

Overview To Working In Indian Country - Part I

Lori de Ravello, Scott Tulloch

- Demographics/Socio-Economic Indicators
- Historical Underpinnings
- Tribal Structure
- Region VIII Examples

Recommended Resources -

- JSI Research & Training Institute, Inc. *Building Bridges: Working with American Indian and Alaska Native Health Care Providers to Integrate Reproductive Health, STI & HIV Prevention Services*
- U.S. Census Bureau. *2000 Census of Population and Housing: Characteristics of American Indians and Alaska Natives by Tribe and Language*, <http://www.census.gov/census2000/pubs/phc-5.html>
- U.S. Census Bureau. *American Indian and Alaska Native (AI/AN) Data & Links*, <http://factfinder.census.gov/home/aian/index.html>
- U.S. Census Bureau. *We the people: American Indians and Alaska Natives in the United States*, <http://www.census.gov/prod/2006pubs/censr-28.pdf>
- American Indian Policy Center. *Trust Responsibility*. <http://www.airpi.org/projects/trustdct.html>
- Friends Committee on National Legislation. *The Origins of our Trust Responsibility Towards the Tribes*, http://www.fcni.org/issues/item.php?item_id=1300&issue_id=95
- U.S. Commission on Civil Rights. *Broken Promises: Evaluating the Native American Health Care System*, July 2004. <http://www.usccr.gov/pubs/nahealth/nabroken.pdf>
- American Indian Policy Center. *American Indian Tribal Sovereignty Primer*. <http://www.airpi.org/pubs/indinsov.html>
- Indian Health Service. *Tribal Self-Determination*. <http://info.ihs.gov/TreatiesLaws/2-TribalSelfDetermination-Jan2005.doc>
- Indian Health Service. *Tribal Self-Governance*. <http://info.ihs.gov/TrblSifGov.asp>
- Self-Governance Communication & Education. *History of the Tribal Self-Governance Initiative*. http://www.tribalseifgov.org/Red%20Book/The%20History%20&%20Goals/history_of_the_tribal_self.htm
- Indian Health Service. *Contract Health Services*. <http://info.ihs.gov/CHS.asp>
- Indian Health Service. *Collaboration with States*. <http://info.ihs.gov/CollabSt.asp>
- Indian Health Service. *Partnership with the Centers for Medicare and Medicaid Services*. <http://info.ihs.gov/PartnerMed.asp>
- Kaiser Family Foundation. *A Profile of American Indians and Alaska Natives and their Health Coverage*, Sept. 2009. <http://kff.org/minorityhealth/upload/7977.pdf>
- National Indian Health Board. *Indian Health 101*. http://www.nihb.org/resources/indian_health_101.php
- National Indian Health Board. *Indian Health Care Improvement Act*. <http://www.nihb.org/legislative/ihcia.php>
- U.S. Commission on Civil Rights. *A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country*. <http://www.usccr.gov/pubs/na0703/na0731.pdf>
- Indian Health Service. *Tribal Consultation and Participation*.

<http://info.ihs.gov/TrbICnslt&Prtcp.asp>

- U.S. Department of Health & Human Services. *Consultation with American Indians and Alaska Natives*.
<http://www.dhhs.gov/intergovernmental/tribal/report.html>
- Rocky Mountain Tribal Epi Center www.mtwytlc.com

Lori de Ravello presentation [also see slide sets: deravello_1, deravello_3]

Tulloch presentation [also see slide set: tulloch_1]

- "In combination" = American Indian combined with other races
- Although many homes on reservations lack landline telephones, more and more residents, especially youth, have cell phones.
- Because of the need to address other health issues, STDs fall farther down on the list of priorities.
- Parking Lot Issues/Concepts:
 - Not all federally-recognized tribes have federal treaties.
 - "638" tribes -1975 Indian Self-Determination Act (PL 93-638) gives tribes the option to manage health care services in their communities; so, their share of funds that would normally have gone to I.H.S. for health care services now goes to them directly. It doesn't have to be an "all-or-nothing" proposition - some tribes will "638" only certain services/programs, such as behavioral health services; and if tribes opt to "638" some or all services, they can also choose to revert back to receiving I.H.S. services, via a re-enrollment process.
- Urban relocation program began in the 1950s caused many problems, including provision of health care services.
- Tri-citizenship: being a member of (1) your tribe, (2) your state, (3) the U.S., and have all the rights and responsibilities of each of these
- What types of tribal-state collaborations (tribal consultations, tribal liaisons, etc.) do each of the Region 8 states have in place?
 - WY HD has a tribal liaison
- Issues that would be conducive for collaboration:
 - Emergency preparedness, such as for the H1N1 virus
- Relationship-building is a very complex and time-consuming process, and the importance of the tribes seeing the same person/same face over the long term cannot be overstated. Requirements include: lots of face-to-face time, not making promises you won't/can't keep, doing what you say you're going to do
- The role of the tribal epi centers is to respond to the interests and priorities of the tribes. So it's important to advocate and raise awareness with the tribes first.

Alyssa Francis presentation [see slide set]

Zeenat Mahal presentation [see slide set]

- I.H.S. was established via the "Indian Health Care Improvement Act" PL 94-43; as amended by PL 102-537, which created the tribal epi centers.
- Their funding has a few sources, including I.H.S., CDC, and NIH, and others.

Overview To Working In Indian Country - Part II
Lori de Ravello, Scott Tulloch

- Overview of Health Care Systems for AI/AN
- Financing Health Care for AI/AN

Recommended Resources -

- JSI Research & Training Institute, Inc. *Building Bridges: Working with American Indian and Alaska Native Health Care Providers to Integrate Reproductive Health, STI & HIV Prevention Services*
- National Indian Health Board. *Area Health Boards*.
http://www.nihb.org/resources/area_health_boards.php
- U.S. Commission on Civil Rights. *Broken Promises: Evaluating the Native American Health Care System*, July 2004.

		<p>http://www.usccr.gov/pubs/nahealth/nabroken.pdf</p> <ul style="list-style-type: none"> ▪ Maps: <i>Tribal and Urban Indian Epidemiology Centers by Service Catchment Areas; Region VIII IPP Partners Within IHS Areas</i> ▪ Urban Indian Health Commission. <i>Invisible Tribes: Urban Indians and Their Health in a Changing World</i>, 2007. <p>http://www.uihi.net/Public/UIHC%20Publications/UIHC_Report_FINAL.pdf</p>
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Lori de Ravello presentation [see slide set deravello_2]
 Scott Tulloch presentation [see slide set tulloch_2]

<p>Chlamydia Screening In Indian Country: Relationship between IHS/Tribal/Urban Indian Communities and IPP <i>Steven Shapiro, Scott Tulloch</i></p>	<ul style="list-style-type: none"> ➤ National IHS Stop Chlamydia Project ➤ CDC Update/Partnering with the National IPP ➤ Questions 	<p>Recommended Resources -</p> <ul style="list-style-type: none"> ▪ <i>Chlamydia Positivity in American Indian/Alaska Native Women Screened in Family Planning Clinics, 1997-2004</i>, L Gorgos, et al.; Sexually Transmitted Diseases, August 2008, Vol. 35, No. 8, p.753-757 ▪ PowerPoint presentation
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Steven Shapiro presentation [also see slide set]

- Thomas Freidan is the new CDC Director. He focuses on performance measurement, and reporting with plenty of data to back up findings, with very short turnaround times.
- STD Lab Guidelines updates:
 - NAATs are test of choice
 - Vaginal swabs are the specimen of choice for females
 - Urine specimen for males
 - I Want The Kit is now available in the Denver area
- STD Treatment Guidelines update:
 - Switch to 250 mg of Rocephin (ceftriaxone) from 125 mg for treatment of gonorrhea
- Office of Health Disparities is now the Office of Health Equity
- Program evaluation and program improvement update: a new project that will start soon will be trying to apply CQI and TQM to a community process
- Get Yourself Tested (GYT) 2009 Campaign
- Sentinel Surveillance Network = SSuN
- NCC
 - Yvonne: The coalition is looking at providing some mini-grant opportunities for local and state entities. Region 8 could use for developing partnerships with tribal entities, CHCs.
- Because there are no enhanced data variables collected that are common across all regions, CDC cannot provide a national analysis of the enhanced data variables.
- CDC is looking at conducting evaluation projects in states that have been using EPT to see if it has been effective and/or cost-effective.
- Some issues for EPT:
 - Physicians who write a scrip for partner therapy can't bill for it

- Docs are also concerned about giving treatment to those who are not their patients
- Meds purchased through HRSA 340B cannot be used for partner therapy
- Partnership development update: CDC has recently begun discussions with groups such as NACHC, ACOG, DOD Medical Services Unit, etc., to development partnerships.
- Health plans will have to have effective CT screening practices in place in order to receive HEDIS accreditation.

Scott Tulloch presentation [also see slide set tulloch_3]

<p>Continued: Chlamydia Screening In Indian Country: Relationship between IHS/Tribal/Urban Indian Communities and IPP <i>JSI, Melanie Taylor</i></p>	<ul style="list-style-type: none"> ➤ Regional role in promoting and supporting the Stop Chlamydia Project activities 	<p>Recommended Resources -</p> <ul style="list-style-type: none"> ▪ <i>An Ongoing Burden: Chlamydial Infections Among Young American Indian Women</i>; Linda W. Dicker, Debra J. Mosure, Robyn S. Kay, Laura Shelby, James E. Cheek, Region VIII Infertility Prevention Program; Matern Child Health J (2008) 12:S25-S29
<p>Social and Cultural Aspects of Serving Native Communities - Part I <i>Kris FourStar</i> <i>Open group discussion, Tribal Epi-Centers</i></p>	<ul style="list-style-type: none"> ➤ The Fort Peck Sexual Health Project ➤ Strengths and challenges to providing reproductive health/STD services 	<p>Recommended Resources -</p> <ul style="list-style-type: none"> ▪ JSI Research & Training Institute, Inc. <i>Building Bridges: Working with American Indian and Alaska Native Health Care Providers to Integrate Reproductive Health, STI & HIV Prevention Services</i>

Kris FourStar presentation [also see slide set]

- Fort Peck Sexual Health Project
 - All men are at a higher risk of contracting STDs. The counties in which the tribes reside have the highest STD rates.
 - The Montana state constitution states that it has no jurisdiction over the Indian lands. Which other Region 8 states are no-jurisdiction states?
 - This project utilized the CBPR [= Community-based participatory research] method.
 - Fort Peck tribe has control and final say over what and how study results are reported/published.
 - Interviewed 123 males 18-24 years old, which is ¼ of the male population in this age group.
 - Also interviewed 12 community leaders who had experience working with males in this age group.
 - 95% said using condoms is important, but only 36% reported using them. Kris believes this can be attributed to inadequate access to condoms.
 - Fort Peck just received another 3-year grant from OPA to continue this project and actually begin to deliver the intervention.
 - Most surprising finding: Difference between what the older population thought the young people would say, and what was actually said by young people about their role/responsibility for preventing pregnancy.
 - Challenges: being able to finding participants who will stay in the program
- Fort Peck Harm Reduction Program
 - Program includes harm reduction services as well as needle exchange.
 - This project also utilizes the CBPR method.
 - Successes:
 - The project proposal passed tribal resolution in May 2009.
 - Has a lot of elder support
 - Rocky Boy is now considering beginning an HR program.
 - Initial funds for research came from the NIH.
 - Funding for the harm reduction project itself is provided by the Syringe Access Fund (a private program) in New York.

- Most surprising finding: The drug problem is with prescription drugs as opposed to meth.
- They use cell phones to maintain contact with participants.
- Will need to collaborate with state HD and I.H.S. to provide STD and HIV testing, which will either be done in the field in the clinic.

Data, Trends, & Reporting Issues

Scott Tulloch, Melanie Taylor, Zeenat Mahal, Gwenda Gorman, Alyssa Francis

- National and area-level AI/AN STD rates
- Reporting issues
- Tribal Epi Center GC/CT data
- Racial misclassification

Recommended Resources -

- *Indian Health Surveillance Report—Sexually Transmitted Diseases, 2004*, D Wong, et al.; November 2006. <http://www.cdc.gov/std/stats-ihc-2004/toc.htm>
- National Coalition of STD Directors. *STDs in AI/AN: State Fact Sheets* <http://www.ncsddc.org/AIANstdfactsheets.xml>
- *Racial Misclassification of American Indians in Oklahoma State Surveillance Data for Sexually Transmitted Diseases*. D Thoroughman, et al.; 2002.
- *Racial Misidentification of American Indians/Alaska Natives in the HIV/AIDS Reporting Systems of Five States and One Urban Health Jurisdiction, U.S., 1984-2002*
- *Racial Misclassification for Sexually Transmitted Diseases among American Indians and Alaskan Natives in Oregon State, 1995-2000*.
- *The Effects of Racial Misclassification - Part 2 of a 2-part Series*
- Amnesty International. *Maze of Injustice: The failure to protect Indigenous women from sexual violence in the USA*, 2007. <http://www.amnestyusa.org/women/maze/report.pdf>
- CDC. *Health Disparities in HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis: Issues, Burden, and Response: A Retrospective Review, 2000-2004*, November 2007. <http://www.cdc.gov/nchhstp/healthdisparities>
- Kaiser Family Foundation. *Putting Women's Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State Level*, June 2009. <http://kff.org/minorityhealth/upload/7886.pdf>

[also see slide sets: Taylor, Mahal, Gorman, Francis 1 and Francis 2]

- Racial misclassification stems mostly from the provider assumption (mis-assumption), not knowing the correct race of a patient and assigning the wrong one.
- Data Issues:
 - Because of small tribe size, and lack of staffing, tribes rarely have the capacity to collect their own data.
 - Enhanced IPP data variables can be used to make adjustments in screening criteria
 - Lack of access to federal and state data systems [Steven and David asked Zeenat to send them a description of the kind of data she needs for Nevada and Utah and they will try to get her what she needs; Steven also offered the caveat that states have more data than CDC has]
 - Overcoming over-interpretation of HIPAA regulations
 - Too little "good" or "relevant" data
 - Inconsistent support from tribes and/or I.H.S.

Small Group Discussions on Building Collaborations
CO, UT, ITCA & IHS
MT, WY & RMTEC
ND, SD & IHS

- Review profile, solicit feedback on how to gather missing/additional information
- Discuss barriers to collecting, sharing/accessing, and presenting CT/GC data
- Discuss opportunities for collaboration

Recommended Resources-

- American Indian/Alaska Native Infertility Prevention Project Profile-DRAFT
- Within the Hidden Epidemic: Sexually Transmitted Diseases and HIV/AIDS Among American Indians and Alaska Natives, CAROL E. KAUFMAN, PHD, LAURA SHELBY, MSCPH, DEBRA J. MOSURE, PHD, JEANNE MARRAZZO, MD, MPH, DAVID WONG, MD, LORI DE RAVELLO, MPH, STEPHANIE CRAIG RUSHING, MPH, VICTORIA WARREN-MEARS, PHD, RD, LD, LISA NEEL, MPH, SARA JUMPING EAGLE, MD, SCOTT TULLOCH, BS, FRANCINE ROMERO, PHD, SARAH PATRICK, PHD, MPH, AND JAMES E. CHEEK, MD, MPH, FOR THE TASK FORCE ON STD PREVENTION AND CONTROL AMONG AMERICAN INDIANS AND ALASKA NATIVES; Sexually Transmitted Diseases, May 2007, Vol. 34, No. 5

ND, SD Discussion:

The GC discussion for the Dakotas resulted in American Indians as a target population. This can be built upon in relation to Chlamydia as well.

1. What challenges do you face in STD prevention and control?

State:

- Funding
- Time
- Many young (18 years old) AI women have the intention/would like to be pregnant/have children - is this a cultural issue? (promote family; traditional female role) A survival issue? (more kids = more resources; having/raising kids equals a way up and out of the way of life they/their parents had)
- Going at STD/Ct prevention as "infertility prevention" is the best way to approach
- Unwillingness to talk about sexual issues
- Confidentiality and trust
- Remote locations of clinics
- Both tribes and I.H.S. consider STDs to be a state HD responsibility. Putting such a burden on the state system, with limited funding and staff, leads to long times between testing and treatment, and consequently higher reinfection rates

Tribal:

- Young girls communicate with their female elders about STD/Reproductive health more than with their mothers
- The tribe welcomes state involvement. But there is a cultural sensitivity issue related to talking about STDs and other sexual health topics, wherein the tribe viewing the information that their women have a high rate of STDs implies their women are bad.
- Identifying and following the proper tribal chain of command is critical.

I.H.S.:

- Lab perspective: Improper specimen handling, labeling (often due to staff turnover); Slow provider test result turnaround (reporting) time
- Confidentiality and trust
- Funding
- Lack of linkages with other (e.g., FP) clinics for referring patients when they can't handle the load

2. What successful interventions or collaborations currently exist?

Spirit Lake clinic

Standing Rock clinic

Tribal school-based screening programs (e.g., Terry Friend's program)

Individual/site-specific relationships/collaborations
 Public health technician in Rose Bud, Marion Sorres

3. What can we do together to reduce STD morbidity?
 Optimizing/Utilizing existing staff and resources (such as CHRs (tribal) and PHNs), rather than starting from scratch
 Do some local contracting
 Increase community involvement
 Use a culturally-appropriate intervention with Indian youth - ideally presented by a Native person
 Reevaluating and retargeting what part of the population is most important, i.e., increase screening/treatment of males
 Early intervention program - peer-to-peer - in the schools
 Tying STD issues into other priority health issues, e.g., substance abuse

Partner Services for AI/AN - Collaborations Between IHS and the South Dakota STD Program <i>Dave Morgan</i>	➤ State Highlight	Recommended Resources- <ul style="list-style-type: none"> ▪ Morgan-South Dakota PowerPoint presentation ▪ North Dakota Family Planning Program Collaborations
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Dave Morgan presentation [also see slide set]

- Public health technician - a person who goes out to deliver medications, STD services being a priority, a lay person who is trained for this position, a clinic-based position; different than a Community Health Representative, which is more of a community-based position.
- Time to treatment: mailing meds is not a viable option due to common use of PO boxes, sometimes shared boxes, and long times between actually checking their boxes for mail.
- Pine Ridge - tribal health staff have been doing screenings at local sports events, basketball games. These have had a limited level of effectiveness. They also have a couple of school-based clinics, e.g., Four Directions, doing STD and cervical cancer screenings, contraceptives.
- EPT is legal in SD, but it's not very highly thought of in the AI community because of fear of talking about sex, especially females talking to their male sex partners due to the fear of violence.

Policy and Practice <i>Stephanie Craig Rushing, Melanie Taylor</i>	➤ Assessing Capacity ➤ Policies & Practices	Recommended Resources- <ul style="list-style-type: none"> ▪ Within the Hidden Epidemic: Sexually Transmitted Diseases and HIV/AIDS Among American Indians and Alaska Natives, CAROL E. KAUFMAN, PHD, LAURA SHELBY, MSCPH, DEBRA J. MOSURE, PHD, JEANNE MARRAZZO, MD, MPH, DAVID WONG, MD, LORI DE RAVELLO, MPH, STEPHANIE CRAIG RUSHING, MPH, VICTORIA WARREN-MEARS, PHD, RD, LD, LISA NEEL, MPH, SARA JUMPING EAGLE, MD, SCOTT TULLOCH, BS, FRANCINE ROMERO, PHD, SARAH PATRICK, PHD, MPH, AND JAMES E. CHEEK, MD, MPH, FOR THE TASK FORCE ON STD PREVENTION AND CONTROL AMONG AMERICAN INDIANS AND ALASKA NATIVES; Sexually Transmitted Diseases, May 2007, Vol. 34, No. 5
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Stephanie Craig Rushing presentation [also see slide set]

- Project Red Talon is one of the longest-funded programs of the board. The board has had some form of STD/HIV prevention program in place for about 22 years.
- Starting the conversation about the basics of how and who to report cases to. Also establishing a data-sharing agreement.
- Melanie Taylor: Successful program in Arizona offering a Standard of Care clinical protocol to clinicians in I.H.S. clinics. Involved state health department too, who prepared the recommendations for what tests and/or immunizations to do: CT, HIV, HPV, HBV; also involved use of EPT to treat partners. Raised awareness among the tribes via radio and other media, messages at local events.
- Lab costs also need to be part of the consideration and discussion, particularly for clinics that do not have their tests run at the (less expensive) state lab.
- Develop a communication network among the various clinics in the region so that a clinician in one clinic can give instruction to a patient traveling to another area about where to go and who to see in that area.

Social and Cultural Aspects of Serving Native Communities - Part II

Chris Duclos, Robert Foley

➤ Partnering and collaboration considerations

Recommended Resources -

- JSI Research & Training Institute, Inc. *Building Bridges: Working with American Indian and Alaska Native Health Care Providers to Integrate Reproductive Health, STI & HIV Prevention Services*
- American Indian Policy Center. *A Guide to Working with American Indians*,
http://www.dhs.state.mn.us/main/groups/aging/documents/pub/dhs16_145863.pdf
- National Native American AIDS Prevention Center. *HIV Prevention Online Toolkit for Native Communities*;
<http://www.nnaapc.org/resources/toolkit/index.htm>
- National Congress of American Indians Policy Research Center. *Research Regulation in American Indian/Alaska Native Communities: A Guide to Reviewing Research Studies*,
<http://www.ncaiprc.org/files/Research%20Regulation%20in%20AI%20N%20Communities%20-%20Guide%20to%20Reviewing%20Research%20Studies.pdf>
- National Congress of American Indians Policy Research Center. *Research Regulation in American Indian/Alaska Native Communities: Policy and Practice Considerations*,
<http://www.ncaiprc.org/files/Research%20Regulation%20in%20AI%20N%20Communities%20-%20Policy%20and%20Practice.pdf>
- National Congress of American Indians Policy Research Center. *Research that Benefits Native People: A Guide for Tribal Leaders*,
<http://www.ncaiprc.org/research-curriculum-guide>
- *Factors Associated With the Sexual Behavior of Canadian Aboriginal Young People and Their Implications for Health Promotion*. K Devries, et al. American Journal of Public Health; Research and Practice; May 2009, Vol 99, No. 5,
<http://www.reg81pp.com>

Robert Foley presentation [also see slide set]

- It's important to look for commonalities, but never disregard the differences.
- (Western) Biomedical model = patient presents with a disease, clinician performs diagnosis, provides treatment, and the disease is then cured
- (Native) Person-centered model = person comes to clinic because he/she is ill, he/she wants to know how illness will impact them and their family (how will I take care of kids, how much will this cost me, how will I get better and achieve wellness?)

Chris Duclos presentation [also see slide set]

WORKING LUNCH: Together, how can we work better to reduce STDs in Indian Country?
State partners meet together

- Who else is currently working with Native Communities?
- What successes have you had?
- What challenges or barriers have you encountered?
- What do you need to get started?

Small Group Report-backs:

CO: (1) Denver Indian Health & Family Services expressed interest in becoming a Title X provider. They will send the information about the upcoming application period for Title X funding. (2) read through the state profile and begin discussions/making contacts

MT: Planning a site visit trip to 5 tribes/6 reservations in five days; bring expertise/information on Hep B, epi (Melanie), FP services (Liz), Fort Peck syringe exchange program (Kris) - sometime in 2010.

ND: Will work with FP on reservations, new FP clinic in Standing Rock, building the relationships, possibly get I.H.S. to start referring patients there.

SD: Start sharing the information and resources that Stephanie and others provided with his tribal resources.

UT: Conduct information gathering, link up with HD tribal liaison, bring people together from Indian Walk-in Center to begin discussions.

WY: Have already identified several partners: new WHC board member is the tribal liaison for the governor's office for the Arapaho Nation/Wind River Reservation. Also have good partners/contacts with the communicable disease nursing liaisons for both Arapahoe and Fort Washakie I.H.S. Next step is to bring all together to begin discussions, data sharing.

State profiles:

- **Homework:** States are tasked with going through their draft state profiles provided at the meeting, and giving feedback on missing information and how else to make them more helpful resources, in order to move forward with their action steps. JSI will be in contact in the coming months to solicit this feedback.

Engaging with Native Communities for STD Prevention
Stephanie Craig Rushing

- Overview of Project Red Talon and how the 43 tribal communities in the Northwest Portland Area worked together in prioritizing STD prevention

Recommended Resources -
Project Red Talon website:
<http://www.npaihb.org/images/>

Tribal Epi-Centers:

Inter Tribal Council of Arizona, Inc.
<http://www.itcaonline.com>

Rocky Mountain Tribal Epi Center
<http://www.rmtec.org/>

Northern Plains Tribal Epi Center
<http://www.aatchb.org/epi/>

Albuquerque Area Southwest Tribal Epidemiology Center
<http://www.aastec.net/>

Navajo Area Epidemiology Center
(928) 871-6350

Stephanie Craig Rushing presentation [also see slide set]

- Project Red Talon materials are available on their website, and all are welcome to download and use them. They are also willing to personalize the materials for specific groups. They can't, however, provide printed supplies of the materials.
- Offering a prize for getting tested can help overcome some of the stigma associated with getting tested. "I'm not getting tested because I'm afraid I'm infected; I'm getting tested because I want the t-shirt."
- Using a variety of messages, and sharing them via a variety of media is very effective.
- Advocacy kit: They will be updating it to a more national audience, to encompass all tribes.
- They also developed a tribal clinic STD policy checklist, a self-assessment tool to guide them through the CDC guidelines, and if they found they were lacking in some of them, they were provided with contacts/resources at CDC from which get help.
- Conducting testing events such as health fairs, barbecues, etc., helps make the testing less about an individual action, but more about a community action and way to socialize.
- "There's No Place Like Home for Sex Education" toolkit (by Planned Parenthood of Southern Oregon) for parents to use with their children. Available at: www.noplacelikehome.org/nativeamerican
- "Native STAND" school-based peer education curriculum for making healthy decisions re HIV/STDs, pregnancy prevention, healthy relationships. This is being tested for efficacy, and is also available to any who wants it. (PSA videos are being posted on (search for Native Lens or Project Red Talon.)
- Think of ways to tie in the STD prevention message with other issues and projects that AIs do consider to be high priority.