



Indian Health Service National STD Program

Quarterly Report

January – March, 2006



GOAL #1 Raise awareness of STDs as a priority health issue

Objectives

- A. Communicate effectively with CDC, Division of STD Prevention (DSTDP) in Atlanta and IHS, Office of Public Health Support (OPHS) in Rockville.

Strategies:

- Maintain regular contact with CDC, DSTDP and IHS, OPHS through conference calls, site visits, and electronic communications.

Activities:

- Regular e-mails and telephone calls with Lily
- Participation in IHS/OPHS All Hands staff meeting
- Provide quarterly progress reports.

Activities:

- The first quarterly report was submitted by 1/27/2006
- The second quarterly report will be submitted by 4/30/2006
- Submit periodic updates for the CDC, Program Development Support Branch monthly report.

Activities:

- November – formation of School-Based Screening Work Group
- February – Announcement of New Program Manager; Report on Phoenix Area STD Summit
- Give annual presentations on activities.

Activities:

- This has not been scheduled yet

- B. Disseminate STD prevention and control information in a timely manner to IHS, tribal, and urban Indian health programs (I/T/U) and other public health partners.

Strategies:

- Develop and publicize the IHS National STD Program website.

Activities:

- Although the STD Program website has been ready to go live since last fall, it has been delayed waiting for the other Division of Epidemiology program's to finalize theirs. It is scheduled to go live by the end of May. 2006.
- Present STD prevention and control information at relevant I/T/U and other public health meetings and conferences.

Activities:

- Presented on innovative STD interventions in Indian Country at the Aberdeen Area STD Summit, Bismarck, ND, Nov. 2005.
- Submitted three abstracts to the National STD Conference in Jacksonville, FL, May 8-11, 2006: 1) innovative STD interventions in Indian Country; 2) Regional AI/AN STD rates; and 3) the Navajo syphilis outbreak investigation. The first was accepted as an oral presentation, the latter two as posters.
- Submitted an abstract on innovative STD interventions in Indian Country to the Embracing Our Traditions, Values, and Teachings: Native Peoples of North America HIV/AIDS Conference in Anchorage, Alaska, May 2-6, 2006. It was accepted as a poster presentation.
- Presented Stop Chlamydia Project update at Region VI and VIII IPP meetings in March and in April, highlighting project refinements and data management enhancements.
- Presented on innovative STD interventions in Indian Country at the DHHS National Leadership Summit to Eliminate Racial and Ethnic Disparities in Health in Washington DC on January 9, 2006.
- Will participate on an innovative STD intervention panel and will present on the relationship between STDs/HIV/RH at the Embracing the Wellness STD/HIV/RH conference in Sioux Falls, SD in June.
- Share relevant scientific and research findings with I/T/U through the IHS Primary Care

Provider and the IHS ObGyn monthly newsletter.

Activities:

- Submitted STD-related abstracts for inclusion in the IHS ObGyn monthly newsletter in Oct, Nov, Dec, Jan, Feb, Mar
(see: <http://www.ihs.gov/MedicalPrograms/MCH/M/OBGYN01.cfm>)
- Develop and publish articles in peer-reviewed journals to highlight STD issues in Indian Country.

Activities:

- The manuscript developed by the STD Research work group last year was submitted to JAMA but not accepted. It was re-submitted to the STD Journal, but was returned with recommendations to re-write as a review article. The lead author is currently revising the article to re-submit per journal recommendations. The main author is preparing to submit it to the STD Journal.

C. Develop and distribute AI/AN-specific STD materials.

Strategies:

- Collaborate with CDC/DSTD and IHS Health Education to develop AI/AN-specific STD educational and communication materials (e.g. fact sheets, brochures, posters).

Activities:

- We have collected some sample materials and have had conversations with several groups that have created materials.
- We will convene a work group in Q3 to address this need and next steps.
- Print and distribute materials.
- Make materials available for download on the IHS National STD Program website.

D. Recognize and share innovative STD interventions in Indian Country.

Strategies:

- Work with the National Coalition of STD Directors (NCSD) to recognize innovative STD interventions in Indian Country.

Activities:

- We have had conversations with NCSO Director about their proposed role in this activity. They are very interested; our program will develop a document describing the initiative for NCSO and will submit it to them for their consideration and input. This is something the newly hired NCSO contractor for AI/AN issues may be able to work on.
- We convened a conference call with IHS, NCSO, JSI, and Area representatives to discuss next steps in the development of agenda items for specific AI/AN educational presentations for the National STD Conference, including the development of a grassroots overview of AI/AN populations nationally targeting health care providers naive to working with and serving Native American communities.
- Organize and plan a panel presentation of innovative STD interventions at a national conference.

Activities:

- Develop, print, and disseminate a compendium of STD interventions in Indian Country.
 - This activity has not been initiated because of restrictions on staff time. It will be accomplished by the end of Q4.
 - Developed training materials for a 2-hour pilot workshop on scientific abstract writing to build the technical writing capacity of AI/AN communities.

GOAL #2 Support partnerships and collaborations with state STD programs, I/T/U, and other public health agencies.

Objectives

- A. Maintain a partnership with CDC's Infertility Prevention Project (IPP) to ensure AI/AN issues are represented and to identify opportunities for inclusion of AI/AN in IPP efforts.

Strategies:

- Participate as an ad hoc member in IPP Coordinator's meetings and other regional meetings, particularly those in the Department of Health and Human Service (DHHS) Regions VI, VIII, and X.

Activities:

- Staff participated in these IPP meetings: Region X in Seattle (Oct.), Region VIII in Denver (Oct.), Region VI in OKC (Oct.), the Coordinator's meeting in Atlanta (Nov), Region VI in Albuquerque (March) and in Region VIII in Denver (April).
- Staff scheduled to participate IPP Coordinator's meeting in Seattle (June).

B. Support a partnership with the National Coalition of STD Directors (NCSD).

Strategies:

- Provide funds to NCSD to hire a consultant to lead the NCSD AI/AN work group and to carry out specific activities identified by the work group.

Activities:

- Several key work group members reviewed applications in Oct. and a call was held in Nov. to share scores and determine next steps. A subset of the workgroup interviewed two in Jan.
- In January 2006, JSI Research and Training Institute, in partnership with the Northern Plains Tribal Epidemiology Center (NPTEC) of the Aberdeen (SD) Area Tribal Chairman's Health Board (AATCHB), was awarded a contract to develop material and guidance that increase the awareness of the American Indian/Alaskan Native (AI/AN) population in each project area.
- We participated in an initial conference call with NCSD, JSI and NPTEC to discuss the contract and next steps, including activities to occur during the national STD conference in May.
- Participate as a member of the NCSD AI/AN work group.

Activities:

- Participated in a work group meeting at the NCSD meeting in Miami to discuss the MOA and process of recruiting and selecting the contractor. Volunteered to review

applications and participate in interviews.

- A conference call was held with partners to discuss and define next steps for the development of project area specific fact sheets and to formalize an agenda for the AI/AN presentation to be held at the CDC National STD Conference on May 8, 2006.

C. Develop partnerships with agencies involved in the health care of AI/AN.

Strategies:

- Identify specific projects with potential new partners.

Activities:

- IHS/HQ has elevated the methamphetamine problem to one of the 2006 Director's Initiatives, including making some funds available for this effort (appx. \$100,000). Lori was asked to join a Meth Initiative Work Group formed in Nov. This group has monthly calls and is working on two-three meth-related conferences. One will be held in Fargo, ND in June, a second in Albuquerque (date TBD), and a third either in Navajo or Phoenix (date TBD). Initial funding from IHS fell through and SAMHSA is now sponsoring the group's activities.
- Lori participated in the Red Talon Project's STD/HIV strategic planning session in Portland in Oct. and helped to develop their three-year action plan.
- Lori participated on a Northern Plains STD Task Force call to discuss the Guidelines for STD Screening in Tribal Jails and potential needs for technical assistance to implement them in the Aberdeen Area.
- Lori attended several meetings in Alaska in December, including an STD meeting convened by the Alaska Native Tribal Health Consortium. The meeting included participants from the State of Alaska, the local AETC and PTC, the ANTHC, the Alaska Native Medical Center, and CDC/Arctic Investigations. Jim Williams, from ANTHC, spoke with Dave Johnson regarding a possible request for an Epi Aid to address Alaska's persistently high chlamydia rates. The ANTHC submitted a request for TA to the Division of Epi & Disease Prevention in Jan. We are in current discussions with AK and CDC to determine the best response to their request.

- As follow-up to Lori's meeting in December, David met with Alaska health officials to discuss our office's response to ANTHC's request for assistance regarding increasing STD and HIV rates among AI/AN. David summarized the main discussion points and proposed next steps from the meeting in a group e-mail.
 -
 - David met with staff from the US Census Bureau to collaborate on a project to improve the methodology for how IHS estimates its service population. This project will probably not be continued after David's departure.
 - The STD Surveillance Report David has been working on with the IHS Division of Program Statistics and CDC statisticians will be submitted to CDC clearance in May and copies should be available by June or July.
 - We worked with PHN staff at Zuni to develop a jail-based STD screening project. The project will screen all detainees for chlamydia, and those who test positive for chlamydia, will receive a full battery of STD tests. We are funding this project.
 - Lori began initial discussions with Sara Jumping Eagle, MD from the University of Colorado at Denver and Health Sciences Denver Children's Hospital Denver Indian Health and Family Services regarding the development of a male screening project to be implemented in North and South Dakota targeting two AI tribes.
 - We are having discussions with CDC and SD concerning a possible assessment of STD/HIV surveillance and program needs.
 - Had conference call with Lydia O'Donnell re VOICES/VOCES in March - met with 4 Directions in April to discuss making a version of the video specific to AI/AN – waiting for a project proposal from them
 - Participated in CDC's Male Screening Consultation in Atlanta in March
 - Develop strategies to implement projects with new partners.
- Activities:
- (Described above.)

GOAL #3 Support improvement of I/T/U, state, and local STD programs for AI/AN

Objectives

- A. Develop and implement new STD interventions.

Strategies:

- Lead and facilitate strategy sessions with I/T/U and state STD programs.

Activities:

- Our office participated in strategy sessions (e.g., Red Talon, Alaska), but did not lead or facilitate any during Q1.
- We facilitated conversations between the Billings Area IHS/Behavioral Health and the Northern Plains Tribal Epi Center/STD/HIV Program to discuss and brainstorm regarding the AI/AN wheel of recovery developed by Billings.
- Provide technical assistance and make linkages to other resources, where appropriate.

Activities:

- We continued to provide informal and ongoing TA to the Project Dine Unity.
- Conducted training for Native Writes (scientific writing) at 5 AI/AN communities (Taos Pueblo, Navajo Nation, Wind River, Winnebago, and Anchorage) and 3 meetings/conferences (IHS Injury Prevention Fellowship, IHS Research Conference, and Albuquerque Area Diabetes Grant Coordinators meeting). All participants completed course evaluations and needs assessments with regard to scientific writing topics. Data collected will be analyzed and may be included in an article for the IHS Primary Care Provider.
- Encourage and fund proposals for local STD interventions.

Activities:

- This year we have funded several local STD interventions, including a jail screening pilot at Zuni, a CT/GC project in Alaska, and the Phoenix Area STD Summit. We are considering funding a male screening project in the Dakotas.
- There's no mention in the plan about Northern Plains STD/HIV assessment that we supported – that final report is forthcoming

B. Evaluate existing STD interventions.

Strategies:

- Identify priority STD program areas and projects for evaluation.

Activities:

Yolanda Savage joined our staff as a contractor in Oct. 2005 to refine and expand upon the STD program assessment tool previously piloted in Rosebud, SD. We are piloting this assessment process in Ft. Peck, MT. In Jan, we visited Ft. Peck and Billings for discussions with stakeholders to plan the assessment process. We returned in March with colleagues from CDC and the state of MT STD Program to test the survey instruments. We will return in June for the chart review phase.

- Provide technical assistance and make linkages to other resources, where appropriate.

Activities:

- We continued to provide informal and ongoing TA to the Project Dine Unity.
- Participated in the VOICES/VOCES training in Dec in Gallup
- Lead and conduct evaluations, where appropriate.

Activities:

- No activities this quarter.

GOAL #4 Increase access to up-to-date STD training for clinicians and public health practitioners

Objectives

- A. Support STD training for I/T/U providers.

Strategies:

- Announce availability of STD training funds.

Activities:

- These training funds were announced in Nov. to IHS, tribal, and urban providers via e-mail lists and was announced in the IHS Primary Care Provider in Dec. month.
- Process applications and announce awards.

Activities:

- 15 applications were received by the Jan 31, 2006 due date. They were reviewed and a selection was made a team, including Lori de Ravello from our program, Sharon Adler of the CA PTC, and Lily Blasini-Alcivar from CDC. Applications were ranked according to an objective criteria that included: percent time spent in job on STD-related activities, previous STD training, number of additional staff who work on STD issues, access to STD training from other sources. The 10 selected applicants were informed in March. We are working with the recipients to make necessary arrangements for course selection and travel.
- Make travel and training arrangements.

Activities:

- As of March 31, our office had arranged travel for two participants.

- B. Collaborate with federally-funded STD, HIV, and reproductive health training centers to increase I/T/U providers' access to relevant training.

Strategies:

- Identify relevant federally-funded training organizations, such as the STD/HIV Prevention Training Centers (PTCs), AIDS Education and Training Centers (AETCs), Regional Training Centers for Family Planning (RTCs), and Addiction Technology Transfer Centers (ATTCs).

Activities:

- *(This is not a good strategy, since we have already identified the federally-funded training centers . . .)*
- Collaborate with the soon-to-be-funded RTC for Indian Country.

Activities:

- This award announcement has been shelved because of DRH budget issues.
- Participate as an ad hoc member on the Federal Training Work Group quarterly calls and assist planning for the upcoming "4TC" meeting.

Activities:

- We are no longer actively participating on this work group. It has been difficult for Lori to stay connected and involved since taking on Laura's duties.
- Link I/T/U providers to federally-funded training centers.

Activities:

- We supported the travel of Gail Bolan to speak at the IHS Combined Council meeting in Phoenix in Jan.
- We supported the travel of Linda Creegan of the CA PTC to conduct two training sessions at the Phoenix Area STD Summit in Jan.
- We are supporting the travel of Patrick Piper of the CA PTC to present at the Advance Practice Nursing conference in Phoenix in May.
- Identify opportunities to involve federally-funded training centers in I/T/U meetings and conferences.

Activities:

- The PTCs have tried for several years to get on the agenda at the IHS Combined Council meeting. This year, we facilitated getting them on the agenda and also arranging for a display table.
- We arranged for the PTCs to have a display table at the Phoenix Area STD Summit.
- We are coordinating an STD info table with info from our program and the PTCs at the Advances in Indian Health Conference in Albuquerque in May.

C. Participate on the IHS/PTC work group.

Strategies:

- Facilitate delivery of PTC training at I/T/U meetings and conferences.

Activities:

- (See above.)
- Make arrangements with appropriate PTCs in response I/T/U requests for STD training.

Activities:

- (See above.)
- Collaborate with PTCs to co-author articles on emerging STD issues to be published in the IHS Primary Care Provider.

Activities:

- We did not collaborate to develop and submit articles to the IHS Primary Care Provider in Q1.
- The CA PTC has an article prepared for the Provider, but is waiting for the new CDC Treatment Guidelines to be published before submitting it.

GOAL #5 Support and strengthen surveillance systems to monitor STD trends

Objectives

- A. Optimize utilization of STD data sources internal to IHS.

Strategies:

- Assess the ability of the IHS Resource Patient Management System (RPMS) Lab Package to access timely STD and HIV screening and treatment data.

Activities:

- David contacted Cereplex and determined we could not access CT positivity data through that package. He is following up with Mike Gomez.

- We have had cursory discussions with Stan Griffith regarding the National Data Warehouse. The NDW is unlikely to be live until Fall-2006.

B. Optimize utilization of STD data sources external to IHS.

Strategies:

- Collaborate with statisticians at CDC/DSTD and IHS to publish an AI/AN-specific STD surveillance report based on CDC data and IHS population statistics.

Activities:

- We have completed our analyses for this report and are finalizing tables, graphs, and text. A graphic design contractor has been identified. The report needs to go through CDC and IHS clearance. Tentatively, we plan to have this report published in June or July 2006.
- IHS has entered a contract with Emmett Swint to provide assistance with the report's final revision. The report is anticipated to go to publishing in May 2006.
- Collaborate with IPP, state laboratories, and private laboratories to analyze laboratory data from I/T/U facilities.

Activities:

- No activities this quarter.

C. Create new STD surveillance methods and databases.

Strategies:

- Where possible, work with I/T/U facilities to develop and implement surveillance methodologies for STD testing, case management, partner management, and risk behaviors.

Activities:

- No activities this quarter.

D. Improve availability of chlamydia positivity data.

Strategies:

- Provide incentives to I/T/U facilities to submit individual chlamydia positivity data through the Stop Chlamydia Program.

Activities:

- We revamped the Stop Chlamydia program to obtain positivity data from the participating sites. To-date, 21/61 (34%) have signed letters of understanding accepting the new project terms.
- Provide I/T/U facilities participating in Stop Chlamydia with semi-annual chlamydia surveillance reports.

Activities:

- To-date we have received one Q1 data report and working with the other sites to submit their reports. Once reports are received, analysis will be done and final reports will be returned to the participating sites. The first report is scheduled for June 2006.
- We continue to provide opportunities for participating programs to voice concerns and collectively trouble-shoot potential barriers. The program has hosted two "Open Mike" calls where Stop Chlamydia participants can call in a free discuss with program staff their current issues with forwarding with the integration of new data collection requirements. The "Open Mike" calls have been an effective compliment to the program's on-going technical assistance to Stop CT participants.

GOAL #6 Promote STD research and identify effective interventions for reducing STD morbidity

Objectives

- A. Collaborate with the Tribal Epidemiology Centers to conduct research in STD prevention and control.

Strategies:

- Share and disseminate regional STD surveillance data.

Activities:

- We shared drafts of the Indian Health STD Surveillance Report with several Tribal Epi Centers.
- Final STD Surveillance reports will be disseminated to all Tribal Epi Centers when published in June or July.
- Inform Tribal Epidemiology Centers of field activities in their region and invite them to participate.

Activities:

- We invited the Montana-Wyoming Tribal Leaders Epi Center to participate in the STD program assessment occurring at Ft. Peck.
- The Northern Plains Tribal Epi Center will be co-presenting with the NCSO contractor at the National STD Conference.
- Present STD data at the annual Tribal Epidemiology Center meeting.

Activities:

- David will present on the STD surveillance report at the annual Tribal Epi Center meeting (Aug. 29-31, 2006 in Nashville, TN).

- B. Serve as a liaison to CDC and other organizations advocating for the need to conduct STD research.

Strategies:

- Lead a workgroup of key STD researchers and tribal/IHS public health personnel to discuss research strategies and projects.

Activities:

David led two teleconferences with the STD Research Group during Q2.

- Publish an article in a peer-reviewed journal outlining gaps in STD research.

Activities:

- The manuscript developed by the STD Research work group last year was submitted to

JAMA but not accepted. It was re-submitted to the STD Journal, but was returned with recommendations to re-write as a review article. The lead author is currently revising the article to re-submit per journal recommendations. The main author is preparing to submit it to the STD Journal.

- David submitted the resolution formally to APHA in March. The resolution is currently available on the APHA website for public comment and will hopefully be approved to be presented to the APHA governing council in November 2006.

Activities:

- David went to the APHA conference in December. The draft resolution received support from the multiple sections, including epidemiology, MCH, and Health education. The AI/AN caucus also expressed for this resolution.

GOAL #7 Respond to STD outbreaks

Objectives

- A. Coordinate STD outbreak response efforts in Indian Country.

Strategies:

- Assist in reviewing and analyzing surveillance data.
- Share relevant guidance documents (e.g., outbreak response plans) and discuss immediate response needs
- Provide on-site technical assistance.
- Assist in developing written local response plans and recommendations.
- Build local capacity for managing future outbreaks.
- Facilitate inter-agency partnerships and referrals.

Activities:

- No technical assistance for outbreak response was requested in Q1.
- Scott reviewed a draft copy of the Navajo Nation Syphilis Elimination Response Plan. Feedback was provided, and the document is currently under revision.
- Navajo, and partnering agencies, have a syphilis response outreach scheduled for May 2006 targeting the Gallup and surrounding communities.

GOAL #8 Support integration of STD, HIV/AIDS, and hepatitis prevention and control activities

Objectives

- A. Develop an integration plan for STD, HIV, AIDS, and hepatitis prevention and control activities.

Strategies:

- Participate in IHS Division of Epidemiology discussions and work groups to develop an integration plan for STD, HIV, AIDS, and hepatitis prevention and control activities.

Activities:

- Attended a meeting in Tucson in Feb with Terry Cullen's group to discuss new HIV package about to be released.
- Participated in HIV team meeting to discuss Minority AIDS Project, our role in the overall effort.

2006 Project Matrix

Q2 Update

PROJECT	CONTACTS	STATUS	STAFF	RESPONSIBILITIES
GOAL 1: Raise awareness of STDs as a high priority health issue in AI/AN populations				
Innovative STD Intervention Award		Submit proposal to NCSO by end of Q2 (NOTE: If NCSO does not want to issue this award, our office will.)	Lori	Develop criteria, application & announcement; Publish announcement, review applications, select winner; Announce awards to applicants and publicize in IHS Provider; Purchase and deliver goods; Present with plaque (where - ?); Submit abstract for a panel presentation to NCSO - ? STD Conf?
Navajo Syphilis Manuscript		The Navajo Nation IRB unanimously approval the request to draft a manuscript describing the Navajo syphilis outbreak. David will start work on manuscript.	David	Draft manuscript. Get NN IRB and CDC clearance to submit to a journal. Submit to journal.
OBGYN Newsletter	Neil Murphy ANMC 907-729-3154	Ongoing - by the 4th of every month	Lori	Submit STD-related abstracts and other relevant STD info for the "STD Corner" of the OBGYN newsletter
STD Education Materials for AI/AN		Will convene work group by end of Q3	Lori	Identify participants, send copies of STD fact sheets, facilitate call, work with graphics person to modify, print and distribute
Website	Tanya Nunez 505-248-4438	Website will go live by end of May	Cleo	Cleo will post and update items
PROJECT	CONTACTS	STATUS	STAFF	RESPONSIBILITIES
GOAL 2: Expand partnerships and collaborations to improve efforts to prevent and control STDs in AI/AN communities				
Alaska Chlamydia Meeting	Ellen Provost ANMC/Epi Center Beth Schenck Saltonstall ANMC Jim Williams	Request for TA received in Jan. Holding discussions with AK & CDC to plan response.	Scott	Respond appropriately pending outcome of discussions.

PROJECT	CONTACTS	STATUS	STAFF	RESPONSIBILITIES
	ANMC			
Infertility Prevention Projects	Steve Shapiro	Ongoing	Scott	Participate in the IPP Coordinator's Meetings, and regional meetings in Regions VI, VIII, and X.
		Steve Shapiro visited the IHS National STD Program in April 2006 for an overview of our activities and to discuss how we can best collaborate. Mr. Shapiro to assess which IHS sites are currently submitting screening data through IPP. Formulated IPP results will then be matched against Stop CT participant data to assess reports gaps.	Scott	Brief him on AI/AN STD issues and discuss our involvement in IPP Compare IPP reporting IHS screening sites against existing Stop CT participants Explore opportunities for enhanced coordination and partnering with IPP Project Areas
Meth Initiative Work Group	Wilbur Woodis IHS/HQ	Planning Committee active – planning two regional conferences	Lori	Participate as planning committee member
National Coalition of STD Directors	Kelly Mayor & Don Clark NCSD 202-842-4660 Co-Chairs of Work Group: Tim Lane 801-538-6755 & Julia Ashley 612-676-5665	Selected JSI Denver/Northern Plains Tribal Epi Center – contract began in Feb Convened 1 st conference call to provide input on the development of agenda items for the AI/AN workshop to be presented at the National STD Conference by JSI and share guidance on the formulation of Project Area-specific fact sheets on respective AI/AN populations	Work Group	Participated in interview and selection process
			Scott	Provide oversight of MOA
			Lori/Scott	Participate on work group calls and at work group meetings

GOAL 3: Support improvement of I/T/U, state, and local STD programs for AI/AN

PROJECT	CONTACTS	STATUS	STAFF	RESPONSIBILITIES
Alaska CT/GC Project	Beth Schenck Saltonstall, MD, Ryan White Title III Intervention Services 907-729-2908	We need copy of signed MOA for our records (funding amt was \$25,000) David met with Dr. Saltonstall in March. She did not have any concerns with this project.	Scott	Oversight of MOA.
Belcourt School-Based Screening Project	Sandeep D. Patel, MD MPH Quentin N. Burdick Memorial IHS PO Box 160 Belcourt, ND 58316 Phone: 701-477-6111 (beeper 336) sandeep.patel@mail.ihs.gov	Repeated screening with funds leftover from FY 05. Waiting for copy of final report	Lori	
Chlamydia Screening Coverage Project	Dave Morgan, STD Director, SD DOH, 605-733-4797	A protocol was submitted to the Aberdeen Area IRB in December 2005. The IRB did not approve the protocol, citing several conditions regarding minors, privacy issues, and CDC cross-clearance. We will not pursue this project at this time.	David	Support the NPTEC, if they decide to do this project
	Jayne Longbrake, Health Systems Coordinator, Cheyenne River, 605-964-6190			
	Raymond Uses the Knife, Health Committee Chair, Cheyenne River			
	Valerie Parker, Rosebud			
Dine Unity	Nina Tsethlekia, NNDOH	David attended a meeting in Jan. 2006 to discuss the projects strategies, successes, and obstacles. Project representatives presented most recent draft of material to	Lori	Continue to provide technical assistance as requested

PROJECT	CONTACTS	STATUS	STAFF	RESPONSIBILITIES
		Lily Blasini, Program Consultant, Lori, David, and Scott April 2006 David attended a Dine Unity train-the-trainer session in April 2006.		
Ft. Peck STD/HIV/Hepatitis Assessment	Julie Bemer, SUD & Sue Snitker, PHN, Ft Peck Indian Hospital 406-768-3491 Laurie Kops, Montana STD Program Manager, 406-444-2457	Yolanda reported end of Oct. and made her first visit in Nov. Yolanda and Lori returned in Jan. to present revised tool and to meet with stakeholders. The interviews were conducted in March	Yolanda/Lori/Scott/Jennifer	Plan assessment, coordinate team, provide oversight, prepare report, and present findings.
		The chart reviews were pushed back from its original date due to last minute revisions to the assessment instrument to incorporate more comprehensive variables that were necessary for the project's success. The assessment has been rescheduled for June 26-30, 2006.		
Healing Lodge Evaluation		Cancelled due to lack of support/interest from Healing Lodge leadership.	David	None
Navajo Area Quarterly Syphilis Call	Dr. Iralu, GIMC	Ongoing – every month	Scott	Participate on calls. Scott will be assuming responsibility for participation beginning May 2006
Oklahoma Area STD Assessment	Sohail Khan, Cherokee Nation IRB Co-Chair, 918-456-0671 Ext. 2602	Report finalized and disseminated to stakeholders in Sept. 2005. Project completed.	David	None
School-Based STD Screening Guidelines		Work group convened, first draft prepared. Waiting to identify summer intern from Columbia. Will work to finalize draft, help get clearances, conduct pilots.	Lori	Facilitate process, oversee intern, publish and disseminate guidelines

PROJECT	CONTACTS	STATUS	STAFF	RESPONSIBILITIES
STD Re-Screening Protocol		STD re-screening project at WW Hastings Hospital is not possible. Another site may be identified. We will not pursue this project at this time.	David	None
Tribal Jail Screening	Dr. David Kessler, Zuni IHS, 505-782-7301, dkessler@abq.ih.gov Suzan Williams (505)782-7339, Zuni IHS	David conducted a site visit in January 2006. Elizabeth left in March, Suzan is new lead.	Lori	Technical assistance, Oversight of MOU for \$15,000. Need to do a site visit to meet Suzan, offer TA, make sure new jail is open
Male Screening Project	Sara Jumping Eagle, MD University of Colorado 303-724-1024 Sara.JumpingEagle@UCHSC.edu	Lori and Scott have had preliminary discussions with Dr. Jumping Eagle. Have reviewed and commented on the initial project draft. Lori and Scott have also connected the project to potential supporting state and local agencies that may provide laboratory and investigative support.	Lori/Scott	Technical assistance, Financial support for piloted 2-year project (~\$15,000/year), facilitate partnering among supporting agencies, and capacity building
GOAL 4: Increase access to up-to-date STD training for clinicians and public health practitioners caring for AI/AN				
IHS/PTC Work Group	Sharon Adler CA PTC	Participate on regularly scheduled calls, serve as liaison between I/T/U and PTCs	Lori	Participate on IHS/PTC Work Group.
I/T/U Staff Training		Announced funding, received and reviewed applications (Lori, Lily & Susan), announced recipients in Feb. Have arranged training/travel for two to-date	Lori	Announce training support availability; Receive applications and make selection; Support training and travel for approx. 10 persons
Phoenix Area Meth Conference	De Alva Honahnie, Phx Area IHS 602-364-5169	De Alva deployed to hurricanes, slowed down process. We still hope to be involved and to potentially contribute approx. \$5,000 – Need to get update from De Alva	Lori	Participate in planning process; Transfer funds to PHX Area to help support conference; Help develop STD component
Phoenix Area STD Meeting	Zeenat Mahal & Becky Leach, ITCA Epi Center	Completed - Held in Tempe, AZ, Jan 24-26	Lori/Cleo	None

PROJECT	CONTACTS	STATUS	STAFF	RESPONSIBILITIES
	602-307-1982			
GOAL 5: Support and strengthen surveillance systems to monitor STD trends in AI/AN				
Accessing AI/AN Lab Data	Dr. Rick Steece, APHL, 605-224-9240, DrRSteece@aol.com	<p>ITU facilities process STD specimens in several different ways - some process them in house, some send them to the state lab, and some send them to private labs.</p> <p>Rick Steece, Director of the APHL Assoc., sent an e-mail to all state lab directors asking whether they processed ITU specimens Is it possible to access the data processed at the state labs?</p> <p>For ITUs that send specimens to private labs, is it possible to get a data dump (free or at low cost)?</p> <p>These data would be especially useful for IPP projects David sent e-mail to Rick on 8/22 to follow-up David following up with some of the large national labs CT positivity data not accessible through Cereplex. David will follow-up with Mike Gomez about using the HIS lab package.</p> <p>No further activities on this. We have decided to pursue I/T/U positivity data through Stop Chlamydia. We may re-address this with Rick Steece in the future.</p>	David	

PROJECT	CONTACTS	STATUS	STAFF	RESPONSIBILITIES
<p align="center">AI/AN Surveillance Report</p>	<p align="center">Emmett Swint, Statistician, CDC, (retired)</p> <p align="center">Edna Paisano, Statistician, IHS/HQ - Div of Program Statistics, 301-443- 1342</p> <p align="center">Gene Hill President, Computercraft Corp., 703-893- 8308 x127</p>	<p>Analyses completed. Tables, graphs, and text being finalized. A graphic designer contractor has been identified.</p> <p>The estimated cost to publish 4,000 hard copies of the report is \$42,135.</p> <p>Emmett Swint retired in Jan. 2006, but still working some on the project. Have entered into contract with Emmett to finish up analysis</p> <p>We plan to publish the report in June/July.</p>	<p align="center">David</p>	<p align="center">Finalize report.</p> <p>Submit for clearance to IHS, IHS Area Offices, and CDC.</p> <p align="center">Distribute hard copies.</p> <p align="center">Develop web report and CD-Roms.</p> <p>Initiate contract for Emmett Swint in order to continue his support of the in its final stages of development.</p>
	<p align="center">Stop Chlamydia! Project</p>	<p>The program has been revamped. Instead of collecting case and partner data, we are asking sites to send CT positivity data.</p> <p>David wrote a series of memos, a letter of understanding, and worked with HIS IT staff to develop a data download user manual. Cleo and David have been providing TA.</p> <p>To date, 21/61 facilities (34%) have signed letters of understanding to participate, and 4/61 facilities (7%) have dropped out of the project. One site has already submitted data for Q1 2006.</p>		<p align="center">Cleo/ Scott</p> <p align="center">Cleo</p>

		We will continue to troubleshoot and improve this project. If enough sites send data, we will develop semi-annual reports to send back to each participating facility.	Cleo/Scott	Conduct a cost-benefit analysis of Stop CT screening for participating sites to be completed during 3 rd Quarter 2006
		We will share data we collect at IPP.		

GOAL 6: Promote STD research to identify effective interventions for reducing STD morbidity in AI/AN communities

STD Research Group	Sarah Patrick, Univ of SD, 605-357-1500	Manuscript - submitted to AJPH, rejected. Carol Kaufman has revised it and will submit to the STD Journal.	Scott	Keep APHA resolution alive
	Jeanne Marrazzo, CFAR, Harborview Medical Center, 206-731-3679	David attended APHA in Dec. 2005. He and Sarah Patrick solicited feedback and support from the various caucuses. We will formally submit the resolution to APHA in Feb 2006 pending final discussion with STD research group. The resolution will be voted on the APHA General Council in Nov 2006.		Facilitate conference calls.
	Carol Kaufman, Univ of CO, 303-724-1464	Jeanne Marrazzo has an intern coming next summer - wants to identify AI/AN-related project she could work on.		Work with Carol Kaufman to resubmit manuscript to STD Journal
	Brenda Wood Francis, HRSA, 301-443-0415			Identify potential projects for Jeanne's student
	Matt Town & Tinka Duran, Northern Plains Tribal Epi Center, 605-721-1922			
	Linda Dicker - CDC			
	Lily Blasini-Alcivar - CDC			

	Leslie Randall, Northwest Portland Area Indian Health Board, 503-228- 4185			
GOAL 7: Support STD outbreak response efforts by I/T/U, state, and local organizations				
GOAL 8: Support integration of STD, HIV, and hepatitis prevention and control activities				
Integration Plan		Has not started	Team	STD team will work with Div. of Epi staff to develop an integration plan for STD, HIV, and hepatitis prevention and control activities.