Background: Introduction Native American (Native) adults have higher rates of sexually transmitted infections (STIs) than other racial/ethnic groups in the United States. The Centers for Disease Control and Prevention (CDC) recommend annual STI screening for those with new or multiple sex partners. Scarcely has been conducted exploring what factors predict STI screening among high risk Native adults and the extent of compliance with CDC recommendations in this population. This analysis bridges this gap in the literature.

Methods Participants are N=252 Native adults ages 18 to 55 who recently engaged in binge alcohol use and enrolled in a trial evaluating a risk-reduction counseling program. Data were collected at baseline via self-report and assessed participant demographics, substance use, sexual risk behaviors and mental health symptoms. Bivariate analyses followed by final multivariate regression models explored which factors significantly predicted STI screening behavior in the 12 months prior to assessment.

Results Less than half of all participants completed STI screening in the past year (n=96, 38.1%). Among females, using a condom at last sex and having sex with more than one person in the same day was associated with lower odds of STI testing (p=0.03, p=0.02) while having sex with someone with an STI was associated with higher odds of testing (p=0.03). Among males, drug use and having more than 5 drinks in the same day were associated with higher odds of STI testing (p=0.008, p=0.031).

Conclusion Regular STI screening is a key prevention strategy for reducing transmission of STIs, particularly among high risk Native American adults. Understanding what factors predict compliance with CDC recommendations can help inform programmer development for Native adults who engage in binge alcohol use. Results inform intervention efforts for CDC, Indian Health Service and other tribal-serving organizations working to increase STI screening rates in Native communities.

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