

Substance Abuse, HIV/AIDS, and Hepatitis Prevention for Urban American Indians

THE DON'T FORGET US PROJECT

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INTRODUCTION

- Funded by the Center for Substance Abuse Prevention (CSAP), the *Don't Forget Us* Project is a substance abuse, HIV, and hepatitis prevention program tailored to urban American Indians living in Baltimore, MD
- American Indians represent a small minority in Baltimore City (pop. <6,000).
 - They represent an at-risk group, but have received little attention from the local service system - despite increased emphasis on cultural competence at the state level from the Department of Health and Mental Hygiene.





Anatomy of an Effective Partnership



- Friends Research Institute
 - Social Research Center, based in Baltimore City
 - Nearly 50 years of experience conducting research on health & social problems
- Native American LifeLines
 - The only active community-based service provider in the City offering culturally-tailored services for urban American Indians
- Other Partnerships in the Community
 - East Baltimore Church of God
 - Chase Brexton Health Clinic (HIV/STD testing site, direct primary care and AIDS service provider)
 - A range of service providers act as referral sites – areas of services include mental health, substance abuse, homeless services, hunger alleviation, job training, dental care, tobacco cessation, primary health care, nutrition, and legal assistance.

STRATEGIC PREVENTION FRAMEWORK

Multi-pronged assessment of community needs and assets in the realm of substance abuse, HIV, and hepatitis prevention.

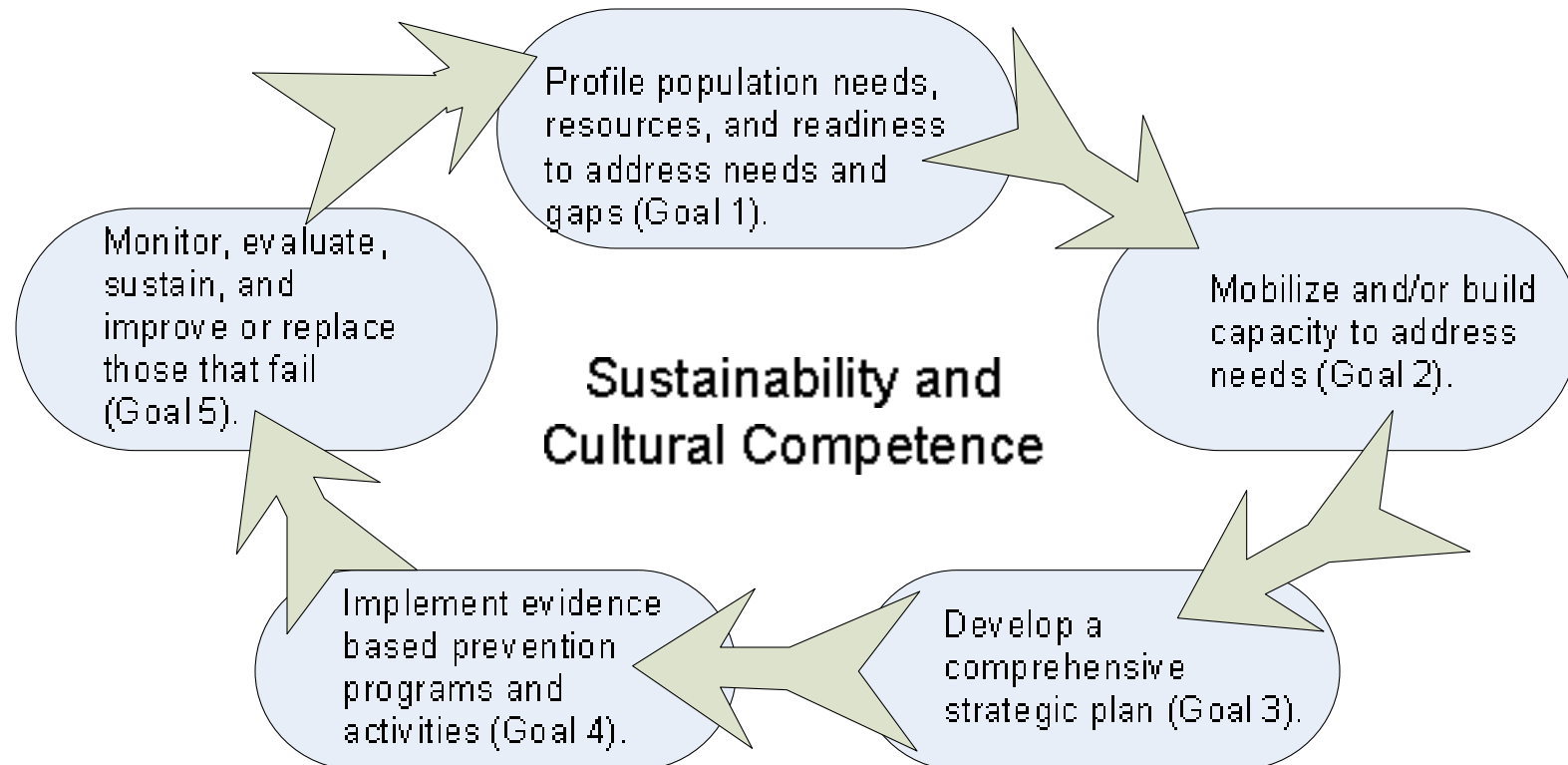
Four Guiding Principles

Participatory Framework

Cultural Competence

Sustainability

Continuous Quality Improvement



METHODOLOGY OVERVIEW

COMMUNITY INTERCEPT SURVEYS (n=99)

Short intercept surveys conducted with people in public places in neighborhoods with higher numbers of American Indian residents; Surveys captured perceived availability & perceived effectiveness of services, satisfaction, & greatest areas of need.

FOCUS GROUPS (total n=39)

6 groups, 5 with target population, 1 with other community stakeholders; Probed perceived risk and protective factors for SA/HIV/HEP among local American Indians.

FIELDWORK AND NEIGHBORHOOD OBSERVATION

Unobtrusive systematic observation in neighborhoods with higher concentrations of American Indians. Developed the Systematic Neighborhood Observation Checklist – Baltimore (SYNOC-B) to gain a deeper understanding of community-level risk factors.

IDENTIFICATION OF EXISTING SERVICES

Multi-source strategy to assemble a working list of services for substance abuse, HIV, and hepatitis prevention (broadly defined); List helped to identify future partners and referral sites.

LITERATURE REVIEW

Thorough review of relevant academic, government, and advocacy group literature.

TARGET POPULATION CHARACTERISTICS

- Low income / Fixed income
- Low educational attainment
- Unemployment
- Widespread alcoholism, substance abuse
- Mental illness
- Physical Disabilities
- Many recently released from jail or prison

Many neighborhoods that American Indians live in are poverty-stricken high crime areas (especially open-air drug markets and prostitution). Others are undergoing rapid transition in the march towards gentrification.



FINDINGS FROM COMMUNITY SURVEYS

- Results are most striking for hepatitis: nearly 70% were unaware of any prevention or treatment services.
- 60% reported being not satisfied with the services in their community.
- More women perceived substance abuse treatment as ineffective ($p < .05$; phi test).
- In an open-ended question, 80% mentioned a health issue as the biggest issue facing their community.
- In an open-ended question, 45.5% of respondents identified drugs or substance abuse as the greatest issue in their community.
- More American Indians were unaware of hepatitis treatment services ($p < .05$), perceived HIV prevention as ineffective ($p = .05$), hepatitis prevention as ineffective ($p < .05$), and hepatitis treatment as ineffective ($p < .001$; Phi-tests).
- Limitations are small sample size, potentially biased sample (people who were in public places).

Focus Groups

Analysis

- All focus group discussions recorded and transcribed.
- Qualitative Analysis, coding for emergent themes & concepts.
- 3 investigators analyzed data and came to consensus.
- Relevant quotes, memos, and notes arranged by thematic headings.



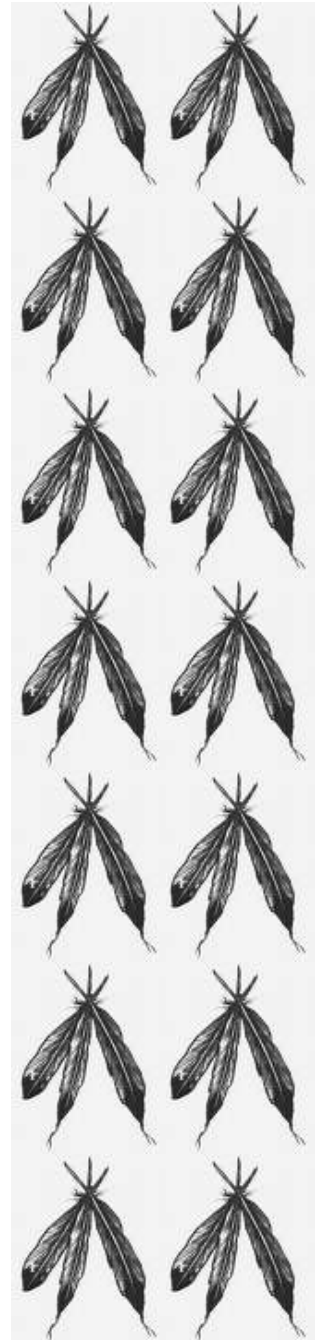
Focus Group Findings

7 Major Themes were identified

- Theme 1: The Scope of the Problem
 - SA/HIV/HEP all viewed as major problems, with substance abuse serving as the root system for other challenges.
 - *“Overwhelming”*
- Theme 2: Holistic Conceptualizations of Risk
 - Emphasis placed on systemic inequalities and the breakdown of vital cultural systems. SA/HIV/HEP seen as inter-related phenomena with crime and family disintegration.

- Theme 3: Pride, Shame, & Stigma

- Values of personal self-reliance manifested in distrust of healthcare professionals and hesitation to seek help until a condition has progressed to severity.
- The behaviors contributing to HIV and hepatitis risk (e.g. drug & alcohol use, sexual promiscuity) are shrouded in secrecy and stigmatized even though they are prevalent.
- Shame of socially unacceptable behaviors (e.g. injection drug use, prostitution, etc.) adversely impacts help-seeking.
- Cyclical migration from Baltimore to ‘home communities’ and reservations is common. When individuals get sick (from HIV), they may leave the city and return to rural areas of a different state.



- Theme 4: Socioeconomic Disadvantage
 - Low educational attainment
 - Transgenerational Poverty
- Theme 5: Special Population Needs
 - Youth considered to be very vulnerable
 - Individuals Reentering Communities from the Criminal Justice System
 - Cyclical Recidivism among American Indians
 - “I’ve got a brother who’s spent most of his life in jail, and he’s 48 years old. And when he gets out on the street, I think the longest he’s ever stayed out was a year. He said, ‘Well, I’ve had my vacation, it’s time to go home.’ He’ll do something to get back into prison. Being on the streets is a vacation to him. His home is in jail.”*

In another group:

“I got a girlfriend... She’s accustomed to it. That’s her way of life. She’s not used to living on the streets. She’d rather be in prison than living on the outside.”

- Theme 6: The City Lifestyle & Peer Influences
 - Urban environment and peer norms not conducive to positive behavioral health
- Theme 7: Community Disintegration
 - Breakdown of cultural support systems in the urban environment
 - Seen as the root cause of the greatest problems facing American Indians in the City, including:
 - Substance Abuse
 - Poor health
 - Criminal involvement and Victimization
 - Desire to restore a sense of community and cultural cohesion

Intervention Design & Next Steps

The design and implementation of the *Don't Forget Us Program* was informed by the Needs Assessment findings.

In light of Theme 7, A variety of Cultural Enhancement Activities were built into the program.

HIV and hepatitis prevention education groups are conducted using a holistic framework to address risk. Native American symbols such as the Circle and the Medicine Wheel are used to emphasize the behavioral *relationships* between substance abuse, HIV, and hepatitis risk.

So far, 31 clients have completed the program. Process and Outcome evaluation activities are currently ongoing.

Intervention Delivery

- Acknowledges American Indian history
 - as a race and of specific tribes when possible
- Acknowledges the impact of the local urban environment on cultural support systems and acculturation
- Addresses spirituality directly
 - Christian vs. Traditional
- Emphasizes community-building
- Allows participants adequate time to express their views
- Includes elders
 - As respected members of the community, elders can act as conduits for the transmission of preventive knowledge and health promoting behaviors.

RECOMMENDATIONS

- **Increase Access to Existing Services in the Community**
 - Services need to be *accessible* and *acceptable* to diverse populations. Moreover, financial barriers to service access exist for the most disadvantaged populations. Lack of services in the community and inaccessibility of existing services was seen as a major issue for Native Americans in Baltimore.
- **Provide Culturally Congruent Services**
 - It would be beneficial to expand the range of services available to Native Americans which are culturally-grounded and address the specific needs of the population. This includes culturally appropriate health prevention and treatment services, as well as social services and community involvement programs.
- **Foster Community Cohesion and Capacity Building**
 - A strong community can be a people's greatest asset. The foundation for a small but integrate American Indian community exists, but poverty, fragmentation of the population, and the resulting cultural disintegration are barriers which must be addressed. Investing resources in the American Indian community and applying participatory models to service delivery will help to bring the community together and give people a sense of belonging and involvement.

RECOMMENDATIONS

- **Increase Provider Sensitivity to Native American Needs**
 - American Indians often feel that providers are not sensitive to their needs. This could be addressed via cultural competency trainings or an awareness campaign aimed at major health and social service agencies. Efforts at eliminating misclassification in data collection should become standard practice.
- **Address Risk Factors Holistically**
 - The many risk factors facing Native Americans in Baltimore all work together to create and perpetuate health disparities. Addressing these factors in a holistic fashion at the individual, community, and systemic levels will help to provide effective and lasting changes in health risk behaviors.
- **Extend Services for Special Sub-Populations**
 - One group which is clearly in need of special services is the reentry population. Programs to assist Native Americans who have been incarcerated and are being released into the community should focus on easing the individual through the transition and providing relevant services to prevent recidivism. Partnerships with the community in this instance will be vital.

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