



**EASTERN BAND OF CHEROKEE PUBLIC HEALTH AND HUMAN SERVICES DIVISION
HEALTH PRIORITY ISSUES: FACTS AND RESOURCES
JUNE 1, 2019**

EBCI HEALTH PRIORITY – SEXUALLY TRANSMITTED INFECTIONS AND TEEN PREGNANCY

In the 2017 EBCI Community Health Survey, 22% of participants indicated that “teen pregnancy” was one of the top 5 threats to the EBCI Tribal community health. In North Carolina, American Indian/ Alaska Natives have the highest teen pregnancy rate of any group. Teenage pregnancy is associated with increased costs of healthcare, increases in the use of the foster care system, increased incarceration rates among the children of teen parents, and lower educational attainment among teen parents. Factors that increase a woman’s risk of becoming pregnant as a teen include growing up in poverty, having parents with low education levels, growing up in a single-parent family, and poor school performance.¹

Sexually transmitted infection (STI, also known as “sexually transmitted diseases” or “STDs”) rates across the PRCSDA, while significantly lower than that of the state, are increasing. 15-24-year-olds account for half of all new STIs. Other groups that are at increased risk for STIs include men who have sex with men (MSM) and individuals who have multiple sexual partners. STIs can cause a variety of symptoms or show no symptoms at all. Some STIs can cause disability, infertility, and even death, and can be transmitted during pregnancy or at birth to a newborn. All STIs are treatable, and some are curable, though disease-resistant strains of some STIs are becoming alarmingly common. STI transmission can be reduced through safe-sex practices, such as consistent condom use. Pregnancy can be prevented through consistent contraceptive use or abstinence. Education and access to inexpensive, easily available family planning are vital to addressing this issue in the community.

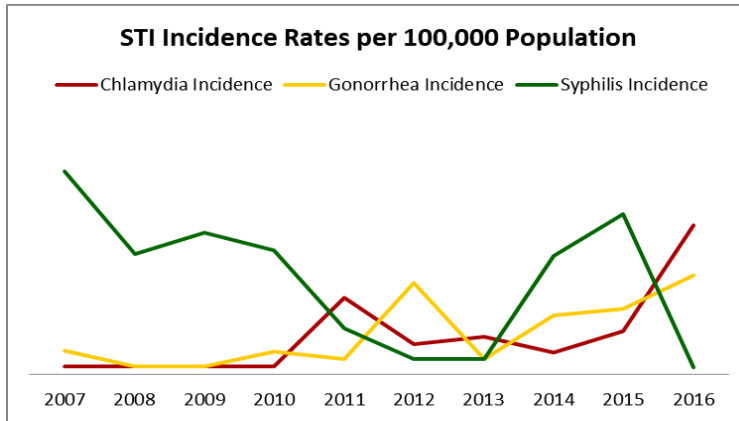
Data Highlights

Health Indicators

Trends: STI Incidence Rates (2007-2016)

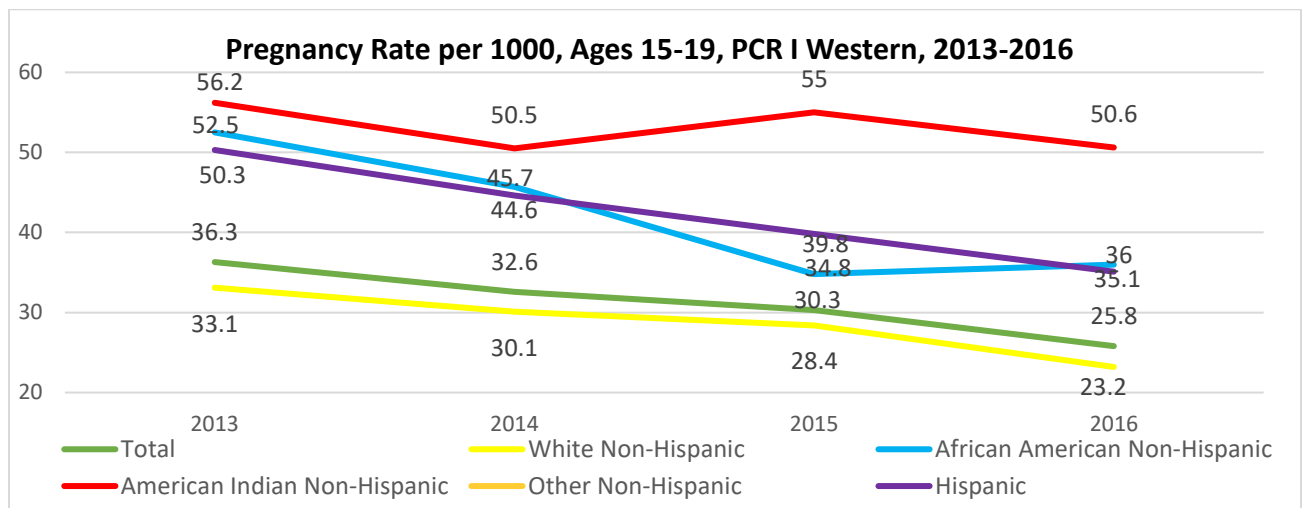
The graph below displays STI incidence rates in the EBCI population. STI rates vary greatly from year to year and between different STIs. As shown below, chlamydia and gonorrhea incidence rates (rates of diagnosis of new cases) have been trending upwards since 2010. Syphilis rates increased between 2013 and 2015 but sharply decreased in 2016. EBCI is a relatively small population (approximately 16,000) so individual cases of STIs can affect the yearly rates significantly.

¹ <https://www.cdc.gov/std/default.htm>



Trends: Teen Pregnancy Rates (2013-2016)

In 2016, AI/AN had the highest teen pregnancy rates for both North Carolina and for the PCR I Western region (which includes the 16 Westernmost counties in North Carolina.). In PCR I, AI/AN teen pregnancy rates, shown in red in the graph below, are at least 15 points higher than the next highest group.



Understanding the Issue

HPV (Human Papilloma Virus)

Approximately 1 in 4 people in the United States has HPV, according to the CDC; 80% of individuals are diagnosed with HPV in their lifetime.² HPV, which causes genital warts, is an STI of concern because of its association with cancer. Nearly all cases of cervical and anal cancer are caused by HPV.

Approximately 70% of oropharyngeal cancers (cancers of the middle part of the throat) are caused by HPV. Other rarer cancers are also associated with HPV, which causes approximately 5% of all cancers worldwide.³ The HPV vaccine prevents the development of some the HPVs that cause cancer: if

² <https://www.cdc.gov/std/stats/default.htm>

³ <https://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hpv-fact-sheet>

everyone was vaccinated, 30,000 cases of cancer could be prevented each year. While AI/AN vaccination rates are significantly higher than that of the nation, EBCI lags behind IHS-wide averages and has shown a steady decline in vaccination rates since 2013.

HPV Vaccination (Females)	2013	2014	2015	2016
EBCI	63.4	61.6	60.7	55.4
Nashville Area	53.1	52.4	52.2	50.0
IHS Wide	60.6	63.7	64.8	67.4
NC All Races	32.8	54.0	37.8	41.6
US All Races	37.6	39.7	41.9	43.0

2016 Youth Risk and Resiliency Survey (YRRS)

In the 2016 YRRS, 60% of high school students reported having been sexually active in their lifetime. Of those students, many reported unsafe sex practices: 12% reported using drugs or alcohol before their last sexual encounter, 50% of them had not used a condom, and 26% of them had not used any form of contraception. Rates from the 2018 YRRS paint a mixed picture: only 47% of students reported having ever been sexually active, but 22% reported using drugs or alcohol before their last sexual encounter; 44% had not used a condom and 27% had not used any form of contraception. In the 2018 YRRS, 1.8% of female students reported ever being pregnant. 1.8% responded yes, which indicated a pregnancy rate of approximately 18 per 1000, significantly lower than the regional average but on par with the national average. Another 2.5% of girls reported that they were unsure if they had been pregnant. [Note: This data should be interpreted with caution because of the relatively small sample size.]

Health Resources available/needed

Cherokee Central Schools: Sexual Education at Cherokee Central Schools follows North Carolina’s Sex Education and Reproductive Health policy: abstinence is strongly promoted, and students are taught “that a mutually faithful monogamous heterosexual relationship in the context of marriage is the best lifelong means of avoiding sexually transmitted diseases, including HIV/AIDS.”⁴

Tsalagi Public Health: Family planning services are available at Tsalagi Public Health (formerly the Beloved Women and Children’s Center) and Cherokee Indian Hospital Authority.

Smoky Mountain Pregnancy Care Center (SMPCC): The SMPCC, a Christian ministry in Cullowhee, provides resources to women and couples who think they may be pregnant. These include free pregnancy tests and free limited ultrasounds, parenting classes, and community referrals. They connect women to the resources they need, from doctors to adoption agencies. They can be contacted at 828-293-3600.

Located in Asheville, Asheville Health Center-Planned Parenthood’s mission is “to provide comprehensive reproductive and complementary health care services in settings which preserve and protect the essential privacy and rights of each individual; to advocate public policies which guarantee

⁴ <https://1.cdn.edl.io/opXjTG7X9rrPiC0KKGWZWILxsluoBnOgNTdVv3RcrAf7v3XK9.pdf>

these rights and ensure access to such services; to provide educational programs which enhance understanding of individual and societal implications of human sexuality; and to promote research and the advancement of technology in reproductive health care and encourage understanding of their inherent bioethical, behavioral, and social implications.” The center provides a variety of services including birth control and abortion services, emergency contraception, pregnancy testing and care, LGBT and men’s health services, sexual and reproductive health education, and STI testing, treatment, and vaccines. Call (828) 252-7928 or visit <https://www.plannedparenthood.org/health-center/north-carolina/asheville/28801/asheville-health-center-4134-90860>