

# A Collaborative Model in Adapting a Well Established Drug Related HIV Evidence-Based Intervention Curricula for American Indians and Alaska Natives (AI/AN) Communities

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## Background

- Even though American Indians and Alaska Natives (AI/AN) make up only 1.5% (4.1 million people) of the total US population, when ethnic/racial population size is taken into account, AI/ANs ranked 3rd in rates of HIV/AIDS diagnoses, after blacks (including African Americans) and Hispanics. (1)
- AI/ANs have one of the highest prevalence of alcohol, substance abuse and dependence in comparison with other race and ethnic groups in this country. Results of the 2005 National Survey on Drug Use and Health indicated that the rate of current illicit drug use was higher among AI/ANs (12.8%) than among persons of all other races or ethnicities. (2)
- In 2005 the Centers for Disease Control and Prevention (CDC) reported that injection drug use (IDU) accounted for 28% of the HIV/AIDS diagnoses among male AI/ANs. (3)
- Through the Minority AIDS Initiative, CDC supports efforts to reduce the incidence of HIV risk among AI/AN, and provides HIV prevention education and support of the implementation of a community level evidence-based intervention (e.g., Community PROMISE). However, no research study has been identified to address the social, cultural, and structural characteristics of Native American drug use communities as an evidence-based intervention in the CDC Compendium. (4)
- This presentation discusses a collaborative model among behavioral scientists, a Capacity Building Assistance (CBA) provider, and a Native American advisory committee called the IDU Working Group, in selecting, adapting and pilot testing the *Safety Counts* HIV intervention training curricula.
- Safety Counts* is a group-level intervention that was developed with the participation of urban drug users of multiple racial and ethnic backgrounds in Long Beach, California. The intervention was conducted at California State University, Long Beach, under a National Institute on Drug Abuse (NIDA) cooperative agreement. The principal investigator was Fen Rhodes, Ph.D. (5)
- Safety Counts* is a seven session HIV/hepatitis prevention intervention for out-of-treatment active injection and non-injection drug users.
  - SC Core elements
    - Group session one and group session two
    - One (or more) individual counseling session
    - Two (or more) social events
    - Two (or more) follow-up contacts
    - HIV/HCV Counseling and Testing

## Methods

Five Steps for Adapting *Safety Counts* Curricula for Native Populations (5)

- Population Identification
- Agency Resources Assessment
- Formative Research and Evaluation
- Adapting Curricula
- Pilot Testing of Adapted Curricula

### 1. Population Identification

- The National Native American AIDS Prevention Center (NNAAPC) convened an advisory committee of Native American experts in substance use called the IDU Working Group. The IDU Working Group reviewed and discussed issues on selecting a CDC evidence-based intervention for AI/ANs in August, 2007.
- The IDU Working Group was comprised of Native American, Alaska Native, and Native Hawaiian representatives that have myriad experience with HIV prevention and injection/non-injection drug users.

- A rapid needs assessment using focus group and interviews was conducted to identify general attitudes about HIV transmission among AI/ANs, risk factors, HIV testing issues, community needs, and barriers to prevention, social concerns and other issues.
- Concerns were related to issues of confidentiality, urban v. rural reservations, length of program, variance of drugs of choice and traditional values.

### 2. Agency Resources Assessment

- The IDU Working Group conducted an assessment on issues related to: 1. Community; 2. Agency; and 3. Selection of an evidence-based intervention (EBI).
- Issues on staffing for agencies that work with Native communities were discussed and analyzed, along with agency financial resources, agency or community testing resources and access to treatment (drug and alcohol).
- Selection of an evidence-based intervention based on cultural appropriateness was recommended (e.g., *Safety Counts*) by the IDU Working Group.

### 3. Formative Research and Evaluation

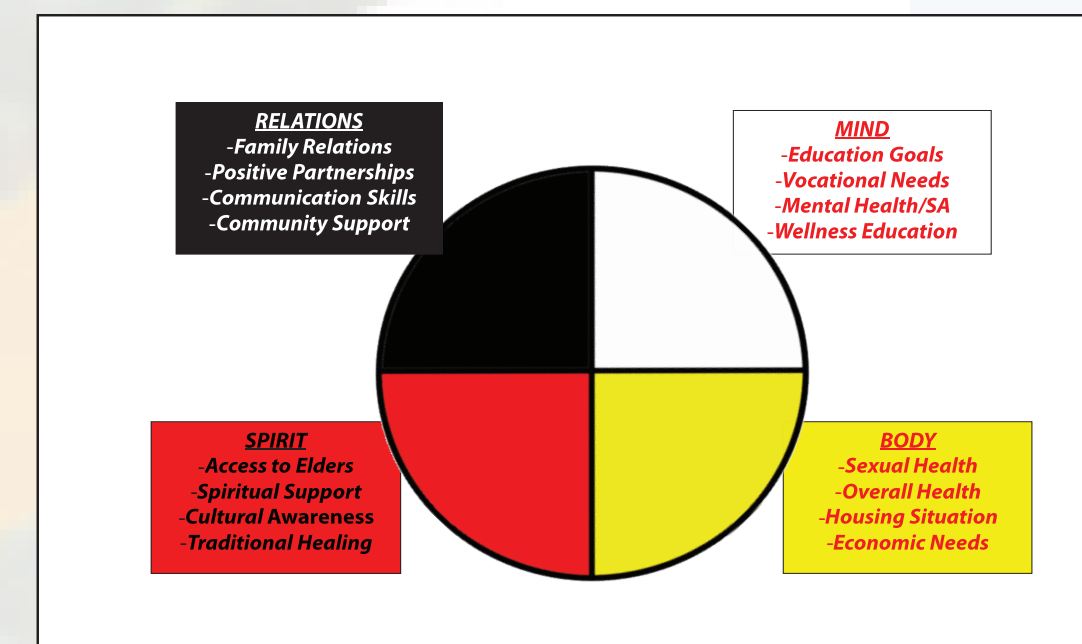
- Focus groups and phone interviews were conducted during population identification and agency resources steps.
- In depth review of epi information was conducted to assess risk factors in Native populations.

### 4. Adapting Curricula

- Based on formative research, an in-depth content review of the *Safety Counts* intervention material was conducted by the IDU Working Group based on adaptation guidelines proposed by CDC.
  - Examining language, presentation and content
- In-depth program activity analysis
  - Examining intent of activities and program flow
  - Consultation of revision with SC Principal Investigator and CDC scientists

- Role of Language:** Making the language more generic, universal, and/or familiar: For instance change the word "client" for "participant" and using local slang for drug names.
- Inclusion of alcohol use** as a risk factor within a poly drug use context (drug and alcohol use). Counselors should consider including alcohol related components to participants risk reduction steps and goals.
- Social support:** consider a more holistic social support discussion (e.g., inclusion of the medicine wheel) and connect the mental, physical, spiritual and emotional aspects of support to during SC sessions.
  - Using the medicine wheel to conceptualize social support

#### Medicine Wheel for Social Support



- Inclusion of spiritual components:** Spirituality is a vital component to Native living, and is seen as inherent in a health way of life. The adaptation encourages spiritual support, spiritual referrals and prayer.
- Use of traditional Native stories** to explain change in a cultural manner

### 5. Pilot Testing of Adapted Curricula

- Training Capacity
  - CBA partner (NNAAPC) trainers participated in SC Training-of-Facilitators (TOFs), and SC Training-of-Trainers (TOT).
- Pilot test of Materials with National Audiences
  - CBA partner (NNAAPC) held four *Safety Counts* for Native Communities pilot trainings (TOFs from January, 2009 to September, 2009; training 51 participants.
    - Phoenix, AZ
    - Sacramento, CA
    - Sioux Falls, SD
    - Bismarck, ND
- Revision of Pilot Materials
  - Training evaluations, observations, and course journals were conducted for all the pilot trainings, and materials were revised accordingly.

#### Matrix of Changes Between Original and AI/AN SC Adaptation:

Core Elements & Activities	Content of Original Intervention Activities	Content of SC AI/AN Adapted Intervention Activities
Intake Forms	Background Variables	Added selected AI/AN background and language variables
Risk Reduction Interview	15 Risk Related Factors	Added three risk factors related to alcohol: Getting into alcohol treatment Injecting while drunk Reduce drinking
Groups 1 & 2	Identify client's HIV risks & current stage of change. Risk-reduction success stories. Set personal goal Identify first step to reduce HIV risk. Discussion of social support and make referrals.	- Identify client's HIV risk (include alcohol use) & current stage of change. - Risk-reduction success stories - Traditional Native story - Identify first steps to reduce risk (include alcohol factors) - Use of the medicine wheel as a holistic approach to discuss social support - Include traditional prayer - Increased time for group sessions
Individual Counseling Session	Discuss/refine risk-reduction goal Assess client's needs and social support Provide needed referrals.	Structure same as traditional - Include discussion of alcohol related risk reduction goals and steps - Use the medicine wheel to conceptualize and identify social support.
Social Events	- Share meal and socialize - Participate in planned HIV-related risk reduction activities	Structure same as traditional - May include an alcohol related HIV related risk reduction activity - Food should be home-cooked and/or traditional - May include traditional blessing
Follow-Up Contacts	- Review client's progress in achieving risk-reduction goal - Discuss barriers encountered - Identify concrete next step - Discuss possible barriers/solution - Make referrals to C&T, treatment and medical/social services)	Structure same as traditional - Include referrals for cultural services and alcohol and/or drug treatment
HIV/HCV C & T	- Offer the client this service either through referrals or at the implementing agency)	Structure same as traditional - Include alcohol and drug treatment referrals

#### Further Key Changes Implemented in the AI/IN SC Adaptation

- Role of Introductions:** Introduction plays a key role to disclose family affiliation, ancestry, heritage and other pertinent affiliations. It establish rapport and trust. Relationships and interpersonal connections are vital before any work or personal undertaking can begin.

## Recommendations

- The model of adapting a well-established evidence-based intervention (e.g., *Safety Counts*) in collaboration with actors from the field (e.g., IDU Working Group) and a community-based organization (CBA-NNAAPC) is realistic and productive.
- Changes suggested by the IDU Working Group to materials helped to tailor the intervention with multiple cultural items and less scientific content and intent, without altering the core elements of the intervention.
- Safety Counts* for Native Communities adaptation model involved a well-designed step-by-step process incorporating: 1.) population and community identification; 2.) agency resource assessment; 3.) formative research and evaluation; 4.) adapting curricula; and 5.) pilot-testing curricula, including training staff. For more information, please see adaptation guidelines in *Safety Counts* manual (5).
- The proposed model can be used extensively with other evidence-based interventions that have been packaged, but need to be tested with different audiences for cultural appropriateness and acceptability.
- Further evaluation research needs to be considered to measure the effectiveness of this adaptation during implementation with Native audiences.
- Adaptation for program implementation is necessary to increase EBIs for hard-to-reach populations.

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