SURVEY of HIV, Sexually Transmitted Disease, Tuberculosis and Viral Hepatitis CASE REPORTING PRACTICES in TRIBALLY-OPERATED and URBAN INDIAN HEALTH FACILITIES

Final Report on Survey Findings
2004

Prepared for

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Executive Summary

Changes in the administration and delivery of health services to American Indians/Alaska Natives have led to concerns about the completeness of public health surveillance for this population. With funding from the Centers for Disease Control and Prevention (CDC), the Council of State and Territorial Epidemiologists (CSTE) conducted a survey of tribally-operated and urban Indian health care facilities to assess their case reporting practices and identify barriers to tribal and provider participation in public health surveillance. Survey results suggest the need to strengthen the relationship between tribal health facilities and state, county and municipal health departments to support infectious disease surveillance activities. Key findings include:

- More than half (65%) of respondents were familiar with their states' reporting and surveillance guidelines, but only 18% were familiar with their states' reportable disease list.

- A larger percentage of tribal/urban facilities report HIV/AIDS cases to state or county/municipal health departments (85%) compared with percentages reporting chlamydia and gonorrhea (71%), active tuberculosis (71%), hepatitis C (67%), hepatitis B (65%), and hepatitis A (62%).

- Few tribal/urban clinics receive state *or* county/municipal surveillance reports for HIV/AIDS (32%), chlamydia/gonorrhea (27%), TB (27%), hepatitis A (23%), hepatitis B (23%), or hepatitis C (21%), but most (75%) receive communications from state or county/municipal health departments during outbreaks.

- Only 23% of respondents reported that a process exists to address surveillance issues with the state or county/municipal health department.

- To improve identification and reporting of infectious diseases, tribally-operated and urban facilities need resources such as training in disease surveillance and reporting; personnel for counseling, case investigation and follow-up, and surveillance coordination; and help with laboratory costs of standard and alternative diagnostic testing (e.g., rapid testing for HIV).

Contents

1 Introduction

Public health surveillance data show disparities in the rates of sexually transmitted disease, including AIDS, TB, and viral hepatitis among American Indians/Alaska Natives (AI/AN) compared with non-Hispanic whites. In 2002, the rate of chlamydia among AI/AN was six times higher, the rates of gonorrhea and hepatitis B were four times higher, and the rates of syphilis, hepatitis A and C, and AIDS were twice as high than rates among non-Hispanic Whites.[1,2] Furthermore, there is evidence to suggest that these rates may underestimate the extent of these public health problems among AI/AN people.[3-8] Concerns about the accuracy of AI/AN infectious disease surveillance have been powerfully expressed by AI/AN advocates, including the National Congress of American Indians, which, in a resolution adopted in 1998, called upon the AI/AN community, through consultation with the Secretary of Health and Human Services, the Indian Health Service (IHS) and the Centers for Disease Control and Prevention (CDC), to make the improvement of the national infectious disease surveillance system for native America a top priority.[9]

The purpose of this survey was to identify ways to better coordinate and strengthen public health surveillance systems to allow tribal, urban Indian and other public health professionals to monitor and improve health conditions in AI/AN communities. Monitoring and responding to health problems begins with diagnosis and case reporting. Tribal, municipal, state and federal agencies use data from public health surveillance to understand the impact of infectious disease in a population and guide allocation of health resources. Adequate data help direct public health activities and services to those who need them most.

This survey of case reporting practices for HIV/AIDS, STDs, active TB and viral hepatitis was designed to be completed by tribally-operated health facilities and urban Indian health programs. This report will be used by the Council of State and Territorial Epidemiologists (CSTE) to document current case reporting practices to help improve public health surveillance systems that serve AI/AN people. The report will be provided to tribally-operated health facilities, urban Indian health programs, state health departments, CDC and IHS.

BACKGROUND

Issues surrounding the responsibility for public health services for AI/AN populations are more complex than for other U.S. subpopulations because of the unique legal and historical status of AI/ANs. As sovereign nations, AI/AN tribes are governed by a varying combination of tribal, federal and state laws. Reservations and other tribal lands often exist as jurisdictional islands within state boundaries, and AI/AN people may reside and seek health services on or

off reservations. Uncertainty about public health authority and the responsibilities of federal, state, local and tribal governments to conduct the core public health functions, including surveillance, complicates the delivery of essential public health services.

Before the formation of IHS, few licensed physicians practiced medicine on Indian reservations and there was no formal infrastructure in place for disease reporting or response. Beginning in 1955, IHS stationed physicians on Indian reservations and began diagnosing and responding to communicable diseases and other public health problems. In recent years, under Public Law 93-638, the Indian Self-Determination and Education Assistance Act, tribes have increasingly assumed control over their health care resources. More than 50 percent of federally recognized tribes have already moved toward management of their own health systems. The decentralization of services (including public health services) originally provided by IHS could create gaps in public health infrastructure, including disease surveillance.

Tribal, municipal, state and federal agencies use HIV/AIDS, STD, TB and viral hepatitis surveillance data to target and evaluate prevention, treatment and social service programs. Without adequate surveillance data, efforts to guide and fund prevention activities and provide services to AI/ANs may be hindered.

This survey was undertaken to describe tribally-operated and urban Indian health facilities' participation in and inclusion by state, county/municipal and tribal public health agencies in infectious disease surveillance processes and follow-up action. Strengthening infectious disease surveillance among this population is a challenge in the context of the changing delivery of health care services to AI/AN people, but is critical for addressing AI/AN health disparities. This project represents one step in what must be a collaborative effort to improve the public health response to STDs, HIV/AIDS, TB and viral hepatitis disparities among AI/ANs.

2 Methods

SURVEY POPULATION & SAMPLING PROCESS

This survey was designed to assess the HIV/AIDS, STD, active TB and viral hepatitis case reporting practices of tribal and urban Indian health facilities. A list of 105 tribally-operated health facilities was developed from information provided by IHS, Office of Tribal Programs. In addition, all 15 urban Indian health programs that offer direct medical care, of a total of 36 funded urban Indian health programs, were targeted. The sampling frame consisted of these 120 facilities. All facilities on this list were approached to participate in the survey.

Phone calls were made to each facility on the target list to confirm the facility address and to identify the most appropriate contact person at each facility. Follow-up informational letters with questionnaires attached were mailed to the clinical director, the staff person responsible for case reporting, or the designee for each facility.

SURVEY INSTRUMENT

A questionnaire used previously to assess case reporting practices in IHS facilities was adapted for use in this survey. The survey packet consisted of 22 pages, including a questionnaire with a cover page, which described the purpose of the survey, provided instructions for survey completion, and solicited facility contact information. The questionnaire was organized into two sections (Appendix A). Part A contained two questions and sought to identify resources that might enhance tribal/urban facilities' capacity for prevention, diagnosis, treatment and case reporting of HIV, STDs, active TB, and viral hepatitis. Part B consisted of 39 questions and sought to uncover specific case reporting practices within tribal/urban health facilities pertaining to these infectious diseases.

A request describing the survey was submitted to CDC authorities for determination of applicability of human subjects regulations. The survey was approved as "non-research," on the grounds that it was designed as a program evaluation and did not involve identifiable human subjects. A similar request was submitted and approved by IHS National Institutional Review Board (IRB) authorities, as well as the Cherokee Nation IRB.

DATA COLLECTION

Survey respondents were able to complete the survey online or by hard copy according to their preference. To encourage candor, the survey was anonymous. However, respondents were allowed to self-identify by type of

organization, tribal facility or urban Indian health center. To complete the survey online, respondents were asked to enter a unique username and password. This password feature helped ensure confidentiality of responses while preventing more than one response from a facility.

Skip patterns were programmed into the online survey automatically and survey respondents were allowed to save and complete their online survey during multiple sittings. For yes or no response questions, a default selection of "No" was provided in the online survey. This feature, as well as the inability to skip questions unless part of a skip pattern, minimized the number of blank responses. However, for those who completed a hard copy of the questionnaire, leaving a question blank was an option.

In April 2004, outreach to the 120 targeted tribal and urban Indian health facilities began. Three introductory postcards were mailed to these facilities. Postcards were mailed on consecutive days according to the timeline described in Figure 1. Following this initial contact, telephone calls were made to confirm receipt of the postcards, describe survey purposes, confirm facility contacts, and enlist participation in the survey. On April 27, after these conversations were held, a cover letter was sent to the facility contact with a copy of the survey instrument.

Figure 1: Survey Outreach, 2004			
Item	Outreach Activity	Date	Target
1	Informational Postcard 1	4/12 & 4/16	Complete Tribal and Urban Facility List
2	Informational Postcard 2	4/14 & 4/17	Complete Tribal and Urban Facility List
3	Informational Postcard 3	4/16 & 4/19	Complete Tribal and Urban Facility List
4	Initial Telephone Calls to Facility Contacts	4/19- 4/23	Complete Tribal and Urban Facility List
5	Letters to Facility Contacts with Survey	4/27	Complete Tribal and Urban Facility List
6	Follow-up Telephone Calls to Facility Contacts	5/3- 5/14	Survey Non-Responders
7	Reminder Postcard 4	5/6	Survey Non-Responders
8	Reminder Postcard 5	5/7	Survey Non-Responders
9	Reminder Postcard 6	5/8	Survey Non-Responders
10	Email Follow-up 1	5/5	Survey Non-Responders w/ E-mail Addresses
11	Fax Follow-up 1	5/6	Survey Respondents w/ Fax Numbers
12	E-mail Follow-up 2	5/11	Survey Non-Respondents w/ E-mail Addresses
13	Fax Follow-up 2	5/11	Survey Respondents w/ Fax Numbers
14	Fax Follow-up 3	5/13	Survey Respondents w/ Fax Numbers
15	Fax Follow-up 4	5/14	Survey Respondents w/ Fax Numbers

The cover letter described the survey purpose and the measures employed to ensure confidentiality and unbiased reporting of responses. The cover letter also described the online and hard copy submission options, online survey security, facility username and password information, and the May 14, 2004 deadline for returning completed surveys.

On May 3, 2004, the follow-up phase began. Telephone calls were made to facility contacts each week; if messages were left, return calls were made every other day. When requested, hard copies of surveys were faxed, e-mailed or mailed to facility contacts. Reminder faxes and e-mails were sent to facility contacts with valid addresses or numbers.

DATA ANALYSIS

Responses to the online questionnaire were automatically entered into an Access database. As hard copies of questionnaires were returned by mail or fax, they were also entered into the survey database. To lower the risk of data entry errors, the database was constructed to accept only valid responses to questions. The database was checked for accuracy, and corrections were made as necessary. Analysis was performed using SAS and involved creating frequency distributions for categorical variables (Appendix B). Means were calculated for questions in which respondents were asked to rank the importance of a list of items, or to give an opinion on a predefined scale.

3 Findings

Due to the relatively small number of urban Indian health facility respondents, results were combined for urban and tribal facilities.

SURVEY COMPLETION

Of the 66 (55%) of facility contacts who responded to the survey, 7 (11%) identified themselves as working at an urban Indian health center and 56 (85%) identified themselves as working at a tribal facility. 3 respondents did not answer this question. Overall, the response rate was 55% of the study population, with 56% of tribal facilities and 47% of urban Indian health centers participating in the survey. Two respondents who submitted statements indicating that the survey was not applicable to their facilities were not included. In addition, two respondents who returned the survey several days after data analysis had been completed were not included.

Of the 66 survey respondents, nearly a third work in facilities located in the East (30%) or Pacific Coast (29%) regions[1] (Figure 2). Of the 54 non-respondent facilities, half are located in the Pacific Coast region. Only in the Pacific Coast region did non-respondents exceed respondents.

Figure 2: Number and Percentage of Respondent and Non-Respondent Facilities by Geographic Region

IHS Region	Respondents (n)	Respondents (%)	Non Respondents (n)	Non Respondents (%)
Alaska	4	6	3	6
East	20	30	12	22
Northern Plains	15	23	9	17
Pacific Coast	19	29	27	50
Southwest	8	12	3	6
Total	66	100	54	100

[1] Alaska, Pacific Coast (CA, WA, OR, ID), Northern Plains (MT, WY, ND, SD, NE, MN, IA, WI, MI, IN), Southwest (NV, UT, CO, AZ, NM), East (KS, OK, TX, LA, MS, AL, TN, FL, SC, NC, PA, NY, MA, RI, ME)

The tenure of survey respondents' employment at the surveyed facilities varied widely, with 12 (21%) reporting 15 or more years experience at their current facilities, while 8 (14%) reported less than two years experience. The largest

proportion of respondents, 17 (29%), reported having worked in their current facilities for five to nine years.

RESULTS

The first item in Part A of the survey gave respondents the opportunity to identify and rank resources that might improve their ability to *prevent and treat* communicable diseases from a list provided. Respondents were asked to rank the listed resources in order of importance on a scale from 1 to 10, with 1 indicating "most important." Respondents could also write in other resources that were not listed.

Assistance with laboratory costs of prognostic testing had the highest importance on average among resources needed to improve prevention and treatment of communicable diseases (mean = 2.7), followed by help with purchase of medications (mean = 3.1), outreach workers (mean = 3.2), training (mean = 3.2), personnel to do counseling (mean = 3.4), and access to and help with cost of alternative laboratory tests (mean = 3.5). Surveillance data from states had the lowest importance of the listed resources (mean = 5.8).

The second item in Part A of the survey allowed respondents the opportunity to identify and rank resources that might improve their ability to *identify and report* communicable diseases from a list provided. Again, respondents were asked to rank the resources in order of importance on a scale from 1 to 10, with 1 indicating "most important."

Training in disease surveillance and reporting, along with personnel to provide patient education and counseling, had the highest importance on average among resources needed to improve identification and reporting of communicable diseases (both with means = 3.2), followed by a surveillance coordinator and help with laboratory costs of diagnostic testing (both with means = 3.3), access to and help with the cost of alternative diagnostic tests and outreach workers for investigation and follow-up (both with means = 3.4), and guidelines for disease reporting (mean = 4.5). Guidelines for protecting patient confidentiality had the lowest importance of the listed resources (mean = 6.5).

Part B of the questionnaire sought information regarding the clinical facilities themselves as well as the kind of information gathered for infectious disease surveillance purposes. Thirteen of 66 respondents (20%) serve a mean number of 7,140 active users on an inpatient basis per year. Forty-nine of 66 respondents (74%) serve a mean number of 13,818 active users on an outpatient basis per year. Thirty-nine of 66 survey respondents (59%) reported that the location of their facility is in an "American Indian/Alaska Native area," 9 (14%) "not in an AI/AN area" and 7 (11%) "both in an AI/AN area and not in an AI/AN area." The remaining 11 (17%) respondents did not report a location of their facility. Respondents' facilities had the following urban/rural population distribution: 41 (62%) serve patients in a rural area, 5 (8%) in an urban area, 8 (12%) in both an urban and rural area and 2 (3%) in an unspecified other area. Ten respondents did not answer the question.

Figure 3 provides the percentage of facilities offering services by disease. Virtually all clinics surveyed offer comprehensive testing for HIV (79%), chlamydia/gonorrhea (83%), TB (74%), and viral hepatitis (82% for hepatitis A, B and C.) However, examination and treatment was least often provided for HIV/AIDS (53%) and most often provided for chlamydia/gonorrhea (86%). Similarly, partner contact follow-up appears to vary by disease, ranging from 33% for hepatitis A and B to 56% for chlamydia/gonorrhea. A higher percentage of facilities conduct community education about HIV (61%) and hepatitis B (59%) than about the other conditions (chlamydia/gonorrhea, TB, hepatitis A and C; range 52-56%).

Figure 3: Percentage of Facilities Offering Services by Disease, 2004

Service Offered	Disease						
	HIV/AIDS	Chlamydia/ Gonorrhea	Tuberculosis	Hepatitis A	Hepatitis B	Hepatitis C	Does Not Apply
Counseling and Testing Services	79%	83%	74%	82%	82%	82%	3%
Vaccination	0%	0%	0%	77%	82%	0%	3%
Examination and Treatment	53%	86%	67%	80%	76%	68%	2%
Case Management	41%	52%	49%	50%	47%	45%	21%
Referrals	82%	53%	73%	56%	65%	77%	3%
Outreach to Communities	45%	42%	38%	42%	44%	42%	26%
Services in Correctional Facilities	3%	5%	2%	2%	2%	3%	79%
Partner/ Contact Follow-up	41%	56%	45%	33%	33%	38%	24%
Community Education	61%	53%	52%	55%	59%	56%	12%

The extent to which respondents perceived these diseases as important problems in the communities their facilities serve varied by disease. Figure 4 shows that the two diseases of greatest concern are hepatitis C (n=36; 62%) and chlamydia/gonorrhea (n=37; 64%). In contrast, approximately one-third of respondents indicated that HIV/AIDS, tuberculosis and hepatitis B are "very important" public health problems, and approximately one-fourth of respondents indicated that hepatitis A is a "very important" public health problem.

Figure 4: Level of Importance of Disease in Community Served by Facility, 2004

Disease	Level of Concern			
	Very Important	Moderately Important	Not Very Important	Not at all Important
HIV/AIDS	29%	36%	33%	2%
Chlamydia/Gonorrhea	64%	26%	10%	0%
Tuberculosis	33%	33%	29%	5%
Hepatitis A	26%	34%	31%	9%
Hepatitis B	36%	40%	22%	2%
Hepatitis C	62%	26%	10%	2%

Survey respondents expressed a wide range of familiarity with medical practice guidelines. Respondents reported the greatest familiarity with their state's reporting and surveillance guidelines (n=43; 65%), while only 12 (18%) were aware of their state's reportable disease list. Nine of 66 respondents (14%) reported familiarity with Health Insurance Portability and Accountability Act (HIPAA) guidelines.

Coordination and collaboration with state, county and municipal health departments was also assessed. Overall, 85% of respondents whose facilities have diagnosed HIV/AIDS among their clientele indicated that HIV/AIDS case reports are sent to a state or county/municipal health department. Of respondents from facilities that have diagnosed and report HIV/AIDS, 27 (52%) indicated that their facilities report diagnoses of HIV/AIDS to a state health department, 12 (23%) to a county or municipal health department, and 4 (8%) to both a state or county/municipal health department. Only 1 (2%) reports to both a state or county/municipal health department and a tribal agency, and 8 respondents (15%) did not know where HIV/AIDS case reports are sent.

Fourteen of 66 respondents (21%) indicated that to their knowledge HIV/AIDS has never been diagnosed in their facilities. Of these respondents, 12 (86%)

indicated that their facilities had a plan in place for reporting HIV/AIDS to a state or county/municipal health department should a case be diagnosed, and 2 (14%) indicated no plan exists for reporting HIV/AIDS.

In comparison with reporting of HIV/AIDS, smaller percentages of respondents indicated that their facilities are reporting chlamydia and gonorrhea (71%), active tuberculosis (71%), hepatitis C (67%), hepatitis B (65%), and hepatitis A (62%). The pattern of where chlamydia/gonorrhea, TB, and viral hepatitis case reports are sent is somewhat similar to that described above for reporting of HIV/AIDS cases, except that some facilities report these infections only to a regional Tribal Epidemiology Center or local Indian Health Board: 41% report to a state health department, 32% to a county health department, 8% to both a state and county/municipal health department, and 6% to a regional tribal epidemiology center or local Indian Health Board, and 2% indicated that case reports are not sent to any outside health agency. Eight respondents (12%) did not answer the question.

A high percentage (74%) of respondents reported that their facilities' clientele seek testing at alternative testing and treatment sites sometimes, often, or always for "sensitive conditions" like STDs or HIV. Fifty-two percent of respondents believe this practice interferes to a great or moderate extent with accurate estimation of HIV/AIDS case counts, while 38% of respondents believe this practice interferes to a great or moderate extent with accurate estimation of chlamydia/gonorrhea case counts.

The most common process for communicating HIV/AIDS cases to the state or county/municipal health department was for the health department to receive reports from both the staff at the tribal/urban facility and from a state or independent laboratory (41%). Nearly 1 in 5 (18%) indicated that the state/county/municipal health department receives the initial HIV/AIDS case report from a laboratory and then contacts the tribal/urban facility for more information, 32% indicated that a staff member in their facilities has been designated to relay information about HIV/AIDS cases to the state/county/municipal health department, and 9% indicated that any staff member involved in the patient's care may contact the state/county/municipal health department to report a HIV/AIDS case.

A slightly different pattern was described for chlamydia/gonorrhea, active TB and viral hepatitis case reporting. For chlamydia/gonorrhea, the most common process (44%) was for a designated staff person to relay information about all cases diagnosed in the facility to the state/county/municipal health department. One-third (33%) reported that the state/county/municipal health department receives reports from both the staff at the tribal/urban facility and a laboratory, 15% indicated that any member of the staff involved in patient care may report cases to the state/county/municipal health department, and 14% indicated that the state/county/municipal health department receives an initial report from a laboratory and then contacts the tribal/urban facility for information.

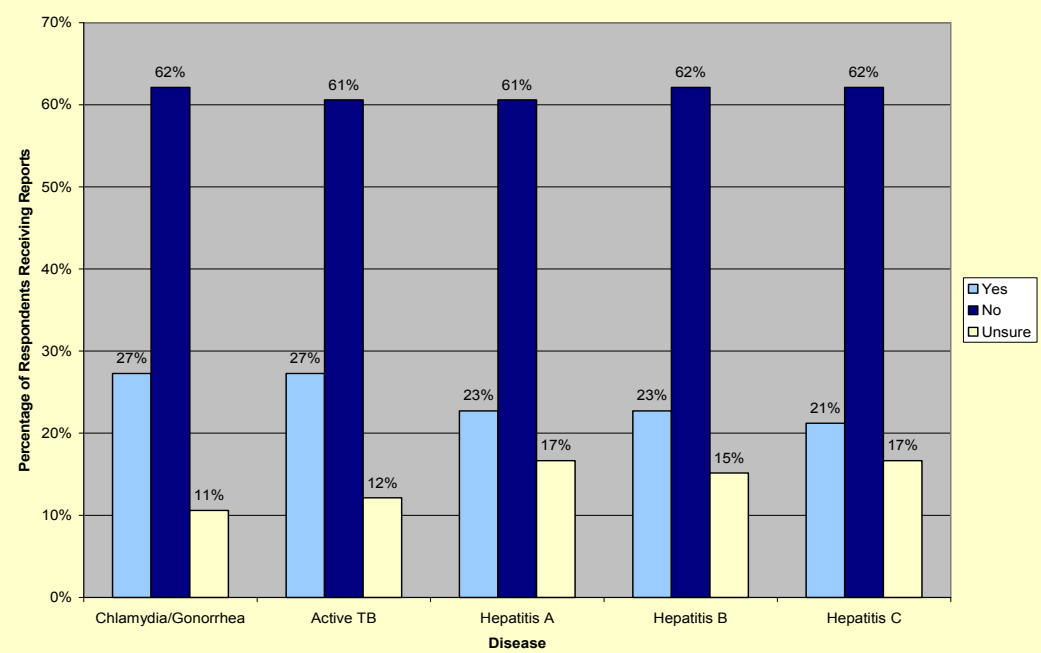
Most respondents (68%) indicated that their facilities use state or county paper report forms to report cases of HIV/AIDS, 6% indicated use of CDC forms, and 5% use other forms; 20% indicated case reports are conveyed by phone, 3% indicated cases reports are conveyed electronically, and 5% indicated reports are conveyed by another (unspecified) method.

More than half (52%) of respondents indicated that their facilities would be interested in electronic reporting of cases to the state/county/municipal health department. Most (82%) of the facilities use the IHS Resource Patient Management System (RPMS) as their clinical information system. However, more than half of these facilities (55%) exclude documentation of HIV/AIDS diagnoses from RPMS electronic records.

Although most surveyed facilities send HIV/AIDS case reports to municipal/county/state surveillance systems, few facilities reportedly receive state (23%) or county/municipal (15%) surveillance summaries for HIV/AIDS. For both HIV/AIDS and for the other surveyed diseases, only 4 respondents (6%) reported that their facility receives tribe-specific information on case numbers from state/county/municipal health departments. For HIV/AIDS, 23 respondents (35%), and for other surveyed diseases, 35 respondents (53%) agreed that tribe-specific information would be useful.

Figure 5 shows that more than half of respondents indicated that their facilities do not receive surveillance reports from state health departments for each infectious disease listed. Greater than three-quarters indicated that their facilities do not receive surveillance reports from a county/municipal health department for each of the listed conditions. Only 15 of 66 respondents (23%) reported that a process exists for the facility to address public health surveillance issues with the state health department or the county/municipal health department, 34 (52%) indicated that a process does not exist, and 17 (26%) were unsure.

Figure 5: Surveillance Report Received from State Health Department(s) by Disease, 2004



Three-fourths of respondents reported that state/county/municipal health departments communicated with their facilities about possible exposure or risk to the patient population during outbreaks. However, 59% of tribal/urban health facilities partner most frequently with county/municipal health agencies to investigate or manage STD, HIV/AIDS, TB or viral hepatitis cases, 44% partner with state health agencies, 21% partner with tribal agencies, 9% with urban Indian health centers, and 2% with Mexican/Canadian health officials. Forty-nine percent of respondents indicated that in an outbreak, other tribal/urban facilities communicate with their facilities about risks and possible exposure to their clientele.

The most frequently cited barriers preventing reporting of HIV/AIDS were patients not accepting testing/screening (17%), concerns about confidentiality (8%), lack of established reporting arrangements (5%), and staff turnover (3%). The most frequently cited barriers preventing reporting of chlamydia/gonorrhea, active TB, and hepatitis A, B, and C were patients not accepting testing/screening (17%), lack of established reporting arrangements (9%), concerns about confidentiality (5%), and staff turnover (5%).

4 Discussion

Public health surveillance in the U.S. is organized and administered through the network of state and county health departments, which process incoming information from health facilities and diagnostic laboratories and provide summary statistics. The state health departments in turn send the information to CDC, which publishes national summaries. Surveillance data are "information for action" for assessing public health status, making resource allocation decisions, setting priorities and focusing programs, evaluating programs, and detecting and responding to outbreaks.[10]

Infectious disease surveillance systems serve as a "sensor" of the occurrence of infectious disease. Those who monitor the data from these systems can compare current patterns and trends with information from previous years to monitor the public's health and trigger appropriate responses.[11] To be fully effective in supporting the control of infectious disease, surveillance systems must provide complete and accurate data, and these data must be monitored, interpreted and disseminated without delay to those responsible for prevention and control.[12,13]

An increasing proportion of the health care received by AI/AN people is managed by tribal governments (53% of the IHS medical care budget was managed by tribes in 2001).[14] However, the agencies traditionally responsible for collection, monitoring, interpretation and dissemination of health data are under state/county control. The sharing of responsibilities for public health between tribal and state/county agencies remains unclear in many instances.[15] The extent to which public health practices like surveillance are affected by jurisdictional uncertainties has not been fully evaluated.

The survey findings summarized in this report provide a window on how well infectious disease surveillance is functioning with respect to the AI/AN population. Although the survey focused specifically on STDs/HIV, TB and viral hepatitis, surveillance practices for other infectious diseases may follow a similar pattern.

The results of the survey indicated that current surveillance networks are not as inclusive of tribal and urban Indian health facilities as may be necessary to support an effective response to HIV, STDs, TB and viral hepatitis among AI/AN people. The proportion of facilities surveyed that offered diagnostic testing to their clientele for these infections varied from 79% to 83%, depending on the infection, and greater than three-fourths report diagnosed cases to a state or county health department or have a plan in place for reporting should a diagnosis occur. However, only 24% reportedly receive HIV/AIDS summary surveillance reports from a state health department, and 16% receive HIV/AIDS

summary surveillance reports from a county/municipal health department. This indicates a gap in what is ideally a continuous loop of information as tribal and urban health facilities are not receiving surveillance summaries from a state/county/municipal health department.[11]

Participants in our survey were also asked whether a process exists to resolve surveillance issues like dissemination of reports to them from state/county/municipal health departments. Only 23% indicated that such a process exists, which points to a need to develop mechanisms for collaborative problem-solving around infectious disease surveillance issues.

Although routine dissemination of surveillance reports from state/county/municipal health departments was reported to be relatively uncommon, communication between state/county/municipal entities and tribal/urban health facilities during disease outbreaks appears to be more common. Nearly 80% of respondents reported that state/county/municipal health departments communicated with their facilities about possible exposure or risk to the patient population during outbreaks. However, a smaller proportion of respondents reported that their facilities work with other tribal/urban Indian health facilities to investigate communicable disease outbreaks (49%). These findings suggest the need to strengthen communication and the flow of information between state agencies and tribal/urban health facilities, and between tribal/urban facilities.

The most frequently cited barrier preventing reporting of HIV/AIDS, chlamydia/gonorrhea, active TB, and hepatitis A, B and C was that patients do not accept testing/screening offered at tribal/urban Indian health facilities. Respondents also indicated that it is common for clientele to seek testing and treatment services for sensitive conditions like STDs/HIV at non-Indian facilities where they can be more anonymous, and 54% indicated that this practice interferes with the ability to estimate numbers of cases among their clientele. AI/AN persons who receive care at non-Indian facilities may be more likely to be racially misidentified by providers, and the surveillance systems that they report to, which may lead to undercounting of AI/AN cases.[3-8]

Non-Indian public health agencies' apparently poor communication of surveillance data to the Indian agencies that may in some cases be best positioned to respond to health problems indicated by these data is a disconnect that may have serious implications for the control of STDs/HIV, TB and viral hepatitis. Respondents indicated that their facilities' staff members provide community education and outreach. Depending on the disease, from 51%-61% of facilities provide community education, and 38%-45% conduct outreach to communities. Surveillance data showing the local patterns of occurrence of STDs (including HIV/AIDS), TB and viral hepatitis among AI/ANs are needed by tribal and urban Indian health facility staff to carry out these functions.

Concerns about confidentiality and lack of established reporting arrangements were the next most frequently mentioned barriers preventing reporting of these communicable diseases. These results document the need for

state/county/municipal health departments to assess and strengthen confidentiality protections and establish or strengthen relationships with tribal/urban Indian health facilities.

The most common method used for case reporting was submission of paper forms. While only 3% of respondents surveyed indicated that their facilities report cases of communicable disease through electronic means, more than half indicated that their facilities would be interested in initiating electronic reporting. Electronic information sharing and data exchange have been touted as the means by which public health and clinical care can be better integrated, and as a way to improve completeness of surveillance data.[16] Developing electronic reporting systems inclusive of tribal/urban facilities may be facilitated by these facilities' use of clinical information systems; in particular, 82% of respondents reported that the IHS Resource Patient Management System (RPMS) is the information system used in their facilities. However, more than half of the facilities surveyed do not maintain electronic records of HIV diagnoses (presumably for confidentiality reasons).

RPMS does not necessarily meet tribes' or urban programs' needs for planning, management and reporting.[17] However, data is available from some tribal organizations (approximately one-third of respondents in this survey reported that their facilities prepare reports of communicable diseases among their AI/AN clientele) and there may be potential for combining data from multiple sources to obtain a more accurate picture of American Indian health.[17]

Additional resources, both material and personnel, were the needs most commonly expressed by respondents for improving prevention and treatment of STDs/HIV, active TB and viral hepatitis. This is not surprising, given the documented under-funding of health services for AI/AN people.[18] Training, particularly on case reporting procedures, along with personnel to provide patient education and counseling, figured prominently among the needs expressed by respondents for improving reporting of diagnosed cases. This finding suggests that provision of surveillance trainings for tribal/urban health facility staff may be helpful.

LIMITATIONS OF THE SURVEY

The relatively low response rate of 55% is a limitation of this survey. Although these data provide a baseline for future evaluations, they may not be generalizable to all tribal and urban Indian health facilities. During telephone follow-up with the targeted health facilities, detailed notes were kept and reasons for non-response were noted. Of those who cited a reason, the majority responded that they did not have time to complete the survey or that it did not rank high on their list of priorities. Many directors were difficult to contact due to clinic schedules, staffing shortages or absences from the facility. In addition, the data collection period was only five weeks long. A longer collection period might have increased the response rate. In the final two weeks of the data collection process, there was a dramatic return rate increase. Completed surveys increased from four returned surveys at the

beginning of the period to 66 at the end, which indicates that extending the deadline may have allowed for additional returns.

Another limitation is a potential difference in responses based on respondents' use of the hard copy or online survey format. The online survey was designed to ensure that respondents had access to survey-defined answer choices, thereby ensuring that skip patterns were accurately followed. If a question did not apply or they did not wish to respond, the question could not be left blank. On yes or no response questions, a default selection of "No" was provided by the computer program. Thus, some "Unsure" or "Not applicable" responses may have been miscategorized as "No." In a small number of cases, respondents using the hard copy version did not follow skip patterns correctly, and left some responses blank.

Some results of this survey, such as the proportion of facilities reporting cases to state or county health departments, may underestimate actual case reporting rates because AI/AN cases reported directly from contracted clinical laboratories were not assessed. Also, case reporting rates ascertained from this survey should be validated by completeness-of-reporting studies that match state surveillance system records with cases diagnosed in a sample of participating tribal and urban Indian health facilities.

5 Summary

The survey findings presented in this report highlight opportunities for strengthening existing collaborations to support AI/AN infectious disease surveillance efforts. The results indicate a relatively high level of participation in case reporting of HIV/AIDS by tribal/urban health facilities, but somewhat lower participation in chlamydia/gonorrhea, TB, and viral hepatitis case reporting. Evaluations of completeness of reporting are needed to validate these findings as well as to investigate more thoroughly the respective contributions of clinical facilities and diagnostic laboratories to the collection of surveillance data. The survey results also suggest that training in case reporting for tribal/urban health facility staff may help to improve the completeness of case reporting.

AI/AN surveillance data is primarily collected and maintained outside the network of providers and tribal/urban agencies serving AI/AN people, but responsibility for public health functions is shared between tribal/urban and state, county and municipal public health agencies. Because of these shared responsibilities, it is critical to address the less than optimal dissemination of data to tribal/urban agencies documented by this survey.

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Appendix A

Survey of Case Reporting Practices for
HIV/AIDS, STDs, Active TB and Viral Hepatitis

Council of State and Territorial Epidemiologists

Survey of Case Reporting Practices for HIV/AIDS, STDs, Active TB and Viral Hepatitis

Instructions

This survey is to be completed by yourself or other staff from your facility. Please collect their responses and return this survey online at [insert web link] or in the enclosed postage paid envelop by [insert date].

Person completing survey:

Title:

This facility is a

- ☐ Tribal Facility
- ☐ Urban Indian Health Center

[label or mail-merge info]

Facility name
Clinical director
Address

If any of this information is incorrect, please supply the correct information on the lines below:

Facility Name	
Clinical Director	
Address	
Phone Number	

PART A

1. What resources or assistance would improve your clinical facility's ability to <u>prevent and treat</u> cases of communicable diseases such as HIV/AIDS, chlamydia/ gonorrhea, active TB, and hepatitis A, B, and C?

***Please check all that apply and then rank the responses that you have checked in order of importance, starting with 1 = most important.**

		Rank the order of importance
Help with purchase of medications	☐ 1	☐
Help with laboratory costs of prognostic testing	☐ 2	☐
Access to and help with cost of alternative laboratory tests	☐ 3	☐
Personnel to do counseling	☐ 4	☐
Outreach workers	☐ 5	☐
Training	☐ 6	☐
Surveillance data from states	☐ 7	☐
Other → Please describe below	☐ 8	☐

Describe:

2. What resources or assistance would improve your clinical facility's ability to identify and report cases of communicable diseases such as HIV/AIDS, chlamydia/ gonorrhea, active TB, and hepatitis A, B, and C?

***Please check all that apply and then rank the responses that you have checked in order of importance, starting with 1 = most important.**

		Rank the order of importance
Help with laboratory costs of diagnostic testing	☐ 1	
Access to and help with cost of alternative diagnostic tests (e.g. rapid testing for HIV)	☐ 2	
Personnel to do patient education/counseling	☐ 3	
Outreach workers for investigation and follow-up	☐ 4	
A surveillance coordinator	☐ 5	
Training in disease surveillance and reporting	☐ 6	
Guidelines for disease reporting	☐ 7	
Guidelines for protecting patient confidentiality	☐ 8	
Other → Please describe below	☐ 9	

Describe:

PART B

1. Approximately how many active users does this facility serve on an <u>inpatient basis</u> per year (counting each person only once)? _____ active users

2. Approximately how many active users does this facility serve on an <u>outpatient basis</u> per year (counting each person only once)? _____ active users

2a. What type of clinical information system does your facility use?

Resource Patient Management System (RPMS, system developed by IHS)	☐ 1	
Other	☐ 2	Please specify _____
Don't use an electronic system	☐ 3	
Don't know	☐ 4	

2b. If your facility does not currently report electronically would you be interested in reporting electronically?

Yes	☐ 1
No	☐ 2

3. Which of the following best describes this facility's location?

In an AI/AN Area (reservation, trust land, tribal jurisdiction statistical area, Alaska Native village statistical area, Alaska Native Regional corporation, tribal designated statistical area)	☐ 1	Please specify: _____
Not in an AI/AN Area	☐ 2	
Both in an AI/AN Area and not in an AI/AN Area (e.g. facility has satellite offices on/off AI/AN lands)	☐ 3	Please specify: _____

4. Which of the following best describes the population your facility serves?

Urban (city with >= 50,000 people)	☐ 1	
Rural (towns/cities with < 50,000 people)	☐ 2	
Both urban and rural (located in urban setting but serve a significant rural population or vice versa)	☐ 3	
Other	☐ 4	Please specify: _____

5. For each of the listed conditions, which of the following services does your facility provide? Please check all that apply. If your facility does not provide a service for the listed conditions, please check "Does not apply."

	Does not apply	HIV/ AIDS	Chlamydia/ Gonorrhea	Active TB	Hepatitis A	Hepatitis B	Hepatitis C
a. Counseling and testing services	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
b. Vaccination	☐ 1				☐ 5	☐ 6	
c. Examination and treatment	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
d. Case management	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
e. Referrals	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
f. Outreach to communities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
g. Services in correctional facilities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
h. Partner / Contact follow-up	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
i. Community education	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

6. Which of the following documents are you personally familiar with? Please check all that apply.

- ☐ 1 CDC STD Treatment Guidelines
- ☐ 2 HIPAA Guidelines
- ☐ 3 Your State's reportable disease list
- ☐ 4 Your State's reporting and surveillance guide
- ☐ 5 AIDS Protocol Precautions/Laboratory Guidelines
- ☐ 6 Policy document for sharing data with State Health Department Immunization and other registries
- ☐ 7 Tribal policy regarding case reporting or data sharing
- ☐ 8 None of the above

7. How many years have you worked at your current facility?

- ☐ 1 Less than 2 years
- ☐ 2 2 to 4 years
- ☐ 3 5 to 9 years
- ☐ 4 10 to 14 years
- ☐ 5 15 years or more

8. What is the approximate percentage of time you personally devote to each of the following types of duties? (The total should equal 100%.)

a. Clinical and/or preventive care (including screening/testing, education, counseling and immunization)		☐ %
b. Administrative		☐ %
c. Other	Please specify: ☐	☐ %
Total		**100** %

9. How important a public health problem do you think each of the following is in the <u>community your facility serves</u>?

	Very Important	Moderately Important	Not Very Important	Not at all Important
a. HIV/AIDS?	☐ 1	☐ 2	☐ 3	☐ 4
b. Chlamydia/ Gonorrhea?	☐ 1	☐ 2	☐ 3	☐ 4
c. TB?	☐ 1	☐ 2	☐ 3	☐ 4
d. Hepatitis A?	☐ 1	☐ 2	☐ 3	☐ 4
e. Hepatitis B?	☐ 1	☐ 2	☐ 3	☐ 4
f. Hepatitis C?	☐ 1	☐ 2	☐ 3	☐ 4

10. If this facility reports any of the following communicable diseases: HIV/AIDS, chlamydia/ gonorrhea, active TB, and hepatitis A, B, or C to <u>state health department(s),</u> who are the main contact persons? Please list contacts for each state and disease (if applicable) separately. (Continue on a separate page to list additional contacts.)

State:	☐	Name:	☐	Department:	☐	Disease(s):	☐
State:	☐	Name:	☐	Department:	☐	Disease(s):	☐
State:	☐	Name:	☐	Department:	☐	Disease(s):	☐
State:	☐	Name:	☐	Department:	☐	Disease(s):	☐

Do not report any of these conditions ☐ 1

Don't know ☐ 2

11. If this facility reports any of the following communicable diseases: HIV/AIDS, chlamydia/ gonorrhea, active TB, and hepatitis A, B, or C to county/municipal health departments (HD), who are the main contact persons? Please list contacts for each county/municipality separately. (Continue on a separate page to list additional contacts.)

HD:		Name:		Department:		Disease(s):	
HD:		Name:		Department:		Disease(s):	
HD:		Name:		Department:		Disease(s):	
HD:		Name:		Department:		Disease(s):	

Do not report any of these conditions ☐ 1

Don't know ☐ 2

11a. Does your facility work with any of the following agencies (other than your own) to investigate or manage cases of HIV/AIDS, chlamydia/ gonorrhea, active TB, and hepatitis A, B, or C? Please check all that apply.

Tribal facility ☐ 1

Urban Indian health center ☐ 2

State health agency ☐ 3

County/municipal health agency ☐ 4

Mexican or Canadian health officials ☐ 5

11b. In an outbreak situation, do other tribal/urban Indian health facilities communicate with staff at your facility about possible exposure or risk to your clientele?

Yes ☐ 1

No ☐ 2

Don't know ☐ 3

11c. In an outbreak situation, do state/county/municipal health departments communicate with staff at your facility about possible exposure or risk to your clientele?

Yes ☐ 1

No ☐ 2

Don't know ☐ 3

12. How common is it for your clientele to seek testing and treatment services for sensitive conditions like STDs/HIV at non-Indian facilities where they can be more anonymous?

- ☐ Always 1
- ☐ Often 2
- ☐ Sometimes 3
- ☐ Rarely 4
- ☐ Never 5

12a. In your opinion, to what extent does this practice interfere with the ability to estimate numbers of HIV/AIDS cases among your clientele?

- ☐ Great extent 1
- ☐ Moderate extent 2
- ☐ Minor extent 3
- ☐ Not at all 4
- ☐ Don't know 5

12b. In your opinion, to what extent does this practice interfere with the ability to estimate numbers of chlamydia/ gonorrhea cases among your clientele?

- ☐ Great extent 1
- ☐ Moderate extent 2
- ☐ Minor extent 3
- ☐ Not at all 4
- ☐ Don't know 5

The following questions deal with HIV/AIDS.

13. In your clinical facility, which of the following groups are routinely offered an HIV test? Please check all that apply.

- ☐ Pregnant women 1
- ☐ STD patients 2
- ☐ Persons with histories of drug use or high risk sexual practices 3
- ☐ Patients with TB 4
- ☐ Varies by provider 5
- ☐ Other 6 Please specify: _____
- ☐ None of the above 7

14. Which of the following describes your facility's involvement with HIV/AIDS partner follow-up activities if the partner lives off reservation? Please check all that apply.

The facility is not involved in partner follow-up or referral for follow-up	☐ 1	
Staff in this facility contact partners for follow-up	☐ 2	
The patient is responsible for contacting partners	☐ 3	
Cases are referred to state or local health department(s) for partner follow-up	☐ 4	
Cases are referred to tribal health authorities for partner follow-up	☐ 5	
Cases are referred to Urban Indian health centers for partner follow-up	☐ 6	
Other	☐ 7	Please specify:

14a. How is partner notification handled if the partner is living on a reservation? Please check all that apply.

The facility is not involved in partner follow-up or referral for follow-up	☐ 1	
Staff in this facility contact partners for follow-up	☐ 2	
The patient is responsible for contacting partners	☐ 3	
Cases are referred to state or local health department(s) for partner follow-up	☐ 4	
Cases are referred to tribal health authorities for partner follow-up	☐ 5	
Cases are referred to Urban Indian health centers for partner follow-up	☐ 6	
Other	☐ 7	Please specify:

15. Which choice best characterizes where your facility's HIV/AIDS case reports are sent?

To State health department(s)	☐ 1	*Please skip to Question 17*
To County/Municipal health department(s)	☐ 2	*Please skip to Question 17*
To Both State and County/Municipal health departments	☐ 3	*Please skip to Question 17*
To a Regional Tribal Epidemiology Center or local Indian Health Board	☐ 4	*Please skip to Question 21*
To both a State/County health department and a tribal health agency	☐ 5	*Please skip to Question 21*
No information about HIV/AIDS cases diagnosed in this facility is given to a health department or other health agency	☐ 6	*Please skip to Question 22*
No HIV/AIDS diagnoses have been made in this facility	☐ 7	*Please proceed to next question*

16. Does your clinical facility have a plan in place for reporting cases of HIV/AIDS should they be diagnosed?

Yes ☐ 1

No ☐ 2 *Please skip to Question 22*

17. Which choices below characterize how your clinical facility works with the state health department(s) or county/municipal health department(s) to provide information about patients who were diagnosed with HIV/AIDS in this facility? Please check all that apply.

The state/county/municipal health department(s) contacts the staff here after first receiving information about the case from either a state laboratory or an independent lab ☐ 1

The state/county/municipal health department(s) receives reports from both the staff at our facility, and the state lab or an independent lab ☐ 2

A staff member who has been given the job of reporting all HIV/AIDS cases provides the state/county/municipal health department(s) with the information ☐ 3

Any staff member involved in the patients' care may provide the information. (No particular staff member has been given the job of informing the state.) ☐ 4 Provide name: _____

Other ☐ 5 Please specify: _____

18. How does your facility report cases of HIV/AIDS to the state health department(s) or county/municipal health department(s)? Please check all that apply.

CDC report form ☐ 1

State report form ☐ 2

County/municipal report form ☐ 3

Other paper form ☐ 4 Please specify: _____

Electronic report ☐ 5

Phone call ☐ 6

Other ☐ 7 Please specify: _____

19. How often does your facility report cases of HIV/AIDS to the state health department(s) or county/municipal health department(s)?

Case by case ☐ 1

Weekly ☐ 2

Monthly ☐ 3

Twice a year ☐ 4

Once a year ☐ 5

Other ☐ 6 Please specify: _____

20. What procedures are followed to protect confidentiality of reports of HIV/AIDS? Please check all that apply.

Safeguard in a manner similar to all other patient records	☐ 1	
Restricted access to storage areas where files are kept	☐ 2	
Files kept in locked cabinet	☐ 3	
Lock cabinets when work station is unattended	☐ 4	
Password-protected files on computer	☐ 5	
Log off password protected computer when work station is unattended	☐ 6	
Documents with names or other identification are shredded when they need to be disposed of	☐ 7	
Conduct telephone conversations that require the use of names in a confidential area where others cannot overhear	☐ 8	
Do not discuss names or other identifying information except in the performance of duties, being careful that these discussions do not occur in hallways, elevators, lavatories, lunch rooms, and other public areas	☐ 9	
Other	☐ 10	Please specify:

21. Where are completed HIV/AIDS case report (surveillance) forms kept? Please check all that apply.

Do not use paper or electronic case report forms to report HIV/AIDS diagnoses	☐ 1	
In the clinic/hospital, in a designated filing cabinet	☐ 2	
In the clinic/hospital, on a computer	☐ 3	
At the state health department	☐ 4	
By tribal health administration	☐ 5	
Other	☐ 6	Please specify:

21a. If your facility uses an electronic information system, are HIV diagnoses documented in this system?

Yes	☐ 1
No	☐ 2
Don't Know	☐ 3

22. Does the Tribal Epidemiology Center or local Indian health board send HIV/AIDS surveillance reports to your facility/service unit?

Yes	☐ 1
No	☐ 2
Unsure	☐ 3

22a. Do the state health department(s) send HIV/AIDS surveillance reports to your facility/service unit?

Yes ☐ 1
No ☐ 2
Unsure ☐ 3

22b. If yes, what is the frequency of the report? _____ times per year

22c. Is this frequency adequate?

Yes ☐ 1
No ☐ 2

Is this information useful? Why/ Why not? _____

22d. Does the county/municipal health department(s) send a surveillance report for <u>HIV/AIDS</u> to your facility/service unit?

Yes ☐ 1
No ☐ 2
Unsure ☐ 3

22e. If yes, what is the frequency of the report? _____ times per year

22f. Is this frequency adequate?

Yes ☐ 1
No ☐ 2

Is this information useful? Why/ Why not? _____

23. How useful is information about local HIV/AIDS cases among American Indians and Alaska Natives for… (If you do not currently receive this information, how useful would it be for…)

	Very Useful	Moderately Useful	Not Very Useful	Not at all Useful	Don't Know
a. planning programs?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. securing additional funding?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. allocating funding?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d. educating staff?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e. performing clinical evaluations or service provision?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f. other? Please specify:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Provide any comments here:

23a. Do the reports you receive from the state/county/municipal health department include tribe-specific information on numbers of cases?

Yes ☐ 1
No ☐ 2
Don't know ☐ 3

23b. If no, would the information be more useful if it was tribe-specific?

Yes ☐ 1
No ☐ 2
Don't know ☐ 3

24. Does your facility prepare summaries on HIV/AIDS among your clientele for internal use only?

Yes ☐ 1
No ☐ 2 *Please skip to Question 25*
Don't Know ☐ 3 *Please skip to Question 25*

24a. With whom are these summaries shared?

Not shared ☐ 1
Tribal government ☐ 2
Regional Indian Health Board ☐ 3
Tribal Epidemiology Center ☐ 4
Indian Health Service ☐ 5
Other ☐ 6 Please specify:

24b. If the reports aren't shared, why not?

25. Do any of the following ever keep you from reporting HIV/AIDS cases to the state health department(s) or county/municipal health department(s)? Please check all that apply.

- ☐ 1 Not sure who to report to
- ☐ 2 Guidelines for reporting are unclear
- ☐ 3 Patients do not accept testing/screening
- ☐ 4 Concerns about confidentiality
- ☐ 5 Staff turnover
- ☐ 6 Reporting arrangement is not established
- ☐ 7 Health Insurance Portability and Accountability Act (HIPAA)
- ☐ 8 Other priorities get in the way
- ☐ 9 Other — Please specify:
- ☐ 10 None of the above

The following questions deal with communicable diseases other than HIV/AIDS, specifically, chlamydia/ gonorrhea, active TB, hepatitis A, hepatitis B, and hepatitis C.

26. Which choice best characterizes where your facility's chlamydia/gonorrhea, active TB, hepatitis A, hepatitis B, and hepatitis C reports are sent?

- ☐ 1 To State health department(s)
- ☐ 2 To County/Municipal health department(s)
- ☐ 3 To Both State and County/Municipal health departments
- ☐ 4 To a Regional Tribal Epidemiology Center or local Indian Health Board
- ☐ 5 To both a State/County health department and a tribal health agency — *Please skip to Question 33*
- ☐ 6 No information about chlamydia/gonorrhea, active TB, hepatitis A, hepatitis B and hepatitis C cases diagnosed in this facility is given to a health department or other health agency — *Please skip to Question 33*

27. For which of the following conditions does this clinical facility give case reports to the state health department(s) or county/municipal health department(s)? Please check all that apply.

- ☐ 1 Chlamydia/ Gonorrhea
- ☐ 2 Active TB
- ☐ 3 Hepatitis A
- ☐ 4 Hepatitis B
- ☐ 5 Hepatitis C
- ☐ 6 Do not report — *Please skip to Question 33*

28. Which choices below characterize how your clinical facility works with the state health department(s) or county/municipal health department(s) to provide information about patients who were diagnosed with chlamydia/gonorrhea in this facility? Please check all that apply.

Not applicable; this facility does not provide chlamydia/ gonorrhea services	☐ 1	
This facility does not share information about chlamydia/ gonorrhea cases with state health department(s)	☐ 2	
The state health department(s) contacts the staff here after first receiving information about the case from either a state laboratory or an independent lab	☐ 3	
The state health department(s) receives reports from both the staff at our facility, and the state lab or an independent lab	☐ 4	
A staff member who has been given the job of reporting all chlamydia/ gonorrhea cases provides the state health department(s) with the information	☐ 5	Provide name:
Any staff member involved in the patients' care may provide the information. (No particular staff member has been given the job of informing the state.)	☐ 6	
Other	☐ 7	Please specify:

28a. Which choices below characterize how your clinical facility works with the state health department(s) or county/municipal health department(s) to provide information about patients who were diagnosed with active TB in this facility? Please check all that apply.

Not applicable; this facility does not provide TB services	☐ 1	
This facility does not share information about active TB cases with state health department(s)	☐ 2	
This state health department(s) contacts the staff here after first receiving information about the case from either a state laboratory or an independent lab	☐ 3	
The state health department(s) receives reports from both the staff at our facility, and the state lab or an independent lab	☐ 4	
A staff member who has been given the job of reporting all active TB cases provides the state health department(s) with the information	☐ 5	Provide name:
Any staff member involved in the patients' care may provide the information. (No particular staff member has been given the job of informing the state.)	☐ 6	
Other	☐ 7	Please specify:

28b. Which choices below characterize how your clinical facility works with the state health department(s) or county/municipal health department(s) to provide information about patients who were diagnosed with hepatitis A in this facility? Please check all that apply.

Not applicable; this facility does not provide hepatitis A services	☐ 1	
This facility does not share information about hepatitis A cases with state health department(s)	☐ 2	
The state health department(s) contacts the staff here after first receiving information about the case from either a state laboratory or an independent lab	☐ 3	
The state health department(s) receives reports from both the staff at our facility, and the state lab or an independent lab	☐ 4	
A staff member who has been given the job of reporting all hepatitis A cases provides the state health department(s) with the information	☐ 5	Provide name:
Any staff member involved in the patients' care may provide the information. (No particular staff member has been given the job of informing the state.)	☐ 6	
Other	☐ 7	Please specify:

28c. Which choices below characterize how your clinical facility works with the state health department(s) or county/municipal health department(s) to provide information about patients who were diagnosed with hepatitis B in this facility? Please check all that apply.

Not applicable; this facility does not provide hepatitis B services	☐ 1	
This facility does not share information about hepatitis B cases with state health department(s)	☐ 2	
The state health department(s) contacts the staff here after first receiving information about the case from either a state laboratory or an independent lab	☐ 3	
The state health department(s) receives reports from both the staff at our facility, and the state lab or an independent lab	☐ 4	
A staff member who has been given the job of reporting all hepatitis B cases provides the state health department(s) with the information	☐ 5	Provide name:
Any staff member involved in the patients' care may provide the information. (No particular staff member has been given the job of informing the state.)	☐ 6	
Other	☐ 7	Please specify:

28d. Which choices below characterize how your clinical facility works with the state health department(s) or county/municipal health department(s) to provide information about patients who were diagnosed with hepatitis C in this facility? Please check all that apply.

Not applicable; this facility does not provide hepatitis C services	☐ 1	
This facility does not share information about hepatitis C cases with state health department(s)	☐ 2	
The state health department(s) contacts the staff here after first receiving information about the case from either a state laboratory or an independent lab	☐ 3	
The state health department(s) receives reports from both the staff at our facility, and the state lab or an independent lab	☐ 4	
A staff member who has been given the job of reporting all hepatitis C cases provides the state health department(s) with the information	☐ 5	Provide name:
Any staff member involved in the patients' care may provide the information. (No particular staff member has been given the job of informing the state.)	☐ 6	
Other	☐ 7	Please specify:

29. How do you report cases of the following communicable diseases to the state health department(s) or county/municipal health department(s)? Please check all that apply.

	Do not report	CDC report form	State report form	County/ Municipal report form	Electronic report	Phone Call	Other
a. Chlamydia/ Gonorrhea	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
b. Active TB	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
c. Hepatitis A	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
d. Hepatitis B	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
e. Hepatitis C	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

29a. If you checked "Other" in the previous question (Q30), please describe below.

30. How often do you report cases of the following communicable diseases to the state health department(s) or county/municipal health department(s)? Check one box on each line.

	Do not report	Case by case	Weekly	Monthly	Twice a year	Once a year	Other
a. Chlamydia/ Gonorrhea	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
b. Active TB	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
c. Hepatitis A	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
d. Hepatitis B	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
e. Hepatitis C	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

30a. If you checked "Other" in the previous question (Q31), please describe below.

31. What procedures are followed to protect confidentiality of reports of chlamydia/ gonorrhea? Please check all that apply.

- ☐ 1 Safeguard in a manner similar to all other patient records
- ☐ 2 Restricted access to storage areas where files are kept
- ☐ 3 Files kept in locked cabinet
- ☐ 4 Lock cabinets when work station is unattended
- ☐ 5 Password-protected files on computer
- ☐ 6 Log off password protected computer when work station is unattended
- ☐ 7 Documents with names or other identification are shredded when they need to be disposed of
- ☐ 8 Conduct telephone conversations that require the use of names in a confidential area where others cannot overhear
- ☐ 9 Do not discuss names or other identifying information except in the performance of duties, being careful that these discussions do not occur in hallways, elevators, lavatories, lunch rooms, and other public areas
- ☐ 10 Other — Please specify:

32. Where are copies of completed case reports for chlamydia/ gonorrhea, active TB, and hepatitis A, B, and C kept? Please check all that apply.

- ☐ 1 Do not use paper or electronic case report forms to report diagnoses for these diseases
- ☐ 2 In the clinic/hospital, in a designated filing cabinet
- ☐ 3 In the clinic/hospital, on a computer
- ☐ 4 At the state health department
- ☐ 5 By tribal health administration
- ☐ 6 Other — Please specify:

33. How useful is information about local cases of chlamydia/ gonorrhea, active TB, and hepatitis A, B, and C among American Indians and Alaska Natives for…
(If you do not currently receive this information, how useful would it be for…)

	Very Useful	Moderately Useful	Not Very Useful	Not at all Useful	Don't Know
a. planning programs?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. securing additional funding?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. allocating funding?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d. educating staff?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e. performing clinical evaluations or service provision?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f. other? Please specify:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Provide any comments here:

33a. Do the reports you receive from the state/county/municipal health department include tribe-specific information on numbers of cases?

Yes ☐ 1
No ☐ 2
Don't know ☐ 3

33b. If no, would the information be more useful if it was tribe-specific?

Yes ☐ 1
No ☐ 2
Don't know ☐ 3

34. Which of the following describes this facility's involvement with chlamydia/gonorrhea partner follow-up activities? Please check all that apply.

The facility is not involved in partner follow-up or referral for follow-up ☐ 1
Staff in this facility contact partners for follow-up ☐ 2
The patient is responsible for contacting partners ☐ 3
Cases are referred to state or local health department(s) for partner follow-up ☐ 4
Cases are referred to tribal health authorities for partner follow-up ☐ 5
Cases are referred to an urban Indian health center for partner follow-up ☐ 5
Other ☐ 6 Please specify:

34a. How is partner notification handled if the partner is living on a reservation? Please check all that apply.

- ☐ 1 The facility is not involved in partner follow-up or referral for follow-up
- ☐ 2 Staff in this facility contact partners for follow-up
- ☐ 3 The patient is responsible for contacting partners
- ☐ 4 Cases are referred to state or local health department(s) for partner follow-up
- ☐ 5 Cases are referred to tribal health authorities for partner follow-up
- ☐ 6 Cases are referred to Urban Indian health centers for partner follow-up
- ☐ 7 Other — Please specify: _____

34b. Does your facility prepare summary reports of health data for the following communicable diseases for the population served by your facility?

	Yes	No	Unsure
a. Chlamydia/ Gonorrhea?	☐ 1	☐ 2	☐ 3
b. Active TB?	☐ 1	☐ 2	☐ 3
c. Hepatitis A?	☐ 1	☐ 2	☐ 3
d. Hepatitis B?	☐ 1	☐ 2	☐ 3
e. Hepatitis C?	☐ 1	☐ 2	☐ 3

34c. With whom are these reports shared?

- ☐ 1 Not shared
- ☐ 2 Tribal government
- ☐ 3 Regional Indian Health Board
- ☐ 4 Tribal Epidemiology Center
- ☐ 5 Indian Health Service
- ☐ 6 Other — Please specify: _____

34d. If the reports aren't shared, why not? _____

35. Which of the following describes this facility's involvement with TB contact follow-up activities? Please check all that apply.

- ☐ 1 The facility is not involved in contact follow-up or referral for follow-up
- ☐ 2 Staff in this facility follow up on contacts
- ☐ 3 The patient is responsible for following up with contacts
- ☐ 4 Cases are referred to state or local health department(s) for contact follow-up
- ☐ 5 Cases are referred to tribal health authorities for contact follow-up
- ☐ 5 Cases are referred to an urban Indian health center for contact follow-up
- ☐ 6 Other — Please specify: _____

35a. How is contact notification handled if the contact is living on a reservation? Please check all that apply.

- ☐ 1 The facility is not involved in contact follow-up or referral for follow-up
- ☐ 2 Staff in this facility follow up on contacts
- ☐ 3 The patient is responsible for following up with contacts
- ☐ 4 Cases are referred to state or local health department(s) for contact follow-up
- ☐ 5 Cases are referred to tribal health authorities for contact follow-up
- ☐ 6 Cases are referred to Urban Indian health centers for contact follow-up
- ☐ 7 Other — Please specify: _____

36. Does the state health department(s) send a surveillance report for cases of the following communicable diseases to your facility/service unit?

	Yes	No	Unsure
a. Chlamydia/ Gonorrhea?	☐ 1	☐ 2	☐ 3
b. Active TB?	☐ 1	☐ 2	☐ 3
c. Hepatitis A?	☐ 1	☐ 2	☐ 3
d. Hepatitis B?	☐ 1	☐ 2	☐ 3
e. Hepatitis C?	☐ 1	☐ 2	☐ 3

36a. Does the county/municipal health department(s) send a surveillance report for cases of the following communicable diseases to your facility/service unit?

	Yes	No	Unsure
a. Chlamydia/ Gonorrhea?	☐ 1	☐ 2	☐ 3
b. Active TB?	☐ 1	☐ 2	☐ 3
c. Hepatitis A?	☐ 1	☐ 2	☐ 3
d. Hepatitis B?	☐ 1	☐ 2	☐ 3
e. Hepatitis C?	☐ 1	☐ 2	☐ 3

37. Does this clinical facility participate in giving information to <u>tribal/urban Indian health agencies</u> about cases of the following communicable diseases diagnosed in this facility?

	Yes	No	Don't know
a. Chlamydia/ Gonorrhea	☐ 1	☐ 2	☐ 3
b. Active TB	☐ 1	☐ 2	☐ 3
c. Hepatitis A	☐ 1	☐ 2	☐ 3
d. Hepatitis B	☐ 1	☐ 2	☐ 3
e. Hepatitis C	☐ 1	☐ 2	☐ 3

38. Do any of the following <u>ever</u> keep you from reporting cases of chlamydia/ gonorrhea, active TB, and hepatitis A, B, and C to the <u>state health department(s) or county/municipal health department(s)</u>? Please check all that apply.

Not sure who to report to	☐ 1	
Guidelines for reporting are unclear	☐ 2	
Patients do not accept testing/screening	☐ 3	
Concerns about confidentiality	☐ 4	
Staff turnover	☐ 5	
Reporting arrangement is not established	☐ 6	
HIPAA	☐ 6	
Other priorities get in the way	☐ 6	
Other	☐ 7	Please specify:
None of the above	☐ 8	

39. Does a process exist to address surveillance issues with the state health department or the county/municipal health department?

Yes	☐ 1
No	☐ 2
Don't know	☐ 3

39a. If so, what is this process?

40. Please provide your telephone number so that we can reach you if we have questions about any of your responses.

Phone #:

Thank you very much for completing this survey!

Appendix B

SAS Data Tables

This facility is a:

Type	Frequency	Percent
None Selected	3	4.55
Tribal Facility	56	84.85
Urban Indian Health Center	7	10.61

Part A: Question 1

What resources or assistance would improve your clinical facility's ability to prevent and treat cases of communicable diseases such as HIV/AIDS, Chlamydia/ gonorrhea, active TB, and hepatitis A,B, and C?

***Please check all that apply and then rank the responses that you have checked in order of importance, starting with 1 = most important.**

1. Help with purchase of medications

	Frequency	Percent
Not selected	21	31.82
Selected	45	68.18

Rank Order of Importance:

Rank	Frequency	Percent
1	13	28.89
2	10	22.22
3	4	8.89
4	5	11.11
5	7	15.56
6	4	8.89
7	1	2.22
10	1	2.22

2. Help with laboratory costs of prognostic testing

	Frequency	Percent
Not selected	23	34.85

Selected	43	65.15

Rank Order of Importance:

Rank	Frequency	Percent		
1	10	23.26		
2	14	32.56		
3	7	16.28		
4	5	11.63	36	83.72
5	4	9.30	40	93.02
6	3	6.98	43	100.00

3. Access to and help with cost of alternative laboratory tests

	Frequency	Percent
Not selected	25	37.88
Selected	41	62.12

Rank Order of Importance:

Rank	Frequency	Percent
1	5	12.50
2	2	5.00
3	15	37.50
4	9	22.50
5	5	12.50
6	2	5.00
7	2	5.00

4. Personnel to do counseling

	Frequency	Percent
Not selected	15	22.73
Selected	51	77.27

Rank Order of Importance:

Rank	Frequency	Percent
1	8	15.69
2	10	19.61
3	10	19.61
4	8	15.69
5	11	21.57
6	2	3.92
7	1	1.96
8	1	1.96

5. Outreach workers

	Frequency	Percent
Not selected	20	30.30
Selected	46	69.70

Rank Order of Importance:

SectAQ15Rank	Frequency	Percent
1	9	19.57
2	11	23.91
3	9	19.57
4	7	15.22
5	3	6.52
6	5	10.87
7	2	4.35

6. Training

	Frequency	Percent
Not selected	22	33.33
Selected	44	66.67

Rank Order of Importance:

Rank	Frequency	Percent
1	10	22.73
2	9	20.45
3	9	20.45
4	5	11.36
5	5	11.36
6	4	9.09
7	1	2.27
8	1	2.27

7. Surveillance data from states

	Frequency	Percent
Not selected	40	60.61
Selected	26	39.39

Rank Order of Importance:

SectAQ17Rank	Frequency	Percent
1	2	7.69
3	2	7.69
4	3	11.54
5	1	3.85
6	4	15.38
7	11	42.31
8	2	7.69
10	1	3.85

8. Other Please describe below

	Frequency	Percent
Not selected	60	90.91
Selected	6	9.09

Rank Order of Importance:

Rank	Frequency	Percent
1	1	20.00
2	1	20.00
5	1	20.00
8	2	40.00

Part A: Question 2

What resources or assistance would improve your clinical facility's ability to identify and report cases of communicable diseases such as HIV/AIDS, Chlamydia/ gonorrhea, active TB, and hepatitis A, B, and C?

***Please check all that apply and then rank the responses that you have checked in order of importance, starting with 1 = most important.**

1. Help with laboratory costs of diagnostic testing

	Frequency	Percent
Not Selected	26	39.39
Selected	40	60.61

Rank Order of Importance:

SectAQ21Rank	Frequency	Percent
1	13	34.21
2	4	10.53
3	4	10.53
4	4	10.53
5	6	15.79
6	3	7.89
7	4	10.53

2. Access to and help with cost of alternative diagnostic test (e.g. rapid testing for HIV)

	Frequency	Percent
Not Selected	25	37.88
Selected	41	62.12

Rank Order of Importance:

Rank	Frequency	Percent
1	5	13.16
2	10	26.32
3	2	5.26
4	12	31.58
5	5	13.16
6	2	5.26
7	1	2.63
8	1	2.63

3. Personnel to do patient education/ counseling

	Frequency	Percent
Not Selected	18	27.27
Selected	48	72.73

Rank Order of Importance:

SectAQ23Rank	Frequency	Percent
1	9	19.15
2	8	17.02
3	16	34.04
4	3	6.38
5	5	10.64
6	4	8.51
7	1	2.13
8	1	2.13

4. Outreach workers for investigation and follow-up

	Frequency	Percent
Not Selected	21	31.82
Selected	45	68.18

Rank Order of Importance:

Rank	Frequency	Percent
1	5	11.36
2	10	22.73
3	7	15.91
4	12	27.27
5	6	13.64
6	3	6.82
7	1	2.27

5. A surveillance coordinator

	Frequency	Percent
Not Selected	31	46.97
Selected	35	53.03

Rank Order of Importance:

Rank	Frequency	Percent
1	9	26.47
2	5	14.71
3	6	17.65
4	3	8.82
5	6	17.65
6	2	5.88
7	2	5.88
8	1	2.94

6. Training in disease surveillance and reporting

	Frequency	Percent
Not Selected	26	39.39
Selected	40	60.61

Rank Order of Importance:

Rank	Frequency	Percent
1	9	23.08
2	9	23.08
3	5	12.82
4	6	15.38
5	4	10.26
6	5	12.82
7	1	2.56

7. Guidelines for disease reporting

	Frequency	Percent
Not Selected	33	50.00
Selected	33	50.00

Rank Order of Importance:

Rank	Frequency	Percent
1	2	6.45
2	6	19.35
3	4	12.90
4	3	9.68
5	4	12.90
6	3	9.68
7	8	25.81
8	1	3.23

8. Guidelines for protecting patient confidentiality

	Frequency	Percent
Not Selected	42	63.64
Selected	24	36.36

Rank Order of Importance:

Rank	Frequency	Percent
2	1	4.55
3	2	9.09
4	1	4.55
5	3	13.64
6	2	9.09
7	1	4.55
8	12	54.55

9. Other—Please describe below

	Frequency	Percent
Not Selected	61	92.42
Selected	5	7.58

Rank Order of Importance:

SectAQ29Rank	Frequency	Percent
1	1	50.00
9	1	50.00

Part B: Question 1

Approximately how many active users does this facility serve on an inpatient basis per year (counting each person only once)?

	Frequency	Percent
0	53	80.30
50	1	1.52
200	1	1.52
300	1	1.52
370	1	1.52
625	1	1.52
1233	1	1.52
1500	1	1.52
3553	1	1.52
4000	1	1.52
10000	1	1.52
18000	1	1.52
23000	1	1.52
30000	1	1.52

Part B: Question 2

Approximately how many active users does this facility serve on an outpatient basis per year (counting each person only once)?

	Frequency	Percent
0	17	25.76
25	1	1.52
300	1	1.52
308	1	1.52
400	1	1.52
550	1	1.52
1000	3	4.55
1255	1	1.52
1264	1	1.52
1400	2	3.03
1500	1	1.52

1787	1	1.52
1800	1	1.52
2000	1	1.52
2200	1	1.52
2260	1	1.52
2500	3	4.55
3300	1	1.52
3600	1	1.52
3900	1	1.52
4000	1	1.52
4060	1	1.52
4500	1	1.52
4700	2	3.03
5879	1	1.52
6428	1	1.52
7000	1	1.52
7500	1	1.52
7750	1	1.52
8000	1	1.52
8315	1	1.52
8888	1	1.52
9212	1	1.52
12000	1	1.52
13200	1	1.52
15000	1	1.52
19000	1	1.52
20289	1	1.52
25000	1	1.52
30918	1	1.52
39000	1	1.52
50000	1	1.52
82000	1	1.52
240000	1	1.52

Part B: Question 2a

What type of clinical information system does your facility use?

	Frequency	Percent
RPMS	46	82.14
Other	7	12.50
None	3	5.36

Part B: Question 2b

If your facility does not currently report electronically would you be interested in reporting electronically?

	Frequency	Percent
Yes	34	51.52
No	32	48.48

Part B: Question 3

Which of the following best describes this facility's location?

	Frequency	Percent
AI/AN Area	39	70.91
Not in an AI/AN Area	9	16.36
Both	7	12.73

Part B: Question 4

Which of the following best describes the population your facility serves?

	Frequency	Percent
Urban	5	8.93
Rural	41	73.21
Both Urban and Rural	8	14.29
Other	2	3.57

Part B: Question 5

For each of the listed conditions, which of the following services does your facility provide? Please check all that apply. If your facility does not provide a service for the listed conditions, please check "Does not apply."

a. Counseling and testing services

Does not apply

	Frequency	Percent
Not selected	64	96.97
Selected	2	3.03

HIV/AIDS

	Frequency	Percent
Not selected	14	21.21
Selected	52	78.79

Chlamydia/Gonorrhea

	Frequency	Percent
Not selected	11	16.67
Selected	55	83.33

Active TB

	Frequency	Percent
Not selected	17	25.76
Selected	49	74.24

Hepatitis A

	Frequency	Percent
Not selected	12	18.18
Selected	54	81.82

Hepatitis B

	Frequency	Percent
Not selected	12	18.18
Selected	54	81.82

Hepatitis C

	Frequency	Percent
Not selected	12	18.18
Selected	54	81.82

b. Vaccination

Does not apply

	Frequency	Percent
Not selected	64	96.97
Selected	2	3.03

Hepatitis A

	Frequency	Percent
Not selected	15	22.73
Selected	51	77.27

Hepatitis B

	Frequency	Percent
Not selected	12	18.18
Selected	54	81.82

c. Examination and treatment

Does not apply

	Frequency	Percent
Not selected	65	98.48
Selected	1	1.52

HIV/AIDS

	Frequency	Percent
Not selected	31	46.97
Selected	35	53.03

Chlamydia/Gonorrhea

	Frequency	Percent
Not selected	9	13.64
Selected	57	86.36

Active TB

	Frequency	Percent
Not selected	22	33.33
Selected	44	66.67

Hepatitis A

	Frequency	Percent
Not selected	13	19.70
Selected	53	80.30

Hepatitis B

	Frequency	Percent
Not selected	16	24.24
Selected	50	75.76

Hepatitis C

	Frequency	Percent
Not selected	21	31.82
Selected	45	68.18

d. Case management

Does not apply

	Frequency	Percent
Not selected	52	78.79
Selected	14	21.21

HIV/AIDS

	Frequency	Percent
Not selected	39	59.09
Selected	27	40.91

Chlamydia/Gonorrhea

	Frequency	Percent
Not selected	32	48.48
Selected	34	51.52

Active TB

	Frequency	Percent
Not selected	34	51.52
Selected	32	48.48

Hepatitis A

	Frequency	Percent
Not selected	33	50.00
Selected	33	50.00

Hepatitis B

	Frequency	Percent
Not selected	35	53.03
Selected	31	46.97

Hepatitis C

	Frequency	Percent
Not selected	36	54.55
Selected	30	45.45

e. Referrals

Does not apply

	Frequency	Percent
Not selected	64	96.97
Selected	2	3.03

HIV/AIDS

	Frequency	Percent
Not selected	12	18.18
Selected	54	81.82

Chlamydia/Gonorrhea

	Frequency	Percent
Not selected	31	46.97
Selected	35	53.03

Active TB

	Frequency	Percent
Not selected	18	27.27
Selected	48	72.73

Hepatitis A

	Frequency	Percent
Not selected	29	43.94
Selected	37	56.06

Hepatitis B

	Frequency	Percent
Not selected	23	34.85
Selected	43	65.15

Hepatitis C

	Frequency	Percent
Not selected	15	22.73
Selected	51	77.27

f. Outreach to communities

Does not apply

	Frequency	Percent
Not selected	49	74.24
Selected	17	25.76

HIV/AIDS

	Frequency	Percent
Not selected	36	54.55
Selected	30	45.45

Chlamydia/Gonorrhea

	Frequency	Percent
Not selected	38	57.58
Selected	28	42.42

Active TB

	Frequency	Percent
Not selected	41	62.12
Selected	25	37.88

Hepatitis A

	Frequency	Percent
Not selected	38	57.58
Selected	28	42.42

Hepatitis B

	Frequency	Percent
Not selected	37	56.06
Selected	29	43.94

Hepatitis C

	Frequency	Percent
Not selected	38	57.58
Selected	28	42.42

g. Services in correctional facilities

Does not apply

	Frequency	Percent
Not selected	14	21.21
Selected	52	78.79

HIV/AIDS

	Frequency	Percent
Not selected	64	96.97
Selected	2	3.03

Chlamydia/Gonorrhea

	Frequency	Percent
Not selected	63	95.45
Selected	3	4.55

Active TB

	Frequency	Percent
Not selected	65	98.48
Selected	1	1.52

Hepatitis A

	Frequency	Percent
Not selected	65	98.48
Selected	1	1.52

Hepatitis B

	Frequency	Percent
Not selected	65	98.48
Selected	1	1.52

Hepatitis C

	Frequency	Percent
Not selected	64	96.97
Selected	2	3.03

h. Partner/Contact follow-up

Does not apply

	Frequency	Percent
Not selected	50	75.76
Selected	16	24.24

HIV/AIDS

	Frequency	Percent
Not selected	39	59.09
Selected	27	40.91

Chlamydia/Gonorrhea

	Frequency	Percent
Not selected	29	43.94
Selected	37	56.06

Active TB

	Frequency	Percent
Not selected	36	54.55
Selected	30	45.45

Hepatitis A

	Frequency	Percent
Not selected	44	66.67
Selected	22	33.33

Hepatitis B

	Frequency	Percent
Not selected	44	66.67
Selected	22	33.33

Hepatitis C

	Frequency	Percent
Not selected	41	62.12
Selected	25	37.88

i. Community education

Does not apply

	Frequency	Percent
Not selected	58	87.88
Selected	8	12.12

HIV/AIDS

	Frequency	Percent
Not selected	26	39.39
Selected	40	60.61

Chlamydia/Gonorrhea

	Frequency	Percent
Not selected	31	46.97
Selected	35	53.03

Active TB

	Frequency	Percent
Not selected	32	48.48
Selected	34	51.52

Hepatitis A

	Frequency	Percent
Not selected	30	45.45
Selected	36	54.55

Hepatitis B

	Frequency	Percent
Not selected	27	40.91
Selected	39	59.09

Hepatitis C

	Frequency	Percent
Not selected	29	43.94
Selected	37	56.06

Part B: Question 6

Which of the following documents are you personally familiar with?

CDC STD Treatment Guidelines

	Frequency	Percent
Familiar	21	31.82
Not Familiar	45	68.18

HIPAA Guidelines

	Frequency	Percent
Familiar	9	13.64
Not Familiar	57	86.36

Your State's reportable disease list

	Frequency	Percent
Familiar	12	18.18
Not Familiar	54	81.82

Your State's reporting and surveillance guide

	Frequency	Percent
Familiar	23	34.85
Not Familiar	43	65.15

AIDS protocol precautions/laboratory guidelines

	Frequency	Percent
Familiar	32	48.48
Not Familiar	34	51.52

Policy document for sharing data with State Health Department Immunization and other registries

	Frequency	Percent
Familiar	31	46.97
Not Familiar	35	53.03

Tribal Policy regarding case reporting or data sharing

	Frequency	Percent
Familiar	42	63.64
Not Familiar	24	36.36

None of the above

	Frequency	Percent
Familiar	66	100.00

Part B: Question 7

How many years have you worked at your current facility?

	Frequency	Percent
< 2 years	8	13.79
2-4 years	11	18.97
5-9 years	17	29.31
10-14 years	10	17.24
>= 15 years	12	20.69

Part B: Question 8

What is the approximate percentage of time you personally devote to each of the following types of duties? (The total should equal 100%.)

a. Clinical and/or preventive care

	Frequency	Percent
0	22	33.33
5	3	4.55
10	4	6.06
20	3	4.55
25	1	1.52
30	3	4.55
35	1	1.52
40	2	3.03
50	5	7.58
60	1	1.52
70	2	3.03
75	4	6.06
80	10	15.15
85	1	1.52
90	1	1.52
95	2	3.03
100	1	1.52

b. Administrative

	Frequency	Percent
0	11	16.67
5	2	3.03
10	5	7.58
15	2	3.03
20	10	15.15
25	5	7.58
30	2	3.03
40	3	4.55
50	5	7.58
60	2	3.03

70	2	3.03
80	2	3.03
90	3	4.55
95	2	3.03
100	10	15.15

c. Other

	Frequency	Percent
0	51	77.27
5	1	1.52
10	3	4.55
20	1	1.52
25	1	1.52
40	2	3.03
50	4	6.06
75	1	1.52
80	1	1.52
100	1	1.52

Part B: Question 9

How important a public health problem do you think each of the following is in the community your facility serves? (1= Very Important, 2= Moderately Important, 3= Not Very important, 4= Not at all important)

HIV/AIDS

	Frequency	Percent
1	17	29.31
2	21	36.21
3	19	32.76
4	1	1.72

Chlamydia/Gonorrhea

	Frequency	Percent
1	37	63.79
2	15	25.86
3	6	10.34

TB

	Frequency	Percent
1	19	32.76
2	19	32.76
3	17	29.31
4	3	5.17

Hepatitis A

	Frequency	Percent
1	15	25.86
2	20	34.48
3	18	31.03
4	5	8.62

Hepatitis B

	Frequency	Percent
1	21	36.21
2	23	39.66
3	13	22.41
4	1	1.72

Hepatitis C

	Frequency	Percent
1	36	62.07
2	15	25.86
3	6	10.34
4	1	1.72

Part B: Question 10

If this facility reports any of the following communicable diseases: HIV/AIDS, Chlamydia/gonorrhea, active TB, and hepatitis A, B, or C to state health department(s), who are the main contact persons? Please list contacts for each state and disease (if applicable) separately.

	Frequency	Percent
Responded	31	47.12
Do not report	9	13.68
Don't know	11	16.72
Did not respond	15	22.80

Part B: Question 11

If this facility reports any of the following communicable diseases: HIV/AIDS, Chlamydia/gonorrhea, active TB, and hepatitis A, B, or C to county/municipal health departments (HD), who are the main contact persons? Please list contacts for each county/municipality separately.

	Frequency	Percent
Responded	29	44.08
Do not report	7	10.64
Don't know	11	16.72
Did not respond	19	28.88

Part B: Question 11a

Does your facility work with any of the following agencies (other than your own) to investigate or manage cases of HIV/AIDS, Chlamydia/gonorrhea, active TB, and hepatitis A, B, or C? Please check all that apply.

Tribal Facility

	Frequency	Percent
Do not partner	52	78.79
Partner	14	21.21

Urban Indian Health Center

	Frequency	Percent
Do not partner	60	90.91
Partner	6	9.09

State Health Agency

	Frequency	Percent
Do not partner	37	56.06
Partner	29	43.94

County/ Municipal Health Agency

	Frequency	Percent
Do not partner	27	40.91
Partner	39	59.09

Mexican/ Canadian Health Officials

	Frequency	Percent
Do not partner	65	98.48
Partner	1	1.52

Part B: Question 11b

In an outbreak situation, do other tribal/urban Indian health facilities communicate with staff at your facility about possible exposure or risk to your clientele?

	Frequency	Percent
No	24	38.10
Yes	31	49.21
Don't Know	8	12.70

Part B: Question 11c

In an outbreak situation, do state/county/municipal health departments communicate with staff at your facility about possible exposure or risk to your clientele?

	Frequency	Percent
No	10	15.87
Yes	49	77.78
Don't know	4	6.35

Part B: Question 12

How common is it for your clientele to seek testing and treatment services for sensitive conditions like STDs/HIV at non-Indian facilities where they can be more anonymous?

	Frequency	Percent
Always	8	12.70
Often	9	14.29
Sometimes	32	50.79
Rarely	14	22.22
Never	0	0

Part B: Question 12a

In your opinion, to what extent does this practice interfere with the ability to estimate numbers of HIV/AIDS cases among your clientele?

	Frequency	Percent
Don't know	3	4.76
Great Extent	23	36.51
Minor Extent	14	22.22
Moderate Extent	11	17.46
Not at all	12	19.05

Part B: Question 12b

In your opinion, to what extent does this practice interfere with the ability to estimate numbers of Chlamydia/gonorrhea cases among your clientele?

SectBQ12b	Frequency	Percent
Don't know	3	4.76
Great Extent	13	20.63
Minor Extent	21	33.33
Moderate Extent	12	19.05
Not at all	14	22.22

Part B: Question 13

In your clinical facility, which of the following groups are routinely offered an HIV test?

Pregnant Women

	Frequency	Percent
Not offered	27	40.91
Offered	39	59.09

STD patients

	Frequency	Percent
Not offered	26	39.39
Offered	40	60.61

Persons w/ histories

	Frequency	Percent
Not offered	23	34.85
Offered	43	65.15

Patients w/ TB

	Frequency	Percent
Not offered	51	77.27
Offered	15	22.73

Varies by provider

	Frequency	Percent
Not offered	35	53.03
Offered	31	46.97

Other

	Frequency	Percent
Not offered	62	93.94
Offered	4	6.06

None of the above

	Frequency	Percent
Not offered	65	98.48
Offered	1	1.52

Part B: Question 14

Which of the following describes your facility's involvement with HIV/AIDS partner follow-up activities if the partner lives off reservation? (0= Not Selected, 1= Selected)

The facility is not involved in partner follow-up or referral for follow-up

	Frequency	Percent
0	54	81.82
1	12	18.18

Staff in this facility contact partners for follow-up

	Frequency	Percent
0	55	83.33
1	11	16.67

The patient is responsible for contacting partners

	Frequency	Percent
0	52	78.79
1	14	21.21

Cases are referred to state or local health departments for partner follow-up

	Frequency	Percent
0	32	48.48
1	34	51.52

Cases are referred to tribal health authorities for partner follow-up

	Frequency	Percent
0	62	93.94
1	4	6.06

Cases are referred to Urban Indian health centers for partner follow-up

	Frequency	Percent
0	62	93.94
1	4	6.06

Other

	Frequency	Percent
0	59	89.39
1	7	10.61

Part B: Question 14a

How is partner notification handled if the partner is living on a reservation? (0= No, 1= Yes)

The facility is not involved in partner follow-up or referral for follow-up

	Frequency	Percent
0	55	83.33
1	11	16.67

Staff in this facility contact partners for follow-up

	Frequency	Percent
0	45	68.18
1	21	31.82

The patient is responsible for contacting partners

	Frequency	Percent
0	53	80.30
1	13	19.70

Cases are referred to state or local health departments for partner follow-up

	Frequency	Percent
0	38	57.58
1	28	42.42

Cases are referred to tribal health authorities for partner follow-up

	Frequency	Percent
0	61	92.42
1	5	7.58

Cases are referred to Urban Indian health centers for partner follow-up

	Frequency	Percent
0	64	96.97
1	2	3.03

Other

	Frequency	Percent
0	62	93.94
1	4	6.06

Part B: Question 15

Which choice best characterizes where your facility's HIV/AIDS case reports are sent? (1= State health department(s), 2= County/ Municipal health departments, 3= Both State and County/ Municipal health departments, 4= Regional Tribal Epidemiology Center or local Indian Health Board, 5= Both a State/ County health department and a tribal health agency, 6= No information about HIV/AIDS cases diagnosed in this facility is given to a health department or other health agency, 7= We have never diagnosed a patient with HIV/AIDS in this facility)

	Frequency	Percent
1	27	46.55
2	12	20.69
3	4	6.90
5	1	1.72
7	14	24.14

Part B: Question 16

Does your clinical facility have a plan in place for reporting cases of HIV/AIDS should one be diagnosed?

	Frequency	Percent
Yes	12	85.71
No	2	14.29

Part B: Question 17

Which choices below characterize how your clinical facility works with the state health department(s) or county/municipal health department(s) to provide information about patients who were diagnosed with HIV/AIDS in this facility? Please check all that apply. (0= Not Selected, 1= Selected)

The state/county/municipal health department(s) contacts the staff here after first receiving information about the case from either a state laboratory or an independent lab

	Frequency	Percent
0	54	81.82
1	12	18.18

The state/county/municipal health department(s) receives reports from both the staff at our facility, and the state lab or an independent lab

	Frequency	Percent
0	39	59.09
1	27	40.91

A staff member who has been given the job of reporting all HIV/AIDS cases provides the state/county/municipal health department(s) with the information

	Frequency	Percent
0	45	68.18
1	21	31.82

Any staff member involved in the patients' care may provide the information. (No particular staff member has been given the job of informing the state.)

	Frequency	Percent
0	60	90.91
1	6	9.09

Other

	Frequency	Percent
0	60	90.91
1	6	9.09

Part B: Question 18

How does your facility report cases of HIV/AIDS to the state health department(s) or county/municipal health department(s)? (0= Not Selected, 1= Selected)

CDC report form

SectBQ181	Frequency	Percent
0	62	93.94
1	4	6.06

State report form

	Frequency	Percent
0	39	59.09
1	27	40.91

County/Municipal report form

	Frequency	Percent
0	48	72.73
1	18	27.27

Other paper form

	Frequency	Percent
0	63	95.45
1	3	4.55

Electronic report

	Frequency	Percent
0	64	96.97
1	2	3.03

Phone call

	Frequency	Percent
0	53	80.30
1	13	19.70

Other

	Frequency	Percent
0	63	95.45
1	3	4.55

Part B: Question 18a

If your facility uses an electronic information system, are HIV diagnoses documented in this system?

	Frequency	Percent
No	33	55.00
Yes	13	21.67
Don't know	14	23.33

Part B: Question 19

How often does your facility report cases of HIV/AIDS to the state health department(s) or county/municipal health department(s)? (1= Case by case, 2= Weekly, 3= Monthly, 4= Twice a year, 5= Once a year, 6= Other)

	Frequency	Percent
1	36	69.23
2	1	1.92
3	1	1.92
5	1	1.92
6	13	25.00

Part B: Question 20

What procedures are followed to protect confidentiality of reports of HIV/AIDS? (0= Not Selected, 1= Selected)

Safeguard in a manner similar to all other patient records

	Frequency	Percent
0	22	33.33
1	44	66.67

Restricted access to storage areas where files are kept

	Frequency	Percent
0	33	50.00
1	33	50.00

Files kept in locked cabinet

	Frequency	Percent
0	36	54.55
1	30	45.45

Lock cabinets when work station is unattended

	Frequency	Percent
0	46	69.70
1	20	30.30

Password-protected files on computer

	Frequency	Percent
0	43	65.15
1	23	34.85

Log off password protected computer when work station is unattended

	Frequency	Percent
0	44	66.67
1	22	33.33

Documents with names or other identification are shredded when they need to be disposed of

	Frequency	Percent
0	33	50.00
1	33	50.00

Conduct telephone conversations that require the use of names in a confidential area where others cannot overhear

	Frequency	Percent
0	32	48.48
1	34	51.52

Do not discuss name or other identifying information except in the performance of duties, being careful that these discussions do not occur in hallways, elevators, lavatories, lunch rooms, and other public areas

	Frequency	Percent
0	26	39.39
1	40	60.61

Other

	Frequency	Percent
0	62	93.94
1	4	6.06

Part B: Question 21

Where are completed HIV/AIDS case report (surveillance) forms kept? Please check all that apply. (0= Not Selected, 1= Selected)

Do not use paper or electronic case report forms to report HIV/AIDS diagnoses

	Frequency	Percent
0	61	92.42
1	5	7.58

In the clinic/ hospital, in a designated filing cabinet

	Frequency	Percent
0	46	69.70
1	20	30.30

In the clinic/ hospital, on a computer

	Frequency	Percent
0	63	95.45
1	3	4.55

At the state health department

	Frequency	Percent
0	55	83.33
1	11	16.67

By tribal health administration

	Frequency	Percent
0	61	92.42
1	5	7.58

Other

	Frequency	Percent
0	54	81.82
1	12	18.18

Part B: Question 22

Do the state health department(s) send HIV/AIDS surveillance reports to your facility/service unit? (0= No, 1= Yes)

	Frequency	Percent
0	47	75.81
1	15	24.19

Part B: Question 22a

If yes, what is the frequency of the report? (Times per year)

	Frequency	Percent
0	1	5.56
1	4	22.22

12	5	27.78
2	1	5.56
2-3	1	5.56
4	4	22.22
none	1	5.56
uncertain	1	5.56

Part B: Question 22b

Is this frequency adequate? (0= No, 1= Yes)

	Frequency	Percent
0	47	75.81
1	15	24.19

Part B: Question 22c

Does the county/municipal health department(s) send a surveillance report for HIV/AIDS to your facility/service unit? (0= No, 1= Yes)

	Frequency	Percent
0	52	83.87
1	10	16.13

Part B: Question 22d

If yes, what is the frequency of the report? (Times per year)

	Frequency	Percent
0	1	9.09
12	3	27.27
1`	1	9.09
2	1	9.09
4	3	27.27
none	1	9.09
uncertain	1	9.09

Part B: Question 22e

Is this frequency adequate? (0= No, 1= Yes)

	Frequency	Percent
0	52	83.87
1	10	16.13

Part B: Question 23a

How useful is information about local HIV/AIDS cases among American Indians and Alaska Natives for…(If you do not currently receive this information, how useful would it be for…)(0= No Response, 1= Very Useful, 2= Moderately Useful, 3= Not Very Useful, 4= Not Useful, 5= Don't Know)

a. planning programs?

	Frequency	Percent
0	10	15.15
1	28	42.42
2	20	30.30
3	3	4.55
5	5	7.58

b. securing additional funding?

	Frequency	Percent
0	10	15.15
1	22	33.33
2	20	30.30
3	5	7.58
4	2	3.03
5	7	10.61

c. allocating funding?

	Frequency	Percent
0	11	16.67
1	17	25.76

2	19	28.79
3	8	12.12
4	3	4.55
5	8	12.12

d. educating staff?

	Frequency	Percent
0	10	15.15
1	27	40.91
2	22	33.33
3	1	1.52
4	1	1.52
5	5	7.58

e. performing clinical evaluations or service provision?

	Frequency	Percent
0	13	19.70
1	16	24.24
2	24	36.36
3	3	4.55
4	3	4.55
5	7	10.61

f. other?

	Frequency	Percent
0	63	95.45
1	1	1.52
5	2	3.03

Part B: Question 23a

Do the reports you receive from the state/county/municipal health department include tribe-specific information on numbers of cases? (0= No, 1= Yes, 2= Don't know)

	Frequency	Percent
0	51	80.95
1	4	6.35
2	8	12.70

Part B: Question 23b

If no, would the information be more useful if it was tribe-specific? (0= No, 1= Yes, 2= Don't know)

	Frequency	Percent
0	33	52.38
1	23	36.51
2	7	11.11

Part B: Question 24

Does your facility prepare summaries on HIV/AIDS among your clientele for internal use only? (1= Yes, 2= No, 3= Don't know)

	Frequency	Percent
1	5	8.93
2	44	78.57
3	7	12.50

Part B: Question 24a

With whom are these summaries shared? (0= Not Selected, 1= Selected)

Not shared

	Frequency	Percent
0	65	98.48
1	1	1.52

Tribal Government

	Frequency	Percent
0	64	96.97
1	2	3.03

Regional Indian Health Board

	Frequency	Percent
0	66	100.00

Tribal Epidemiology Center

	Frequency	Percent
0	66	100.00

Indian Health Service

	Frequency	Percent
0	64	96.97
1	2	3.03

Other

	Frequency	Percent
0	64	96.97
1	2	3.03

Part B: Question 25

Do any of the following ever keep you from reporting HIV/AIDS cases to the state health department(s) or county/municipal health department(s)? Please check all that apply. (0= Not Selected, 1= Selected)

Not sure who to report to

	Frequency	Percent
0	65	98.48
1	1	1.52

Guidelines for reporting are unclear

	Frequency	Percent
0	65	98.48
1	1	1.52

Patients do not accept testing/ screening

	Frequency	Percent
0	55	83.33
1	11	16.67

Concerns about confidentiality

	Frequency	Percent
0	61	92.42
1	5	7.58

Staff turnover

	Frequency	Percent
0	64	96.97
1	2	3.03

Reporting arrangement is not established

	Frequency	Percent
0	63	95.45
1	3	4.55

Health Insurance Portability and Accountability Act (HIPAA)

	Frequency	Percent
0	65	98.48
1	1	1.52

Other priorities get in the way

	Frequency	Percent
0	65	98.48
1	1	1.52

Other

	Frequency	Percent
0	64	96.97
1	2	3.03

None of the above

	Frequency	Percent
0	27	40.91
1	39	59.09

Part B: Question 26

Which choice best characterizes where your facility's Chlamydia/gonorrhea, active TB, hepatitis A, hepatitis B, and hepatitis C reports are sent? (1= To State health department(s), 2= To County/ Municipal health departments(s), 3= To Both State and County/ Municipal health departments, 4= To a Regional Tribal Epidemiology Center or local Indian Health Board, 5= To both a State/ County health department and a tribal health agency, 6= No information about Chlamydia/ gonorrhea, active TB, hepatitis A, hepatitis B, hepatitis C cases diagnosed in this facility is given to a health department or other health agency)

	Frequency	Percent
1	27	46.55
2	21	36.21
3	5	8.62
4	4	6.90
6	1	1.72

Part B: Question 27

For which of the following conditions does this clinical facility give case reports to the state health department(s) or county/municipal health department(s)? Please check all that apply. (0= Not Selected, 1= Selected)

Chlamydia/ Gonorrhea

	Frequency	Percent
0	19	28.79
1	47	71.21

Active TB

	Frequency	Percent
0	19	28.79
1	47	71.21

Hepatitis A

	Frequency	Percent
0	25	37.88
1	41	62.12

Hepatitis B

	Frequency	Percent
0	23	34.85
1	43	65.15

Hepatitis C

	Frequency	Percent
0	22	33.33
1	44	66.67

Do not report

	Frequency	Percent
0	65	98.48
1	1	1.52

Part B: Question 28

Which choices below characterize how your clinical facility works with the state health department(s) or county/municipal health department(s) to provide information about patients who were diagnosed with Chlamydia/gonorrhea in this facility? Please check all that apply. (0= Not Selected, 1= Selected)

Not applicable; this facility does not provide Chlamydia/gonorrhea services

	Frequency	Percent
0	65	98.48
1	1	1.52

This facility does not share information about Chlamydia/gonorrhea cases with state health department(s)

	Frequency	Percent
0	65	98.48
1	1	1.52

The state health department(s) contacts the staff here after first receiving laboratory information about the case from either a state laboratory or an independent lab

	Frequency	Percent
0	57	86.36
1	9	13.64

The state health department(s) receives reports from both the staff at our facility, and the state lab or an independent lab

	Frequency	Percent
0	44	66.67
1	22	33.33

A staff member who has been given the job of reporting all Chlamydia/gonorrhea cases provides the state health department(s) with the information

	Frequency	Percent
0	37	56.06
1	29	43.94

Any staff member involved in the patients' care may provide the information. (No particular staff member has been given the job of informing the state.)

	Frequency	Percent
0	56	84.85
1	10	15.15

Other

	Frequency	Percent
0	63	95.45
1	3	4.55

Part B: Question 28a

Which choices below characterize how your clinical facility works with the state health department(s) or county/municipal health department(s) to provide information about patients who were diagnosed with active TB in this facility? Please check all that apply. (0= Not Selected, 1= Selected)

Not applicable; this facility does not provide active TB services

	Frequency	Percent
0	64	96.97
1	2	3.03

This facility does not share information about active TB cases with state health department(s)

	Frequency	Percent
0	66	100.00

The state health department(s) contacts the staff here after first receiving laboratory information about the case from either a state laboratory or an independent lab

	Frequency	Percent
0	54	81.82
1	12	18.18

The state health department(s) receives reports from both the staff at our facility, and the state lab or an independent lab

	Frequency	Percent
0	46	69.70
1	20	30.30

A staff member who has been given the job of reporting all active TB cases provides the state health department(s) with the information

	Frequency	Percent
0	44	66.67
1	22	33.33

Any staff member involved in the patients' care may provide the information. (No particular staff member has been given the job of informing the state.)

	Frequency	Percent
0	56	84.85
1	10	15.15

Other

	Frequency	Percent
0	61	92.42
1	5	7.58

Part B: Question 28b

Which choices below characterize how your clinical facility works with the state health department(s) or county/municipal health department(s) to provide information about patients who were diagnosed with hepatitis A in this facility? Please check all that apply. (0= Not Selected, 1= Selected)

Not applicable; this facility does not provide hepatitis A services

	Frequency	Percent
0	66	100.00

This facility does not share information about hepatitis A cases with state health department(s)

	Frequency	Percent
0	64	96.97
1	2	3.03

The state health department(s) contacts the staff here after first receiving laboratory information about the case from either a state laboratory or an independent lab

	Frequency	Percent
0	55	83.33
1	11	16.67

The state health department(s) receives reports from both the staff at our facility, and the state lab or an independent lab

	Frequency	Percent
0	44	66.67
1	22	33.33

A staff member who has been given the job of reporting all hepatitis A cases provides the state health department(s) with the information

	Frequency	Percent
0	41	62.12
1	25	37.88

Any staff member involved in the patients' care may provide the information. (No particular staff member has been given the job of informing the state.)

	Frequency	Percent
0	54	81.82
1	12	18.18

Other

	Frequency	Percent
0	62	93.94
1	4	6.06

Part B: Question 28c

Which choices below characterize how your clinical facility works with the state health department(s) or county/municipal health department(s) to provide information about patients who were diagnosed with hepatitis B in this facility? Please check all that apply. (0= Not Selected, 1= Selected)

Not applicable; this facility does not provide hepatitis B services

	Frequency	Percent
0	66	100.00

This facility does not share information about hepatitis B cases with state health department(s)

	Frequency	Percent
0	66	100.00

The state health department(s) contacts the staff here after first receiving laboratory information about the case from either a state laboratory or an independent lab

	Frequency	Percent
0	55	83.33
1	11	16.67

The state health department(s) receives reports from both the staff at our facility, and the state lab or an independent lab

	Frequency	Percent
0	45	68.18
1	21	31.82

A staff member who has been given the job of reporting all hepatitis B cases provides the state health department(s) with the information

	Frequency	Percent
0	40	60.61
1	26	39.39

Any staff member involved in the patients' care may provide the information. (No particular staff member has been given the job of informing the state.)

	Frequency	Percent
0	54	81.82
1	12	18.18

Other

	Frequency	Percent
0	63	95.45
1	3	4.55

Part B: Question 28d

Which choices below characterize how your clinical facility works with the state health department(s) or county/municipal health department(s) to provide information about patients who were diagnosed with hepatitis C in this facility? Please check all that apply. (0= Not Selected, 1= Selected)

Not applicable; this facility does not provide hepatitis C services

	Frequency	Percent
0	66	100.00

This facility does not share information about hepatitis C cases with state health department(s)

	Frequency	Percent
0	66	100.00

The state health department(s) contacts the staff here after first receiving laboratory information about the case from either a state laboratory or an independent lab

	Frequency	Percent
0	56	84.85
1	10	15.15

The state health department(s) receives reports from both the staff at our facility, and the state lab or an independent lab

	Frequency	Percent
0	44	66.67
1	22	33.33

A staff member who has been given the job of reporting all hepatitis C cases provides the state health department(s) with the information

	Frequency	Percent
0	42	63.64
1	24	36.36

Any staff member involved in the patients' care may provide the information. (No particular staff member has been given the job of informing the state.)

	Frequency	Percent
0	54	81.82
1	12	18.18

Other

	Frequency	Percent
0	62	93.94
1	4	6.06

Part B: Question 29

How do you report cases of the following communicable diseases to the state health department(s) or county/municipal health department(s)? Please check all that apply. (0= Not selected, 1= Selected)

Chlamydia/ Gonorrhea:

Do not report

	Frequency	Percent
0	66	100.00

CDC report form

	Frequency	Percent
0	63	95.45
1	3	4.55

State report form

	Frequency	Percent
0	43	65.15
1	23	34.85

County/ Municipal report form

	Frequency	Percent
0	50	75.76
1	16	24.24

Electronic report

	Frequency	Percent
0	64	96.97
1	2	3.03

Phone Call

	Frequency	Percent
0	52	78.79
1	14	21.21

Other

	Frequency	Percent
0	60	90.91
1	6	9.09

Active TB:

Does Not Report

	Frequency	Percent
0	66	100.00

CDC Report Form

	Frequency	Percent
0	65	98.48
1	1	1.52

State Report Form

	Frequency	Percent
0	44	66.67
1	22	33.33

County/ Municipal Report Form

	Frequency	Percent
0	50	75.76
1	16	24.24

Electronic Report

	Frequency	Percent
0	65	98.48
1	1	1.52

Phone Call

	Frequency	Percent
0	45	68.18
1	21	31.82

Other

	Frequency	Percent
0	62	93.94
1	4	6.06

Hepatits A:

Does not Report

	Frequency	Percent
0	66	100.00

CDC Report form

	Frequency	Percent
0	64	96.97
1	2	3.03

State report form

	Frequency	Percent
0	44	66.67
1	22	33.33

County/ Municipal report form

	Frequency	Percent
0	50	75.76
1	16	24.24

Electronic report

	Frequency	Percent
0	64	96.97
1	2	3.03

Phone call

	Frequency	Percent
0	50	75.76
1	16	24.24

Other

	Frequency	Percent
0	63	95.45
1	3	4.55

Hepatitis B:

Do not report

	Frequency	Percent
0	66	100.00

CDC report form

	Frequency	Percent
0	64	96.97
1	2	3.03

State report form

	Frequency	Percent
0	44	66.67
1	22	33.33

County/ Municipal report form

	Frequency	Percent
0	51	77.27
1	15	22.73

Electronic report

	Frequency	Percent
0	64	96.97
1	2	3.03

Phone call

	Frequency	Percent
0	50	75.76
1	16	24.24

Other

	Frequency	Percent
0	63	95.45
1	3	4.55

Hepatitis C:

Do not report

	Frequency	Percent
0	65	98.48
1	1	1.52

CDC report form

	Frequency	Percent
0	65	98.48
1	1	1.52

State report form

	Frequency	Percent
0	45	68.18
1	21	31.82

County/ Municipal report form

	Frequency	Percent
0	50	75.76
1	16	24.24

Electronic report

	Frequency	Percent
0	63	95.45
1	3	4.55

Phone call

	Frequency	Percent
0	50	75.76
1	16	24.24

Other

	Frequency	Percent
0	63	95.45
1	3	4.55

Part B: Question 30

How often do you report cases of the following communicable diseases to the state health department(s) or county/municipal health department(s)? Check one box on each line. (1= Do not report, 2= Case by case, 3= Weekly, 4= Monthly, 5= Twice a year, 6= Once a year, 7= Other)

a. Chlamydia/ Gonorrhea

	Frequency	Percent
2	36	75.00
3	3	6.25
4	5	10.42
6	1	2.08
7	3	6.25

b. Active TB

	Frequency	Percent
2	39	84.78
3	1	2.17
4	2	4.35
6	1	2.17
7	3	6.52

c. Hepatitis A

	Frequency	Percent
2	41	87.23
3	1	2.13
4	3	6.38
7	2	4.26

d. Hepatitis B

	Frequency	Percent
2	40	83.33
3	1	2.08
4	3	6.25
5	1	2.08
6	2	4.17
7	1	2.08

e. Hepatitis C

	Frequency	Percent
1	1	2.08
2	38	79.17
3	1	2.08
4	4	8.33
5	2	4.17
7	2	4.17

Part B: Question 31

What procedures are followed to protect confidentiality of reports of Chlamydia/ gonorrhea? Please check all that apply. (0= Not Selected, 1= Selected)

Safeguard in a manner similar to all other patient records

	Frequency	Percent
0	17	25.76
1	49	74.24

Restricted access to storage areas where files are kept

	Frequency	Percent
0	30	45.45
1	36	54.55

Files kept in locked cabinet

	Frequency	Percent
0	37	56.06
1	29	43.94

Lock cabinets when work station is unattended

	Frequency	Percent
0	45	68.18
1	21	31.82

Password-protected files on computer

	Frequency	Percent
0	48	72.73
1	18	27.27

Log off password protected computer when work station is unattended

	Frequency	Percent
0	47	71.21
1	19	28.79

Documents with names or other identification are shredded when they need to be disposed of

	Frequency	Percent
0	34	51.52
1	32	48.48

Conduct telephone conversations that require the use of names in a confidential area where other cannot overhear

	Frequency	Percent
0	28	42.42
1	38	57.58

Do not discuss names or other identifying information except in the performance of duties, being careful that these discussions do not occur in hallways, elevators, lavatories, lunch rooms, and other public areas

	Frequency	Percent
0	27	40.91
1	39	59.09

Other

	Frequency	Percent
0	65	98.48
1	1	1.52

Part B: Question 32

Where are copies of completed case reports for Chlamydia/gonorrhea, active TB, and hepatitis A, B, and C kept? Please check all that apply. (0= Not Selected, 1= Selected)

Do not use paper or electronic case report forms to report diagnoses for these diseases

	Frequency	Percent
0	65	98.48
1	1	1.52

In the clinic/hospital, in a designated filing cabinet

	Frequency	Percent
0	35	53.03
1	31	46.97

In the clinic/ hospital, on a computer

	Frequency	Percent
0	60	90.91
1	6	9.09

At the state health department

	Frequency	Percent
0	54	81.82
1	12	18.18

By tribal health administration

	Frequency	Percent
0	63	95.45
1	3	4.55

Other

	Frequency	Percent
0	61	92.42
1	5	7.58

Part B: Question 33

How useful is information about local cases of Chlamydia/ gonorrhea, active TB, and hepatitis A, B, and C among American Indians and Alaska Natives for…(If you do not currently receive this information, how useful would it be for…) (1=Very Useful, 2= Moderately Useful, 3= Not Very Useful, 4= Not Useful, 5= Don't know)

a. planning programs?

	Frequency	Percent
1	29	51.79
2	23	41.07
3	1	1.79
5	3	5.36

b. securing additional funding?

	Frequency	Percent
1	25	45.45
2	18	32.73
3	5	9.09
4	3	5.45
5	4	7.27

c. allocating funding?

	Frequency	Percent
1	19	33.33
2	26	45.61
3	5	8.77
4	2	3.51
5	5	8.77

d. educating staff?

	Frequency	Percent
1	28	50.00
2	24	42.86
3	1	1.79
5	3	5.36

e. performing clinical evaluations or service provision?

	Frequency	Percent
1	24	43.64
2	23	41.82
3	2	3.64
4	1	1.82
5	5	9.09

f. other?

	Frequency	Percent
2	1	33.33
5	2	66.67

Part B: Question 33a

Do the reports you receive from the state/county/municipal health department include tribe-specific information on numbers of cases? (0= No, 1= Yes, 2= Don't know)

	Frequency	Percent
0	52	78.79
1	4	6.06
2	10	15.15

Part B: Question 33b

If no, would the information be more useful if it was tribe-specific? (0= No, 1= Yes, 2= Don't know)

	Frequency	Percent
0	28	42.42
1	35	53.03
2	3	4.55

Part B: Question 34

Which of the following describes this facility's involvement with Chlamydia/gonorrhea partner follow-up activities? Please check all that apply. (0= Not Selected, 1= Selected)

The facility is not involved in partner follow-up or referral for follow-up

	Frequency	Percent
0	56	84.85
1	10	15.15

Staff in this facility contact partners for follow-up

	Frequency	Percent
0	44	66.67
1	22	33.33

The patient is responsible for contacting partners

	Frequency	Percent
0	39	59.09
1	27	40.91

Cases are referred to state or local health department(s) for partner follow-up

	Frequency	Percent
0	31	46.97
1	35	53.03

Cases are referred to tribal health authorities for partner follow-up

	Frequency	Percent
0	62	93.94
1	4	6.06

Cases are referred to an Urban Indian health center for partner follow-up

	Frequency	Percent
0	64	96.97
1	2	3.03

Other

	Frequency	Percent
0	60	90.91
1	6	9.09

Part B: Question 34a

Does your facility prepare summary reports of health data for the following communicable diseases for the population served by your facility? (0= No, 1= Yes, 2= Unsure)

a. Chlamydia/ Gonorrhea?

	Frequency	Percent
0	40	60.61
1	22	33.33
2	4	6.06

b. Active TB?

	Frequency	Percent
0	42	63.64
1	21	31.82
2	3	4.55

c. Hepatitis A?

	Frequency	Percent
0	44	66.67
1	18	27.27
2	4	6.06

d. Hepatitis B?

	Frequency	Percent
0	44	66.67
1	18	27.27
2	4	6.06

e. Hepatitis C?

	Frequency	Percent
0	43	65.15
1	19	28.79
2	4	6.06

Part B: Question 34b

With whom are these reports shared? (0= Not Selected, 1= Selected)

Not shared

	Frequency	Percent
0	53	80.30
1	13	19.70

Tribal Government

	Frequency	Percent
0	61	92.42
1	5	7.58

Regional Indian health board

	Frequency	Percent
0	66	100.00

Tribal Epidemiology Center

	Frequency	Percent
0	64	96.97
1	2	3.03

Indian Health Service

	Frequency	Percent
0	52	78.79
1	14	21.21

Other

	Frequency	Percent
0	57	86.36
1	9	13.64

Part B: Question 35

Does the state health department(s) send a surveillance report for cases of the following communicable diseases to your facility/service unit? (0= No, 1= Yes, 2= Unsure)

a. Chlamydia/ Gonorrhea?

	Frequency	Percent
0	41	62.12
1	18	27.27
2	7	10.61

b. Active TB?

	Frequency	Percent
0	40	60.61
1	18	27.27
2	8	12.12

c. Hepatitis A?

	Frequency	Percent
0	40	60.61
1	15	22.73
2	11	16.67

d. Hepatitis B?

	Frequency	Percent
0	41	62.12
1	15	22.73
2	10	15.15

e. Hepatitis C?

	Frequency	Percent
0	41	62.12
1	14	21.21
2	11	16.67

Part B: Question 35a

Does the county/municipal health department(s) send a surveillance report for cases of the following communicable diseases to your facility/service unit? (0= No, 1= Yes, 2= Unsure)

a. Chlamydia/ Gonorrhea?

	Frequency	Percent
0	50	75.76
1	8	12.12
2	8	12.12

b. Active TB?

	Frequency	Percent
0	51	77.27
1	8	12.12
2	7	10.61

c. Hepatitis A?

	Frequency	Percent
0	51	77.27
1	7	10.61
2	8	12.12

d. Hepatitis B?

	Frequency	Percent
0	51	77.27
1	7	10.61
2	8	12.12

e. Hepatitis C?

	Frequency	Percent
0	51	77.27
1	7	10.61
2	8	12.12

Part B: Question 36

Does this clinical facility participate in giving information to tribal/urban Indian health agencies about cases of the following communicable diseases diagnosed in this facility? (0= No, 1= Yes, 2= Unsure)

a. Chlamydia/Gonorrhea?

	Frequency	Percent
0	45	68.18
1	16	24.24
2	5	7.58

b. Active TB?

	Frequency	Percent
0	50	75.76
1	11	16.67
2	5	7.58

c. Hepatitis A?

	Frequency	Percent
0	51	77.27
1	8	12.12
2	7	10.61

d. Hepatitis B?

	Frequency	Percent
0	50	75.76
1	9	13.64
2	7	10.61

e. Hepatitis C?

	Frequency	Percent
0	51	77.27
1	8	12.12
2	7	10.61

Part B: Question 37

Do any of the following ever keep you from reporting cases of Chlamydia/ gonorrhea, active TB, and hepatitis A, B, and C to the state health department(s) or county/municipal health department(s)? Please check all that apply. (0= Not selected, 1= selected)

Not sure who to report to

	Frequency	Percent
0	64	96.97
1	2	3.03

Guidelines for reporting are unclear

	Frequency	Percent
0	66	100.00

Patients do not accept testing/ screening

	Frequency	Percent
0	55	83.33
1	11	16.67

Concerns about confidentiality

	Frequency	Percent
0	63	95.45
1	3	4.55

Staff turnover

	Frequency	Percent
0	63	95.45
1	3	4.55

Reporting arrangement is not established

	Frequency	Percent
0	60	90.91
1	6	9.09

HIPAA

	Frequency	Percent
0	64	96.97
1	2	3.03

Other priorities get in the way

	Frequency	Percent
0	65	98.48
1	1	1.52

Other

	Frequency	Percent
0	64	96.97
1	2	3.03

None of the above

	Frequency	Percent
0	34	51.52
1	32	48.48

Part B: Question 38

Does a process exist to address surveillance issues with the state health department or the county/municipal health department? (0= No, 1= Yes, 2= Don't know)

	Frequency	Percent
0	34	51.52
1	15	22.73
2	17	25.76