Program Opens Lines of Communication to Cut STD Rate Among Native Americans

Native Americans are more likely than whites to be diagnosed with a sexually transmitted disease. Project Red Talon strives to increase communication about STDs among Native American populations in an effort to address those disparities.

By Tim Weldon
At kitchen tables, youth centers, health clinics and school classrooms on tribal lands dotting the Pacific Northwest, the veil of silence is being lifted from a subject once considered taboo. With a little encouragement, people are talking about sexually transmitted diseases freely, openly, and in many cases, for the first time.

The notion of talking candidly to teenagers and young adults about STDs may not be a new prescription, but it’s frequently been a bitter pill, often ignored. For many Native Americans, the result of keeping quiet about the risk of STDs has been devastating.

Infection Rates Are Increasing Rapidly

According to the most recent surveillance data released by the Centers for Disease Control and Prevention, Native Americans are nearly four times more likely than whites to be diagnosed with gonorrhea, twice as likely to be infected with syphilis and more than five times more likely to be infected with chlamydia. And the STD rates just keep growing—faster than any other ethnic group—the CDC reports.

Tribal leaders could remain silent no longer.

In 2004, a three-year capacity building grant from the CDC enabled Project Red Talon, a Portland, Ore.-based grass-roots health organization serving 43 tribes in Oregon, Washington and Idaho. The project aims to develop a new model for attacking STD disparities in its region. An educational campaign called “Stop the Silence,” was borne from the effort and encourages frank conversations about STD prevention, screening and treatment.

“As in many communities, talking about sex and reproductive health is a real challenge for many people,” Project Red Talon Director Stephanie Craig Rushing said. “So Project Red Talon has been focusing on helping adults and elders talk to their young people about sex and STDs and those risks.” Adding to the challenge of breaking the silence is that “it might not have been a risk that those parents faced themselves. So they just don’t have the background to talk about those things,” Rushing said.

She called the burgeoning STD rate among Native Americans a “time bomb.” Project Red Talon’s mission is to work with tribal health educators to provide educational resources, training and technical assistance to defuse the time bomb before it explodes.

Behind the Gap in Rates

Today, American Indians and Alaska Natives have the highest rates of gonorrhea, syphilis and chlamydia of any ethnic group with the exception of African-Americans. As with other populations, STDs among Native Americans are most common among those 15 to 29 years old.

“There’s no doubt in my mind that the disparity is real,” said Doug Hargraver, the STD program lead at the Oregon Public Health Division. “Native Americans do have higher rates.”

Many factors appear to contribute to the disparity. Rushing said Native American teenagers tend to have sex at a younger age and have more sexual partners over time than the white population. Drug and alcohol use is greater on reservations while condom use is less. Rushing also considers the geography of many tribal areas in the Northwest, where relative isolation leads to close-knit social and sexual networks, as one cause for the rising numbers.

Teens may find getting access to condoms more challenging in rural areas than in large cities, she said. “If your auntie or your neighbor is working at the one place to get condoms, it’s hard for young people to access that without most people knowing.”

But perhaps Rushing’s most pressing concern is a lack of funding for the Indian health care system, particularly in the area covered by Project Red Talon. That system is funded at only 40 percent of the amount needed to provide adequate services, Rushing said. In the region covered by the project, most tribes operate their own health clinics, according to Rushing, and the result is that STD and HIV screening is not always considered a high priority for scarce funding.

“These clinics are so underfunded that resources are used for other programs,” she said. “Unfortunately, American Indians and Alaska Natives have been forgotten by many of the service providers. States and counties often neglect to work with tribes because they assume that Indian Health Service is sufficiently tackling this, and unfortunately, they don’t have the resources to do that sufficiently.”

Consequently, she explains, many tribal clinics will not routinely screen someone for STDs if no symptoms exist. With little funding available to screen those without obvious symptoms, chlamydia and other STDs frequently go undetected and are eventually spread to other sexual partners. Chlamydia is often a silent infection, because the majority of infected women and half of infected men have no symptoms.

Washington State Rep. John McCoy, a member of the Tulalip tribe, also blames poor funding of tribal health clinics for creating an environment that fosters a high STD rate.
The problem is that programs that are intended to build capacity really require sustained effort on the part of the funders to keep that capacity going,” she said. “We’ve spent the past three years building interest and buy-in and trust, and if we stop the project, it’s going to erode and all the time and energy that was put into this process will really have been for naught.”

There could be more serious health implications on the horizon as well. Evidence suggests having an STD infection increases a person’s risk of acquiring HIV. Without programs in place to reduce the STD rate among American Indians and Alaska Natives, many health officials are concerned that a similar increase in HIV rates may soon follow close on the heels of rising STD rates in American Indian and Alaska Native populations.

For more information about Project Red Talon, go to http://www.npaihb.org/epicenter/project/project_red_talon/.

—Tim Weldon is a health policy analyst with The Council of State Governments.

A Growing Problem: Native Americans and STDs

STDs are increasing at a faster rate among American Indian and Alaska Native populations than among any other ethnic group. Between 2002 and 2006, the gonorrhea rate increased nearly 23 percent in those populations. During that same time period, the increase among whites was less than 18 percent and among Hispanics less than 12 percent. Gonorrhea rates for African-Americans and Asian/Pacific Islanders declined.

As for other STDs, from 2005 to 2006, the syphilis rate for the American Indian and Alaska Native populations increased by more than a third, also faster than among any other ethnic group. The rise in the chlamydia rate for the same period was greater among American Indians and Alaska Natives than among any ethnic group with the exception of Hispanics.

Source: The Centers for Disease Control and Prevention

“I had heard comments from the Native American community saying, ‘When I or my friends look at information that is obviously not geared toward Native Americans, it’s easy to tune out.”’

—Doug Harger, STD program lead
Oregon Public Health Division