



BARRIERS AND NEEDS TO URBAN INDIAN SEXUAL HEALTH SERVICES PROVISION: A MIXED-METHODS APPROACH

NATIONAL COUNCIL OF
URBAN INDIAN HEALTH

June 2024





Acknowledgments

We extend our deepest gratitude to all those who have contributed to the mission of the National Council of Urban Indian Health (NCUIH). Our work is fueled by the dedication, wisdom, and support of many, and it is with profound appreciation that we recognize the following for preparing this report:

- Alexander Zeymo, MS, Statistician
- Evey Maho, MAdm, Director of Technical Assistance, NCUIH, Project Director
- Mattie Curry, MPH, Public Health Program Manager, NCUIH, Project Manager
- Nahla Holland, Research Associate, NCUIH, Author
- Sophie Chishty, MPH, Research Associate, NCUIH, Author

This report was commissioned by the Centers for Disease Control and Prevention (CDC) National Center for HIV, Viral Hepatitis, STD, & TB prevention (NCHHSTP) Division of STD Prevention (DSTDP) through Cooperative Agreement CK20-2003. The views, opinions, and data analysis published in this report are those of the National Council of Urban Indian Health (NCUIH), and do not reflect the policies or positions of any other partner or reviewer. For questions or comments, please contact the authors via <https://ncuih.org/contact/>.

Recommended Citation

National Council of Urban Indian Health (2024). Barriers and Needs to Urban Indian Sexual Health Services Provision: A Mixed-Methods Approach. <https://ncuih.org/STIFinalReport>





Table of Contents

Acronyms	3
Executive Summary	5
Background on UIOs	7
Methods	9
A. Participation Eligibility & Incentive	9
B. General Recruitment	9
C. Targeted Recruitment	10
Respondent Demographics	12
Results	13
A. Facility Overview	13
B. Funding/Billing	16
C. STI Services for Screening/Testing and Treatment (Excluding HIV)	17
D. HIV Services	21
E. Additional Sexual Health Services	24
F. Sexual Health/History Collection	26
G. STI Reporting	28
H. Support from NCUIH	29
Discussion	31
A. Conclusions	31
B. Limitations	32
C. Implications for Future Research	33





Acronyms

- ACASI – Audio Computer-Assisted Self-Interviewing
- AI/AN – American Indian/Alaska Native
- AIDS – Acquired Immunodeficiency Syndrome
- APRN – Advanced Practice Registered Nurse
- BV – Bacterial Vaginosis
- CDC – Centers for Disease Control and Prevention
- CLIA – Clinical Laboratory Improvement Amendments
- DIS – Disease Intervention Specialist
- EHR – Electronic Health Record
- FQHC – Federally Qualified Health Center
- GE – General Electric
- HCV – Hepatitis C Virus
- HIV – Human Immunodeficiency Virus
- HPV – Human Papillomavirus
- HRSA – Health Resources and Services Administration
- HSV – Herpes Simplex Virus
- IHCIA – Indian Health Care Improvement Act
- IHS – Indian Health Service
- IWTK – I Want The Kit
- LGBT2S – Lesbian, Gay, Bisexual, Transgender, and Two-Spirit
- MAT – Medication-Assisted Treatment
- N/A – Not Applicable
- NCEZID – National Center for Emerging and Zoonotic Infectious Diseases
- NCHHSTP – Division of STD Prevention in the National Center for HIV, Viral Hepatitis, STD, & TB prevention
- NCUIH – National Council of Urban Indian Health





- NGU – Nongonococcal Urethritis
- PA – Physician Assistant
- PDF – Portable Document Format
- PEP – Post-Exposure Prophylaxis
- PrEP – Pre-Exposure Prophylaxis
- RN – Registered Nurse
- RPMS – Resource and Patient Management System
- RPR – Rapid Plasma Reagin
- STD – Sexually Transmitted Disease
- STI – Sexually Transmitted Infection
- TV – Trichomonas Vaginalis
- UIO – Urban Indian Organization





Executive Summary

This report outlines data collected by the National Council of Urban Indian Health (NCUIH) as part of Cooperative Agreement CK20-2003 in collaboration with the Centers for Disease Control and Prevention (CDC) Division of STD Prevention (DSTDP) in the National Center for HIV, Viral Hepatitis, STD, & TB prevention (NCHHSTP). NCUIH, with funding and technical assistance from DSTDP, developed and disseminated a questionnaire to collect information about sexual health and sexually transmitted infections (STI) clinical services from Urban Indian Organizations (UIOs).

Fifteen (36.6%) of the forty-one UIOs responded to the questionnaire, representing all four [IHS classifications](#) of UIO facility types and six out of eight [NCUIH regions](#). Highlights from these findings include:

- The greatest barriers/challenges to STI service provision included: insufficient STI treatment tools/resources (53.3%), insufficient STI testing tools/resources (46.7%), and insufficient funding for sexual health tools, resources, and/or programs (46.7%) *[see Q6]*.
- The greatest areas of interest for developing or enhancing STI services were partner STI services (86.7%), prevention resources related to HIV (80.0%), and HIV treatment (80.0%). *[see Q7]*.
- 66.7% of UIO respondents do not receive financial support from the CDC through [Section 318 of the Public Health Service Act](#), from their state, or from a local STI program *[see Q8]*.
- The most common STI screening/testing services (excluding HIV) offered on-site was Hepatitis C (66.7%) *[see Q11]*.
- The most common screening/testing services offered by UIOs were for Hepatitis C and HIV, offered by 66.7% of UIO respondents *[see Q11]*.
- In addition to the STI screening services (not including HIV) offered on-site that were identified through Q11, 2 UIOs clarified that they offer additional STI testing services on-site *[see Q12]*





- 66.7% of UIO respondents offer clinical management for bacterial vaginosis, chlamydia, gonorrhea, herpes simplex virus (HSV), scabies, and syphilis *[see Q13]*
- 66.7% of UIO respondents offer same-day appointments or walk-in care *[see Q14]*.
- 66.7% of UIO respondents offer HIV screening tests on-site, 53.3% offer free or sliding scale HIV services, 40.0% offer PrEP, and 20.0% offer PEP *[see Q17]*.
- Topics of interest expressed by UIO respondents for future NCUIH trainings, resources, and/or opportunities related to STIs included: policies, testing guidelines, funding for testing and treatment, collaborations, culture-based prevention programs, inclusive communication, and more *[see Q30]*.





Background on UIOs

The National Council of Urban Indian Health (NCUIH) is the national non-profit organization devoted to the support and development of quality, accessible, and culturally-competent health and public health services for American Indians and Alaska Natives (AI/ANs) living in urban areas. NCUIH is a national representative of the forty-one Title V Urban Indian Organizations (UIOs) under the Indian Health Service (IHS) in the Indian Health Care Improvement Act (IHCA). NCUIH strives to improve the health of the over seventy percent of the AI/AN population that lives in urban areas, as supported by quality health care centers.

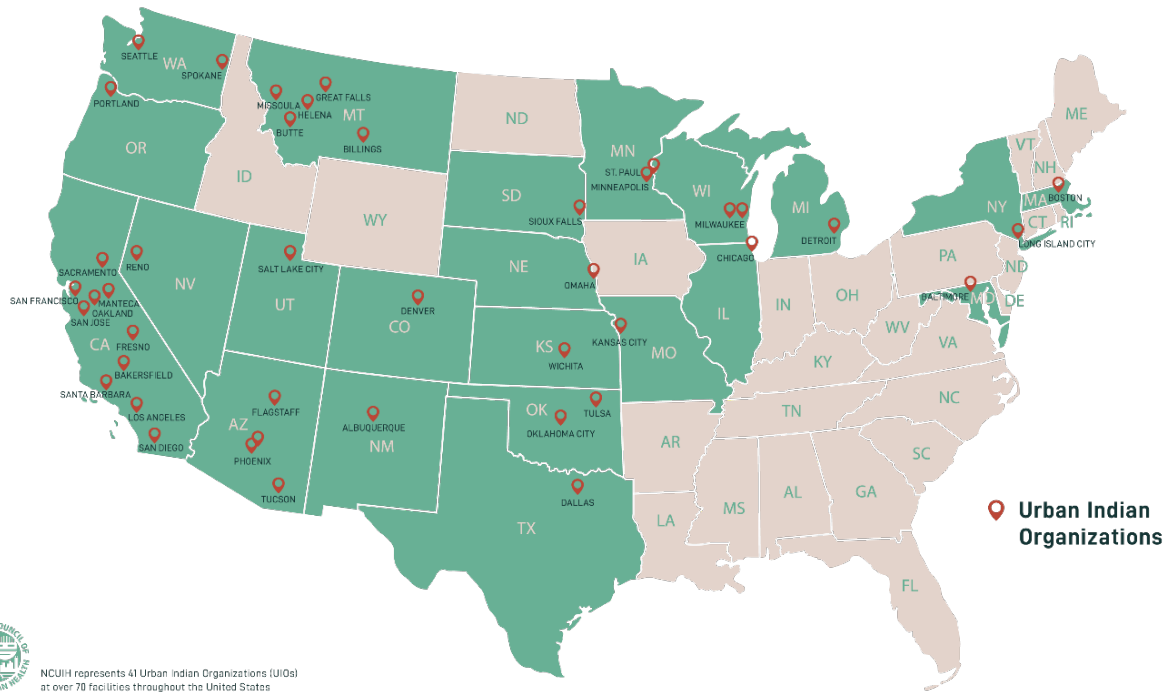
Urban Indian Organizations (UIOs) were created to fulfill the federal government's healthcare-related trust responsibility for American Indians and Alaska Natives (AI/ANs) who live off the reservations. UIOs are urban-based, non-profit entities charged with establishing and administering an Indian health program and related activities as described in Title V of the Indian Health Care Improvement Act. UIOs are governed by a board of directors of whom at least 51% are AI/AN.¹ There are four major types of UIOs, as [classified](#) by the IHS:

- **Full Ambulatory:** Programs providing direct medical care to the population served for 40 or more hours per week
- **Limited Ambulatory:** Programs providing direct medical care to the population served for less than 40 hours per week
- **Outreach and Referral:** Programs providing case management of behavioral health counseling and education services, health promotion/disease prevention education, and immunization counseling but not direct medical care services
- **Residential or Outpatient Treatment Center:** Programs providing residential substance abuse treatment, recovery, and prevention services





UIOs can be found in twenty-two states across eleven Indian Health Service (IHS) areas and eight official [NCUIH regions](https://ncuih.org). A map of UIO locations is displayed below. To learn more about UIOs, visit <https://ncuih.org/uo-directory/>.





Methods

A. Participation Eligibility & Incentive

All forty-one Urban Indian Organizations (UIOs) were invited to complete the questionnaire by responding in Qualtrics, submitting a completed PDF via email, or receiving virtual technical assistance from NCUIH to submit a response together. Only one questionnaire per UIO was allowed. UIOs completing the questionnaire received a \$250 gift card as a token of appreciation. The questionnaire was open from the beginning of June 2023 to the end of September 2023.

B. General Recruitment

Open recruitment for the STI Questionnaire for UIOs was conducted through general promotion across various NCUIH platforms and channels, including:

1. Posts on NCUIH’s social media accounts on Instagram, Facebook, Twitter, and LinkedIn
2. An article in the biweekly NCUIH Newsletter which is distributed via email to a list of UIO contacts and other subscribers
3. An email blast distributed to a list of UIO contacts
4. A promotional slide displayed in the presentations at live virtual NCUIH events throughout the promotional period
5. A link on the “[Funding Opportunities](#)” page of the NCUIH website

Additional information on the promotions and metrics of the general recruitment for the questionnaire via NCUIH platforms is displayed in the tables below.

Figure 1. Promotions on NCUIH Social Media Accounts

Platform	Date of Post	Impressions	Average Engagement Rate
Instagram	6/2/2023	176	7.95%
	7/13/2023	248	8.47%
Facebook	6/2/2023	68	4.41%
	7/13/2023	82	10.98%
Twitter	6/2/2023	154	7.80%
	7/13/2023	119	3.40%
LinkedIn	7/13/2023	164	0%





Figure 2. General Promotions via NCUIH Newsletter & Email

Platform	Date of Promotion	Number of Recipients
Email	6/29/2023	290
Newsletter	7/26/2023	3,540

C. Targeted Recruitment

In August 2023, to increase participation, NCUIH engaged in targeted promotion of this opportunity directly to individual UIOs. Twelve UIOs had responded to the questionnaire before this targeted campaign began. Upon analyzing the demographics of these twelve respondents to understand what additional demographics could be targeted to result in the most representative sample of responses, the NCUIH team developed the following four goals for targeted recruitment:

Goal #1: Reach at least one UIO from each of the eight [NCUIH regions](#)

Goal #2: Reach at least two UIOs from each of the four major facility types (outreach and referral, full ambulatory, limited ambulatory, outpatient and residential alcohol and substance abuse treatment)

Goal #3: Reach at least two HRSA sites and at least two non-HRSA sites

Goal #4: Reach at least one UIO with a 340B program

Based on these four goals, eleven UIOs were identified for outreach through direct emails and phone calls by NCUIH staff. Contact with UIO leadership (e.g., Chief Executive Officers, Executive Directors) was the goal. Additional staff were also contacted (e.g., managers, specific department directors) when necessary. The tables below summarize the metrics of direct outreach attempts and goal progress for the targeted recruitment campaign.

Figure 3. Targeted Recruitment Outreach Metrics

Targeted Recruitment Metric	N
Number of UIOs Contacted	11





Number of Direct Emails Sent	33
Number of Direct Phone Calls Made	9

Figure 4. Targeted Recruitment Campaign Goals

Goal	Status Before Targeted Recruitment Campaign	Status After Targeted Recruitment Campaign
Goal #1: Reach at least one UIO from each of the eight NCUIH regions	Incomplete – 5 of the 8 NCUIH regions represented	Incomplete – 6 of the 8 NCUIH regions represented
Goal #2: Reach at least two UIOs from each of the four major facility types	Incomplete – 2+ UIO respondents for 3 of the 4 facility types	Incomplete – 2+ UIO respondents for 3 of the 4 facility types
Goal #3: Reach at least two HRSA sites and at least two non-HRSA sites	Complete – 2+ HRSA sites represented & 2+ non-HRSA sites represented	Complete – 2+ HRSA sites represented & 2+ non-HRSA sites represented
Goal #4: Reach at least one UIO with a 340B program	Incomplete – 0 of the 2 UIOs with a 340B program represented	Complete – 1 UIO with a 340B program represented

Three additional UIOs responded to the questionnaire as a result of this targeted effort. Although not all sample demographic goals were achieved, the final total respondent sample of fifteen UIOs represented 6 out of 8 NCUIH regions, all four major facility types, both HRSA and non-HRSA sites, and 340B programs.





Respondent Demographics

Of the forty-one total Urban Indian Organizations (UIOs), 15 (36.6%) responded to the questionnaire, representing 8 (66.7%) IHS regions, 6 (75%) NCUIH regions, and 9 U.S. states. Additionally, this sample represents 32% of full ambulatory UIOs, 50% of limited ambulatory UIOs, 16.7% of residential or outpatient treatment center UIOs, and 75% of outreach and referral UIOs.

Figure 5. Analysis of Geographic Reach

Metric	Total (N)	Questionnaire Reach (n)	Response Rate $[(n/N) \times 100]$
UIOs	41	15	36.6%
IHS Regions	12	8	66.7%
NCUIH Regions	8	6	75.0%
States	50	9	18.0%

Figure 6. Analysis of Reach by Facility Type

Facility Type	Total* (N)	Number Reached by Questionnaire** (n)	Response Rate $[(n/N) \times 100]$
Full Ambulatory	25	8	32.0%
Limited Ambulatory	6	3	50.0%
Residential or Outpatient Treatment Center	6	1	16.7%
Outreach and Referral	4	3	75.0%

* Values in the "Total" column represent the number of UIOs classified under each facility type (only the 41 official UIOs are included in these values).

** UIO classifications used in the table above reflect data previously obtained by NCUIH through UIO Program Profiles, not self-reported UIO data from the questionnaire.





Results

A. Facility Overview

NCUIH received responses from 15 out of 41 (36.6%) of UIOs. UIO respondents represented 6 out of 8 (75.0%) of official NCUIH regions. The following tables display the results for each question from the “Facility Overview” section of the STI Questionnaire for UIOs. Highlights from the results of these questions include:

- UIO respondents represented 3 out of 4 (75.0%) of UIO Facility Types *[see Q5]*
 - For more information on UIOs, visit the NCUIH UIO Directory at <https://ncuih.org/uio-directory/>.
- The greatest barriers/challenges to STI service provision included: *[see Q6]*
 - Insufficient STI treatment tools/resources (53.3%)
 - Insufficient STI testing tools/resources (46.7%)
 - Insufficient funding for sexual health tools, resources, and/or programs (46.7%)
- The greatest areas of interest for developing/enhancing STI services included: *[see Q7]*
 - Partner STI services (86.7%)
 - Prevention resources related to HIV (80.0%)
 - HIV treatment (80.0%)

Q5. Which of the following best describes the service role of your facility? Please only select one response.

Response Option	n (% of N)
Full Ambulatory	8 (53.3)
Limited Ambulatory	1 (6.7)
Residential or Outpatient Treatment Center	--
Outreach and Referral	4 (26.7)
Other (Please describe in the box below)	2 (13.3)
Total Responses (N):	
	15





Q5.1. Free text responses from respondents who selected to
“Other (Please describe in the box below)” in Q5

Open-Ended Response
We are an FQHC who provides physical, mental, and dental health care to Native Americans/Alaskan Natives here in the [Metropolitan] Area.
FQHC - Community Health Center

Total Responses: 2

Of the fifteen UIO respondents for Q5, eight UIO respondents selected a service role for their facility that contradicts IHS records. See Q5.2 for verified IHS classification distribution.

Q5.2. Clarification of Facility Type

IHS Classification	n (% of N)
Full Ambulatory	8 (53.3)
Limited Ambulatory	3 (20.0)
Residential or Outpatient Treatment Center	1 (6.7)
Outreach and Referral	3 (20.0)
Total Responses (N): 15	

Q6. Does your facility currently (i.e., presently, and/or in the past year) experience any of the following barriers or challenges to providing referrals/services for STIs? If your facility does not currently offer any referrals/services for STIs but is experiencing barriers or challenges to developing or providing these, please consider those barriers or challenges in your response. Please select all that apply.

Response Option	n (% of N)
Inadequate resources available for staff trainings related to sexual health	4 (26.7)
Insufficient funding for sexual health tools, resources, and/or programs	7 (46.7)
Insufficient staffing	5 (33.3)
Insufficient STI screening tools/resources	6 (40.0)
Insufficient STI testing tools/resources	7 (46.7)
Insufficient STI treatment tools/resources	8 (53.3)
Other (Please describe)	5 (33.3)
My facility does not offer any STI referrals/services	--
My facility does not experience any barriers or challenges to pursuing provision of these referrals/services	2 (13.3)





Total Responses (N): 15

Q6.1. Free text responses from respondents who selected to
"Other (Please describe in the box below)" in Q6

Open-Ended Response

Funding for public education of STIs

Mostly targeting HIV/AIDS Screening and testing, but want to expand

Our facility has offered (limited) HIV tests and condoms through the [Regional Tribal Health Board] and "Text Native test" programs. We are currently building a partnership with a local FQHC to refer for additional services and hope to become a testing partner with them to offer HCV and HIV tests in house.

Outreach to special needs such as homeless population

Relatives may need a lot of hand-holding to agree to go for STI screening and treatment.

Total Responses: 5

Q7. Is your facility interested in developing or enhancing any of the following services, programs, and/or resources for STIs? Please select all that apply.

Response Option	n (% of N)
Chlamydia screening/testing	9 (60.0)
Chlamydia treatment	8 (53.3)
Gonorrhea screening/testing	7 (46.7)
Gonorrhea treatment	8 (53.3)
Syphilis screening/testing	10 (66.7)
Syphilis treatment	10 (66.7)
HIV screening/testing	10 (66.7)
HIV treatment	12 (80.0)
Prevention resources related to STIs	10 (66.7)
Prevention resources related to HIV	12 (80.0)
Patient sexual history data collection	10 (66.7)
STI data organization and reporting	11 (73.3)
Referrals for STI services/resources	11 (73.3)
Partner STI services	13 (86.7)
Other (Please describe)	2 (13.3)
My facility is not interested in developing or enhancing any STI services, programs, and/or resources.	--

Total Responses (N): 15





Q7.1. Free text responses from respondents who selected to
“Other (Please describe in the box below)” in Q7

Open-Ended Response	Total Responses: 2
[The UIO] already provides sexual health education but services like IWTK would help, as well as any additional resources to enhance what we already do.	
Outreach to vulnerable patients such as adolescents	

B. Funding/Billing

The following tables display the results for each question from the “Funding/Billing” section of the STI Questionnaire for UIOs. Highlights from the results of these questions include:

- 66.7% of UIO respondents do not receive support from the CDC through Section 318 of the Public Health Service Act, the state, or a local STI program *[see Q8]*
- 46.7% of UIO respondents bill patients for services using Medicare, Medicaid, and other insurances *[see Q9]*
- 53.3% of UIO respondents do not use the 340B Drug Pricing Program *[see Q10]*
 - Of the nine UIO respondents who self-identified as Full Ambulatory or Limited Ambulatory, six (66.7%) use the 340B Drug Pricing Program *[see Q10]*

Q8. Does your facility receive support from the CDC through
Section 318, the state, or a local STI program?

Response Option	n (% of N)
Yes	5 (33.3)
No	10 (66.7)
Total Responses (N): 15	

Q9. Does your facility bill patients for services?

Top Responses	Popularity of Response
Yes, Medicare, Medicaid, and other insurances	#1
No	#2





Yes, Medicaid and other insurance	#3
Other	#4

Total Responses (N): 15

[Note: Only popularity of response option was used for analysis for data collected by this survey question, as any further clarification of billing used may risk identification of respondents.]

Q10. Does your facility use the 340B Drug Pricing Program? The 340B Drug Pricing Program provides financial support to facilities that serve vulnerable communities in order to address the rise in prescription drug costs. For more information on this program, click [here](#).

Response Option	n (% of N)
Yes	7 (46.7)
No	8 (53.3)
Total Responses (N): 15	

C. STI Services for Screening/Testing and Treatment (Excluding HIV)

The following tables display the results for each question from the “STI Services for Screening/Testing and Treatment (Excluding HIV)” section of the STI Questionnaire for UIOs.

Highlights from the results of these questions include:

- The most common STI screening/testing services (excluding HIV) offered on-site was Hepatitis C (66.7%) [see Q11]
- 66.7% of UIO respondents offer clinical management for bacterial vaginosis, chlamydia, gonorrhea, herpes simplex virus (HSV), scabies, and syphilis [see Q13]
- 66.7% of UIO respondents offer same-day appointments or walk-in care [see Q14]
- 93.3% of UIO respondents do not offer self-collection kits for genital and/or extragenital specimens to be used outside of the facility [see Q15]
- 46.7% of UIO respondents offer ceftriaxone STI treatment [see Q16]

Q11. What STI screening/testing services (not including HIV) are offered on-site at your facility?

Response Option	n (% of N)
Bacterial Vaginosis (BV)	9 (60.0)





Chlamydia*	10 (60.0)
Gonorrhea*	10 (60.0)
Hepatitis B	9 (60.0)
Hepatitis C	10 (66.7)
Herpes simplex virus (HSV)	9 (60.0)
Mpox (previously called monkeypox)	7 (46.7)
Pelvic inflammatory disease	8 (53.3)
Pubic lice	7 (46.7)
Syphilis	9 (60.0)
Trichomoniasis	8 (53.3)
Vaginal candidiasis (vaginal yeast)	9 (60.0)
None of the above	5 (33.3)

Total Responses (N): 15

**One UIO answered “no” to offering chlamydia and gonorrhea screening or testing on-site (Q11), but “yes” to providing clinical management for chlamydia and gonorrhea (Q13). To verify this discrepancy, the UIO was contacted, post data analysis, to verify the data. The UIO confirmed that they do provide on-site screening or testing for chlamydia and gonorrhea. The numbers above reflect the verified data.*

[Note: Of the five UIO respondents who selected “None of the above” for Q14, three self-identified as “Outreach and Referral” facilities, one self-identified as a “Limited Ambulatory” facility, and one self-identified as an “Other” facility (but is classified as “Limited Ambulatory” under the IHS).]

Q12. Are there any other STI testing services (not including HIV) offered on-site at your facility?

Response Option	n (% of N)
Yes (Please describe in the box below)	2 (13.3)
No	13 (86.7)

Total Responses (N): 15

Q12.1. Free text responses from respondents who selected to “Other (Please describe in the box below)” in Q12

Open-Ended Response
Mycoplasma Genetallium - send out to lab
ureaplasma

Total Responses: 2





Q13. What STIs does your facility provide clinical management for? Clinical management refers to the evaluation of symptoms, testing, and treatment available. Please select all that apply.

Response Option	n (% of N)
Bacterial Vaginosis (BV)	10 (66.7)
Cervicitis	9 (60.0)
Chancroid	6 (40.0)
Chlamydia	10 (66.7)
Epididymitis	8 (53.3)
Genital warts	9 (60.0)
Gonorrhea	10 (66.7)
Hepatitis B	7 (46.7)
Herpes simplex virus (HSV)	10 (66.7)
Hepatitis C	8 (53.3)
Human papillomavirus (HPV)	9 (60.0)
Molloscum contagiosum	7 (46.7)
Nongonococcal urethritis (NGU)	7 (46.7)
Pelvic inflammatory disease	8 (53.3)
Proctitis	8 (53.3)
Pubic lice	8 (53.3)
Scabies	10 (66.7)
Syphilis	10 (66.7)
Trichomoniasis	9 (60.0)
Vaginal candidiasis (vaginal yeast)	9 (60.0)
Other (Please describe in the box below)	1 (6.7)
None of the above	4 (26.7)
Total Responses (N):	
15	

Q13.1. Free text responses from respondents who selected to
"Other (Please describe in the box below)" in Q13

Open-Ended Response
Mycoplasma Genetallium
Total Responses: 1

Q14. Does your facility provide any of the following
services on-site? Please select all that apply.





Response Option	n (% of N)
Emergency (STAT) Gram stain or methylene blue/gentian violet stain	--
Expedited Partner Therapy [defined as the provision of treatment to the partners of patients diagnosed with chlamydia/gonorrhea without first examining the partners]	4 (26.7)
Express STI services (defined as triage of asymptomatic individuals to limited visits with self-collection of genital and/or extragenital specimens)	1 (6.7)
Extragenital testing for chlamydia	5 (33.3)
Extragenital testing for gonorrhea	6 (40.0)
Free or sliding scale STI services	7 (46.7)
Gonorrhea antimicrobial susceptibility testing	1 (6.7)
Gonorrhea culture	1 (6.7)
On-site Disease Intervention Specialist (DIS) for case interviewing	1 (6.7)
Prenatal screenings for STIs	7 (46.7)
Same-day appointments or walk-in care	10 (66.7)
STAT rapid plasma reagin (RPR), and/or treponemal rapid syphilis testing	--
Wet mount microscopy for bacterial vaginosis (BV), trichomonas vaginalis (TV), and/or Candida	3 (20.0)
None of the above	4 (26.7)

Total Responses (N): 15

[Note: Of the four UIO respondents who selected "None of the above" for Q14, three self-identified as "Outreach and Referral" facilities and one self-identified as an "Other" facility (but is classified as "Limited Ambulatory" under the IHS).]

Q15. Does your facility offer self-collection kits for genital and/or extragenital specimens to be used outside of the facility (i.e., not in a clinic-based testing)?

Response Option	n (% of N)
Yes	1 (6.7)
No	14 (93.3)

Total Responses (N): 15

Q15.1. Who does your facility contract with to provide self-collection kits for genital and/or extragenital specimens to be used outside of the facility (i.e., not in a clinic-based testing)?

[Question only prompted for respondents who selected "Yes" in Q15]

Open-Ended Response





N/A

Total Responses: 1

Q16. What STI treatments (not including HIV) are offered at your facility? Please select all that apply.

Response Option	n (% of N)
Benzathine penicillin	5 (33.3)
Ceftriaxone	7 (46.7)
Other (Please describe in the box below)	4 (26.7)
None of the above	4 (26.7)
Total Responses (N): 15	

Q16.1. Free text responses from respondents who selected to “Other (Please describe in the box below)” in Q16

Open-Ended Response
Azithromycin 1 gram
doxycyclin, azithromycin, flagyl, diflucan
Outreach materials only
unsure

Total Responses: 4

D. HIV Services

The following tables display the results for each question from the “HIV Services” section of the STI Questionnaire for UIOs. Highlights from the results of these questions include:

- 66.7% of UIO respondents offer HIV screening tests on-site *[see Q17]*
- 53.3% of UIO respondents offer free or sliding scale on-site HIV services *[see Q17]*
- 40.0% of UIO respondents offer PrEP, and 20.0% of UIO respondents offer PEP *[see Q17]*
- 66.7% of UIO respondents who offer HIV screening tests only send out tests for processing off-site *[see Q19]*





Q17. Does your facility provide any of the following HIV/AIDS services on-site? Please select all that apply.

Response Option	n (% of N)
HIV screening tests	10 (66.7)
HIV confirmatory testing	5 (33.3)
HIV viral load analysis	3 (20.0)
Rapid HIV testing	4 (26.7)
HIV pre-exposure prophylaxis (PrEP)	6 (40.0)
HIV post-exposure prophylaxis (PEP)	3 (20.0)
Same-day or walk-in HIV/AIDS care	3 (20.0)
Free or sliding scale HIV services	8 (53.3)
Other (Please describe in the box below)	3 (20.0)
My facility does not offer any services related to HIV	2 (13.3)
Total Responses (N):	
15	

Q17.1. Free text responses from respondents who selected to “Other (Please describe in the box below)” in Q17

Open-Ended Response
PRC
Education, prevention tools, and warm handoffs to screening
Provide HIV test kits from [Regional Tribal Health Board], these get mailed in and the client gets the result directly.

Total Responses: 3

[Note: It is unclear what the response “PRC” is referring to, so the NCUIH team will not assume what acronym the respondent meant to use.]

Q18. What types of HIV screening tests are offered at your facility? Please select all that apply.
[Question only prompted for respondents who selected “HIV screening tests” in Q17]

Response Option	n (% of N)
Rapid HIV testing	2 (25.0)
4 th generation lab-based test	4 (50.0)
4 th generation rapid test	--
Other rapid test (Please describe in the box below)	1 (12.5)
Other lab-based test (Please describe in the box below)	1 (12.5)





Total Responses (N): 8

Q18.1. Free text responses from respondents who selected to
"Other rapid test (Please describe in the box below)" in Q18

Open-Ended Response
Rapid HIV Screening as well
Total Responses: 1

Q18.2. Free text responses from respondents who selected to
"Other lab-based test (Please describe in the box below)" in Q18

Open-Ended Response
--
Total Responses: 0

Q19. Are HIV screening tests processed on-site at your facility or sent out?
[Question only prompted for respondents who selected "HIV screening tests" in Q17]

Response Option	n (% of N)
Done on-site only	--
Sent out only	6 (66.7)
Done both on-site and sent out	3 (33.3)
Total Responses (N): 9	

Q20. What pre-exposure prophylaxis (PrEP) services for HIV are offered at your facility?
[Question only prompted for respondents who selected "HIV pre-exposure prophylaxis (PrEP)" in Q17]

Response Option	n (% of N)
Provided via referral only	2 (13.3)
Provided via starter pack and referral	--
Provided via same-day start of PrEP	1 (6.7)
Provided on an ongoing basis	3 (20.0)
Total Responses (N): 6	





Q21. What post-exposure prophylaxis (PEP) services for HIV are offered at your facility?
[Question only prompted for respondents who selected
“HIV post-exposure prophylaxis (PEP)” in Q17]

Response Option	n (% of N)
Provided via referral only	--
Provided on-site only	2 (66.7)
Provided on-site and via referral	1 (33.3)
Total Responses (N):	
	3

E. Additional Sexual Health Services

The following tables display the results for each question from the “Additional Sexual Health Services” section of the STI Questionnaire for UIOs. Highlights from the results of these questions include:

- 86.7% of UIO respondents distribute printed educational materials and 80.0% provide external (“male”) condoms [see Q22]
- 66.7% of UIO respondents offer community prevention activities, Hepatitis A and B vaccinations, and HPV vaccinations [see Q22]
- 53.3% of UIO respondents offer partner services [see Q23]
- 46.7% of UIO respondents have the capacity to both process some STI laboratory services in-house and process some using an outside provider [see Q24]

Q22. Does your facility offer any of the following services/resources? Please select all that apply.

Response Option	n (% of N)
Community prevention activities (e.g., prevention activities conducted outside of the facility, such as offering sexual health resources at a powwow or sexual health educational programs at local schools)	10 (66.7)
Counseling for STIs	9 (60.0)
Distribution of digital educational communications (e.g., webinars/videos, podcasts, social media posts)	5 (33.3)
Distribution of printed educational materials (e.g., posters, brochures/pamphlets, infographics)	13 (86.7)
External condoms (formerly called “male” condoms)	12 (80.0)





Follow-up communications (e.g., calls, emails, and/or text messages)	6 (40.0)
Hepatitis A vaccinations	10 (66.7)
Hepatitis B vaccinations	10 (66.7)
Human papillomavirus (HPV) vaccinations	10 (66.7)
Internal condoms (formerly called “female” condoms)	5 (33.3)
Medication-Assisted Treatment (MAT) [e.g., buprenorphine]	4 (26.7)
Mpox vaccinations (previously called monkeypox)	3 (20.0)
Post-treatment retesting related to STIs	9 (60.0)
Syringe service programs	--
Telehealth services for STIs	6 (40.0)
Other (Please describe in the box below)	2 (13.3)
None of the above	--
Total Responses (N):	15

Q22.1. Free text responses from respondents who selected to “Other (Please describe in the box below)” in Q22

Open-Ended Response	Total Responses: 1
Dental dams, period products	

Q23. Does your facility offer any partner services? The Centers for Disease Control and Prevention defines “partner services” as sexual health services to identify, screen, and/or treat the sexual partners of patients with STIs or others who are at increased risk for infection.

Response Option	n (% of N)
Yes	8 (53.3)
No	7 (46.7)
Total Responses (N):	15

Q24. Which of the following best describes your facility's laboratory services related to STIs?

Response Option	n (% of N)
All laboratory services related to STIs are done in-house	--
Some STI laboratory services are done in-house and some STI laboratory services are done using an outside provider	7 (46.7)
All laboratory services related to STIs are done using an outside provider	4 (26.7)





My facility does use laboratory services but does not use any laboratory services related to STIs	1 (6.7)
My facility does not use any laboratory services	3 (20.0)
Total Responses (N): 15	

F. Sexual Health/History Collection

The following tables display the results for each question from the “Additional Sexual Health Services” section of the STI Questionnaire for UIOs. Highlights from the results of these questions include:

- 86.7% of UIO respondents collect information on the sex assigned at birth and gender identity of patients [see Q25]
- 73.3% of UIO respondents collect sexual health/history information at initial visit, and 66.7% collect it at every visit concerning reproductive, genital, or urological issues [see Q26]
- 66.7% of UIO respondents collect sexual health/history information from both nurses and from a paper form filled out by the patient [see Q27]

Q25. When patients/clients seek care at your facility, what sexual health/history information is routinely collected from them? Please select all that apply.

Response Option	n (% of N)
Patient's sex assigned at birth (e.g., male, female, other)	13 (86.7)
Patient's gender identity (e.g., man, woman, non-binary, two-spirit, transgender)	13 (86.7)
Patient's sexual orientation (e.g., gay, lesbian, bisexual, heterosexual, other)	9 (60.0)
Patient's number of recent sexual partners (e.g., in the past month, in the past year)	7 (46.7)
Sex of patient's sex partners (e.g., male, female, other)	5 (33.3)
Types of recent sexual activity of patient (e.g., vaginal, anal, oral)	7 (46.7)
Type and consistency of patient's contraception utilization (e.g., condoms, birth control pills, birth control injections, etc.)	8 (53.3)
Patient's history of testing, diagnosis, and/or exposure related to STIs	8 (53.3)
Other (Please describe in the box below)	1 (6.7)
No information related to sexual health/history is collected from patients at my facility.	--
Total Responses (N): 15	

[Note: Respondents who selected “No information related to sexual health/history is collected from patients at my facility.” in Q25 were prompted to skip ahead to Q28].





Q25.1. Free text responses from respondents who selected
“Other (Please describe in the box below)” in Q25

Open-Ended Response	Total Responses: 1
offer routine screen, obtain records and labs from other labs and providers	

Q26. When is sexual health/history information collected from
patients at your facility? Please select all that apply.

Response Option	n (% of N)
At initial visit	11 (73.3)
At every annual visit	7 (46.7)
At every visit concerning a reproductive, genital, or urological issue	10 (66.7)
At every visit regardless of patient complaint (e.g., flu symptoms)	1 (6.7)
At every visit concerning symptoms or concerns related to STIs	8 (53.3)
At every visit concerning preventing or achieving pregnancy	5 (33.3)
Other (Please describe in the box below)	3 (20.0)
Total Responses (N): 15	

Q26.1. Free text responses from respondents who selected
“Other (Please describe in the box below)” in Q26

Open-Ended Response	Total Responses: 3
We ask for updates at each visit but also ask for updates each quarter. Our preventative services are provided "no questions asked" and our outreach and referral visits are patient centered and would only include a detailed sexual history if the client wished to discuss that information. We do not provide primary medical care so collecting this history may not be applicable to many interactions. Regularly at mental health appointments	

Q27. How is sexual health/history information collected from
patients at your facility? Please select all that apply.

Response Option	n (% of N)
By a Nurse	10 (66.7)





By a Physician Assistant (PA)	6 (40.0)
By a Doctor	8 (53.3)
Patient fills out an electronic form [e.g., Audio Computer-Assisted Self-Interviewing (ACASI)]	2 (13.3)
Patient fills out a paper form	10 (66.7)
Other (Please describe in the box below)	2 (13.3)
Total Responses (N):	15

Q27.1. Free text responses from respondents who selected
“Other (Please describe in the box below)” in Q27

Open-Ended Response
Social workers collect this information.
RN and/or APRN
Total Responses: 2

G. STI Reporting

The following tables display the results for each question from the “STI Reporting” section of the STI Questionnaire for UIOs. Highlights from the results of these questions include:

- 53.3% of UIO respondents report cases of chlamydia, gonorrhea, and/or syphilis to their local health department [see Q28]
- 33.3% of UIO respondents report cases of chlamydia, gonorrhea, and/or syphilis to the state health department [see Q28]
- 20.0% of UIO respondents report cases of chlamydia, gonorrhea, and/or syphilis to the CDC [see Q28]
- 40% of UIO respondents report cases of chlamydia, gonorrhea, and/or syphilis to two or more entities [see Q28]

Q28. To what entities does your facility report cases of chlamydia, gonorrhea, and/or syphilis? Please select all that apply.

Response Option	n (% of N)
Centers for Disease Control and Prevention (CDC)	3 (20.0)





Indian Health Service (IHS)	2 (13.3)
Tribal Epidemiology Center	1 (6.7)
State Health Department	5 (33.3)
Local Health Department	8 (53.3)
Other (Please describe in the box below)	2 (13.3)
Total Responses (N):	
	15

Q28.1. Free text responses from respondents who selected
“Other (Please describe in the box below)” in Q28

Open-Ended Response
We do not report cases since we do not test for them unsure
Total Responses: 2

Q29. Which electronic health record (EHR) system(s)
does your facility use? Please select all that apply.

Top Response Options	Popularity of Response
RPMS/eClinicalWorks	#1
NextGen	#2
Other	#3
Total Responses (N):	
	15

[Note: Only popularity of response option was used for analysis for data collected by this survey question, as any further clarification of EHR used may risk identification of respondents.]

H. Support from NCUIH

The following table displays the results from the “Support from NCUIH” section of the STI Questionnaire for UIOs. Topics of interest expressed by UIOs for future NCUIH trainings, resources, and/or opportunities related to STIs included policies, testing guidelines, funding for testing and treatment, collaborations, culture-based prevention programs, inclusive communication, and more *[see Q30]*.

Q30. What would you like to see in future NCUIH trainings, resources,
and/or opportunities related to STIs? (Optional)





Open-Ended Response

Trainings for Onboarding systems and outreach to internal development of process and policies

Yes, STI routine testing and engaging the patient in sexual health.

Training of staff and providers for in-house testing and current guidelines, funding for CLIA waived tests.

N/A

Available resources for treatment and prevention of HIV, for partner testing and treatment, for STI prevention education, and for on-site testing.

Trainings/info sessions on how to work more efficiently within Tribal entities (IHS, state depts of health) to better track patient history, data sharing, how to prevent lost-to-follow-up. What are some other options are there to get meds at a reasonable rate that isn't connected to 340B? Resources/funding for community STI education communication and media (digital, billboards, street outreach). Any and all information is helpful.

Culturally based prevention programs are always helpful, especially how to be inclusive of two spirit relatives and to talk with you about health sexuality in body positive/ sex positive ways.

Support for starting STI prevention and treatment program

LGBT/2S focused

Total Responses: 9





Discussion

A. Conclusions

Findings from this STI Questionnaire for UIOs demonstrate the need for further support of STI service expansion at UIOs. The greatest barriers and/or challenges to the provision of STI services at UIOs include insufficient tools and resources for STI testing and treatment, and insufficient funding for sexual health tools/resources or programs [see Q6-Q7]. Increased access to funding opportunities, STI testing materials, and STI treatments may help to reduce the impacts of these barriers and ultimately improve the access to and quality of STI services for Urban Indian communities.

Partner services refer to sexual health services available for a patient's sexual partners or others at increased risk for infection surrounding the patient. While the majority (53.3%) of UIO respondents offer some form of partner services at their facilities [see Q23], developing or enhancing these partner services was expressed as the greatest area of interest among UIO respondents [see Q7]. The other greatest areas of interest for developing or enhancing STI services at UIOs were treatment and prevention resources related to HIV [see Q7]. These results demonstrate the needs of UIOs for resources and services that can provide support beyond the primary patient, as well as the need for improved resources to treat and prevent HIV among the communities served by UIOs.

An analysis comparing the services that UIO respondents were most interested in developing or enhancing and the services already offered at UIOs is displayed below in Figure 8. The service with the greatest difference between interest in improvement and current provision was HIV treatment. Eighty percent of UIO respondents were interested in offering or enhancing their HIV treatment programs versus the twenty percent of UIOs that currently offer HIV treatment. Many UIOs expressed interest in enhancing the services that they currently offer. Additional data collection could provide context and important details on what types of enhancements are needed or wanted.





Figure 8. Comparison of Services Offered & Interest in Improvement

Response Option	Offered by the UIO? <i>n</i> (% of <i>N</i>)	Interest in improvement?*
	<i>n</i> (% of <i>N</i>)	<i>n</i> (% of <i>N</i>)
Chlamydia screening/testing	9 (60.0) ¹	9 (60.0)
Chlamydia treatment	10 (66.7) ²	8 (53.3)
Gonorrhea screening/testing	9 (60.0) ¹	7 (46.7)
Gonorrhea treatment	10 (66.7) ²	8 (53.3)
Syphilis screening/testing	9 (60.0) ¹	10 (66.7)
Syphilis treatment	10 (66.7) ²	10 (66.7)
HIV screening/testing	10 (66.7) ³	10 (66.7)
HIV treatment	3 (20.0) ⁴	12 (80.0)
Patient sexual history data collection	15 (100.0) ⁵	10 (66.7)
STI data organization and reporting	15 (100.0) ⁶	11 (73.3)
Partner STI services	8 (53.3) ⁷	13 (86.7)

Total Number of UIO Respondents (N): 15

Note: The total number of responses for each question that data was pulled from may vary, as there were fifteen total UIO respondents to the overall questionnaire, but not all fifteen UIO respondents may be reflected in every metric pulled in the table above if they did not answer every single question.

* Pulled from responses to Q7.

¹ Pulled from responses to Q11.

² Pulled from responses to Q13 (assuming the clinical management services offered by respondents specifically includes treatment, which may not be accurate).

³ Pulled from responses to Q17 (specifically only including respondents who selected "HIV screening tests").

⁴ Pulled from responses to Q21 (only including respondents who offer PEP services since no other HIV treatments were surveyed through the questionnaire).

⁵ Pulled from responses to Q25.

⁶ Pulled from responses to Q28 [limited to questionnaire data collected on organizational reporting for chlamydia, gonorrhea, and/or syphilis]

⁷ Pulled from responses to Q23.

B. Limitations

All questionnaire data collected by UIOs were self-reported. One possible limitation to the accuracy of responses may be the respondents' knowledge of their organizational infrastructure and processes, as the individual employee from each UIO who submitted a questionnaire response





on behalf of their organization may have been unaware of information such as their facility's official IHS facility type classification, current STI services, or other aspects of their facility's experiences with STI care.

Additionally, questionnaire respondents may have interpreted questions in different ways or been unfamiliar with the language and terminology used to refer to different components of STIs. For example, nine UIOs stated that they offer syphilis screening/testing services on-site [see Q11], but ten UIOs stated that their facility provides clinical management for syphilis [see Q13]. Also, five UIOs stated that they provide extragenital testing for chlamydia on-site and six UIOs stated that they offer extragenital testing for gonorrhea on-site [see Q14], but the same swab can typically be used to test for both infections. While a definition was provided for "partner services" [see Q23], this may be another example of terminology that was misinterpreted by respondents in various questions, as they may have assumed this was referring to organizational partnerships and collaborations and not services for patients' partners.

Finally, the limited sample size of fifteen out of forty-one UIOs should be considered before generalizing findings to reflect all UIOs. While the sample of fifteen UIO respondents represents a variety of geographic and organizational demographics, not all facility types and geographic regions are equally represented across the sample. Contextual factors such as differences in local/state policies on STI services and funding, differences in STI rates and confounding comorbidities among the populations served, limit the generalization of findings.

C. Implications for Future Research

Further research on the gaps and barriers in sexual health care for urban AI/AN people is necessary to ultimately improve STI access and outcomes among this population. Detailed information related to the challenges UIOs face will help guide relevant technical assistance and resources to UIOs. Additionally, a better understanding of the needs and barriers faced by patients when accessing and receiving sexual health care services will further aid in identifying pertinent technical assistance and resources. Future research to further explore the sociopolitical contexts of





STI service provision for Urban Indian communities may also help to highlight opportunities for improvement in care and outcomes, such as gaps in state policies surrounding the funding and billing for sexual health care services at Urban Indian Organizations, or patient barriers to sexual health care access such as stigmatization or cost.

Qualitative methodologies, such as interviews or focus groups, will allow future researchers to dive deeper into these issues and gain additional insights. Future research on UIOs and Urban AI/AN sexual health care should consider these methodologies to better reach and understand UIOs.

