Leveraging Tribal Strengths in Response to the Syphilis Epidemic in the Great Plains Area

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Master of Public Health

Infectious Disease and Zoonoses

Funding Disclosure

This information is supported by Indian Health Service of the U.S. Department of Health and Human Services (HHS), Grant Number U1B2IHS0014. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by Indian Health Service.

About Me

Salina, KS to Rapid City, SD

Kansas State University:

B.S. Human Health Biology and Minor in Psychology

May 2023

University of Colorado Anschutz:

Certificate in American Indian/Alaska Native Health

Expected Completion in May 2027

Great Plains Tribal Epidemiology Center

Epidemiology and Disease Prevention Program Manager

February 2026 - Current

Tribal Disease Intervention Specialist Trainer

November 2024 – February 2026

Outline

Background
- Great Plains Tribal Epidemiology Center
- Healthcare in Indian Country
- American Indian and Alaska Native Barriers to Care
- Syphilis Overview
- Syphilis in South Dakota and Indian Country
- Who are Disease Intervention Specialists

Learning Objectives and Products
- GPTEC TDIS Certification Student Manual Module 2: STI Basics
- Medicine Bag Health Education

Next Steps

Competencies
- Synthesis and Integration of Competencies
- Attainment of Competencies

Acknowledgements

Questions

Terms

AI/AN: American Indian/Alaska Native

DIS: Disease Intervention Specialist

STI: Sexually Transmitted Infections

Relatives: Patient/Client

IHS: Indian Health Service

Indian Country: Encompassing term referring to the holistic landscape of AI/AN service areas

GPTEC: Great Plains Tribal Epidemiology Center

Great Plains Tribal Epidemiology Center

GREAT PLAINS TRIBAL HEALTH
EPIDEMIOLOGY CENTER

Rapid City, SD

17 Tribal Nations and 1 service area in Iowa, Nebraska, North Dakota, South Dakota

John Godoy, MPH (Preceptor)
Tribal Disease Intervention Center Program Manager

Tinka Duran, MPH
Sr. Director of GPTEC

09/20/2025 – 11/07/2025

Tribal Disease Intervention Training Center

GREAT PLAINS TRIBAL HEALTH

DISEASE INTERVENTION TRAINING CENTER

John Godoy, MPH
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Christy Hacker, MPH
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Taylor Davison
Tribal DIS Trainer

Health Care in Indian Country

INDIAN HEALTH SERVICE · PHS · 1955

75 YEARS 1951 • 2026 CSTE COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

TRIBAL EPIDEMIOLOGY CENTERS

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

GREAT PLAINS TRIBAL HEALTH
OYATE HEALTH CENTER

Cheyenne River Sioux Tribe
Flandreau Sioux
Lower Brule Sioux
Crow Creek Sioux Tribe
Mandan Hidatsa Arikara Nation
Meskwaki Nation
Oglala Sioux Tribe
Omaha Nations
Ponca Tribe of Nebraska
Rosebud Sioux Tribe
Santee Sioux Nation
Sisseton Wahpeton Oyate
Spirit Lake Tribe
Standing Rock Sioux
Trenton Indian Service Area
Turtle Mountain Band of Chippewa
Winnebago Tribe of Nebraska
Yankton Sioux

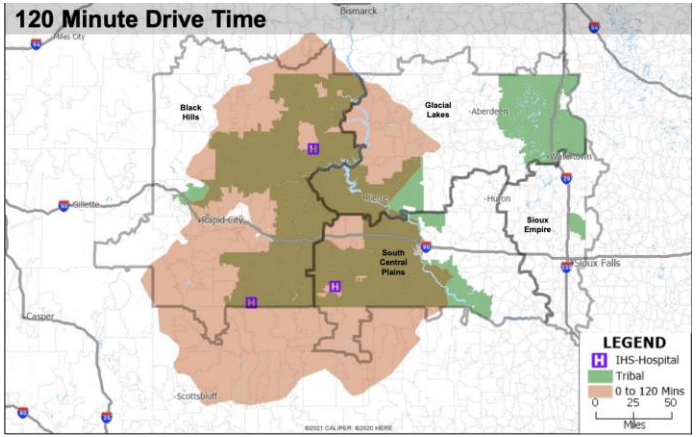
Health Care in Indian Country

Legislation and Reports of Note:

- Treaties between Sovereign Tribal Nations and the United States Government
- Trust Relationship (Cherokee Nation v. Georgia, 30 U.S. 1 (1831))
- The Act of November 2, 1921 (Snyder Act)
- The Problem of Indian Administration Report of 1928 (Meriam Report)
- Indian Health Transfer Act of 1954
- Indian Self-Determination and Education Assistance Act of 1975
- Indian Healthcare Improvement Act of 1976
  - 1992 Amendment

American Indian/Alaska Native Barriers to Care

Access to Care



Note. From South Dakota Department of Health. (2024a). *Data Analysis Summary: Strategic Analysis of South Dakota's Rural Healthcare Programs*. https://doh.sd.gov/media/qo4j0sgp/strategic-analysis-sd-rural-healthcare-programs_data-analysis-summary.pdf

Tribal Lands:

10.3 Federally Qualified Health Centers (FQHCs)/Rural Health Clinics (RHCs) per 100,000 square miles

Very Rural Communities:

57.2 FQHCs/RHCs per 100,000 square miles

American Indian/Alaska Native Barriers to Care

Trust in Federal Health Care

For the sterilization procedures we reviewed in detail, we found consent forms in the medical files. However, as of September 1975, the Aberdeen, Albuquerque, Oklahoma City, and Phoenix areas were generally not in compliance with the Indian Health Service regulations. Several different consent forms were used. The most widely used form did not (1) indicate that the basic elements of informed consent had been presented orally to the patient, (2) contain written summaries of the oral presentation, and (3) contain a statement at the top of the form notifying subjects of their right to withdraw consent. One consent form document did meet the Indian Health Service requirements, but when used was filled out incorrectly.

Note. From Comptroller General of the United States. (1976). *Investigation of Allegations Concerning Indian Health Service (HRD-77-3)*. U.S Government Accountability Office. https://www.gao.gov/assets/hrd-77-3.pdf

American Indian/Alaska Native Barriers to Care

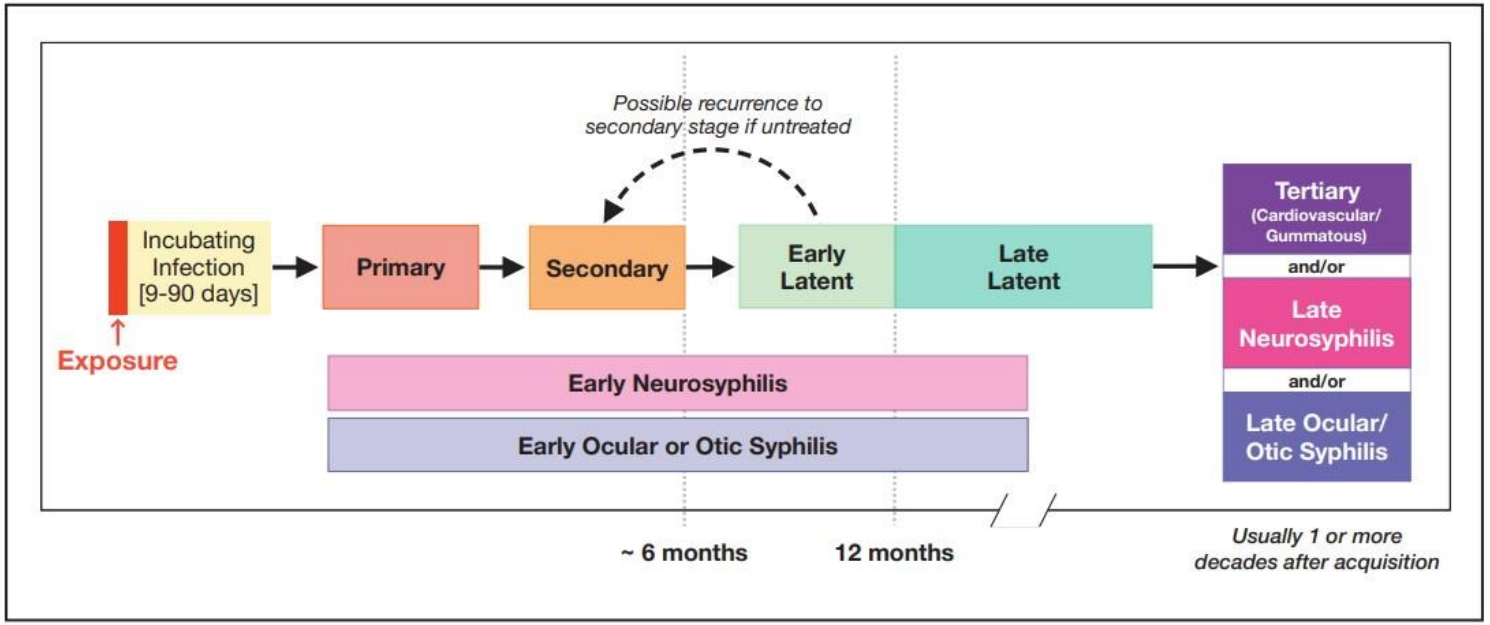
Trust in Federal Health Care

In 2017 four of the nine GPA IHS facilities were "out of compliance with the minimum standards required to participate in the Medicare and Medicaid programs".

American Indian/Alaska Native Barriers to Care

Competing Needs

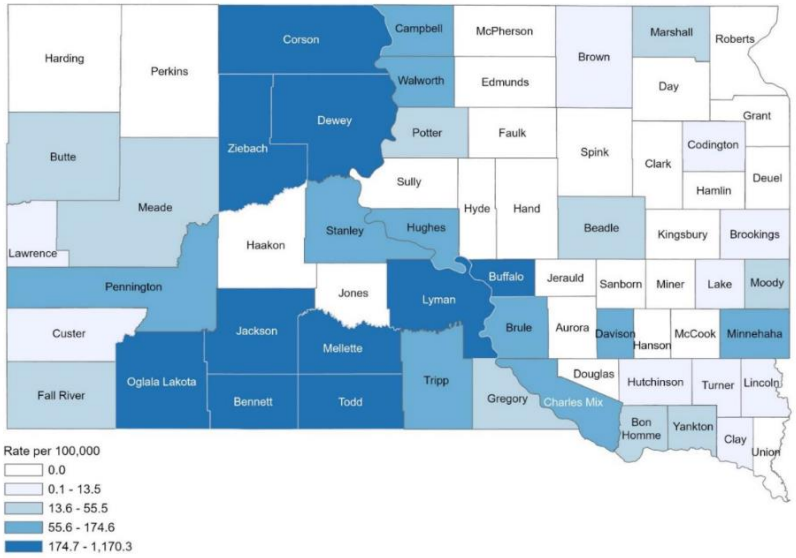
Syphilis Overview



Note. From NYC Department of Health and Mental Hygiene, and the NYC STD Prevention Training Center. The Diagnosis and Management of Syphilis: An Update and Review. March 2019.

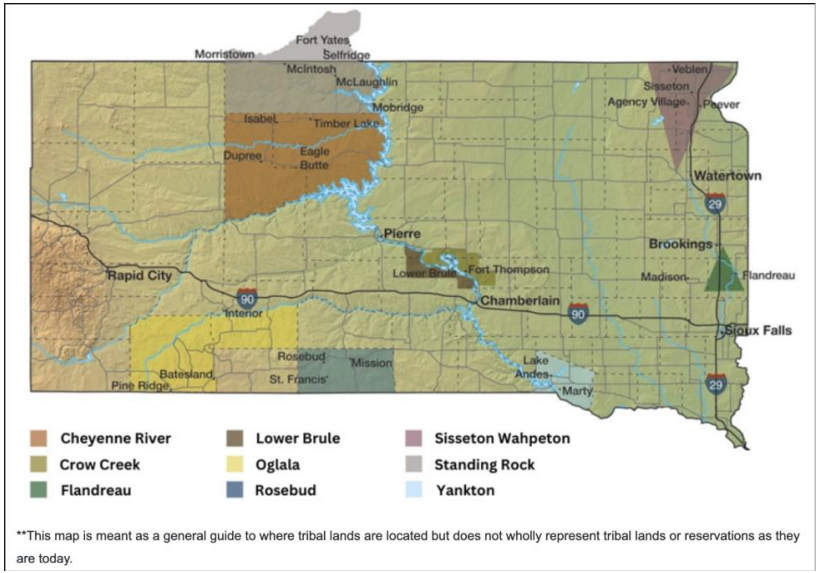
Syphilis in South Dakota and Indian Country

January to June 2024 Rates of Early Syphilis in South Dakota



Note. From *Early Syphilis.* South Dakota Department of Health. (2025). Reducing an Unprecedented Rise in Syphilis Rates by Enhanced Screening and Testing. https://doh.sd.gov/media/i2thr1nj/healthcare-guidance-document-622025-all-stages.pdf

Tribal Lands in South Dakota

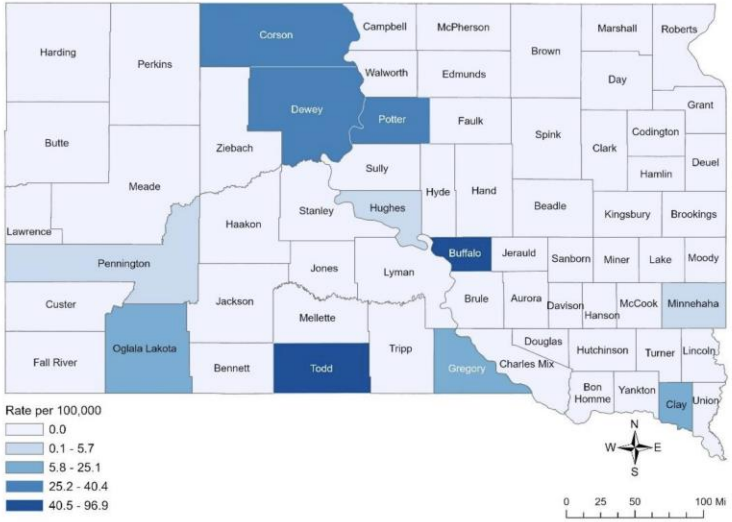


**This map is meant as a general guide to where tribal lands are located but does not wholly represent tribal lands or reservations as they are today.

Note. South Dakota Department of Tribal Relations (n.d.) The Tribes of South Dakota. https://sdtribalrelations.sd.gov/tribes/nine-tribes.aspx

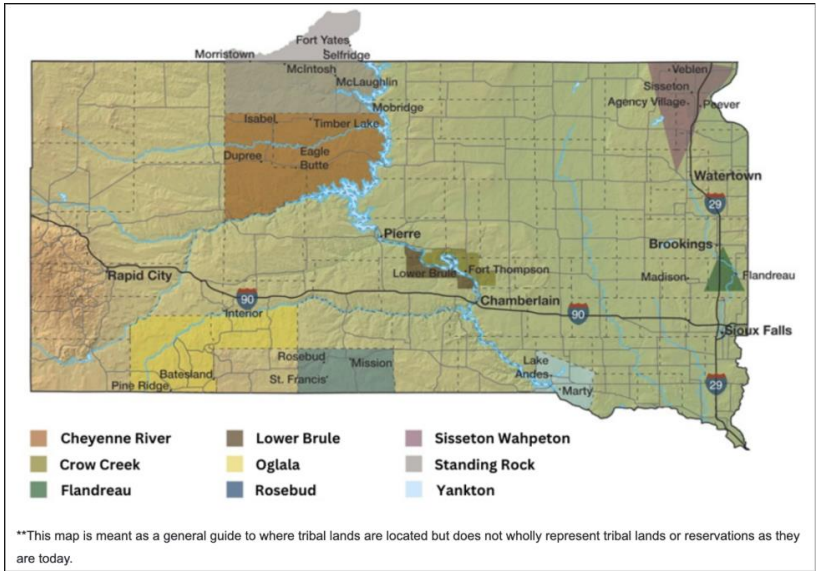
Syphilis in South Dakota and Indian Country

January to June 2024 Rates of Congenital Syphilis in South Dakota



Note. From *Congenital Syphilis Rates by County, EDSS, SD, January-July 2023. South Dakota Department of Health*. (2024). *American Indian Health Data Book Full Report*. https://doh.sd.gov/media/htxbhvmu/american-indian-health-data-book_2024.pdf

Tribal Lands in South Dakota



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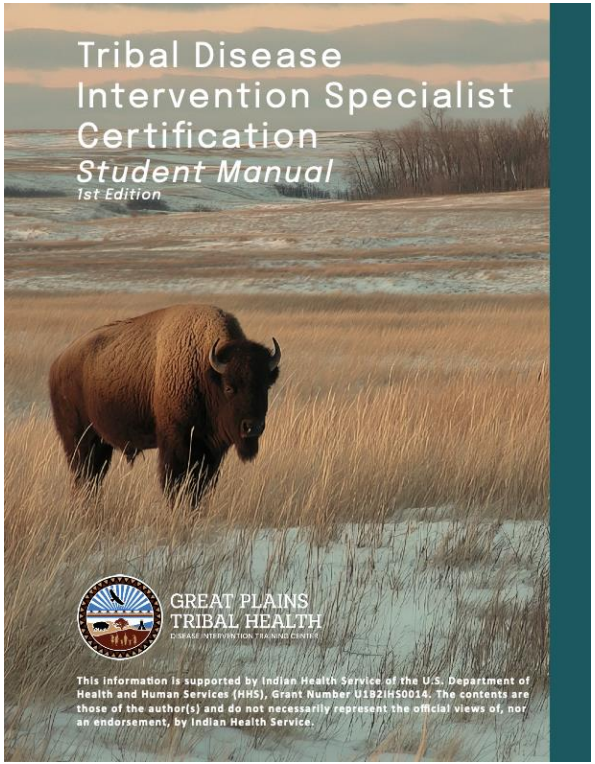
Who are Disease Intervention Specialist

National Board of Public Health Examiners defines DIS as:

A disease intervention professional is primarily a non-licensed public health professional with **applied expertise in preventing the spread of infectious disease at the community level**.

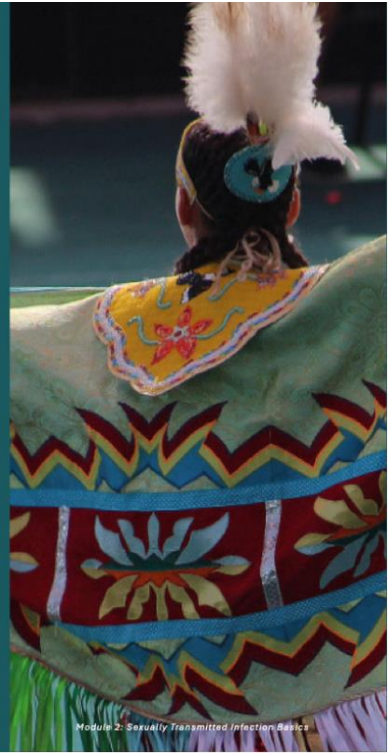
Learning Objectives and Products

Objective 1. I will produce the GPTEC TDIS Certification Student Manual - Module 2: STI Basics by 11/07/2025 to improve my ability to create tailored trainings to strengthen the health of a community by building tribal public health workforce capacity.



Learning Objectives and Products

To provide services to Relatives DIS should become familiar and comfortable with words used to discuss STIs, have a general understanding of what they are, how they are passed from one person to another, and how they can be prevented.



When talking to a Relative...

It can be helpful to describe what are included in the in the **reproductive system.**

When talking to a Relative...

It is important to describe the body in ways that the Relative will understand. Consider calling the **urethra** "the tube that carries urine from the bladder out of the body".

If it's not treated, gonorrhea can lead to:

- For individuals with a uterus: pelvic inflammatory disease (PID), which can damage the **reproductive system**, making it hard or impossible for an individual to get pregnant later on
- For individuals with a penis/testes: swelling in the testicles and tubes at the back of the testicles, possibly sperm fertilization of an egg later on
- Problems peeing due to scars in the **urethra**
- Infection of the blood that can lead to joint problems and other problems

Prevention

While the only way to fully prevent gonorrhea and other STIs is to not have sex (oral, vaginal, or anal), individuals can take several steps to reduce their risk if they are sexually active. This includes correctly using a latex condom during every sexual encounter and regularly getting STI testing.

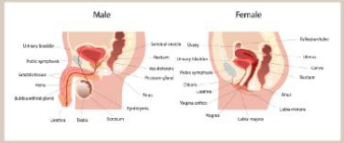


Figure 8

Individuals with late latent or tertiary syphilis typically need three injections, one week apart. While the infection itself can be cured, the medical problems it can lead to — such as dementia, artery damage, or blindness — usually can't be cured.

During treatment, a syphilis titer (i.e. the amount of antibody formed in response to syphilis) is used to monitor if treatment is successful. After successful treatment, a syphilis titer should decrease by at least fourfold (Figure 7, Example 2). If the syphilis titer increases fourfold (Figure 7, Example 1), this suggests there is a new syphilis infection.

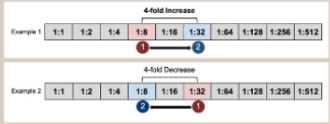


Figure 7

Prevention

While the only way to fully prevent syphilis and other STIs is to not have sex (oral, vaginal, or anal),. Individuals can take several steps to reduce their risk if they are sexually active. This includes correctly using a latex condom during every sexual encounter and regularly getting STI testing.

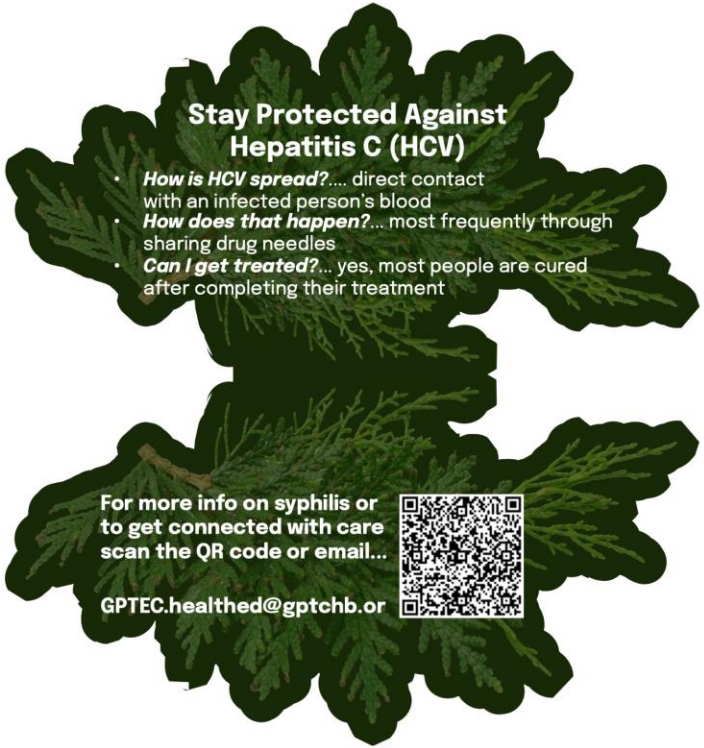
Tips for Using a Condom Correctly

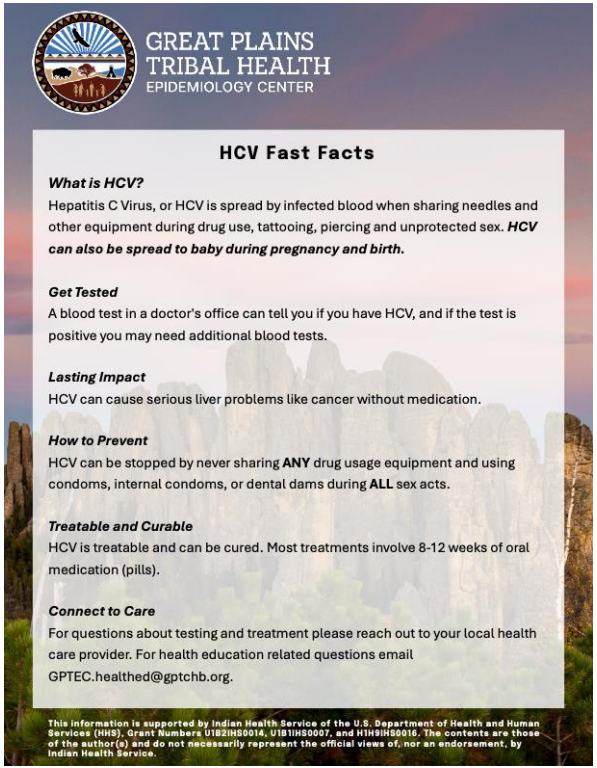
- *Use a new condom for EVERY sexual encounter.*
- *Before sex - Place condom on the head of penis. Pinch air out of the tip of the condom. Unroll condom all the way down the penis.*
- *After sex - Before pulling out, hold the condom at the base, then pull out while holding the condom in place.*

Learning Objectives and Products

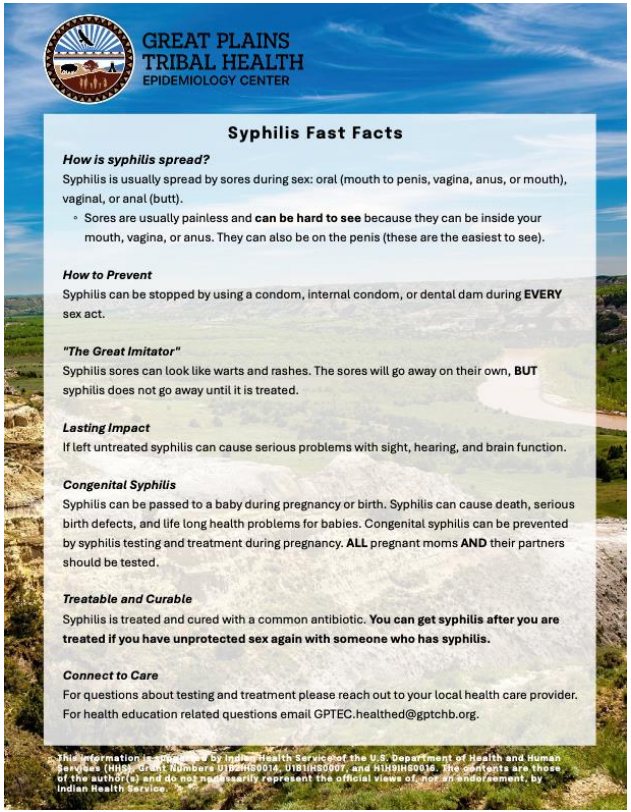
- **Objective 2.** I will produce a “medicine bag” health education collection by 11/07/2025 to enhance my ability to provide relevant education strategies that lead to meaningful increases in health literacy and positive health changes for specific populations.

Learning Objectives and Products





Learning Objectives and Products



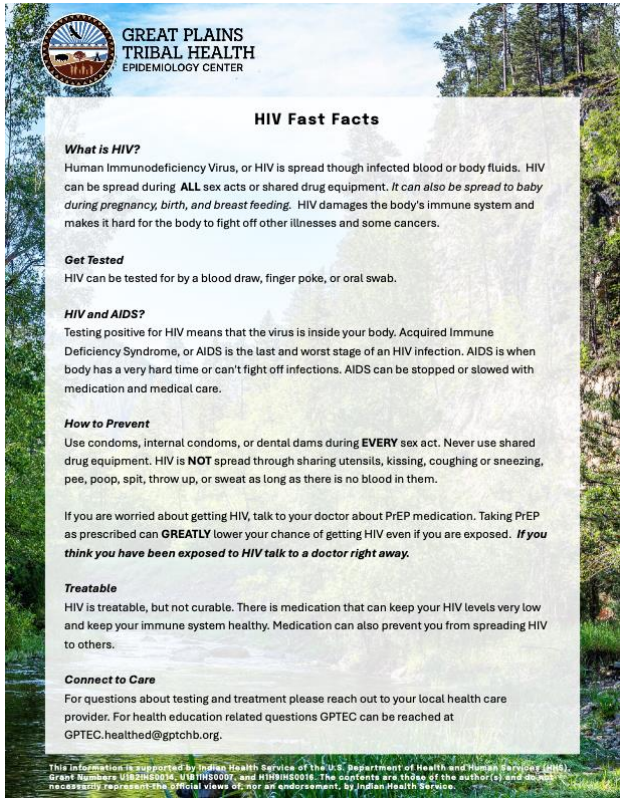
Learning Objectives and Products

Fight Against HIV

- ***Snag Safer*** - use a condom, internal condom, or dental every time and the right way.
- ***Syringe Safety*** - never share needles or use unsteralized needles for piercings or tattoos
- ***Know your Status*** - get tested for HIV at your healthcare provider's office or at community events

For fast facts on HIV or to get connected with care scan the QR code or email...

GPTEC.healthed@gptchb.org



Next Steps

Data Access!

Synthesis and Integration of Competencies

Number and Competency		Description of Synthesis and Integration
MPH 1	Apply epidemiological methods to the breadth of settings and situations in public health practice	Assisting the GPTEC informatics and data coordinating units construct and enhance an internal EDSS system for enhanced Tribal public health response capacity to infectious diseases and emerging outbreaks.
MPH 8	Select communication strategies for different audiences and sectors	Assessing the relationships between non-Tribal DIS during statewide calls and conferences and while supporting Tribal Nations during community testing events allowed me to formulate the best strategies for educating both TDIS and the Relatives they serve.
IDZ 1	Evaluate modes of disease causation of infectious agents	Conducting TDIS work in tandem with or entirely for Tribal public health departments throughout the GPA allowed me to better assess and articulate the various causative factors of STIs and to explore how social drivers of health influence and allow for STI spread.

Attainment of Competencies

Practice-based products that demonstrate competency attainment		
Specific Products	Competency Number	Competency
GPTEC TDIS Certification Student Manual Module 2: STI Basics and Medicine Bag Health Education	MPH 8	Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
GPTEC TDIS Certification Student Manual Module 2: STI Basics and Medicine Bag Health Education	MPH 19	Communicate audience-appropriate public health content, both in writing and through oral presentation
GPTEC TDIS Certification Student Manual Module 2: STI Basics and Medicine Bag Health Education	MPH 20	Describe the importance of cultural competence in communicating public health content
GPTEC TDIS Certification Student Manual Module 2: STI Basics and Medicine Bag Health Education	IDZ 1	Evaluate modes of disease causation of infectious agents
GPTEC TDIS Certification Student Manual Module 2: STI Basics	IDZ 4	Analyze disease risk factors and select appropriate surveillance

Acknowledgements

Special thanks to…

GPTEC Team

Christy Hacker, MPH

John Godoy, MPH

Tinka Duran, MPH

Grad Committee

Ellyn Mulcahy, PhD, MPH

Justin Kastner, PhD

Carrie Mershon, PhD

Questions?

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