INDIAN HEALTH SERVICE

National STD Program

Guidelines for Sexually Transmitted Disease Screening in Tribal Jails

Developed in collaboration with the Centers for Disease Control and Prevention, National Center for HIV, STD & TB Prevention, Division of STD Prevention

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MAR 2 1 2005

Ms. Lori de Ravello, MPH
National STD Program
Indian Health Service
5300 Homestead Road, NE
Albuquerque, New Mexico 87110

Dear Ms. De Ravello:

We applaud the work that you have accomplished in Indian country concerning sexually transmitted diseases, especially the work you have done in Indian jails. The implementation of a sound screening system for all new detainees is monumental and something that we would like to see implemented in all Indian jails throughout the United States, regardless if it is a Bureau of Indian Affairs or tribal detention center.

We support your work and the development, as well as the implementation of the document, "Guidelines for Sexually Transmitted Disease Screening in Tribal Jail." We would like to offer whatever assistance we can in order for you to further your research and/or work to control something that affects all Indian people and tribes.

Again the work you have done so far is outstanding and we hope that it continues because our mission is the same and that is to improve the way of life on all Indian reservations.

Sincerely,

Guillermo Rivera
Associate Director of Corrections

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DOC-05-006

January 10, 2005

Lori de Ravello, MPH
National STD Program
Indian Health Service
5300 Homestead Road, NE
Albuquerque, NM 87110

Dear Ms. de Ravello,

This letter is in support of the document "Guidelines for Sexually Transmitted Disease Screening in Tribal Jails". Implementation of sexually transmitted disease (STD) screening in tribal jails is a vitally important public health intervention for our detainees. Successful implementation of STD screening in tribal jails may foster collaboration between Indian Health Service, tribal health programs, and tribal departments of corrections. In addition, STD screening may open the door for implementation of additional much-needed health services in our jails.

The Navajo Nation looks forward to implementing these guidelines in our tribal detention facilities and urge other Tribal Departments of Corrections and Tribal Jail Administrators to review the guidelines and consider their implementation.

If you have any questions please feel free to direct them to my attention at 928-871-7555.

Sincerely,

Delores Greyeyes

Delores Greyeyes, Director
Department of Corrections

CC: file

Executive Summary

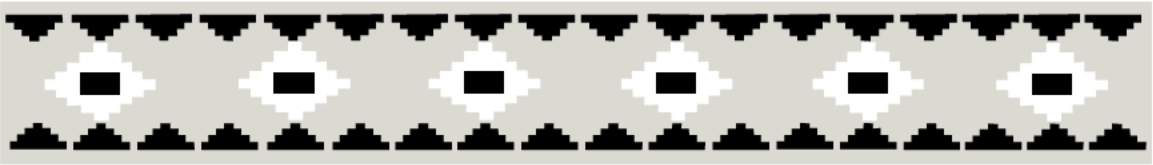
Incarcerated American Indians/Alaska Natives (AI/ANs) experience extreme health disparities, including with rates of sexually transmitted diseases (STD). This population is an important target population for STD and other health screening. Health care providers and departments of corrections must work collaboratively to establish STD screening projects in tribal jails.

This document outlines why screening for STDs in tribal jails is important, how working in tribal jails may differ from other correctional settings, and the basic steps and resources for developing STD screening interventions for tribal jails. This includes:

- initiating the collaborative process between entities
- identifying and linking with existing community services, including IHS, tribal, and possibly others
- obtaining buy-in and support from all participating and relevant entities
- determining and obtaining required approvals
- developing site-specific objectives and plans of action
- identifying existing protocols, policies, and procedures regarding medical and laboratory services, surveillance and reporting, and confidentiality
- defining critical elements for prevalence monitoring
- calculating budget estimates
- evaluating screening efforts

STD screening is one of many critical public health services that must be provided to high-risk incarcerated populations. STD screening is an effective jail-based screening program that will benefit both the health of individual detainees and the greater community. Positive experiences between health care providers and corrections agencies can open the door for future prevention and treatment efforts to better serve this vulnerable population.

Chapter 1



INTRODUCTION

This document is intended for persons concerned with correctional health care in Indian Country. It will outline why screening for sexually transmitted diseases (STDs) in tribal jails is important, how working in tribal jails may differ from other correctional settings, and the basic steps and resources for developing STD screening interventions specific to a given tribe or jail. This document is meant for use by staff from a variety of agencies, including corrections, health clinics, public health facilities, community based organizations (CBOs), AIDS service organizations (ASOs), and other tribal entities interested in bettering the health of their communities.

Throughout this document, the main parties involved in tribal correctional health will be referred to as health care providers and departments of corrections, or more generally health and corrections agencies. However, these terms are meant to be broad, as the structure of tribal services varies from tribe to tribe. In a given context, health care providers serving AI/AN communities may operate through Indian Health Service (IHS), tribal health programs, or (less commonly) through CBOs or state health departments. Similarly, "tribal jails" is a general term for detention facilities that are operated by tribes, either directly or through the Bureau of Indian Affairs (BIA). A tribe may or may not have an established "Department of Corrections," and where applicable this term may be substituted for whatever tribal body is responsible for the day-to-day administration of detention facilities. The words jail, detention facility, and correctional setting are used interchangeably throughout this document.

Health care providers and departments of corrections must work collaboratively to begin STD screening projects in tribal jails. This collaboration may include multiple agencies that fall within the broader categories of health and corrections. For example, IHS and tribal programs may both take a role in STD screening projects. More agencies, sharing the responsibilities of testing, treatment, and follow-up, will ensure broader commitment and support.

The guidelines contained within this document are based on actual experience in developing a pilot STD screening project within a tribal jail. The planning and implementation of that project is a ground-breaking collaboration between a tribal health program, IHS, and a tribal department of corrections.

Document Objectives

The purpose of this document is to provide guidance to tribes and persons working in AI/AN health or corrections agencies to:

- Implement routine STD screening for detainees of tribal detention facilities.
- Deliver STD education and referrals to prevention services for persons at high-risk of acquiring STDs.
- Deliver confidential notification of test results.
- Treat positive STD cases while inmates are incarcerated, whenever possible.
- Refer positive STD cases to appropriate care, treatment, and follow-up services.

These objectives focus specifically on health needs of detainees, but implementing STD screening programs at tribal detention centers can have other, more far-reaching effects, such as:

- Increasing collaboration between all parties involved in tribal correctional health care, including tribal departments of corrections, tribal-run health programs, state health departments, CBOs, and IHS.
- Improving area surveillance of STDs.
- Lowering STD rates in the community through investigation of the sexual partners of positive cases in the detention facility and treatment of positive cases before the detainee is released back into the community.

Helpful Terms & Concepts

Testing: The use of a test to diagnose someone who is symptomatic or is suspected of having been exposed to a disease.

Screening: The use of a test with someone who has no signs or symptoms to detect unsuspected disease. Subtleties of screening include:

- **Mandatory.** Screening is administered to all patients without exception.
- **Routine.** Screening is the usual practice for all patients.
- **Voluntary.** Patients can volunteer to be screened.

Some community settings may screen for STDs based on risk-assessment tools. However, as incarceration is in itself a risk factor for STDs, all jails and prisons are recommended to implement routine and voluntary STD screening. Regardless of the strategy employed, written policies will help ensure consistency and fidelity to the intent of the project.

Why Tribal Jails? Why Now?

Correctional facilities offer a unique opportunity for STD education, screening, testing, and treatment for populations that might otherwise be hard to reach. Arrestees are at a higher risk for STDs because of poor access to health care, substance abuse problems, and sexual risk-taking associated with this population. Many STDs may be asymptomatic and if left untreated can have long-term, serious, and costly consequences. If STDs are not diagnosed and treated during incarceration, upon release former inmates may continue to transmit diseases within the larger community. STD infection has also been shown to increase risk for HIV infection. The Centers for Disease Control and Prevention (CDC), the Bureau of Justice, and the National Commission on Correctional Health Care are just a few of the many agencies that recognize the important role that universal, routine, and voluntary screening in correctional settings should play in monitoring and controlling the spread of infectious diseases.

Tribal Jails[1]	
States with tribal jails	**19**
Total number of facilities	**74**
Oversight	
Facilities operated by BIA	19
"638" contract facilities	46
Operated directly by tribes	9
Type of facility	
Adult	28
Youth	11
Mixed (adult and youth)	35
Capacity[2]	
<10 detainees	9
10-24 detainees	26
25-49 detainees	24
>49 detainees	11

However, most jails in Indian Country are unable to meet the complex health care needs of detainees. This is attributable to a number of factors, including limited resources, difficulties in communication between departments of correction and health care providers, differences in the missions of health and corrections, and a lack of awareness about the health needs of inmates. In addition, many tribal jails are small and lack the infrastructure critical to set up successful correctional health programs. Other challenges may include staff shortages (in both jails and health care), geographic isolation, and certain cultural perceptions related to STDs.

[1] Based on most recent data from April 2004 report by the US Department of the Interior entitled "Indian Country Detention Facilities."

[2] Of 70 tribal jails open in 2002. Minton, T. 2003. *Jails in Indian Country, 2002.* Washington, DC: Bureau of Justice Statistics Bulletin.

Eliminating Health Disparities

U.S. Disparities in STD Rates*, 2002						
	Adult AI/ANs[1]		Adults - all other races combined[2]		Percent positivity in adults entering correctional facilities (all races)[3]	
	women	men	women	men	women	men
Primary and Secondary Syphilis	2.2	2.6	1.1	3.8	7.1%	3.4%
Chlamydia	1,190.0	248.6	455.4	130.1	3.2%	5.3%
Gonorrhea	166.8	85.9	125.3	124.2	2.3%	1.7%

**per 100,000 population*

Compared to all other U.S. races combined, AI/AN have disproportionately high rates of many health problems, including STDs and growing rates of human immunodeficiency virus (HIV). In 2002, STD rates for AI/AN compared to whites alone were more than five times as high for chlamydia, four times as high for gonorrhea, and twice as high for primary and secondary syphilis. In addition, studies have found a much higher prevalence of STDs among incarcerated persons than in the general population. Rates of HIV/AIDS in jails and prisons are estimated to be five times the rate of the general population.[4]

AI/AN incarcerated in tribal detention facilities are an important target population for STD screening, as they are at elevated risk for health disparities as both AI/AN and as inmates. Implementing STD screening programs in tribal jails will strengthen mechanisms that are already in place to improve AI/AN health and further collaboration between public health and corrections agencies. Clear policies for screening, in writing and agreed upon by all parties, are the best way to ensure good public health practice on behalf of the inmates and to deliver services in a way that is consistent and efficient.

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[1] IHS and CDC Sexually Transmitted Disease 2003 Annual Report.
[2] CDC. STDs in Persons Entering Correctional Facilities in STD Surveillance 2002. Available at: http://www.cdc.gov/std/stats/2002pdf/SFCorFac.pdf
[3] IHS and CDC Sexually Transmitted Disease 2003 Annual Report.
[4] Parece, Molly, et al. 1999. *STD Testing Policies and Practices in the US City and County Jails*. Sexually Transmitted Diseases 26(8): 431-437.

Chapter 2

INITIATING THE COLLABORATIVE PROCESS

Persons working in either corrections or health care may initiate the collaborative process necessary to begin STD screening in tribal jails. In the past, public health and corrections were perceived as having very different agendas. However, recently many institutions have acknowledged a mutual interest in improving inmate health. That said, health care providers must acknowledge and appreciate the security and disciplinary concerns of correctional authorities, and likewise correctional officials should strive to understand and incorporate a public health approach into standard jail practices.

The Need for Collaboration

Responding to the health problems facing AI/ANs detained in tribal jails is no small task. Good public health practice demands that interventions be implemented as quickly as possible, but project timeframes must take into account the additional time needed to foster interagency collaboration, assure community buy-in and cultural sensitivity, and connect with all channels of tribal oversight. Recognizing diversity within the various tribes and regions that fall under the broad heading of Indian Country is key to developing sustainable programs that improve the health of AI/ANs. Tribes differ widely in size, cultural beliefs, and governmental structure. Socioeconomic status, number of persons living on or off the reservation, and rural or urban settings can all vary within tribes and from tribe to tribe.

STD programs, like all health care systems in AI/AN communities, may take many different forms. In most cases, services will be provided directly by IHS, by tribes, or by a mix of contracting and compacting arrangements between the two. Occasionally, states, community-, and faith-based organizations may also play a role in STD services. This means that planning and implementing STD screening in tribal jails requires the collaboration of many different agencies. Understanding the jurisdiction and structure of these agencies is difficult and experience may prove the most effective tool for working successfully in Indian Country.

Who Does What When?*

	Health Care Providers	Corrections Agencies
1	Arrange a meeting between appropriate health agencies and the tribal corrections agency to discuss the importance of STD screening in tribal jails. Meet regularly to discuss steps necessary to begin screening in jails and program logistics. Keep minutes of meetings or develop other project updates and disseminate.	Arrange a meeting between appropriate health agencies and the tribal corrections agency to discuss the importance of STD screening in tribal jails. Meet regularly to discuss steps necessary to begin screening in jails and program logistics. Keep minutes of meetings or develop other project updates and disseminate widely to increase support for the program.
2	Obtain permission from the jail to conduct a site visit. Assess current health services in the jail and explore logistic issues of the proposed screening activity. Review jail records to calculate the average stay of inmates and the best times to do testing.	Assist public health personnel in conducting site visit and assessment of the detention facility. Make records available for calculating the average stay of inmates and the best times to do testing.
3	Identify possible funds and other resources for the program	Identify possible funds and other resources for the program.
4	Train health care worker(s) in phlebotomy or other necessary skills for STD testing or counseling. Offer refresher to clinicians on STDs.	Identify appropriate space for the screening activity.
5	Provide in-service training for jail personnel on STD basics, universal precautions, and on protecting the privacy of patients and protecting the confidentiality of the data.	Provide training to health care providers on security and safety regulations and on protecting the privacy of inmates and confidentiality of data.
6	Draft or compile documents necessary for screening (consent forms, screening logs, etc).	
7	Inform laboratory, partner services staff, and other referral resources of the expected increase in STD testing and associated activities.	
8	Assign personnel specifically to STD services in the jail. Modify job descriptions and performance measures to include jail screening.	Notify jail personnel of duties related to STD screening activity, such as: • escorting inmates to and from the medical office • providing lists of new arrestees (since the last screening) to health staff prior to testing • ensuring the security of health staff while working in the jail • providing orientation for health care staff new to working in jails. Modify job descriptions and performance measures as needed.
9	Arrange orientation at the jail for health care staff new to working in correctional health.	
10	Acquire or develop appropriate STD education materials for inmates.	
11	Develop a referral resource guide.	Familiarize staff with the referral resource guide.
12	Supervise program evaluation.	
13	Share existing medical and lab protocols on STD screening with Department of Corrections.	Share existing protocols relating to inmate health to health agencies.
14	Ensure all personnel have signed a confidentiality agreement and abide by it.	Ensure all personnel have signed a confidentiality agreement and abide by it.

** Because collaboration can initiate by either health providers or corrections agencies, some of the following steps are repeated for both partners.*

Communication

Communication between health care providers and corrections is the first step toward developing collaboration. This communication will in turn create interest and support for the project. Communication strategies may involve meetings, memos, informal telephone and email communications, providing parties with relevant documents or literature on the issue, and, most importantly, setting up an interagency workgroup. All appropriate staff should be included in communication efforts, not simply one representative from health and one representative from corrections. Meetings or presentations should be planned well in advance to account for difficulties in coordinating multiple agencies.

Jail Assessment

Jail site visits will provide an opportunity to identify existing health services and answer logistical questions (e.g., where can education and screening be done). Reports of site visits should be disseminated to all participating agencies. CDC has a "Division of STD Prevention Project Area Correctional Health Care Assessment" tool in its manual *Program Operations: Guidelines for STD Prevention* (1999). However, this tool may not be applicable to smaller jails with less health infrastructure. (See Appendix for additional resource information.)

Ideally, program records from the jail will supplement site visits with information about the average size and make-up of the inmate population, average length of stay for inmates, and information on dates with the highest capacity. However, record keeping in some facilities and correctional systems may not be adequate for these purposes. Even if intake logs are maintained, facilities may not compile data to calculate averages. If possible, a person with the necessary data management skills could review jail records to try and obtain this information.

Things to note during the jail site visits:

- Detainee demographics (e.g., adult or juvenile, males to females, long or short term sentences)
- Capacity
- Detainee count at visit
- Percent of detainees released within 24 hours
- Staffing
- Space for testing individuals (privacy and safety of space)
- Space for group education (and number of isolation cells, where detainees would miss the group education session)
- Intake procedures (do intake forms ask any health-related questions?)
- Current health services provided at the jail
- Current medication procedures
- Other programs in the jail (e.g., drug or alcohol treatment, educational or vocational classes)
- TV/VCR availability (for educational videos)
- Staff feedback about the best time to test, the proposed STD screening project, etc.

Training/Orientation

For Health Care Providers

Health care providers new to working in correctional settings should participate in an orientation at the jail to include a tour of the facility and a review of safety protocols. The objectives of the jail orientation for health providers are to:

- Become familiar with relevant areas of the facility (e.g., medical room, health education area, bathroom facilities, nearest exit, etc.).
- Be informed about the facility demographics, including numbers of male and female detainees, capacity for each, average length of stay, staffing, etc.
- Be aware of safety and security precautions, policies, and procedures.
- Meet other members of the screening team prior to the start date of the actual screening.
- Receive a specific and written description of their respective duties.
- Complete a calendar or duty roster for the first month's screenings.
- Exchange contact information with other screening team members.
- Develop a contingency plan should one of the members not be able to attend a screening day.

For Jail Personnel

Jail personnel are an important part of the screening effort, beyond simply escorting prisoners to and from testing. Detention Officers and other jail staff spend the greatest amount of time with the detainees and can be important advocates for their health care and related concerns. For these reasons, it is important to provide them in-service training to prepare for new STD screening programs.

To promote collaboration and teamwork across disciplines, the health care providers who will be doing the testing in the jail will ideally participate in or lead the training. The objectives of the STD orientation for jail staff are to:

- Receive basic medical knowledge of STDs, including signs and symptoms, treatment, and prevention measures.
- Receive information regarding universal precautions for the handling of blood and other body fluids.
- Have the logistics of the screening project explained to them (e.g., dates and times of screenings, what their role will be).

Pilot Projects

One strategy to initiate jail screening programs is to begin with a pilot project. The information gathered and experiences gained during the pilot will inform the planners as to whether the screening is feasible, what changes or adaptations are necessary, and what next steps should be. A pilot project may begin by only testing for a specific STD (e.g. syphilis) and may only test in a single facility. An effective pilot project may evolve into an established program, or one that covers several facilities or STDs. From the very beginning of the pilot, careful records of screening and follow-up should be kept to determine the scope of future interventions.

When developing the framework for a pilot STD screening project in a tribal jail, input from the facility supervisor is important. Even if jail records are not available, persons familiar with the facility will be able to estimate the volume of persons to be screened. They can also provide specific information about routines and schedules within the facility.

Meetings between corrections and health agencies should continue at regular intervals while planning and implementing the pilot. These meetings should evolve into a regular workgroup or task force. It may be useful for agencies to identify a staff member as a key contact for the program who

can consistently represent their interests in meetings. Assigning the same representatives to meetings is important to keeping the process moving. These representatives should have some degree of decision-making authority for their agency.

Approval

Approval to begin a project may come from several different – but equally important - bodies. This may include resolutions from the tribal council or working through tribal oversight committees. The process of putting an item on the agenda for councils or committees is usually done by written request and may take time. A combined meeting with division heads from health and corrections agencies may be a less formal way to obtain project approval.

Institutional Review Boards

Institutional Review Boards (IRBs) govern ethical standards for research and certain health interventions. Research projects must submit a protocol to one or more IRBs for approval before they can begin gathering data. However, pilot projects to screen for STDs in tribal jails would usually fall under the category of "non-research" because they provide a standard medical service and do not collect data for research. Persons working on the screening should contact the appropriate IRB(s) and explain the project to confirm that they are exempt from IRB approval. Some tribes have their own IRB. IHS also has an IRB. Tribes are sensitive to IRB issues because of repeated incidents where outside researchers have taken advantage of AI/AN communities. IRBs also consider prisoners to be particularly vulnerable research subjects, because of the risk of coercion. Even if projects do not need full IRB approval, a letter of support from the tribal IRB may be appropriate. IRBs can also provide useful input for drafting consent forms and other legal and ethical issues that may arise.

If opportunities for publication arise from the project or program (i.e. academic journal articles or conference papers), drafts of these materials should be submitted to the appropriate IRB for review. Any intentions about publications regarding the project should be openly discussed at the inception of the project and supported by all participating agencies. Publications which mention or imply a specific tribe are highly sensitive and may undergo close scrutiny by appropriate tribal bodies.

INFORMED CONSENT

Although many STD programs in the "free world" do not, many correctional facilities do. Because there have been many past abuses of inmates' rights to decide whether or not to participate in projects and programs, we recommend that written consent be obtained.

An additional consideration is a detainee's mental competence at the time of testing. A clearly written policy should be developed to determine mental competence to give informed consent.

Finally, copies of the signed consent form should be kept with the patient's medical records (not jail records). A sample consent form is given in the Appendices.

Leadership

Although the success of a project such as this is dependent on agencies working together collaboratively as equals, it is recommended that one agency assume certain leadership functions. Determining which agency should assume this role will depend on relevant experience in similar projects and technical competence, willingness of agencies or individuals to spend additional time and energy, or other factors related to hierarchies within the tribal structure. Leadership functions might include convening and facilitating meetings, ensuring the dissemination of project materials, making presentations, and monitoring and evaluating the pilot. If IRB approval is needed, a principle investigator will have to be named. Whenever possible, leadership should be assumed by a native of the community.

The Process

INCREASE AWARENESS	• Make informational presentations • Disseminate relevant materials and data • Promote collaboration with phone calls, e-mail, meetings
FORM TASK FORCE/ WORKGROUP	• Assign agency representatives/ key contacts • Meet regularly
CONDUCT JAIL ASSESSMENT	• Site visit • Record review
PLAN PILOT	• Document proposed activities and protocols • Discuss logistics (lab, treatment, etc.) • Develop budget • Meet regularly
OBTAIN APPROVALS	Determine whether full IRB approval is necessary. Comply with these, as appropriate:: • Tribal Council resolutions • Tribal oversight committee presentation(s) • Letters of support • Memoranda of Agreement/Understanding • Verbal agreements
CONDUCT TRAINING	For screening team, including detention officers.
IMPLEMENT SCREENING	• Keep careful logs of screening activities. • Meet with taskforce/workgroup to review progress.
EVALUATE AND MODIFY	• Determine costs and benefits of pilot. • Look at possible areas for expansion.

Chapter 3

PLANNING STD SCREENING PROGRAMS IN TRIBAL JAILS

This document is meant to be generalizable to a variety of tribal contexts. Each tribe has unique governance structures for its detention and health care services. When concerned parties set about developing their own STD programs for individual tribal jails, they should begin by establishing site-specific objectives and a detailed plan of action. The first section of this document explained *why* there was a great need for STD screening in tribal jails, but it is left to the reader to form their own answers for *"who, what, when, and where?"* These questions are essential to planning a clear and effective intervention. Answers will be situational to each tribe, but should attempt to address each of the areas listed below.

Who

1. Who will be screened?

Will jail screening be routine and universal? Look at regional STD prevalence data: are rates sufficiently high to warrant universal screening?

Does the facility house both men and women? Are there special considerations to take into account based on gender (i.e. different educational messages, pregnancy testing)?

Will screening be done in youth detention centers? Is parental consent needed?

2. Who will do the screening?

Who is the primary health service provider in the area - the tribe or IHS? Who can provide a nurse, health care technician, or other licensed medical provider to work on the project?

Who will cover the costs of screening and treatment? Are there existing MOAs/MOUs, tribal resolutions, or other legal documents which describe who is responsible for providing and financing health care for tribal members?

Most importantly, detailed roles and responsibilities of persons working on the screening project must be clearly defined (in writing) from the beginning. This includes: who will draw blood; who will do the health education; who will coordinate with the lab for transport and receiving results; who will give results, who will report positive cases to the state health department; who will positive cases be referred to for treatment, contact investigation, and follow-up; and how will detention officers facilitate screening efforts?

What

1. **What health services already exist in the jail?**
   How might these services overlap and/or compliment an STD screening program?

2. **What will the program screen for?**
   Tests commonly offered in detention facilities include: chlamydia, gonorrhea, syphilis, hepatitis, HIV, TB, and pregnancy. Are there any particular diseases which the community is known to have particularly high rates of, or which the tribe considers a higher priority than others? Are some tests more feasible than others, given financial costs, lab resources, or clinical considerations (i.e. does blood need to be drawn or is there appropriate facilities for urine testing)? Types of STD testing are discussed in more detail in the Appendixes.

Working in Correctional Facilities

How long is the average stay of detainees? Are persons arrested over the weekend detained until Monday morning or beyond for arraignment? What other scheduling within the jail needs to be taken into account (i.e. meals, court appearances, other programs or activities for detainees)? When is staffing at the detention facility best able to accommodate the screening activity? A greater number of staff on duty can better ensure the safety of the persons working on the screening and may be more willing to escort detainees to and from where the screening activities will take place. To calculate the time needed for the screening activity, one should consider the number of new detainees, the time for each individual test, time between individuals (for detention officers to escort detainees), and time for providing health education to detainees, either as a group or individually.

When

1. When will the screening be done?

This question will be answered in part by the available resources for the program. In most cases it is not possible to have testing services offered around the clock, so persons developing the program will have to make decisions about the most opportune time to initiate screening. Will screening be on a daily, weekly, or monthly basis? Given the small size of most tribal jails, daily screening may be a waste of already limited resources. On the other end of the spectrum, monthly screening may miss too many cases, given the quick turnover of people coming in and out of jails. Some jails may find that certain days of the week or times of the month have the greatest numbers of new detainees. Weekends, the first and middle of the month (when checks are received), and days corresponding with fairs or other holidays may be important targets for screening.

2. When will results be given?

How long will it take to get results from the lab (assuming tests cannot be read on-site)? Are confirmatory tests needed for diagnosis or treatment? Are specimens being sent out to other labs? Will patients be informed of both positive and negative test results?[1] Again the schedules of detainees and facilities need to be considered to answer this question. How soon must results be given to make certain that the majority of individuals with positive test results are still being held in the facility?

Delivering results and treatment to those with positive tests while they are still detained is crucial to the effectiveness of any correctional STD screening program. This is the "gold-standard," but it is not always possible. Follow-up of positive cases once they have been released into the community is both time consuming and costly. This is especially true because persons who have been incarcerated may be transient or give false or unreliable contact information. Also, releasing someone with a positive test but who has not been given results or treatment increases the likelihood they might unknowingly infect others in the community.

3. When will treatment be given?

Will treatment be given at the same time as test results? In some cases the results may be given by a health care technician who is not licensed to treat STDs, so a referral will have to be made to the appropriate provider. The complexity of the treatment regime is also a factor.

[1] Because results should be given in a way that protects confidentiality (i.e. in a private area, one-on-one), and depending on the number of persons tested, it might not be the best use of correctional or health care personnel's time to repeat the process of bringing all detainees out one at a time to receive results. If it is not feasible to give individual results to detainees who test negative, the persons doing the testing should take extra care in explaining to detainees that if they do not receive results by a specified time (whenever the health care staff usually returns to the jails with test results) and they are still in the jail, they can reasonably assume their test came back negative. However, should the detainee leave the detention facility before the specified time, it might take a considerably longer period of time to receive results, and therefore they should make no assumptions about their disease status. It is also advisable that inmates be given information at the time of testing on how to obtain their results should they be released prior to receiving their results.

Some STDs can be cured with single-dose treatment, but others require several days of medication or more. Does the jail have existing mechanisms to deal with making sure that inmates are able to follow a prescribed treatment regime? Also what are the policies of the health care provider regarding presumptive treatment (treating suspected cases before test results are confirmed)? The importance of delivering treatment while cases are still in jail is explained above.

4. **How often will inmates be re-tested?**
   Many jails see a 'revolving door' of persons who are arrested, released, and re-arrested within a short period of time. If a program has a policy of offering testing to all incoming arrestees, this could result in frequent retesting of certain individuals. This may waste valuable time and resources. Therefore programs should specify a clear policy on retesting. Several jails have a policy for repeat testing that retests detainees yearly *unless indicted by clinical symptoms of an STD, or the detainee admits to being exposed to STD or identifies risk factors since the last test, or the detainee requests testing*. This type of policy offers a great deal of flexibility, while still trying to reduce unnecessary testing. Some sort of tracking system to know when patients were last tested will need to be developed.

Where

1. **Where will testing be done?**
   Is there already space set aside for medical services within the jail? Is there unused space which could be set aside for this purpose? Is this space private enough to discuss confidential information, while still being accessible enough to guarantee safety? How long would it take a detention officer to transport a detainee from a holding cell to this space? Does this space have facilities necessary for urine testing, such as a sink and toilet?

2. **Where will health education be done?**
   Is it there an area where STD education could be given to inmates in a group, prior to testing? Most tribal jails are small and consist of one or two general population areas and very few isolation cells. Is there a location where the health educator could comfortably address the majority of detainees at once?

3. **Where will lab work be done?**
   Where is the closest laboratory to the jail? What tests can be performed there? This is a major component of turn-around time for test results. Transporting specimens to the lab also costs money and staff time.

4. **Where will inmates' medical records be kept?**
   Test results should not be kept with detention files. The health service provider performing the test would likely open a chart on the detainee or place medical records in an existing chart. These records would be kept at a medical facility and would fall under the confidentiality policies of that facility.

Chapter 4

PROGRAM OPERATIONS

Medical and Laboratory Services

In most cases, the health agencies responsible for performing the tests will have established their own written protocols for testing, specimen transport, treatment, and laboratory practices. Persons working on jail screening should be familiar with these protocols. Copies of these protocols should also be made available to the Department of Corrections, and health professionals should attempt to answer any questions or concerns jail staff might have about these protocols. It is recommended that relevant policies and a summary of the proposed project be compiled into a single manual. The need for more specific policies and procedures may emerge once a project has been implemented.

Out of respect for tribal authority, defer to tribal documents as practical when multiple policies and protocols exist (e.g. state, IHS, CBOs).

For STD testing that requires a sample of blood to be drawn from the patient (venipuncture), the person performing the test should be comfortable with the procedure. Laws vary from state to state as to whether the technician must be certified in phlebotomy. Contact state health departments for training requirements. Colleges, universities, and other private training programs offer phlebotomy training and certification. Duration of courses may vary from one day to several weeks.

Other tests, although less common in jail settings, may require persons licensed to perform pelvic exams. If urine testing is to be done, patients should be provided with an appropriate container and a suitably private space with a sink, toilet, soap, and paper towels. If this space is not adjacent to the medical

Should other questions arise, the CDC may be used as a source for standard medical practice guidelines. The CDC's Sexually Transmitted Disease Treatment Guidelines (2002) provides detailed treatment plans for STDs and any possible complications. The CDC's Program Operations: Guidelines for STD Prevention (1999) offers guidance for evaluating laboratories based on Clinical Laboratory Improvement Amendments (CLIA) standards.

office, something like a paper bag to hide the specimen cup may be provided to put the sample in, to respect the patient's privacy. Programs will also have to consider whether the detainees will have to be escorted from the medical office to the appropriate area for obtaining a urine sample and then back to the medical office. An alternative to this system might involve taking the detainee to the medical office for obtaining patient history, consent, and questions, giving the patient a labeled sample container, escorting the detainee to private toilet facilities and providing a secure and discrete drop-off station for samples near the toilet facility, so that the detainee can be returned directly to the holding cell.

Surveillance and Reporting

Jail-based STD screening also aims to improve area surveillance of specific STDs. Therefore programs should attempt to keep records for surveillance purposes. These records do not use unique patient identifiers (e.g. names, addresses, social security numbers, etc.) The minimum data elements for prevalence monitoring are:

- date of birth or age
- sex
- race/ethnicity
- state
- county or zip
- date of specimen collection
- site identifier (in this case jail)
- laboratory test type
- test result (for syphilis include titer)

Requirements for health care providers to report positive STD results to state health departments vary from state to state. Contact the state health department for specific reporting requirements. The CDC recommends that labs use the following algorithm when reporting positive STD results (in order of preference):

a) state where the patient resides
b) state where the ordering provider is located (if a is missing)
c) state where the original receiving laboratory is located (if a and b are missing)
d) state where the lab that performed the test in question is located (if a, b, and c are missing).[2]

[2] Centers for Disease Control and Prevention. Recommendations for Public Health Surveillance of Syphilis in the United States. Atlanta, GA: US DHHS, March 2003.

Monitoring, Evaluation, and Program Records

Unless proper IRB approval is given for conducting a research study, most jail-based STD screening projects are considered public health interventions. This means that any data gathered should be used only for the purpose of program records for health care providers and departments of corrections. These records should not contain any information about individual patients, but should include more general performance indicators such as:

- Number and percent of newly diagnosed infections (of specific STD)
- Number and percent of positive test results returned to detainees
- Number of positive cases treated while incarcerated
- Number of positive cases referred for services
- Number of negative case referred for services
- Number of persons retested due to reincarceration

Gathering data on detainee risk behaviors (i.e. self-reported men who have sex with men, drug use, sex work, multiple sex partners) can be useful to better understand the population and targeting future interventions. However, special permission to gather these sorts of data may need to be obtained from IRB committees or other appropriate tribal bodies.

Monitoring and evaluation of the screening program should be ongoing throughout the duration of the intervention. Especially because of the lack of baseline data on the health status of detainees in tribal jails, maintaining careful and uniform records from the very beginning of the project is important. One way of doing this is for the nurse or technician doing the testing to keep a simple log of every screening activity performed in the jail. At the end of a given period of time (six months, for example) program records should be used to assess the effectiveness of the screening (using logs to compare the number of new inmates, the number tested, the number treated while still in jail, etc). A sample form for a screening log is given in the Appendices. This may be filled out every week or month, or at other intervals decided by the program, but in any case it should be filled out each and every time screening is done in the jail. When possible, the direct supervisor of the person keeping the logs should occasionally review a sample of logs to monitor that they are being appropriately maintained.

If funding is available, programs may also consider contracting an outside party to conduct an evaluation. Someone trained in evaluating health interventions can provide helpful insights from the planning stage onwards. Previous experience with tribal programs is important when choosing an evaluator. As a less costly alternative, programs might also consider taking on a student intern (preferably a graduate student in public health, nursing, or medicine) to review logs or charts, or to interview or do survey research with program participants.

Confidentiality

In most cases, persons working in both corrections and health personnel are bound to a confidentiality or nondisclosure agreement as a condition of employment. When planning a screening program, check to see that this is the case with all involved agencies, and if needed have participating personnel sign the agreement. A sample nondisclosure form is given in the Appendixes.

Medical records are confidential. Test results should not be kept with detention files. The health service provider performing the test would likely open a chart on the detainee or place new medical records in an existing chart. These records would be kept at a medical facility and would fall under the confidentiality policies of that facility. Medical records should be secure and locked up when not in use.

In addition, health and correctional personnel should receive in-service training and orientation to include a review of the sensitive nature of STD screening and the added vulnerability of inmate populations. Whenever possible, detainees should be escorted to receive testing or results as discretely as possible. In jails where the majority of detainees are kept in one general population cell, detainees may be embarrassed to express an interest in STD testing in front of a large group. Instead of detention officers escorting only the detainees who raise a hand or otherwise ask to be tested, guards should escort all new detainees (since the last screening activity) to the medical office, where they will be offered testing and may choose to decline testing. In this way it will not be public knowledge which detainees did or did not get tested. Taking all new detainees to the medical office will give detainees a chance to ask the nurse/technician health-related questions or receive referral information which otherwise might not be available to them, regardless of whether or not they choose to be tested. The smaller size of tribal jails makes this measure to protect patient privacy more feasible.

Budget

A budget for the program will need to be prepared. Program costs to consider include:

- **Planning** – meetings, communication (telephone, fax, mail)
- **Data management** – forms (medical chart, screening log, patient consent) electronic data entry and analysis
- **Staff** – training
- **Laboratory** – transportation, test kits and reagents, equipment
- **Screening** – site, specimen collection instruments (syringes, needles, swabs, antiseptic, labels), health education materials
- **Follow-up** – medical treatment, contact investigation

Many of these costs (lab, testing supplies, and follow-up) may be supported by existing STD or other health programs (tribal, state, or IHS) and may not need additional funding. Given the small size of most tribal detention centers, costs for STD screening in the jails will not be overwhelming and should be easily absorbed into the operating budget of the appropriate IHS service unit or similar health care provider.

Screening for STDs in Jails is a Cost-Effective Intervention

It is important to point out the cost-effectiveness of jail-based STD interventions. For example, a study by the National Commission on Correctional Health Care found that routine universal screening for syphilis saved $1,638,422 in a hypothetical cohort of 10,000 individuals with a syphilis prevalence of 8%. Moreover, these savings did not include the additional costs of congenital syphilis, transmission to sex partners, or HIV infection.[1] Screening in tribal jails could prove even more cost-effective, given the high prevalence of certain STDs in some AI/AN communities and the added time and resources needed for follow-up in rural areas of reservations.

Chapter 5

LINKING WITH EXISTING SERVICES

Jails hold inmates for a much shorter amount of time than prisons, often less than 24 hours. This quick turnaround means that STD services in jails will undoubtedly overlap with STD services in the community. Jails should be thought of as an extension of the community, and continuity of care both inside and outside the jail is critical for the detainees' optimal health care. Clear channels of communication and referral networks are necessary when dealing with the flow of persons to and from jail. As stated previously, it is best that results and treatment be given in the jail, but if this is not possible, an established "chain of command" should be in place to make sure the patient does not fall through the cracks.

Some elements of case management for STDs may not happen while detainees are still incarcerated. Positive cases should be interviewed so that their sexual contacts can be identified and offered treatment or other services. For some STDs (such as syphilis) it is recommended that patients be retested after they are first treated to determine that treatment was effective in a change in titer. To ensure that these components of STD control are carried out, reporting and case-management should be clearly assigned.

In most situations, detailed protocols for managing positive STD cases already exist and will not need to be recreated. Existing disease intervention activities that occur with the general public will also apply to jail detainees both before and after release. For example, the same agency that normally handles contact investigation should handle contact investigation for detainees, and handle it according to the same standards and protocols that would be followed in any other case. The same holds true for treatment and further testing.

Communication between clinical providers (e.g. nurses, nurse practitioners, physicians assistants doctors), and disease investigation specialists should follow the same channels as when dealing with positive cases outside of a jail setting. In some settings these individuals may all work within the same agency. However, these channels are often more complex in Indian Country. For example, the nurse who does the testing may work for a CBO, the lab work may be done in a state lab, treatment may be supervised by an IHS doctor, and contact investigation may be done a tribal health program.

Referral

Referral services for detainees should be appropriate to their culture, language, sex, sexual orientation, age, and developmental level. This means that whenever possible referrals should be made to tribal agencies or CBOs that serve the AI/AN population. Common referral needs for incarcerated persons participating in STD services are:

- additional prevention counseling
- additional medical evaluation, care, and treatment
- partner notification and other partner services
- reproductive health services (for females who are pregnant or of childbearing age)
- drug or alcohol treatment
- mental health services
- screening services for other infectious diseases, including HIV and viral hepatitis
- other support services (employment, housing, domestic violence, legal services, etc.)

The person providing the referral should assess patient needs, discuss patient priorities, plan and help with the referral process, and document referrals.

All personnel (both health and correctional) should be made aware of referral resources and have access to information to provide to inmates upon request. A referral resource guide for the community may already exist, or should be developed. Contents of a referral resource guide should include:

- name of provider or agency
- range of services provided
- target population
- service area(s)
- contact names and telephone and fax numbers, street addresses, e-mail addresses
- hours of operation
- location, directions, transportation information, and accessibility to public transport
- cost for services and acceptable methods and payments
- eligibility
- admission policies and procedures, application materials (when applicable)
- client satisfaction with services (if noted)

Partner Services

Partner services may be provided by a public health nurse from IHS, by a disease intervention specialist (DIS) from the state health department, or by personnel from a tribal health program. The

appropriate person will interview positive STD cases for recent sexual contacts and will then notify contacts of their potential exposure to a STD and offer testing. Contact investigations can be time consuming and may not be completed while the patient is still incarcerated. Interviews done in the jail should be done in the medical office or an equally private area.

HIV Services

It is recommended that patients who test positive for an STD should be offered HIV counseling and testing services. State health departments, IHS, and some tribal agencies and CBOs offer HIV services in the community. Some of these agencies may offer testing anonymously and free of charge. If persons providing these services cannot arrange to do HIV testing in the jail, the detainee should be given necessary referral information to arrange testing upon release. The health care provider responsible for follow-up of STD diagnosis may assist the inmate by making referral appointment when possible.

Health Education

Detainees should receive health education information prior to being offered STD testing; this may be done in a group or in an individual session. After receiving the health education information, detainees should:

- Understand the risks factors, transmission, and symptoms of specific STDs.
- Understand and plan behavior patterns which will prevent STDs.
- Understand the common and important complications of STDs.
- Understand the test(s) to be performed including indications and its impact on further care.
- Receive written information about STDs.

During follow-up with individuals with positive test results, health care providers should also ensure that patients:

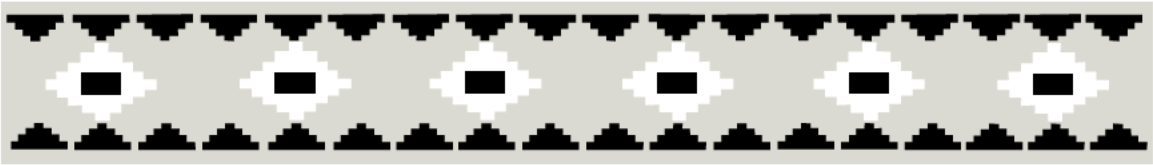
- Understand the goal of drug therapy and be able to demonstrate and explain use of the prescribed regimen.
- Understand the importance of follow-up and make a plan to keep follow-up appointments.

Educating detainees in a group may prove to be the best use of staff time. The nurse/technician can reinforce education messages to those with positive test results in a one-on-one setting while explaining test results.

Responsibility for health education can be shared by several different agencies. A group education session may be conducted by a trained health educator in a holding cell for the general population, while at the same time the nurse or technician works on program records or sets up for testing. Some tribal health programs or CBOs might have more experience in providing cultural- and language-appropriate STD education to the population, whereas IHS or state facilities may be better able to provide the necessary medical and laboratory services. These agencies should combine their skills to increase program efficiency and to provide detainees with the best possible services.

Other ways of reinforcing STD education messages include distributing printed materials and condoms to patients. Printed materials should be given to patients during or prior to testing. Condoms may be provided during the health education session, in the medical office, or upon inmate release. It is advisable to consult with the Department of Corrections about any existing policies or concerns regarding condom distribution in the jail.

Chapter 6



ONE MODEL FOR STD SCREENING IN A TRIBAL JAIL

The following is a sample model for syphilis screening at a tribal jail. This model was developed by representatives from a tribal STD program, a tribal Department of Corrections, and IHS public health personnel. This model describes a six-month pilot project. After six months the project would be evaluated and possibilities for expansion (screening for other diseases or at other times) could be explored.

This model proposes the following activities for a jail-based screening team:

- Conduct weekly syphilis screening of arrestees at a specified tribal detention center. Routine and voluntary screening will be offered to all new arrestees. Blood will be drawn for an RPR test, and positive RPRs will be followed-up with a confirmatory test. Lab work will be done at a nearby IHS hospital.

- Screening will take place on Monday mornings in an effort to include persons arrested over the weekend. (Arrestees are usually taken to court at 1:00 PM for arraignment.)

- Detainees who have been arrested and tested for syphilis on a previous occasion will be offered testing upon re-entry to the jail. Routine screening of returning offenders will be repeated once annually unless symptoms (genital ulcers, rashes, etc.), risk behaviors, or patient request indicate otherwise.
.
- Prior to testing, detainees will receive group STD education by a trained health educator from a CBO.

- All incoming detainees will be escorted one at a time to the medical office, and offered a syphilis test.

- Detainees will give written consent for syphilis testing.

- Treatment, referral, and follow-up will be consistent with the existing protocols of the tribal health program and IHS.

- If possible, treatment will be given in the jail by a physician's assistant.

- If persons test positive for syphilis, an HIV test will be offered. The health technician will discuss HIV testing with positive syphilis cases during the contact investigation.

- The project will be evaluated after six months based on weekly logs kept by the project nurse.

This STD screening activity is based on a team model with individuals working together from tribal corrections, two separate health agencies (IHS and tribal), and a CBO. A possible example of the screening team and their roles and responsibilities might consist of the following:

Public health nurse (IHS)
- Maintain weekly screening logs
- Create new charts for patients
- Collect signed consent forms
- Make referrals to provider when applicable
- Assist in drawing blood when needed
- Transport specimens to lab
- Ensure timely coordination with lab results
- Participate in orientation for working in correctional settings

Health technician (trained in phlebotomy) (tribal STD program)
- Draw blood
- Collect patient history and conduct contact investigation
- Discuss HIV testing with positive syphilis cases
- Reinforce STD education and prevention one-on-one with patients with positive test results
- Participate in orientation for working in correctional settings

Health educator (CBO)
- Conduct group education session prior to screening
- Distribute health education materials
- Assist with in-service training for detention officers on STDs and universal precautions
- Participate in orientation for working in correctional settings

Detention officer (tribal Department of Corrections)
- Facilitate the flow of persons to be screened
- Compile a list of new arrestees since the last screening and give this list to PHN upon arrival on Monday morning
- Participate in training on STDs
- Ensure safety of others on the screening team

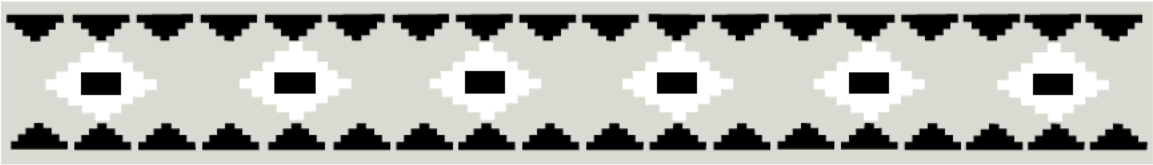
Physician's Assistant (IHS)

- Order labs
- Treat positive patients

All team members abide by the rules and regulations of their respective agencies pertaining to patient/client confidentiality.

This is only one possible model for STD screening in a tribal jail. Some programs may work with fewer health agencies than these mentioned here. Others may work with state health departments, which were not included in this model. Especially in smaller facilities, education, testing, and follow-up may all be done by a single health care provider working closely with jail personnel. Program responsibilities may be shared by many people or just a dedicated few, so long as expectations are clearly expressed.

Chapter 7



THE IMPLICATIONS OF STD SCREENING IN TRIBAL JAILS

Expanding STD screening programs to tribal jails is an important step in controlling STDs and eliminating health disparities of AI/ANs. Moreover, it is an important step in building tribal capacity. Increased collaboration between federal, state, and tribal health agencies can improve the quality of services they offer. Additional collaboration with correctional facilities can produce more targeted and cost-effective interventions. Disseminating information to local communities about new jail-based STD services can increase external support for the participating agencies and raise awareness about STDs in the community. Detainees will receive referral resources to assist them in transitioning back into the community. Successful pilot programs may be expanded to include other diseases, facilities, or screening times.

Appendix I: Types of STD Tests

The selection of diagnostic tests for jail-based STD screening projects will vary by setting. Appropriateness of a given test will depend upon nearby lab capabilities. Costs, STD prevalence in the target population, accuracy of the test, necessary turn-around time for results, and ease of specimen collection will also factor into the decision. In addition to any STD services, detention facilities with female detainees should offer urine testing for pregnancy.

Syphilis Tests

Shortly after infection occurs, the body produces syphilis antibodies that can be detected by blood test. A low level of antibodies will stay in the blood for months or years even after the disease has been successfully treated.

Antibody screening tests (nontreponemal)

- Rapid plasma reagin (RPR)
- Venereal Disease Research Laboratory (VDRL)

Antibody confirmatory tests (treponemal)

- Fluorescent treponemal antibody absorbed (FTA-ABS)
- *T. pallidum* particle agglutination [TP-PA]

Some health care providers may also diagnose syphilis by examining material from a chancre (infectious sore) using a dark-field microscope.

Chlamydia and Gonorrhea Tests

Nucleic Acid Amplification Tests (NAATs)

- Polymerase chain reaction (PCR)
- Transcription mediated amplification (TMA)
- Strand displacement amplification (SDA)

This group of tests has the highest sensitivity and specificity for chlamydial and gonococcal infections with both genital and urine* specimens, and do not require an invasive collection of specimens. However NAATs are more costly than other less sensitive and more invasive tests.

Culture

- Bacterial culture test for gonorrhea is cheap and highly specific, but requires special handling and incubation.
- Cell culture for chlamydia is no longer commonly used.

Other diagnostic tests

- Direct fluorescent antibody (DFA) – for chlamydia only
- Enzyme immunoassay (EIA)
- Nucleic acid probe (NAP) – for gonorrhea and chlamydia

These tests are widely available, but less sensitive for both gonorrhea and chlamydia, and can only be used with intraurethral or endocervical swab specimens.

Appendix II: Sample Data Collection Log

(This should be filled out every time the screening occurs – weekly, monthly, etc.)

Window Rock Detention Center Syphilis Screening Project
Weekly Log

Date of Screening: _____

	Male	Female
# on jail census at beginning of screening		
# of detainees on census that were **not** on previous week's census		
# of detainees present at the health education session		
# of detainees seen by the PHN/SHT in medical office		
# of bloods drawn		
# RPR positives		
# confirmed positives		
# detainees given results in jail (any result)		
# detainees treated in jail		
# positive detainees released before receiving treatment		

Additional Notes:

Completed by: _____ _____ _____
(Print Name) (Sign)

Screening data completed: _____

Appendix III: Sample Informed Consent for Syphilis Testing

What is syphilis?

- A serious disease spread by having sex without protection (like a condom).
- It can cause blindness, stroke, heart disease, and even death if not treated.
- The baby of an untreated pregnant woman can become very sick and even die.
- Syphilis can be cured if found and treated early.

How do you test for syphilis?

- A tube of your blood will be taken and tested at the _____ Hospital.
- If the blood test is positive for syphilis, it will be sent to _____ for a second test.
- If the second test shows syphilis, you will get treatment at the _____ Detention Center or at a healthcare facility.
- The _____ staff and the Indian Health Service staff will contact anyone with a positive syphilis test.
- Your blood will not be used for any other purpose and will be destroyed after the testing is done.
- If you want to be tested today, sign below to show you give your permission (consent) on your own (voluntarily).

Who will know that I tested for syphilis?

- The _____ Privacy Act protects information about your health.
- The results of the test will be kept in your medical chart in a safe and private place at the _____ Hospital.
- Only healthcare providers directly involved in your care will know your syphilis test results. Staff of the _____ Detention Center staff or health educators will <u>not</u> know your test results.
- By law, anyone who tests positive for syphilis has to be reported to the state public health department. The health department must keep your personal health information private.
- Test results may be used to see how well we are screening at the _____ Detention Center. This information will never have your name or other information to identify you.

Why should I be tested for syphilis?

- You will know if you have the disease or not.
- If you have it, you can get medicine to treat it and keep from giving it to someone else.

Are there any risks to being tested for syphilis?

- Some people may feel stress or worry while they wait for their test result.
- Some people may feel a little pain where the needle goes into the skin to take the blood.
- If you do not want to be tested for syphilis, it will not change the services or treatment you get as a detainee at the _____ Detention Center.

What does "giving consent" for a syphilis test mean?

You give your voluntary consent for a syphilis test when you sign below. If you sign, you are saying:

- I received health education on syphilis before being tested.
- I read this form or it was read to me in English or--if I choose--in _____.
- I understand the information on this form, including how syphilis is tested for, what the results mean, why I should get tested, and possible risks of being tested.
- I understand it is my choice not to be tested.
- I had a chance to ask questions about the test and this form, and my questions were answered.
- I give my permission to have one tube (6ml or less) of my blood drawn for a syphilis test.
- If I have any questions about this test or the results, I can call _____ at the _____ Hospital (___-___-___).
- I will get a copy of this form with my personal property.
- If I feel I was treated unfairly or poorly, I can contact the _____ Human Research Review Board (___-___-___).
-

Signature_____

Name_____

Date_____

Witness_____

Thumbprint (if unable to sign)

Appendix IV: Sample Non Disclosure Agreement

SAFEGUARD OF RECORDS AND CONFIDENTIAL INFORMATION

Policy:
As a ***[insert agency name]*** employee, volunteer, or temporary hire, you must safeguard all records and confidential information from misuse.

Agreement:
1. I understand that I may come in contact with confidential information, both clinical and employee related, through written records, documents, ledgers, internal correspondence, verbal communication, and computer use, therefore, I agree not to divulge or disclose this information to anyone other than fellow professionals on a "need to know" basis.

2. I agree that any confidential information acquired during the course of my service shall not be divulged or disclosed upon termination of my employment with [agency name].

3. I agree to practice the recognized confidentially safeguards of this agency in regards to record keeping and computer security.

Acknowledge:
I understand and acknowledge that there may be legal penalties if I break these rules, and that breach of confidentiality may alter my employment status with this agency.

Employee Name (Print): _____ Date: _____

Employee Signature: _____

Witness or Supervisor Signature: _____ Date: _____

Note: The signed original of this form will be kept with your personnel file.

Appendix V: List of Acronyms

AI/AN	American Indian/Alaska Native
BIA	Bureau of Indian Affairs
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
DIS	Disease Intervention Specialist
IHS	Indian Health Service
IRB	Institutional Review Board
MOA/MOU	Memorandum of Agreement/Understanding
P&S syphilis	Primary and Secondary Syphilis
RPR	Rapid Plasma Reagin (a test for syphilis)
STD	Sexually Transmitted Disease

APPENDIX VI: RESOURCE GUIDE

CORRECTIONAL HEALTH RESOURCES

STD SERVICES IN JAILS AND PRISONS

Assessment of STD Services in City and County Jails - US
www.cdc.gov/nchstp/od/cccwg/ID_STDs.htm
CDC MMWR 47(21): 1998

Managing STDs in Jails
http://www.thebody.com/hepp/sept03/jails_stds.html
Article on the epidemiology, diagnosis, and treatment of four of the most common STDs found in the jail setting: syphilis, gonorrhea, chlamydia, and genital herpes.

GENERAL CORRECTIONAL HEALTH

A Public Health Manual for Correctional Health Care (2002)
http://www.mphaweb.org/hccc_explore.html
Hampden County Correctional Center and the Massachusetts Public Health Association have developed a manual that describes the framework, components, operations, and benefits of implementing a public health model of care in correctional facilities. The manual covers such topics as:

- Disease burden in corrections
- Components, operations and benefits of a public health model
- Funding and costs
- Prevention and education
- Discharge planning practices
- Sample forms and contracts
- Research initiatives
- Administrative issues
- Resources

CDC's Cross Center Corrections Work Group
http://www.cdc.gov/nchstp/od/corrections/
The mission of the Public Health and Corrections Web page is to disseminate information on correctional health care issues to the public and to foster collaboration between public health organizations and corrections. There are many links to the following resources and publications:

- HIV/AIDS
- STD
- Substance Abuse
- Tuberculosis
- Other

National Commission on Correctional Health Care
http://www.ncchc.org
NCCHC's *Standards for Health Services* provides recommendations for managing the delivery of medical and mental health care in correctional systems. In addition to the *Standards*, NCCHC publishes Position Statements and Clinical Guidelines to assist correctional health care practitioners in the many medical, ethical, administrative and legal aspects of their work. In support of its mission, NCCHC also offers numerous other programs, services and resources such as:

- Facility accreditation
- Technical assistance
- Quality reviews
- Clinical guidelines
- Position statements
- Research studies
- Educational programs and conferences
- CCHP professional certification
- Publications and other resources

The Health Status of Soon-to-be-Released Inmates: A Report to Congress (Volumes 1 and 2; 2002) is also available on this site. Within this document, the article *Cost-Effectiveness of Routine Screening for Sexually Transmitted Diseases Among Inmates in United States Prisons and Jails* (Julie Kraut et al.) is particularly relevant.

Public Health and Corrections
http://www.healthstrategies.org/pubs/factsheets/phc-policy.pdf
Policy recommendations from the Center for Community-Based Health Strategies.

CORRECTIONS INFO

Bureau of Justice Statistics
http://www.ojp.usdoj.gov/bjs/correct.htm
Pages with additional information, statistics, and publications about:

- Capital punishment
- Jails
- Prisons
- Probation and parole

National Institute of Corrections
http://www.nicic.org
The NIC web site provides online access to materials, hosts networks for corrections practitioners, and offers links to corrections-related web sites. This site also provides AI/AN-specific grant information in its Tribal Resource Guide (http://www.nicic.org/pubs/2002/017842.pdf)

HEALTH EDUCATION MATERIALS DEVELOPED FOR INMATES

Arizona Department of Corrections
http://www.adc.state.az.us/Medical/iistoc.htm
This site has many health education materials designed for inmates and at an appropriate reading level. Topics include:

- chronic illnesses (allergies, asthma, diabetes, cancer, heart disease, hypertension, seizures, etc.)
- infectious diseases (HIV/AIDS, hepatitis C, influenza, TB, etc.)
- health promotion (anger management, breast self exam, caring for teeth, foot care, personal hygiene, etc.)
- smoking/tobacco (smokeless tobacco, how to stop smoking, etc.)
- women's health (cervical dysplasia, menopause, pelvic inflammatory disease, STDs, urinary tract infections, yeast infections, etc.)
- "common sense care" (abrasions, allergies, anxiety, cold, constipation, hemorrhoids, indigestion, rash, sprains, etc.).

TRIBAL JAILS

"Neither Safe nor Secure: An Assessment of Indian Detention Facilities"
U.S. Department of the Interior, Office of the Inspector General
http://www.oig.doi.gov/upload/IndianCountryDetentionFinal%20Report.pdf
A critical assessment of detention facilities in Indian Country, September 2004.

Office of Justice Programs, AI/AN Affairs
http://www.ojp.usdoj.gov/americannative/whats_new.htm
The American Indian and Alaska Native (AI/AN) Affairs Desk has been established in the Office of Justice Programs (OJP), in the U.S. Department of Justice (DOJ) to enhance access to information by Federally recognized American Indian and Alaska Native tribes regarding funding opportunities, training and technical assistance, and other relevant information.
Reports available on this site include:

- *Jails in Indian Country*, 2002 (http://www.ojp.usdoj.gov/bjs/pub/pdf/jic02.pdf)
- *Tribal Law Enforcement*, 2000 (http://www.ojp.usdoj.gov/bjs/pub/pdf/tle00.pdf)

Department of Justice - Office of Tribal Justice
http://www.usdoj.gov/otj/otjmiss.html
The mission of the Office of Tribal Justice (OTJ) is to coordinate and focus the Department's policies and positions on American Indian and Alaska Native issues, maintain liaison with the federally recognized Indian tribes, and work with appropriate federal, state, and local officials, professional associations, and public interest groups.

American Indians and Crime
http://www.ojp.usdoj.gov/bjs/abstract/aic.htm
Reports the rates and characteristics of violent crimes experienced by American Indians and summarizes data on American Indians in the criminal justice system. The findings include involvement of alcohol, drugs, and weapons in violence both against and by Indians; victim-offender relationships; the race of persons committing violence against Indians; the rate of reporting to police by victims; and injuries, hospitalization, and financial loss suffered by victims.

National Tribal Justice Resource Center
http://www.tribalresourcecenter.org/
The National Tribal Justice Resource Center is the largest and most comprehensive site dedicated to tribal justice systems, personnel and tribal law. The Resource Center is the central national clearinghouse of information for Native American and Alaska Native tribal courts, providing both technical assistance and resources for the development and enhancement of tribal justice system personnel. Programs and services developed by the Resource Center are offered to all tribal justice system personnel -- whether working with formalized tribal courts or with tradition-based tribal dispute resolution forums.

Tribal Court Clearinghouse
http://www.tribal-institute.org/index.htm
The Clearinghouse was established in 1999 and was the first web site devoted to providing information to people working in Native American tribal courts. The Tribal Court Clearinghouse is designed as a resource for tribal justice systems and others involved in the enhancement of justice in Indian country.

Tribal Youth Program
http://ojjdp.ncjrs.org/typ/
The U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, manages and supports the Tribal Youth Program (TYP). TYP is part of the Indian Country Law Enforcement Initiative, a joint initiative of the U.S. Departments of Justice and the Interior to improve law enforcement and juvenile justice in Indian Country.

STD RESOURCES

Centers for Disease Control and Prevention
Division of Sexually Transmitted Diseases
www.cdc.gov/std
This site provides useful factsheets on specific STDs and the following publications:

- Program Operations: Guidelines for STD Prevention
- Recommendations for Public Health Surveillance of Syphilis in the United States
- Routine HIV Testing of Inmates in Correctional Facilities

- Screening Tests to Detect *Chlamydia trachomatis* and *Neisseria gonorrhoeae* Infections - 2002 (MMWR)
- Sexually Transmitted Disease Surveillance, 2002
- Sexually Transmitted Diseases Treatment Guidelines, 2002

The National Coalition of STD Directors (NCSD)
www.ncsddc.org
This organization was established in 1997 and represents the 65 Directors of public health sexually transmitted disease prevention programs in states, large cities / counties and territories of the United States. Their 1999 *Syphilis Elimination Operations Manual* is available online.

The California STD/HIV Prevention Training Center
http://www.stdhivtraining.org/cfm/resources.cfm
Free and practical resources include:

- Guidelines
- Chlamydia Screening Tools
- Syphilis Diagnostic Tools
- Continuing Medical Education Courses
- Newsletters/Reports
- Health Education Materials
- Clinical Curricula

Journal Article:
Guide to Sexually Transmitted Disease Resources on the Internet
Andreas Tietz, Stephen Davies, and John Moran. 2004. *Clinical Infectious Diseases* 38: 1304-10.

AI/AN HEALTH

IHS
www.ihs.gov
The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. Topics on the website include:

- Medical and Professional Programs
  Clinical Support Center
  Clinical Information Resources
  Consumer Health Information
- Nationwide Programs and Initiatives
- Area Offices and Facilities

HEALTH EDUCATION MATERIALS DEVELOPED FOR NATIVE AMERICANS

Chariot Distribution
www.chariotdist.com
This organization distributes Native American relevant videos on a variety of topics:

- health and wellness (diabetes, Navajo medicine, aging, tobacco use in ceremonies, breast cancer, drug and alcohol treatment, domestic violence, AIDS, obesity, suicide, parenting, alcohol recovery, PTSD, etc.)
- teen issues (alcohol abuse, AIDS, violence prevention, eating disorders, body image, etc.)
- multicultural prevention (fetal alcohol syndrome, maternal child health, substance abuse and prevention)

Native American Circle
www.nativeamericancircle.org
This organization supports programs that aid survivors of domestic violence, sexual assault and stalking crimes.

Native American Women's Health Education Resource Center
www.nativeshop.org
This organization sells a variety of products (e.g., t-shirts, bags, posters, cards, books, tapes, curricula) with health messages for Natives Americans.

Red Lake Service Unit, Red Lake MN
http://www.ihs.gov/NonMedicalPrograms/HealthEd/
This IHS Service Unit has produced several brochures for Native Americans, including on: How to Stop Smoking, Suicide prevention, Stroke. They are available on the IHS website.

White Bison
www.whitebison.org
This organization offers sobriety, recovery, addictions prevention, and wellness/Wellbriety learning resources to the Native American community nation wide. Has books, video tapes, audio cassettes, t-shirts.

OTHER RESOURCES

LOW LITERACY HEALTH EDUCATION MATERIALS

Association for Professionals in Infection Control and Epidemiology
http://www.apic.org/Content/NavigationMenu/PracticeGuidance/Topics/EducationalBrochures/Educational_Brochure.htm
This organization has produced several low literacy health brochures, including one on Chlamydia, Food Safety, Hepatitis C, and West Nile Virus.

Louisiana State University Medical Center
http://lib-sh.lsumc.edu/fammed/pted/pted.html
Hand outs on a range of topics with low literacy materials clearly marked.

UCSF Student Homeless Clinic
http://itsa.ucsf.edu/~hclinic/handouts.dir/lowlit.dir/lowlit.html
A medical student at UCSF created these materials for their clients. They are available on the IHS website. Topics include: Head Lice, How to Treat a Wound, Back Pain, Bronchitis, How to Treat a Cold, STD, Teeth and Gums.

US Food & Drug Administration
http://www.fda.gov/opacom/lowlit/englow.html
Easy-to-read brochures on a variety of topics, including: healthy eating, HIV prevention, diabetes, colds and flu.