

Chlamydia Screening in Indian Country: Need, Challenges, and Opportunities

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The findings and conclusions in this symposium are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention

Chlamydia Screening In Indian Country: A Priority Among Priorities

- Disparities among AI/AN populations
 - Diabetes, Tuberculosis, Alcoholism...and STD
- A growing and diverse population
 - 1% increase in population
 - Resided in both urban and rural settings
 - Increasing percentage of AI/AN live off-reservation (~60%)
 - Challenges to accessing care (for both Urban and Rural populations)
 - Isolated communities by geography and availability of culturally appropriate resources
 - Often invisible populations
- IHS Structure
 - Limited Funding
 - Primary care model
 - Decentralized
 - Tribal Sovereignty/Self-Determination

Building Bridges Across Indian Country for Chlamydia Prevention

- Stop CT Project (1994) began efforts to enhance CT screening in Indian Country
- 2006 – IHS began work to restructure the project to improve data quality, increase program evaluation, and to further reach into Indian Country
 - Partnership with the National IPP was key
- Look beyond the primary care setting
 - New access points for reaching at-risk populations
 - New innovative partnerships to support work among AI/AN priority populations, including:
 - Youth
 - Incarcerated persons

New Initiatives / New Partners

- Targeting at-risk youth
 - School-Based STD Interventions
 - Working with schools from the Northwest, Southwest, and Northern Plains to initiate and sustain screening and treatment programs
 - Made possible through ongoing support from Industry
 - BD & Gen-Probe have been essential partners to expanding NAAT testing in Indian Country