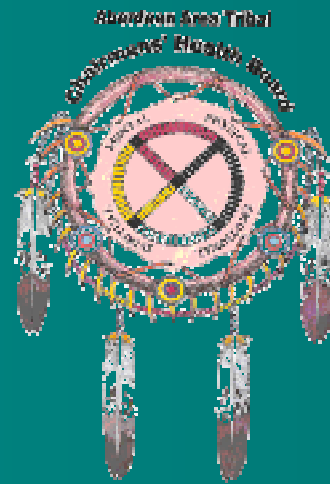


Working with a regional coalition to
improve STD and HIV/AIDS
prevention and control in
Northern Plains Tribal communities



Ann Drobnik, MPH

BETAH Associates, Inc.

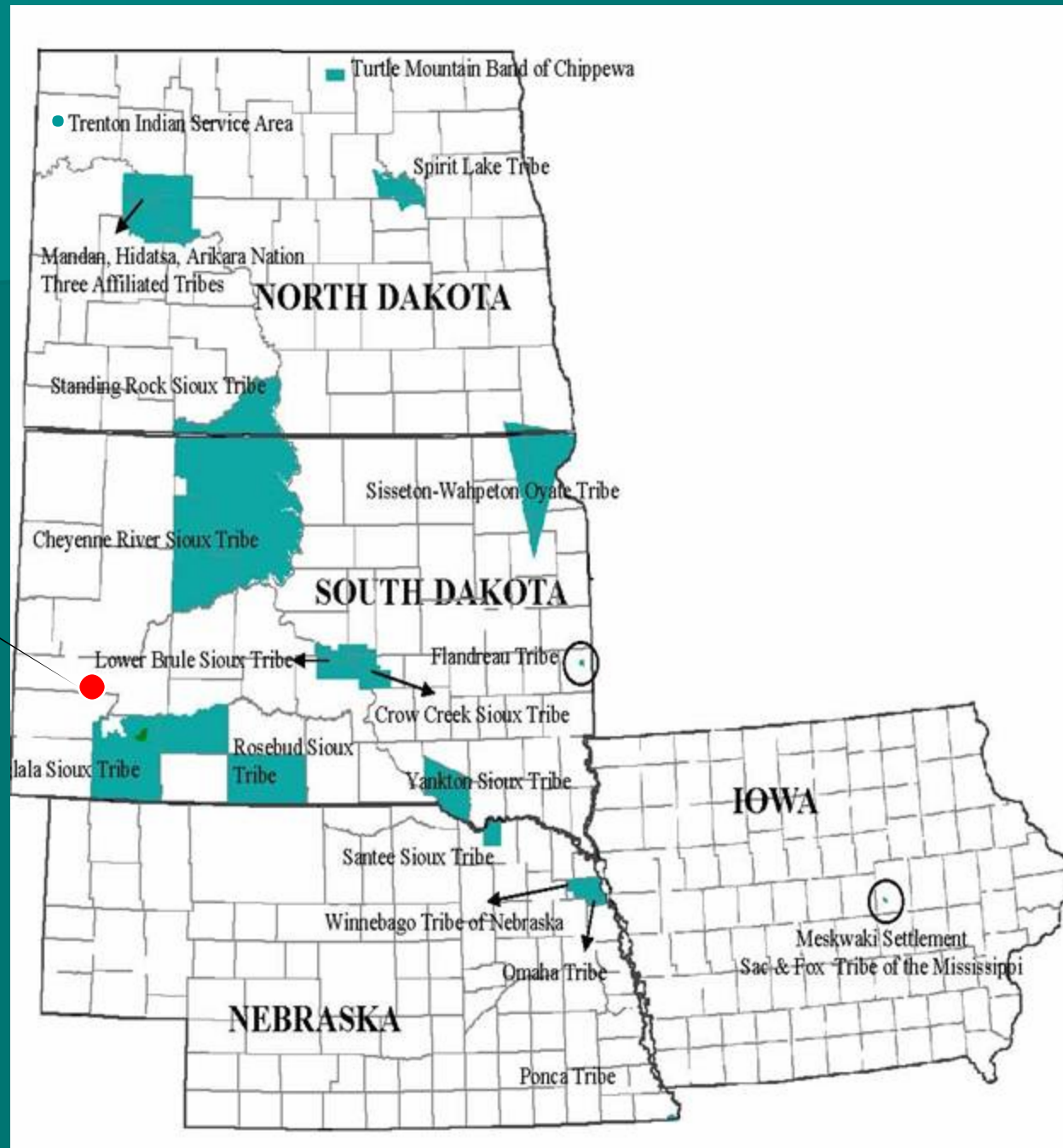
Northern Plains Tribal Epidemiology Center

Aberdeen Area Tribal Chairmen's Health Board

NPTEC/AATCHB Background

- Aberdeen Area Tribal Chairmen's Health Board formed in 1985 to serve as an advocate for Northern Plains Tribes and a liaison between the Tribes and Indian Health Service
- Northern Plains Tribal Epidemiology Center opened in 2003 to provide Tribes with technical assistance, capacity building and improved access to data on health issues
- CDC contract with BETAH Associates began in 2005 to provide STD and HIV capacity building in response to high rates in the region.

NPTEC/AATCHB office
Rapid City, SD



Aberdeen Area Tribes

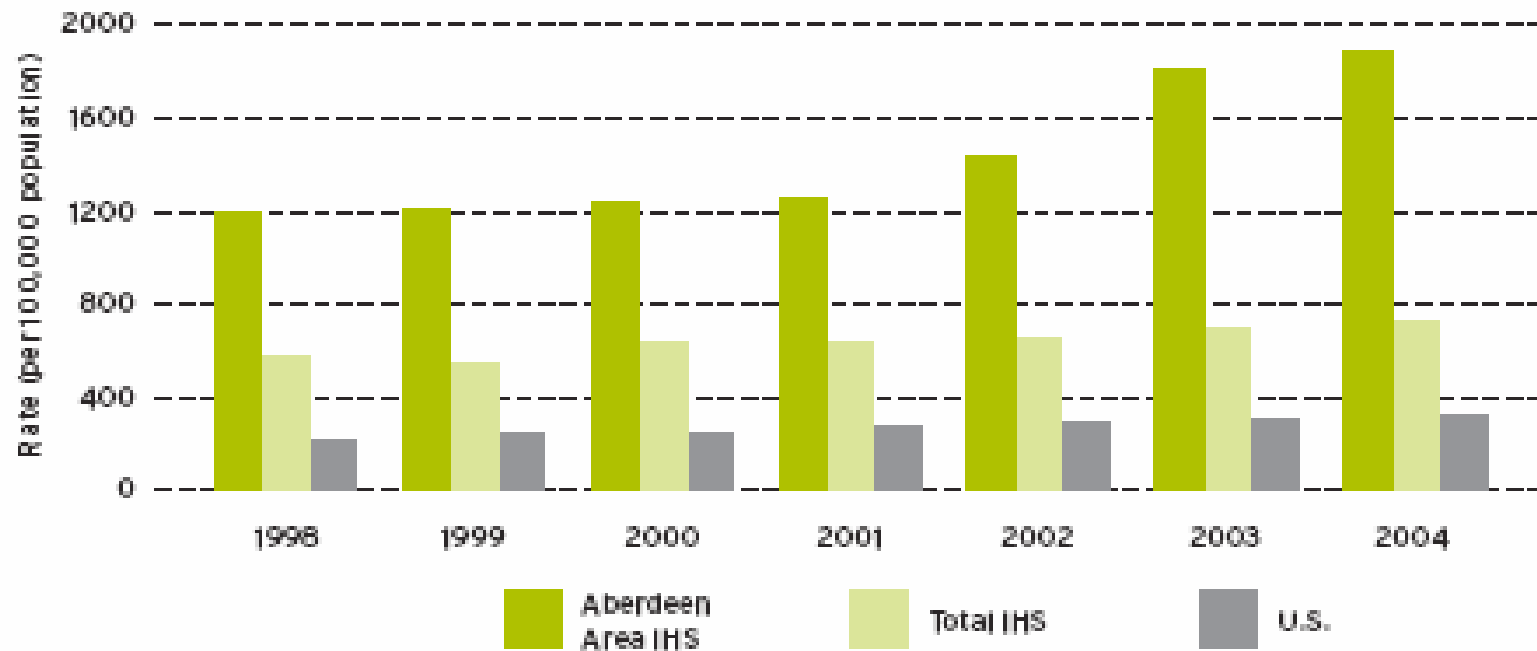
- Oglala Sioux Tribe
- Rosebud Sioux Tribe
- Cheyenne River Sioux Tribe
- Standing Rock Sioux Tribe
- Lower Brule Sioux Tribe
- Crow Creek Sioux Tribe
- Yankton Sioux Tribe
- Spirit Lake Sioux Tribe
- Sisseton Wahpeton Oyate
- Flandreau Santee Sioux Tribe
- Santee Sioux Tribe of Nebraska
- Ponca Tribe of Nebraska
- Omaha Tribe of Nebraska
- Winnebago Tribe of Nebraska
- Sac & Fox Tribe of the Mississippi
- Turtle Mountain Band of Chippewa
- Trenton Indian Service Area (Chippewa)

Area Background

- Aberdeen Indian Health Service Administrative Area covers IA, NE, NE, SD
- Vast and rural, many Tribal communities are remote and isolated
- Highest STD rates of any of the IHS service areas
- Disparate rates of STDs and HIV in all four states
- Complex historical relationships between the Tribes, states, and IHS

Aberdeen Area Chlamydia Rates

Total Chlamydia Rates



Wong D, Swint E, Paisano EL, Cheek, JE. *Indian Health Surveillance Report – Sexually Transmitted Diseases 2004*. Atlanta, GA: DHHS, CDC, and IHS, November 2006.

Aberdeen Area STD/HIV Task Force

- Task Force formed in 2004 to increase collaboration and communication between IHS, Tribes and State Health Departments
- Forum for increased communication, knowledge sharing, and collaboration
- Task Force meets by teleconference 8-10 times a year
- Currently 47 members; 30 active members

Task Force Membership

- Aberdeen Area Indian Health Service
- Public health nurses
- Clinical nurses
- Tribal health educators
- Community health representatives
- State Departments of Health
- State Departments of Education*
- CDC
- Universities*
- Dakota AIDS Education and Training Center**
- National organizations

*joined in 2006, **joined in 2007

Strategic Plan Development

- In January 2006, Task Force began working on a regional strategic plan for Aberdeen Area Tribal communities
- Strategic Plan completed in July 2006
- Action Plan completed in February 2007
- Currently working on implementation

Strategic Plan Development

- Development required input from all parties – States, Tribes, IHS
- History of tribal disempowerment by state and federal government entities
- Lack of trust among members

Strategic Plan Purpose

- To identify common goals:
 - Reducing incidence of STDs and HIV/AIDS in the Native population
 - Increasing screening, education and outreach, and prevention interventions
 - Improving follow-up with patients to ensure treatment and testing of partners

Strategic Plan Purpose

- To identify unmet needs:
 - Lack of, or perceived lack of confidential, culturally competent care
 - Few prevention interventions, particularly evidence-based evaluated in Native populations
 - No culturally-specific educational materials
 - Lack of community awareness

Strategic Plan Purpose

- To identify available resources:
 - Model programs or projects in the area
 - Training resources
 - Other health programs
 - Programs serving high-risk populations

Identification of Strengths

- Health personnel that are members of the community
- Open-mindedness, and willingness to discuss STD/HIV among youth
- Communities interested in learning about STDs and HIV
- Elders
- Cultural traditions and spirituality
- Strong partnerships in some areas between IHS facilities and tribal health programs
- Strong partnerships in some areas between IHS facilities and state service providers
- Strong relationships between health programs or service units and local schools
- Local level multi-sector Task Forces
- Tribally run drug and alcohol treatment facilities

Identification of Barriers

- Stigma around STDs and HIV
- STDs and HIV as taboo topics
- Historical trauma
- Intergenerational grief
- Lack of funding
- Shortage of personnel to carry out activities
- High turnover among health providers
- Clinical staff are not part of community
- Lack of community awareness of resources available
- Resistance of schools to address STDs and HIV with students
- Substance abuse, particularly methamphetamine use
- Geographic distance of patients from services
- Lack of confidentiality or perception of lack of confidentiality

Priority Populations

- Youth
- Women
- Injection drug users
- LGBTQ/MSM
- Parents
- Elders

Methods

- Needs assessment
- Regular conference calls
- Individual interviews
- In-person meetings

Needs Assessment

- NPTEC conducted a needs assessment of STD and HIV prevention and control services and activities in 2005
- Clinical and community health staff representing 10 of the 18 reservations participated
- Identified a need for culturally-specific educational materials, clinical and community training, behavior change interventions, and more outreach

Conference Calls

Strengths

- Sparked group discussion
- Many view points represented

Limitations

- Not all members present for each call
- Tendency for Tribal members not to offer their opinions in a group setting

Individual Interviews

Strengths

- Gave less vocal members an opportunity to contribute their ideas
- Allowed members to be honest about their concerns
- Allowed cultural components to be addressed
- Helped to build trust and relationships with Tribal members

Limitations

- Not all members completed an interview

In-person Meetings

- Presentations to Tribal health committees, at local meetings and conferences
- Helped to build trust and relationships
- Allowed for input from community members and Tribal leaders who were not part of the Task Force
- Built support for the strategic planning effort at the local level

The Plan: Clinical Components

- Increase screening for the most common STDs (chlamydia and gonorrhea) and HIV
 - Within the clinical setting
 - Outside the clinical setting
- Improve risk reduction counseling, treatment and partner services
- Establish referral networks

The Plan: Community Components

- Increase quantity and quality of community outreach and education
- Develop Native-specific social marketing and education materials
- Expand risk-reduction interventions targeting high-risk groups
- Expand school-based prevention education

Progress to Date

- First face-to-face meeting of the Task Force held in May of 2007
- Trainings held on partner services, HIV prevention counseling, rapid HIV testing and hepatitis integration and STD/HIV 101
- Dissemination of IHS guidelines on school and jail screening
- Creation of regional resource guide to assist with referrals

Progress to Date

- Patient educational materials with local statistics, contact information and graphic design
- Social marketing campaign targeting youth
- Planning for peer education and intergenerational program development
- Review of curricula for possible use in schools
- Collaboration with a wider network of partners – training centers and universities
- Task Force membership expanded to include more Tribes

Model Projects

- Chlamydia school screening projects on two reservations
- Male screening pilot projects on two reservations
- In Community Spirit project providing HIV prevention education to Native women in South Dakota
- Community hepatitis screening, treatment and care project
- Intergenerational project on HIV/STD prevention and Lakota traditions

On-going Challenges

- Lack of or minimal participation from some Tribes, Service Units and State Health Departments
- Funding for implementation
- Working with schools
- Lack of evidence-based, culturally appropriate interventions and curricula
- Turnover at Aberdeen Area IHS
- Change in Task Force leadership

Next Steps

- Continuation of subcommittee work to further develop other components of the strategic plan
- Follow-up with Tribal leaders to report on progress of the plan
- Local planning meetings to implement the activities at the local level
- Expansion of model projects
- Continuation of efforts to improve relations between Tribes and state health departments

Thank you!

Questions?

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