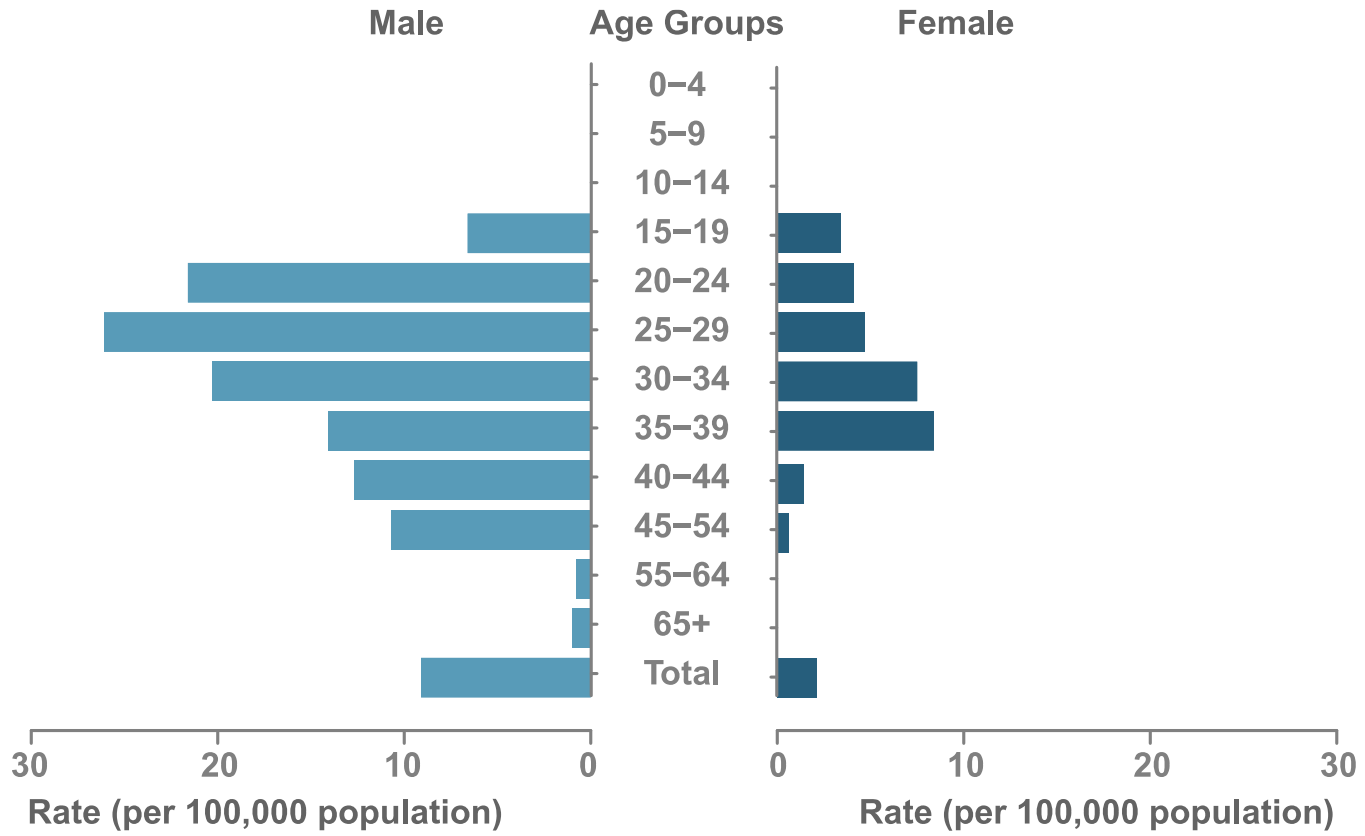


Figure 15. P&S Syphilis Rates by Sex & Age, AI/AN Non-Hispanic, U.S.



IHS NATIONAL AND AREA STD PROFILES

IHS NATIONAL STD PROFILE

IHS Overview

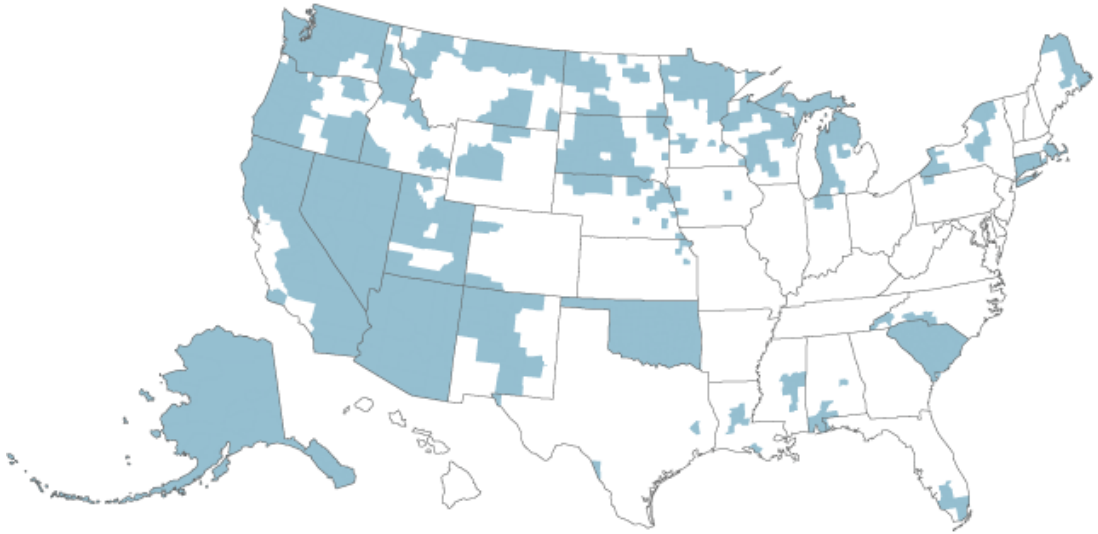
IHS Geography & Population *(Data collection ending 2015)*

States: 35 (AK, AL, AZ, CA, CO, CT, FL, ID, IN, IA, KS, LA, ME, MA, MI, MN, MS, MT, NE, NV, NM, NY, NC, ND, OK, OR, PA, RI, SC, SD, TX, UT, WA, WI, WY)

Counties: 641

IHS Areas: 12

IHS Service Population (est.): 2,161,310



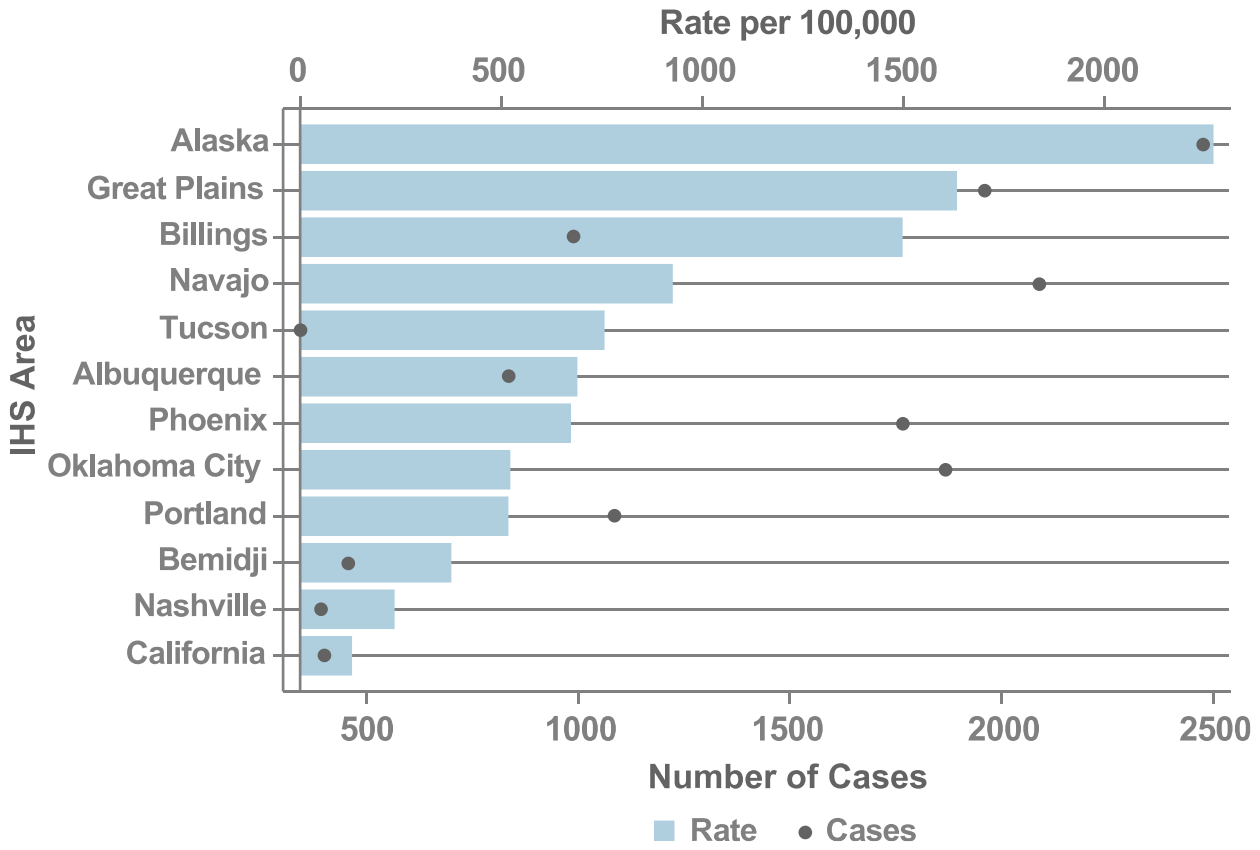
Counties highlighted represent IHS Purchased and Referred Care Service Delivery Areas (PRCSDAs or service counties).

Chlamydia Results

- Between 2011–2015 61,345 chlamydia cases were reported
  - 78.4% cases were among females
- For IHS Areas chlamydia rate increased from 2011 to 2012 and then declined between 2013 to 2015
- 9/11* IHS Areas experienced declines in their overall chlamydia rates from 2014 and 2015 except Albuquerque, Navajo, and Phoenix
- In 2015, the total rate for all IHS Areas was 1.4 times higher than the overall U.S. rate
  - Disparity larger among AI/AN females with 1.7 times higher rates compared to all US females
  - Females in between 15–19, 20–24, and 25–29 had the highest rates

**Alaska began submitting race and ethnicity data that complied with OMB standards in 2015; therefore, trend data for the Alaska Area cannot be presented in this report.*

Figure 16. Chlamydia Rates by IHS Area, 2015

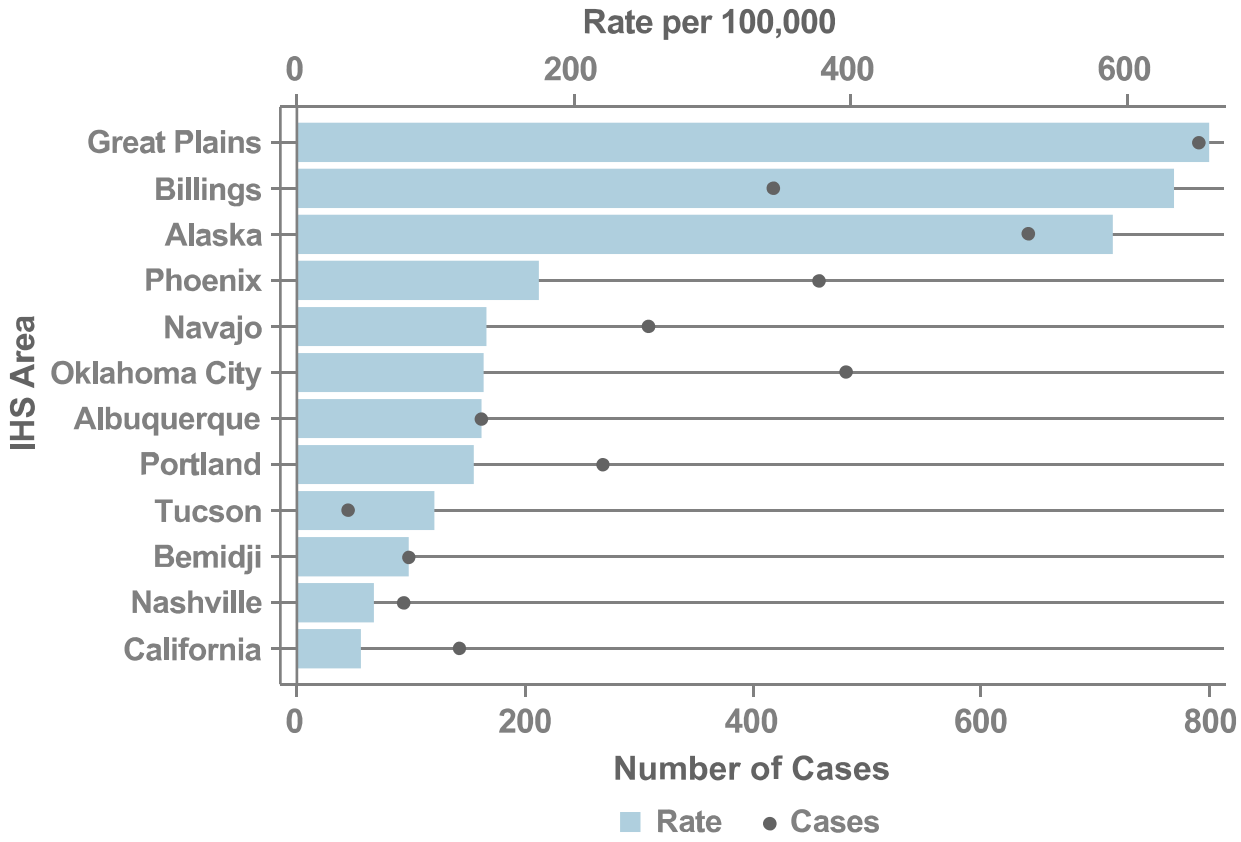


Gonorrhea IHS Area Results

- Between 2011–2015 12,243 gonorrhea cases were reported
  - 64.3 % cases were among females
- For IHS Areas gonorrhea rates increased every year between 2011-2015
- 10/11* IHS Areas experienced increases in their overall gonorrhea rates from 2011 to 2015
- In 2015, the total rate for all IHS Areas was 1.5 times higher than the overall U.S. rate
  - Disparity larger among AI/AN females with 2.1 times higher rates compared to all US females
  - Females had higher rates than males in 2015 in all IHS Areas except Albuquerque and California
  - Females in between 15–19, 20–24, and 25–29 had the highest rates

**Alaska began submitting race and ethnicity data that complied with OMB standards in 2015; therefore, trend data for the Alaska Area cannot be presented in this report.*

Figure 17. Gonorrhea Rates by IHS Area, 2015

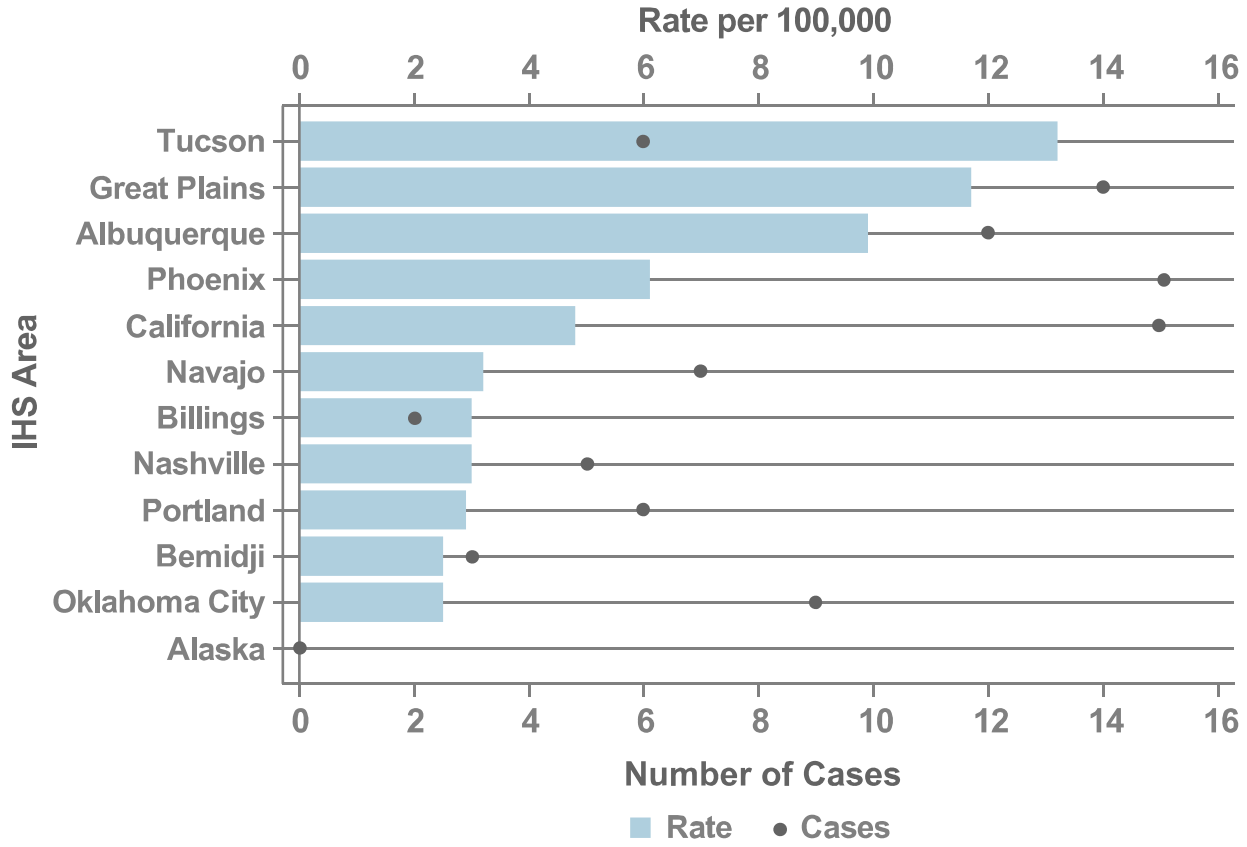


P&S Syphilis IHS Area Results

- Between 2011–2015 390 P&S syphilis cases were reported
  - 76 % cases were among males
- For IHS Areas P&S rates increased every year between 2011-2015 except in 2012 reaching an all high in 2014 followed by a decline in 2015
- In 2015, the total rate for all IHS Areas was 40% lower than the overall U.S. rate
  - Higher rates among AI/AN males than AI/AN females
  - Males in 30-34 year old age group had the highest rates
  - Disparity larger among AI/AN females with 1.2 times higher rates compared to all US females; for AI/AN males the rate was 0.5 times the rate of US males

**Alaska began submitting race and ethnicity data that complied with OMB standards in 2015; therefore, trend data for the Alaska Area cannot be presented in this report.*

Figure 18. P&S Syphilis Rates by IHS Area, 2015



IHS AREA STD PROFILE

Area Specific Results

- For each condition (chlamydia, gonorrhea, P&S syphilis)
  - Area rates vs. IHS and US total rates for 2011-2015
  - Rates by sex for specific IHS Area for 2011-2015
  - Rates by sex and age for specific IHS Area for 2015

Conclusion

- Report shows the continuing trend of a nationwide increase in STDs
- Highlights disparities among AI/AN with national data indicating that in 2015 AI/AN had the second highest rates for chlamydia and gonorrhea and the fourth highest rates for syphilis among all racial and ethnic groups
- Regional differences for each of the diseases were observed and gonorrhea rates increasing nationally among AI/AN
- Highlights the STD disparities among AI/AN youth and among AI/AN women, particularly women of reproductive age

Recent National STD Program Initiatives

- STD analytical projects describing burden and sequalae of STDs among AI/AN communities
  - Apostolou A, Chapman C, Person M, Kreisel K, McCollum J. **Trends in Pelvic Inflammatory Disease Among American Indian and Alaska Native Women, Indian Health Service, 2001-2015.** Am J Public Health. 2018 Nov;108(11):1558-1565.
- Chlamydia/Gonorrhea Screening Toolkit for medical providers
  - Survey to gather feedback on toolkit components
- April STD Awareness month
  - Webinars in April: April 4 (3pm EST), April 11th (Noon EST), April 18th (3pm EST), April 25th (4pm EST)
  - Topics include STD epidemiology, Outbreak Investigation support, Resources for adolescent sexual health and how to make clinics adolescent friendly, STD express clinics, comorbidities, and how to promote HIV prevention among STD (+) patients

National AI/AN STD Prevention Workgroup

- To connect key stakeholders and provide a forum for discussing public health, clinical, community and other partner perspectives
- Workgroup meets quarterly, with opportunities to increase meeting frequency
- Open forum discussion with occasional invited speakers

Contact:

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AI/AN STD Listserv:
https://www.ihs.gov/listserv/topics/signup/?list_id=167

IHS National STD Program
https://www.ihs.gov/Epi/std-program/

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- Antoine Thompson

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- Denise Gilson

Reviewers

Introduction

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South Dakota DOH Partnerships with Tribes and IHS

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Principles for Partnerships in Public Health

- Partners work together to achieve a shared goal(s) or health outcome.
- An ongoing long-term relationships based on shared values and commitment.
- Partners must have a mutual trust/respect for each other and the community they are serving.
- Partners must have continuous open communication.
- Joint action at all stages from planning, follow up and completion.
- Partners should have complimentary roles with balanced power.
- Partners expectations of each other should be clear.

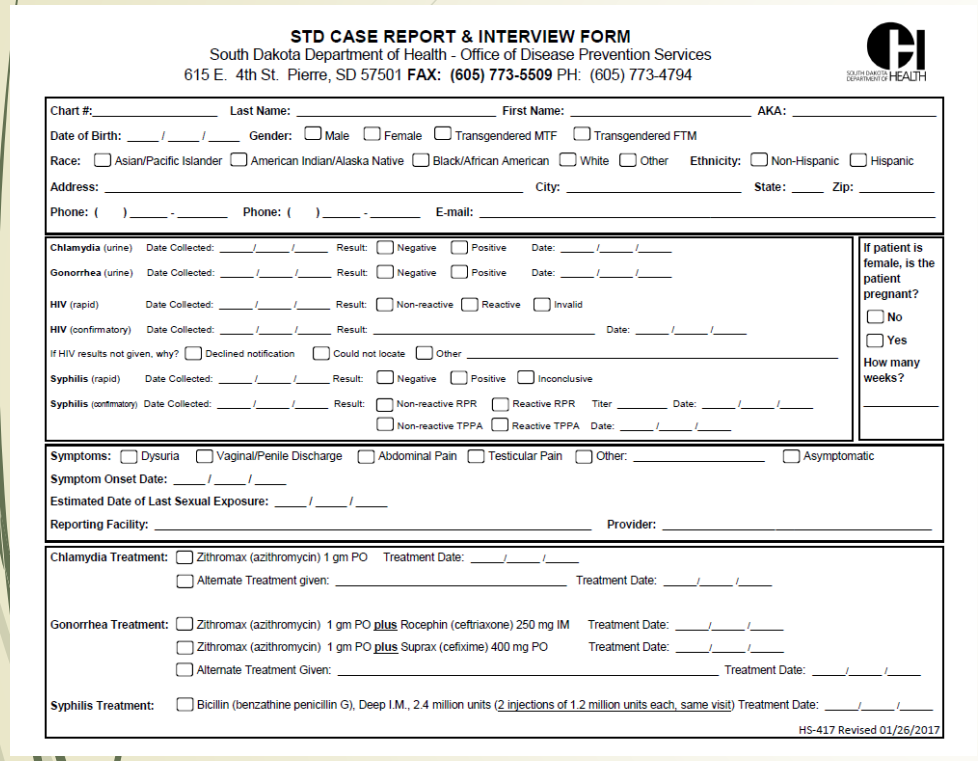
Tribal and Clinic Partners

***This map is meant as a general guide to where tribal lands are located but does not wholly represent tribal lands or reservations as they are today.*

- IHS Service Units
  - 12 locations
- Tribal clinics
  - 2 locations
- Urban Indian Health Clinics
  - 2 locations
- Great Plains Tribal Epi Center and Tribal Chairman's Health Board (GPTEC/GPTCHB)
- Private Clinics on Tribal Lands

Partnership Strengths

- Public Health Nursing (PHN)
- Tribal Health Nursing staff
- Community Health Representatives (CHR)
- UIH Nursing Staff



STD CASE REPORT & INTERVIEW FORM
South Dakota Department of Health - Office of Disease Prevention Services
615 E. 4th St. Pierre, SD 57501 **FAX: (605) 773-5509** PH: (605) 773-4794

Chart #:_____ Last Name: _____ First Name: _____ AKA: _____

Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female ☐ Transgendered MTF ☐ Transgendered FTM

Race: ☐ Asian/Pacific Islander ☐ American Indian/Alaska Native ☐ Black/African American ☐ White ☐ Other Ethnicity: ☐ Non-Hispanic ☐ Hispanic

Address: _____ City: _____ State: ____ Zip: _____

Phone: ( ) _____ - _____ Phone: ( ) _____ - _____ E-mail: _____

Chlamydia (urine) Date Collected: ____/____/____ Result: ☐ Negative ☐ Positive Date: ____/____/____

Gonorrhea (urine) Date Collected: ____/____/____ Result: ☐ Negative ☐ Positive Date: ____/____/____

HIV (rapid) Date Collected: ____/____/____ Result: ☐ Non-reactive ☐ Reactive ☐ Invalid

HIV (confirmatory) Date Collected: ____/____/____ Result: _____ Date: ____/____/____

If HIV results not given, why? ☐ Declined notification ☐ Could not locate ☐ Other _____

Syphilis (rapid) Date Collected: ____/____/____ Result: ☐ Negative ☐ Positive ☐ Inconclusive

Syphilis (confirmatory) Date Collected: ____/____/____ Result: ☐ Non-reactive RPR ☐ Reactive RPR Titer _____ Date: ____/____/____
☐ Non-reactive TPPA ☐ Reactive TPPA Date: ____/____/____

If patient is female, is the patient pregnant?
☐ No
☐ Yes
How many weeks? _____

Symptoms: ☐ Dysuria ☐ Vaginal/Penile Discharge ☐ Abdominal Pain ☐ Testicular Pain ☐ Other: _____ ☐ Asymptomatic

Symptom Onset Date: ____/____/____

Estimated Date of Last Sexual Exposure: ____/____/____

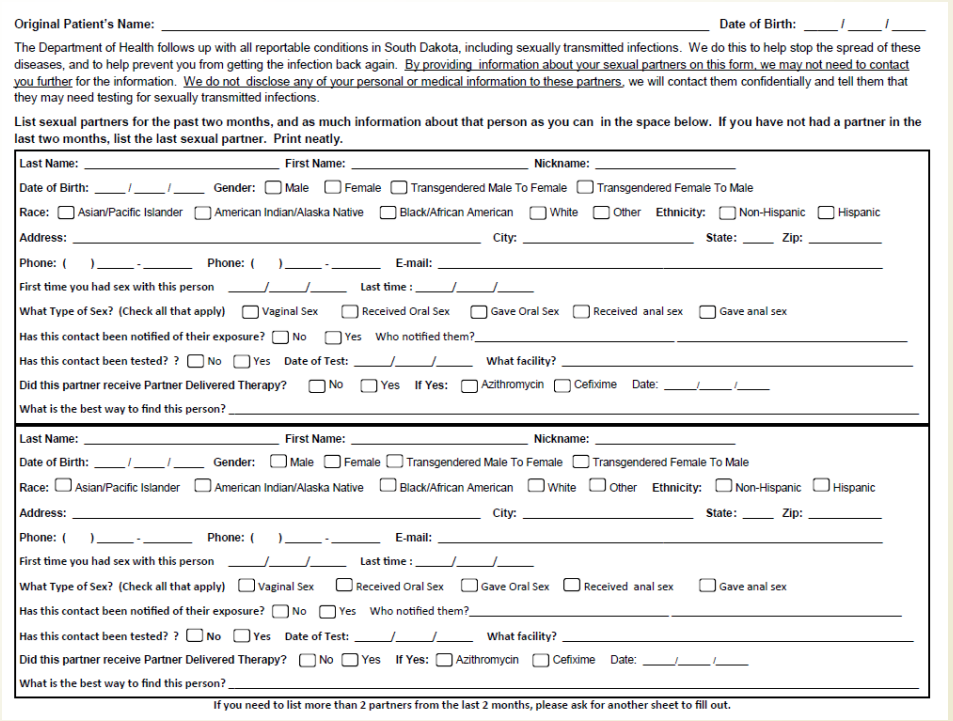
Reporting Facility: _____ **Provider:** _____

Chlamydia Treatment: ☐ Zithromax (azithromycin) 1 gm PO Treatment Date: ____/____/____
☐ Alternate Treatment given: _____ Treatment Date: ____/____/____

Gonorrhea Treatment: ☐ Zithromax (azithromycin) 1 gm PO **plus** Rocephin (ceftriaxone) 250 mg IM Treatment Date: ____/____/____
☐ Zithromax (azithromycin) 1 gm PO **plus** Suprax (cefixime) 400 mg PO Treatment Date: ____/____/____
☐ Alternate Treatment Given: _____ Treatment Date: ____/____/____

Syphilis Treatment: ☐ Bicillin (benzathine penicillin G), Deep I.M., 2.4 million units (2 injections of 1.2 million units each, same visit) Treatment Date: ____/____/____

HS-417 Revised 01/26/2017



Original Patient's Name: _____ **Date of Birth:** ____/____/____

The Department of Health follows up with all reportable conditions in South Dakota, including sexually transmitted infections. We do this to help stop the spread of these diseases, and to help prevent you from getting the infection back again. By providing information about your sexual partners on this form, we may not need to contact you further for the information. We do not disclose any of your personal or medical information to these partners, we will contact them confidentially and tell them that they may need testing for sexually transmitted infections.

List sexual partners for the past two months, and as much information about that person as you can in the space below. If you have not had a partner in the last two months, list the last sexual partner. Print neatly.

Last Name: _____ **First Name:** _____ **Nickname:** _____

Date of Birth: ____/____/____ **Gender:** ☐ Male ☐ Female ☐ Transgendered Male To Female ☐ Transgendered Female To Male

Race: ☐ Asian/Pacific Islander ☐ American Indian/Alaska Native ☐ Black/African American ☐ White ☐ Other **Ethnicity:** ☐ Non-Hispanic ☐ Hispanic

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone: ( ) _____ - _____ **Phone:** ( ) _____ - _____ **E-mail:** _____

First time you had sex with this person ____/____/____ **Last time :** ____/____/____

What Type of Sex? (Check all that apply) ☐ Vaginal Sex ☐ Received Oral Sex ☐ Gave Oral Sex ☐ Received anal sex ☐ Gave anal sex

Has this contact been notified of their exposure? ☐ No ☐ Yes **Who notified them?** _____

Has this contact been tested? ? ☐ No ☐ Yes **Date of Test:** ____/____/____ **What facility?** _____

Did this partner receive Partner Delivered Therapy? ☐ No ☐ Yes **If Yes:** ☐ Azithromycin ☐ Cefixime **Date:** ____/____/____

What is the best way to find this person? _____

Last Name: _____ **First Name:** _____ **Nickname:** _____

Date of Birth: ____/____/____ **Gender:** ☐ Male ☐ Female ☐ Transgendered Male To Female ☐ Transgendered Female To Male

Race: ☐ Asian/Pacific Islander ☐ American Indian/Alaska Native ☐ Black/African American ☐ White ☐ Other **Ethnicity:** ☐ Non-Hispanic ☐ Hispanic

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone: ( ) _____ - _____ **Phone:** ( ) _____ - _____ **E-mail:** _____

First time you had sex with this person ____/____/____ **Last time :** ____/____/____

What Type of Sex? (Check all that apply) ☐ Vaginal Sex ☐ Received Oral Sex ☐ Gave Oral Sex ☐ Received anal sex ☐ Gave anal sex

Has this contact been notified of their exposure? ☐ No ☐ Yes **Who notified them?** _____

Has this contact been tested? ? ☐ No ☐ Yes **Date of Test:** ____/____/____ **What facility?** _____

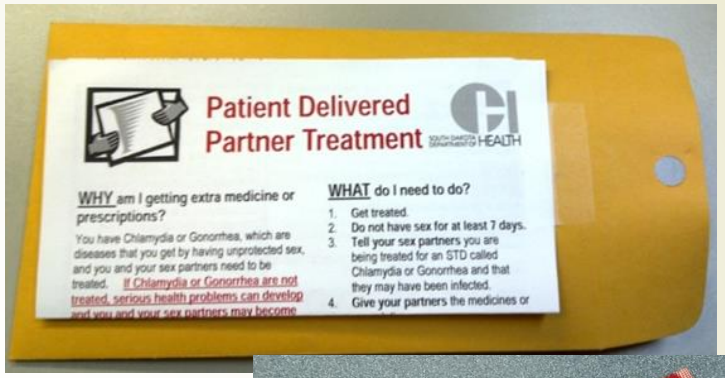
Did this partner receive Partner Delivered Therapy? ☐ No ☐ Yes **If Yes:** ☐ Azithromycin ☐ Cefixime **Date:** ____/____/____

What is the best way to find this person? _____

If you need to list more than 2 partners from the last 2 months, please ask for another sheet to fill out.

Support Provided

- Webinar Trainings
- Medications
- EPT packs
- Condoms
- STD Brochures
- Rapid HIV and Syphilis testing training
- Speaker at conferences
- Monthly Infectious Disease Calls
- Attend tribal health fairs



STD Outbreaks on Tribal Lands

- 2012 – In response to GC increases
  - Data, results, and recommendations published in December 2012 issue of The IHS Provider; Volume 37 Number 12
  - https://www.ihs.gov/provider/includes/themes/responsive2017/display_objects/documents/2010_2019/PROV1212.pdf
- 2014 – In response to a large syphilis outbreak
  - https://journals.lww.com/stdjournal/Fulltext/2018/10000/Multistate_Syphilis_Outbreak_Among_American.9.aspx
- 2018 – In response to a small syphilis cluster

STD Outbreaks on Tribal Lands

- Common Themes
  - Tribal resolutions and CDC Epi Aids (2012 & 2014)
  - Team approach with shared responsibility
  - Multiple IHS service units, Tribal Health Clinics, and Private Providers
  - Meetings held with Tribal Health leaders and clinic administrators
  - Community Screening and Education Events
  - Provider education
  - Site level data analysis with RPMS queries
  - PSA's

Lesson Learned

- Get to know the IHS and Tribal staff you work with
- Get to know your regional TEC and TCHB
- Disseminate data
- Keep up the communication
- Provide resources when they are needed
- Extend a helping hand
- Be an active partner
- Be patient
- Be honest, but gentle
- Do no harm, and protect each other from making mistakes
- Keep your agreements
- Respect each other's boundaries and professional knowledge
- Don't take your partners for granted

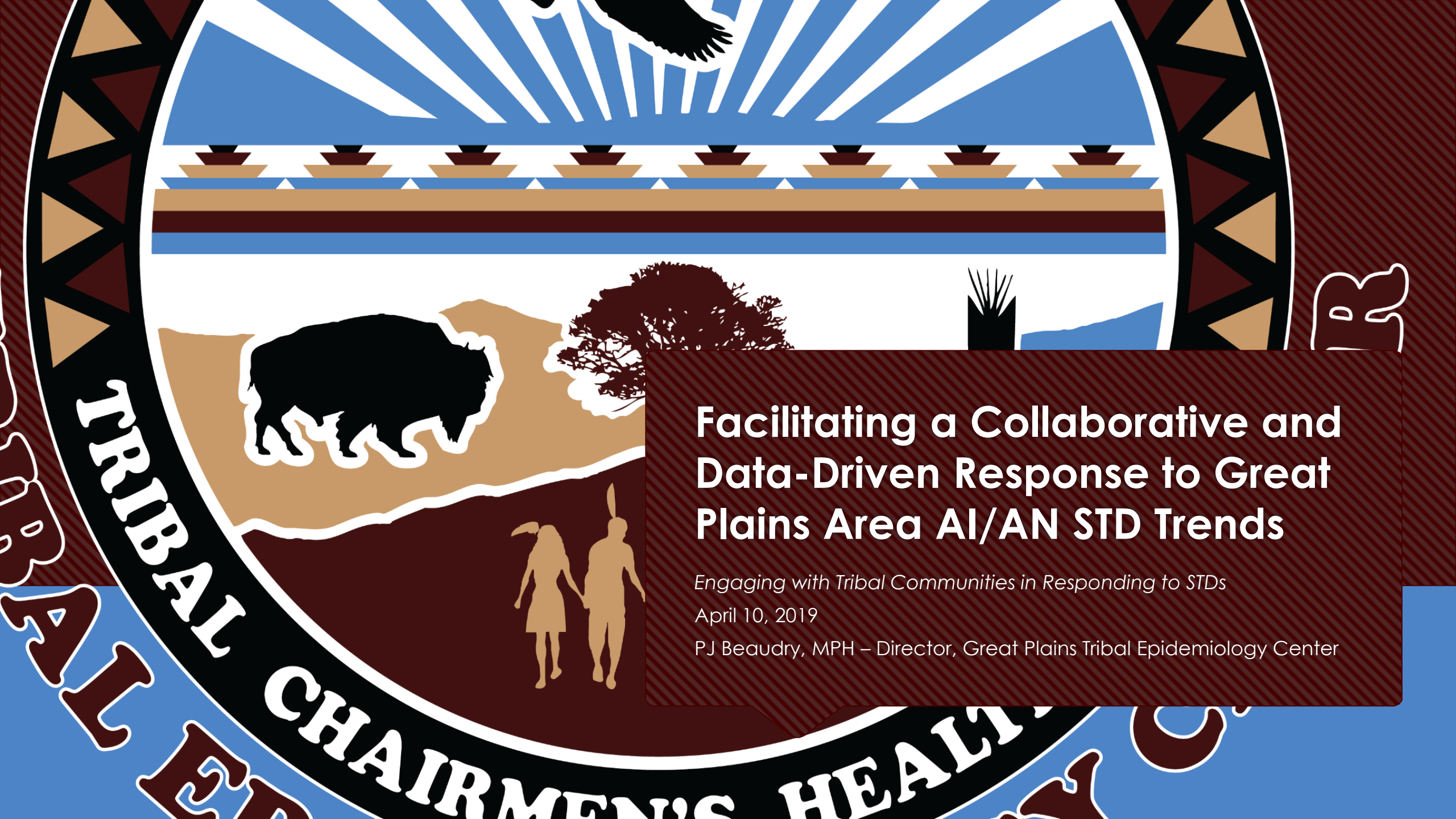
"Alone we can do so little; together we can do so much."

– Helen Keller

Amanda Gill, M.S.
STD Program Manager
amanda.gill@state.sd.us
605-773-4794

Introduction

PJ Beaudry, MPH
Director
Great Plains Tribal Epidemiology Center (GPTEC)



Facilitating a Collaborative and Data-Driven Response to Great Plains Area AI/AN STD Trends

Engaging with Tribal Communities in Responding to STDs

April 10, 2019

PJ Beaudry, MPH – Director, Great Plains Tribal Epidemiology Center

TRIBAL EPIDEMIOLOGY CENTERS

Advancing Public Health in Indian Country for over 20 years

Courtesy of Albuquerque Area Southwest Tribal Epidemiology Center

To improve the health status of American Indians and Alaska Natives by identification and understanding of health risks and inequities, strengthening public health capacity, and assisting in disease prevention and control.

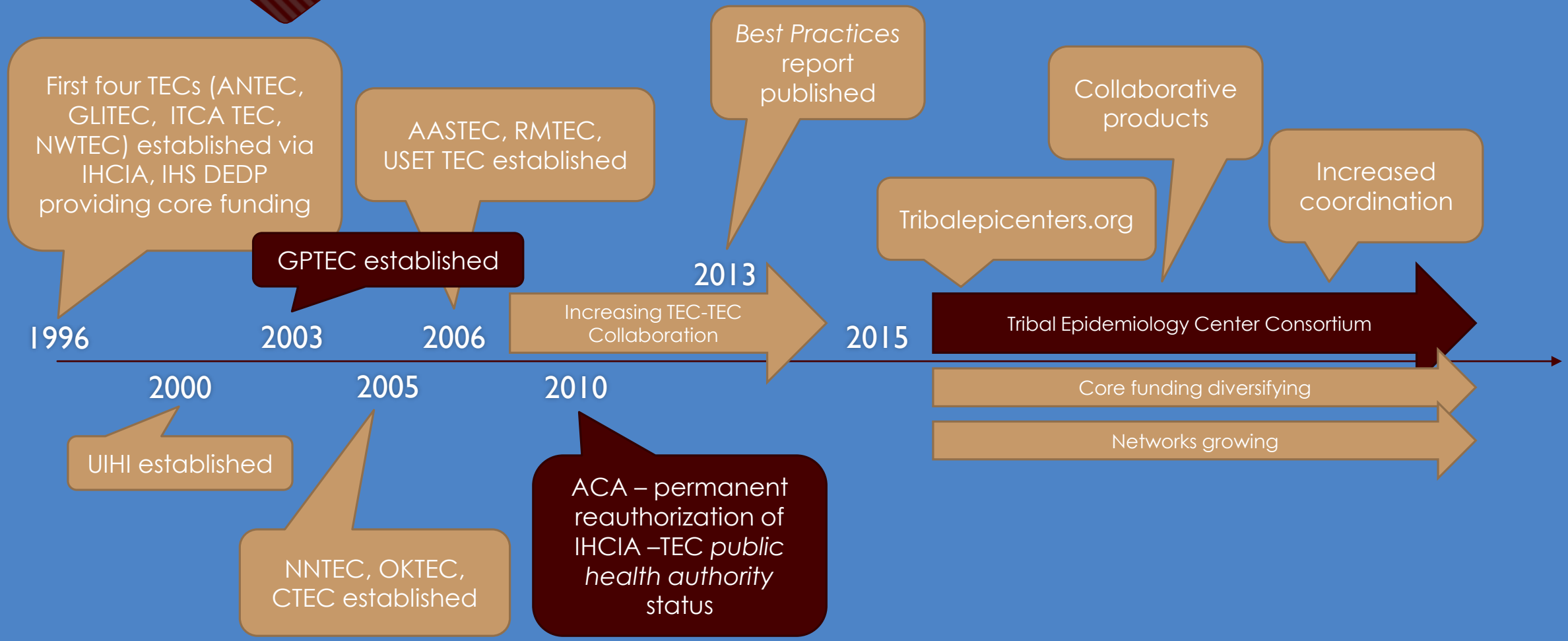
Our Mission

1. Collect data
2. Evaluate data & programs
3. Identify health priorities with tribes
4. Make recommendations for health service needs
5. Make recommendations for improving health care delivery systems
6. Provide epidemiological technical assistance to tribes and tribal organizations
7. Provide disease surveillance data to tribes

7 Core Functions

"Functions of TECs: in consultation with and on the request of Indian tribes, tribal organizations, and urban Indian organizations, each Service area epidemiology center established under this section shall, with respect to the applicable service area…"

Our History


First four TECs (ANTEC, GLITEC, ITCA TEC, NWTEC) established via IHCIA, IHS DEDP providing core funding
AASTEC, RMTEC, USET TEC established
GPTEC established
Best Practices report published
Collaborative products
Tribalepicenters.org
Increased coordination
1996
2000
2003
2005
2006
2010
2013
2015
Increasing TEC-TEC Collaboration
Tribal Epidemiology Center Consortium
Core funding diversifying
Networks growing
UIHI established
NNTEC, OKTEC, CTEC established
ACA – permanent reauthorization of IHCIA –TEC *public health authority* status

TECs as Public Health Authorities

- Established through permanent reauthorization of the Indian Health Care Improvement Act (IHCIA) as part of the Patient Protection and Affordable Care Act (2010)

> *The Secretary "shall grant to each epidemiology center… access to use of the data, data sets, monitoring systems, delivery systems, and other protected health information in the possession of the Secretary."*
>
> 25 U.S.C.A. § 1621m(c)

- CDC to provide TECs with technical assistance; each IHS Area must have TEC access
- Application challenged by level of awareness, interpretations of HIPAA, need for data sharing agreements, jurisdictional concerns and laws

GPTEC's Mission & Vision

… to provide leadership, technical assistance, support and advocacy for the 18 tribal nations and communities serviced by the Great Plains Area IHS in order to eliminate the disparities in health that currently exist for tribal peoples within the four-state region of South Dakota, North Dakota, Nebraska and Iowa.

Our Goals

- Provide Great Plains area tribes with reports of timely, accurate, and useful data based upon priorities and existing data sources, and contribute to their effective use.
- Improve the ability of surveillance systems to measure/monitor the health status of American Indian populations through existing and new surveillance activities and systems.
- Support evidence-based, culturally-rooted health promotion/disease prevention initiatives in clinical and community contexts.
- Build capacity and collaborations to maximize the benefits of well-designed, culturally-appropriate, and ethical health research in Great Plains Area tribal communities.
- Build and leverage effective partnerships and respond to emergent needs with training and technical assistance to contribute to the growth of public health and epidemiologic capacity within the Great Plains Area.

What We Offer

Responding to STDs in the Great Plains Area

Supporting Collaboration across Public Health Systems

The Challenge

Development of the US public health system emphasized…

- Federal level
- State level
- Local level

The Result

- Reportable disease data is provided to states by tribal/urban clinics and IHS at high levels, but surveillance data not systematically reported back (Bertolli, 2008)
- Multistate assessment of State Epidemiologists to assess collaboration between state health departments and AI/AN tribes and agencies (Bertolli et al., 2011)
  - Online survey
  - 39 states with federally- or state-recognized tribes or federally funded urban Indian health centers included
    - 25 of 39 responded (64%)
      - 19 of these 25 (76%) had discussed public health surveillance with an AI/AN government in the last two years
        - 10 of these 19 (53%) had ongoing, regular discussions about public health surveillance
        - 9 of these 19 (47%) had discussions as needed
      - 9 of these 25 (36%) had a state point of contact for public health surveillance
      - 4 of these 25 (16%) had an active MOU with an AI/AN government

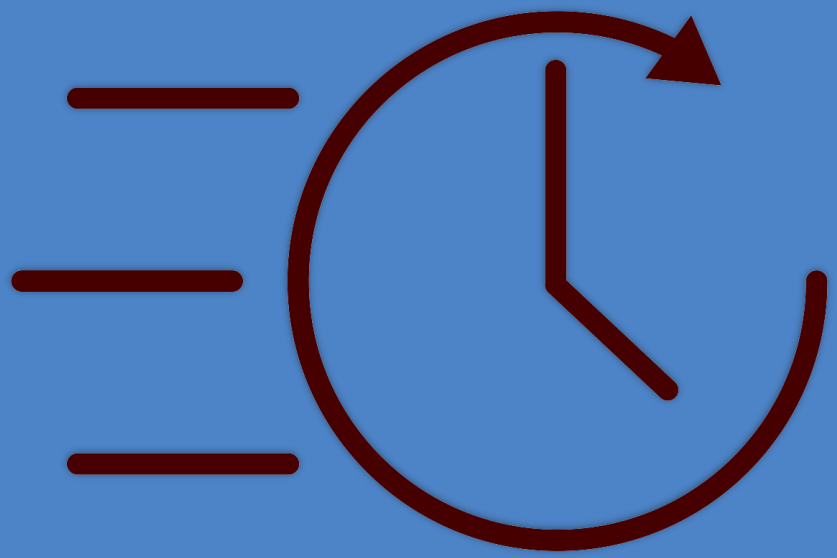
Supporting Systems Connections

Public Health Systems

Tribes & Tribal Health Departments

Response Activities

- CDC EPI-AIDs
- Health promotion/disease prevention materials & resources
- Tribal public health code forum
- Infectious disease data pipeline & reports
- Regional collaborations
- STI & Teen Pregnancy Prevention Initiative
- Other projects



Response Activities

- **CDC EPI-AIDs**
- Health promotion/disease prevention materials & resources
- Tribal public health code forum
- Infectious disease data pipeline & reports
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- STI & Teen Pregnancy Prevention Initiative
- Other projects

"A way for Tribal Nations and other public health authorities to request the short-term epidemiologic assistance of CDC's EIS officers to respond to an urgent public health problem."

GPTEC assisted Great Plains Area tribes in requesting two related EPI-AIDs:

- Gonorrhea/Chlamydia (2012)
- Syphilis (2014)

Response Activities

- **CDC EPI-AIDs**
- Health promotion/disease prevention materials & resources
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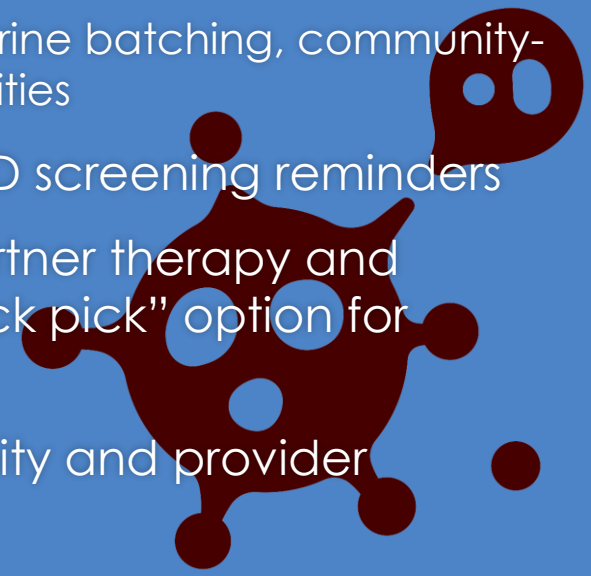
- Other projects

Gonorrhea/Chlamydia EPI-AID Recommendations:

(published in the *IHS Provider*, December 2012)

- Increase STD screening
  - "Express visits", urine batching, community-based opportunities
- Implement EHR STD screening reminders
- Use expedited partner therapy and implement a "quick pick" option for providers
- Increase community and provider awareness



Response Activities

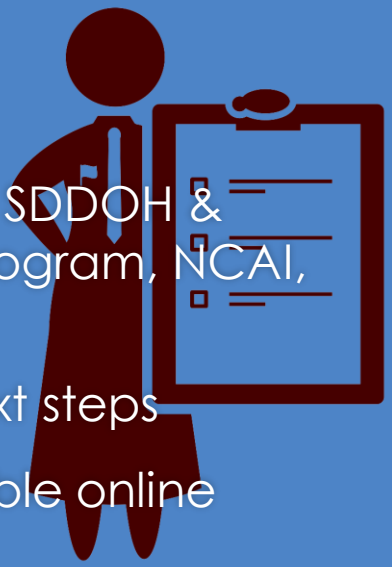
- CDC EPI-AIDs
- **Health promotion/disease prevention materials & resources**
- Tribal public health code forum
- Infectious disease data pipeline & reports
- Regional collaborations
- STI & Teen Pregnancy Prevention Initiative
- Other projects

- Video & radio PSAs, posters developed to promote testing (https://gptec.gptchb.org/infectious-disease/sti-prevention/)

Response Activities

- CDC EPI-AIDs
- Health promotion/disease prevention materials & resources
- **Tribal public health code forum**
- Infectious disease data pipeline & reports
- Regional collaborations
- STI & Teen Pregnancy Prevention Initiative
- Other projects

- Held in Rapid City, SD on May 16, 2014
- 50+ attendees in-person and via webinar
  - 6 Great Plains Area tribes
  - 3 Great Plains Area health departments
  - CDC & NIHB
  - 2 TECs
- Presentations by GPTEC, SDDOH & NDDOH, CDC PH Law Program, NCAI, others
- Strategic planning of next steps
- Report, resources available online



Response Activities

- CDC EPI-AIDs
- Health promotion/disease prevention materials & resources
- Tribal public health code forum
- **Infectious disease data pipeline & reports**
- Regional collaborations
- STI & Teen Pregnancy Prevention Initiative
- Other projects

- Seeking to increase availability, dissemination, use of surveillance data ("bridging the data divide")
- Establishment of data pipelines with NE DHHS, ND DOH, SD DOH
  - Raw deidentified data provided to GPTEC for processing
- Preparation and dissemination of Area-wide and tribe-specific trend reports, integration into community health profiles
- Availability through GPTEC's data request system

Response Activities

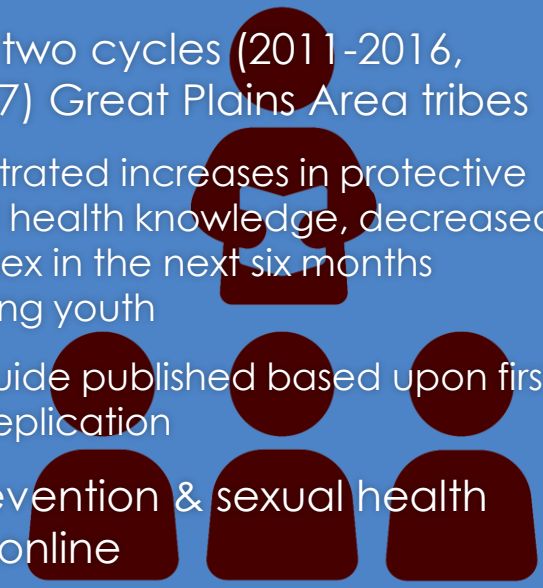
- CDC EPI-AIDs
- Health promotion/disease prevention materials & resources
- Tribal public health code forum
- Infectious disease data pipeline & reports
- **Regional collaborations**
- STI & Teen Pregnancy Prevention Initiative
- Other projects

- GPTEC Infectious Disease Taskforce
- Monthly Regional Infectious Disease calls (organized with GPA-IHS – on hold)
- Contribution to regional public health trainings
- Participation in state health department meetings and planning groups
- Collaborative activities surrounding and facilitation of tribal engagement in response to outbreaks and public health emergencies
- Promotion of MAAs, other agreements

Response Activities

- CDC EPI-AIDs
- Health promotion/disease prevention materials & resources
- Tribal public health code forum
- Infectious disease data pipeline & reports
- Regional collaborations
- **STI & Teen Pregnancy Prevention Initiative**
- Other projects

- Funded through FYSB's Tribal Personal Responsibility Education Program (PREP) initiative
- Implementation of evidence-based STI & teen pregnancy prevention curriculum
- GPTCHB has hosted two cycles (2011-2016, 2016-2021), serving (7) Great Plains Area tribes
  - First cycle demonstrated increases in protective factors and sexual health knowledge, decreased intention to have sex in the next six months among participating youth
  - Implementation guide published based upon first round to support replication
- Teen pregnancy prevention & sexual health resources available online



Response Activities

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- STI & Teen Pregnancy Prevention Initiative
- **Other projects**

- Supporting Great Plains Area engagement with Hepatitis C ECHO
- Promoting the availability and coverage of Hepatitis C treatment
- Supporting Hepatitis C surveillance and response through the development of I/T/U and aggregate patient registries
- Supporting the completion of Great Plains Area data collection for Project Red Talon's People Who Inject Drugs project
- Developing video and audio PSAs and digital slates on the intersection of Hepatitis C and substance use
- HIV Resource Guide (ND & SD)

Contribute to Bridging the Data Divide

- Contribute to the collection of quality American Indian & Alaska Native data collaboratively with tribal communities
  - Increase local capacity
  - Explore innovative and indigenous methods
- Promote communication between providers and facilities providing services at different points in the care process
- Explore opportunities to ethically exchange health information between tribal health, state departments of health, and federal agencies
- Identify and compile data for use by tribal health in planning, resource allocation, policy development, and new programs

Contact Us

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