



Diné Unity Project: A community-based STD screening project

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Presentation Overview

- Syphilis on the Navajo Nation
- Introduction to the Diné Unity Project
- Indigenous Health Belief Model
- CBPR and the Diné Unity Project
- Results of the CBPR Process
- Strategies for CBPR on the Navajo Nation



Syphilis on the Navajo Nation

- Syphilis rates on and around the Navajo Nation have been rising since 2001
 - Infection rate for Native Americans in McKinley county is greater than 100 per 100,000
- Risk Behaviors for Syphilis among Navajos
 - Substance (Alcohol) Use
 - Anonymous Sex Partners
 - Lack of Condom Use
 - Men who have sex with men (MSM)



Introduction to the Project

- A project of the Navajo Nation Division of Health's Community Health Representative/Outreach Program



- 27,000 square miles covering 3 states—Arizona, Utah, and New Mexico
- 298,215 Navajos throughout the U.S. with 173,987 living on the reservation according to the 2000 Census



Introduction to the Project

- Funded by the Centers for Disease Control and Prevention (CDC) in 2004 (3 year award)
- Response to a Syphilis Outbreak on and near the Navajo Nation
- Intervention in tribal detention centers, on the streets of Gallup, NM, and in outpatient rehabilitation programs



Introduction to the Project

- Goals of the Diné Unity Project:
 - ✓ Strengthen the local capacity of the Navajo Nation to screen and arrange for the treatment of sexually transmitted diseases
 - ✓ Educate local Navajo populations about STDs, the consequences thereof, and how to prevent transmission.



Introduction to the Project

- Partnership between tribal, government, and non-profit organizations:
 - Community Health Representative/Outreach
 - Health Education
 - Social Hygiene
 - Tribal Detention Centers
 - Arizona, Utah, and New Mexico State Departments of Health
 - CDC
 - Na'nizhoozhi Center, Inc.
 - University of New Mexico (Evaluation)



Introduction to the Project

- Target populations for intervention:
 - Incarcerated Navajos in tribal detention centers
 - Those who have been through (alcohol) detoxification at NCI in Gallup, NM
 - Transient Navajos in Reservation border towns
 - Navajos involved in outpatient alcohol rehabilitation programs
 - (Navajo population at large)



Indigenous Health Belief Model

- **Perceived Susceptibility:** Navajo historic and present-day context
- **Perceived Severity:** Impact of infectious disease on personal harmony, community interaction, cultural norms, and tribal values
- **Perceived Benefits:** Navajo cultural norms and value of balance, harmony, or Hozhó



Indigenous Health Belief Model

- **Perceived Barriers:** Cultural beliefs that healing is individually motivated
- **Cues to Action:** Community concern drives tribal and IHS programs
- **Self-Efficacy:** Navajo desire to maintain balance



CBPR and the Diné Unity Project

- CBPR is not a set of methods but an approach to research
- Local communities initiate and are involved in all facets of the research process from planning to dissemination
- Community-based approach allows tribes to incorporate local values such as language and tribal customs



CBPR and the Diné Unity Project

- Process for creating the educational intervention
 - Researched other evidence based STD interventions and found that there were no STD education interventions specifically for Native Americans
 - Series of facilitated discussions with Diné Unity Project staff and partners
 - Continuous revision of the intervention
 - Role playing and piloting of the intervention in jails, outpatient rehab facilities, youth detention centers, and various community outreach & education events.




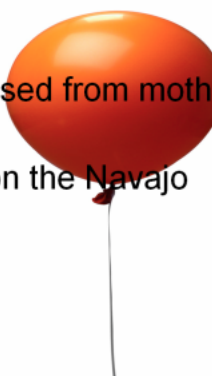
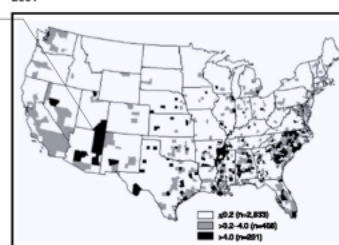
Results of the CBPR process

- Creation of a PowerPoint presentation that...
 - Is interactive
 - Can be easily translated into the Navajo language
 - Is easy to understand for all educational levels
 - Provides Navajo-specific examples
 - Educates Navajos about STD contraction, testing, treatment, and prevention
 - Encourages Navajos to be tested for STDs—specifically syphilis and HIV
 - Promotes condom use and partner negotiation



Results of the CBPR process

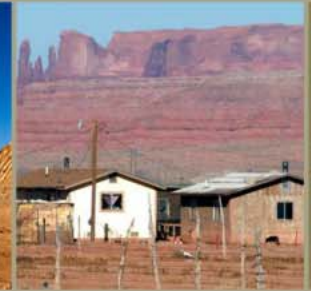
- Examples of the PowerPoint presentation

<p style="text-align: center;">Who gets</p> <ul style="list-style-type: none"> • Anyone who is sexually a  <ul style="list-style-type: none"> • Men and women of all ag backgrounds, and income the world can get them. • One out of four American 55 will catch at least one • Having more than one pa more likely to get an STD • It is possible to have m 	<p style="text-align: center;">Activity</p> <ul style="list-style-type: none"> • Who can get a STD? • Which STD can be passed from mother to baby? • Which STDs are high on the Navajo Nation?  <p style="text-align: right;">15</p>	<p>going on locally?</p> <p>ocial Hygiene 2005 report: ll cases → EPIDEMIC</p> <p><small>FIGURE 2. Counties with primary and secondary syphilis rates above the national health objective for 2010* — United States, 2001</small></p>  <p style="text-align: right;">5</p>
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Strategies for CBPR on the Navajo Nation

- Start with community-identified concerns
- Build partnerships with existing organizations
- Identify strengths of those involved and build on them especially language and cultural and local knowledge
- Identify a facilitator
- Hold regular meetings with staff and stakeholders
- Engage tribal and local governments



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