Regional Strategic Plan for STD/HIV Prevention and Control Activities in Northern Plains Tribal Communities: Coordinating and Strengthening the Services of Tribal, State and Federal Agencies

Introduction

The Regional Strategic Plan for STD/HIV Prevention Activities is a collaborative effort of the Aberdeen Area STD and HIV/AIDS Task Force, made up of representatives from tribal health programs, Aberdeen Area Indian Health Service (IHS), IHS clinical staff, representatives from state health departments (Iowa, Nebraska, North Dakota and South Dakota), the IHS National STD Program, the National Native American AIDS Prevention Center, and the Aberdeen Area Tribal Chairmen's Health Board. In addition to the Task Force, clinicians and representatives of tribal health programs were also contacted for their input. The recently conducted Northern Plains Tribal STD and HIV/AIDS Assessment Survey, which looked at available services both at the clinical and community level in the four state Aberdeen IHS Service Area was also instrumental in creating this plan.

Rates of sexually transmitted diseases are rising across the Northern Plains region, and are increasing in Tribal communities as well. Rates of chlamydia rose from about 1,200 cases per 100,000 in 2000 to nearly 2,000 per 100,000 in 2004 in the Aberdeen Area IHS service population. Gonorrhea rates rose from about 175 cases per 100,000 in 2002 to 275 cases per 100,000 in 2004.[1] Strategies are needed to reverse this trend, and in particular strategies which take into account the specific needs and circumstances of tribal communities. The Regional Strategic Plan lays out a multi-dimensional strategy for addressing STDs and HIV across Tribal communities the Aberdeen Area.

The purpose of the Plan is threefold; it aims to improve coordination between tribal, state, and federal agencies (IHS) in the provision of STD and HIV prevention and control activities, strengthen current services offered, and create opportunities for successful strategies to be shared among agencies and communities, with the ultimate goal of improving sexual and reproductive health. The plan is divided into two main sections – clinical activities and community activities – with an additional section on priority populations for intervention. The first two sections are designed to be resources for all three levels – tribal, state and federal – to use in creating, expanding and improving activities.

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[1] D. Wong, E. Swint, E. Paisano, J.E. Cheek, *Indian Health Surveillance Report: Sexually Transmitted Diseases 2004.* US Department of Health and Human Services, Centers for Disease Control and Prevention and Indian Health Service, 2004.

Because the Plan is designed as a resource, some sections offer guidelines or resources for developing or enhancing services. Others lay out a plan for future action. Examples of model programs in the region and model curricula and programs being used in other areas are also included in the plan. Evaluation of specific activities contained in the plan can also be considered in individual community and clinical settings.

To lay the foundation for the strategic plan and ground it in the context of Tribal communities, strengths and barriers were identified:

Strengths	Barriers
• Health personnel that are members of the community • Open-mindedness, and willingness to discuss STD/HIV among youth • Communities are interested in learning more about STDs and HIV • Elders • Cultural traditions • 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	• 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

Clinical Services

The goal within clinical services for STD/HIV is to be integrated. STD/HIV services should be integrated with primary care and regular sexual/reproductive health care. Screening should be integrated with follow-up services and treatment. Clinics and hospitals should partner with Tribal health programs to bring services such as screening out of the clinical setting and into the community, and community level programs should reinforce and support clinical services.

Clinical services for STDs and HIV are within the realm of responsibility of all three levels – Tribal, State and Federal. While IHS is the primary provider of clinical services to Tribal communities in the Northern Plains, State Health Departments take on responsibility for laboratory testing in most regions, provide some partner services such as contact tracing, and are the entity responsible for ensuring that data on reportable diseases are provided to the Centers for Disease Control and Prevention (CDC). State health departments can also be clinical service providers for American Indians seeking care outside of the IHS system. Tribal health programs, while usually not a provider of clinical services, are uniquely positioned in the community to raise awareness of available services and encourage and facilitate their use among community members.

This section of the strategic plan covers three broad areas: screening, follow-up, and referrals. While these areas are separated here for the purpose of clarity and organization, they are intended to be integrated in practice.

Screening

Goal: Ensure that STD screening is available and accessible to communities, particularly those at high-risk for STDs and HIV.

Screening, by definition, is testing for disease based on risk factors, sometimes in the absence of symptoms. Because tests can be costly to run and resources are limited, risk assessment to identify the behaviors placing individuals at risk for particular STDs is a crucial component of any screening program. Outside of the clinical setting, screening programs can be most effective and efficient when focused on populations at high-risk for STDs and HIV.

Rapid testing for HIV is a new technology that allows patients to receive their test results within minutes rather than weeks. Rapid testing is advantageous in that it eliminates stressful wait time for patients, and allows test results to be given in the same visit, eliminating the step of getting the patient back to the facility for his/her results. Expanding the availability of rapid HIV testing for use both within and outside of the clinical setting should be a priority.

Within the clinical setting, risk assessment and appropriate screening should be part of:

- Prenatal care
- Regular sexual/reproductive health care (see Appendix
- Adolescent care
- Care for other health issues

Outside of the clinical setting, screening programs are encouraged in:

- Schools
- Correctional facilities
- Substance abuse treatment facilities
- Parole programs

Follow-up
Goal: Ensure that those who are tested for STDs or HIV receive results and risk reduction counseling – whether positive or negative, and that treatment and partner services are received for those who test positive.

Test Results and Risk Reduction

- Results of an STD or HIV test must be communicated and risk reduction counseling conducted to all who receive testing. While it is more time and resource consuming to require that a patient come in to receive negative results, failure to provide post-test counseling results in a missed opportunity to assist that individual in reducing their risk behavior.

Treatment and Care
The Northern Plains Tribal STD and HIV/AIDS Assessment Report[2] revealed that IHS facilities are very interested in partnering with other organizations and institutions to secure more affordable treatment for their patients.

- Ensuring that those infected with an STD can access treatment is crucial, and as part of the implementation phase of the strategic plan, barriers to accessing treatment should be investigated.
- Treatment for HIV is not universally available in Tribal communities. Referrals will be crucial to ensuring that those who test positive for HIV are connected with treatment and care services.
- Standardization in care for people living with HIV and increasing services at IHS facilities serving HIV positive populations is needed.

Partner Services
An effective mechanism for limiting transmission of STDs and HIV, and preventing reinfection of individuals who test positive is to provide services to the partners of infected individuals. Partner services include several steps for which different levels of the health sector serving Indian Country assume responsibility.

- IHS clinicians test patients and provide risk reduction counseling.
- States are responsible for laboratory testing, which identifies positive cases.
- Identification of partners works differently in different locations. In some instances, this is the responsibility of the state. However, in others it is the responsibility of IHS public health or clinical staff.

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[2] Drobnik, A., Duran, T., Town M., Romero, F. Northern Plains Tribal STD and HIV/AIDS Assessment Report. Rapid City, SD: Aberdeen Area Tribal Chairmen's Health Board, 2006.

- Identifying information of partners is, in most cases, given to Disease Intervention Specialists (DIS) at the State Health Department who trace and contact the partner(s), however this step is sometimes undertaken by a public health nurse or someone else in the local community.

Because responsibility for partner services fall across several sectors, these efforts can be complicated by several issues:

- Jurisdiction – several reservations border other states or cross state borders, therefore, residents may seek care outside of the state in which they reside. Because states usually conduct partner tracing, tracing partners who reside in multiple states can be problematic.
- Geographic distance – Tribal communities are, in some cases, located far from state health departments or regional satellite offices, making timely tracing of partners difficult. The greater the time lapse between the original case being identified and partners receiving treatment, the greater the likelihood of reinfection.
- Community knowledge – state health officials from outside the area are not necessarily familiar with the community, sometimes resulting in a greater length of time to locate the partner. Having this responsibility be shared with someone locally would expedite the process in many instances.

Each Northern Plains Community should determine if their current system for partner services is effective and efficient. If it is inefficient, IHS facilities and state health departments should consider partnering to reallocate human and financial resources to make the process work more smoothly.

Referrals

Goal: Ensure that clinicians and community/Tribal health programs are aware of available services for referral, all clients/patients are directed to needed services (testing, treatment, substance abuse treatment, behavioral health), and agreements are in place to facilitate successful referrals.

The Northern Plains Tribal Epidemiology Center, in partnership with the Aberdeen Area STD and HIV/AIDS Task Force, will work on creating a resource directory for the region over the coming months. Once completed, the resource guide will allow for the establishment of internal and external links between services to facilitate referral of clients/patients to needed services. It is important that the resource directory be regional, as people move between reservations and urban areas, as well as between states.

The resource directory will include:

- Testing sites
- Treatment sites
- Substance abuse treatment facilities
- Behavioral health services
- Domestic violence services

Community Services

The goal within community services is to raise awareness in Tribal communities of STDs and HIV, raise awareness of the clinical services available to prevent and treat them, and to strengthen and expand community outreach and prevention interventions. Community or Tribal health programs can work in collaboration with IHS facilities in setting up opportunities for community health promotion activities.

Community interventions fall mainly within the realm of responsibility of tribal health programs and IHS. Health educators and community health representatives (CHRs) are usually responsible for carrying out community services such as health education, outreach, and prevention intervention activities. However, in some cases, IHS clinicians and public health staff partner with community programs to provide outreach and education. Although not directly involved, states can also support community interventions; states can supply tribal health programs with local statistics on STDs specific to the AI/AN population for use in educational materials and outreach presentations, and state facilities can distribute Native-specific educational materials to AI/AN clients they serve and refer them to services in their community as needed.

This section of the strategic plan covers five areas: outreach and education, risk reduction activities, school-based prevention education, Native-specific educational materials, and social marketing. Outreach and education, risk-reduction interventions and school-based prevention education are intended to be resources for action, while the sections on Native educational materials and social marketing lay out a plan for materials to be developed over the course of the next year.

Outreach and Education

- Outreach can be used to raise awareness of the problem of STDs and HIV, to provide education on ways that the disease is transmitted and ways to reduce risk of infection, and to provide information of available services.
- Outreach and education should be made available to the general population as well as populations at high risk for STDs and HIV.
- A wide variety of events and venues should be considered for outreach and education, including but not limited to:
    - Sporting events
    - Cultural gatherings
    - Wellness gatherings
    - Health fairs
    - Schools
    - Correctional facilities
    - Substance abuse treatment facilities
    - After school programs
    - Elder events
    - Parent events

Risk-reduction Interventions
Risk-reduction interventions can take different forms in different communities, but all have the same goal – to assist community members in changing their behavior to reduce their risk of acquiring an STD or HIV. Data from the Northern Plains Tribal STD and HIV/AIDS assessment survey showed that risk-reduction interventions are taking place less frequently in fewer communities than other activities like education on STDs and HIV.

- Risk reduction interventions should include skills-building so that community members have the tools that they need to abstain from sex and to have safer sexual and injecting practices
- Peer-led interventions, for example with youth, women, men, LGBTQ, former drug users or people formerly incarcerated, can be particularly effective

School-based Prevention Education
Schools provide a captive audience of youth, one of the populations with the highest rates of STDs. While schools can be an ideal setting to provide STD and HIV prevention education, several challenges exist and must be addressed.

- In schools where there is resistance to STD and HIV prevention education, school boards and parents should be engaged in discussion of the problem of STDs and HIV among youth. Local statistics can be crucial in establishing the need for intervention.
- In schools where teachers are limited in their ability to provide STD and HIV prevention education because of time, funding or other constraints, alternatives for reaching youth should be explored:
    - Training and equipping school nurses to provide prevention education
    - Utilizing after-school programs as an alternative or additional venue
- In schools where there is willingness to provide prevention education, model curricula should be identified and teachers or health educators trained in their implementation.

Native-specific Educational Materials
Educational materials on STDs and HIV/AIDS often miss the mark with certain populations because they fail to take into account the specific context in which those populations live. For this reason, the creation of Native-specific educational materials was determined to be a priority for the Regional Strategic Plan and will be developed as the Plan is put into action. These materials will use Native imagery and messages that incorporate and promote Native values and culture. Because each tribal community in the Northern Plains is unique, it is also important that the materials be able to be adapted to the spectrum of communities in the region. Educational materials might include:

- Facts about transmission of STDs and HIV
- Ways to reduce risk of STDs and HIV
- Local statistics on STDs; local or regional statistics on HIV
- Local resources for STD and HIV prevention, testing and treatment

Once developed, materials could be distributed at:

- Clinical facilities, both IHS and other facilities serving an AI population

- Tribal health programs
- Schools, where permissible
- Correctional facilities
- Substance abuse treatment facilities
- Community outreach activities and events

Social Marketing

Because STDs and HIV are stigmatizing diseases, often not openly discussed in communities, a social marketing campaign is needed to make STDs and HIV a visible health issue in Northern Plains communities. The social marketing campaign will be designed, tested, amended and put into place over the coming months. The goals of the campaign are to:

- Raise awareness of the problem of STDs ad HIV
- Reduce stigma associated with STDs and HIV
- Provide information on how to reduce risk of STDs and HIV
- Raise awareness of and encourage the use of testing and treatment services

The social marketing campaign should:

- Use a variety of media, including:
    - Radio
    - Television
    - Newspapers
    - Posters
- Be Native-specific and community-specific where feasible and appropriate
- Use consistent messaging across media types
- Incorporate Native values
- Use Native voices and imagery

Messages will be developed to reach different audiences including:

- Adolescents
- Women
- Drug users and their families

Priority Populations

Populations at higher risk for STDs and HIV should be prioritized for both clinical services and community interventions. However, other populations in the community can be mobilized as resources to address STDs and HIV. Education and awareness-raising with others in the community are appropriate and necessary as well.

Populations at greater risk for STDs include:

- **Adolescents** – youth between the ages of 15 and 19 accounted for 33% of all cases of Chlamydia among AI/AN in 2003[3] and those between the ages of 15 and 24 accounted for 13% of HIV cases in 2004.[4]
- **Women** – anyone who is sexually active and has unprotected sex is at risk of STDs and HIV. However women are at particular risk because biological characteristics make them more susceptible.
- **Injection drug users -** injection drug users are at especially at-risk for blood borne pathogens such as HIV and hepatitis because of the incredibly efficient mode of transmission that syringes provide. Injection drug use was responsible for nearly 30% of HIV cases in AI/AN women, and about 26% of cases among AI/AN men in 2003.[5]
- **Lesbian/gay/bisexual/transgender/questioning** – while this group has perhaps received more publicity as being at risk for STDs and HIV, they may not be accessing services because of invisibility or discrimination.

Other priority populations include:

- **Elders** – while Elders may not be at great risk for STDs and HIV, their position in Native communities as preservers of tradition and culture makes them resources in addressing STDs and HIV. Providing outreach and education on STDs and HIV to Elders is important because of the influence they have in their families and communities and the position they are to pass along information.
- **Parents** – parents are often not aware of the risk behaviors of their children, nor of the rates of sexually transmitted disease in their community among young people. Parents should be targeted for outreach and education on STDs and HIV and engaged to be sources of accurate information for their children.

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[3] Centers for Disease Control and Prevention, *STD Surveillance Report 2004*. Division of STD Prevention, Sept. 2005.
[4] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report 2004*.
[5] Ibid.

Exemplary Programs and Guidelines

Within the Northern Plains region served by the Aberdeen Area IHS, there are several exemplary programs addressing STDs and HIV. Detailed information on these programs is provided at the end of this section:

- School-based STD screening
- Rapid HIV testing
- Youth health fair
- STD screening for women receiving pregnancy tests

Guidelines developed by the National IHS STD Program are available online:

- Guidelines for Sexually Transmitted Disease Screening in Tribal Jails
  http://www.ihs.gov/medicalprograms/epi/health_issues/std/guidelines_sm.pdf

Exemplary Programs in Aberdeen Area

School-based STD Screening

Contact Information
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Project Description	Chlamydia and gonorrhea urine testing was offered to high school students as part of an STD awareness presentation. There had been at 83% increase in chlamydia in the county in the year prior to this project.
Project Purpose	To provide information on STDs; encourage personal risk assessment by students; provide easy, confidential urine testing at the school and treatment at the school, increase acceptability and accessibility of STD testing by high school students
Participating communities	Local tribal high school, public high school 15 miles away
Project location	High school premises
Project Partners	ND Department of Health, IHS National STD Program, Turtle Mountain Tribal Health Education, Turtle Mountain Band of Chippewa
Age Groups	14 year olds and older high school students
Term of project	School years 2004 and 2005
Description of the process	Extensive talks with ND Health Department, IHS STD program, Tribal Health Board. Presentations to respective school boards – approval received to initiate project and not to require parental consent. Funding received for educational materials and test costs from IHS STD Program. Focus groups with the clinic prior to the start of the project. Explanatory material sent to parents prior to testing. Testing days scheduled with school personnel. Presentation of results to school personnel and school boards.

Key features	We have a long history of school presentation s on STDs at both schools. Our team is well known to students and staff. We spent time advertising at the school – posters, teachers reminding students, etc. We hoped to help students answer the question "Am I at risk?" before we came for the program. On the testing days, after the education session, each student received a numbered cup in a bag; they went individually to the bathroom, and returned with the cup in the bag, whether or not they had provided a specimen. The day we came to provide results, every student, whether they had given a specimen or not, was talked to individually, in a separate room. If they were negative, they were reinforced with risk reduction techniques; if they were positive, they were treated right then, and their contacts were elicited. If they had not tested, they were offered the testing at that time. All students were given a small card with provider contact information, as well as a satisfaction survey to complete.
What are you the most proud of or excited about?	We are very pleased that so many students trusted us enough to provide a specimen, and that they believed the process would be confidential. Their comments are helping us ensure that our services for adolescents are accessible AND acceptable.

Rapid HIV Testing

Contact Information
Name: Micki Schmidt, CNP
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Project Description	Rapid HIV Testing in the clinic. We received a grant that allows us to pay participants $5 for the first test and $15 if they return in 3 to 6 months for repeat testing.
Project Purpose	Incentive for testing "at risk" groups of individuals.
Participating communities	Sioux Falls, Pierre and Aberdeen SD Urban Indian Health Clinics
Project location	In the clinics
Project Partners	None

Age Groups	Any one that has concerns may test
Term of project	Started in May 2006
Description of the implementation process	Tami Lorenzen, CNP in the Pierre Clinic wrote a grant to cover the process and it was accepted.
Key features	Persons wishing to be tested make an appointment and they are seen. A questionnaire is filled out by the Provider identifying symptoms, and risks. A plan is devised to lower risky behaviors and should a test be positive, the provider counsels the patient accordingly and makes a referral to Infectious Disease Specialist or IHS. The test takes 20 minutes to produce results.
What are you the most proud of or excited about?	The opportunity to offer the newest test available to our clientele.

Youth Health Fair

<u>Contact Information</u>
Name: Shannon Decker
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Project Description	I was a speaker at an all day health fair for youth in Meskwaki.
Project Purpose	To inform youth on healthy choices including condoms, STD/HIV facts etc.
Participating communities	Local Public Health, Meskwaki Health Center, CHR program
Project location	School
Project Partners	I don’t know all of the partners involved but I do know Tama County Public Health was apart of the teaching as well as others from the community who taught about healthy food and exercise but I don’t know where they were from.
Age Groups	14-18 year olds
Term of project	I am unsure, but this will be my second year.

Description of the implementation process	I spoke to the CHR's and told them to include me in on any type of health fair they had, so when they began planning, they called me to present.
Key features	I met with small groups of teens throughout the day and provided them with up-to-date information on STD/HIV and handed out condoms.
What are you the most proud of or excited about?	That the tribe called me back to come again this year because the kids really enjoyed what I had to say last year.

Screening for Women Receiving Pregnancy Tests

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Project Description	Urine screening for chlamydia and gonorrhea among female patients under 24 years of age walking in for pregnancy tests, treatment for positive patients, and education on the prevention of STDs
Project Purpose	To determine the prevalence of chlamydia and gonorrhea among high-risk young women, treat illness in those found positive and provide education on STD prevention
Participating communities	Douglas, Hall, Buffalo, Dawson and Custer County reproductive health clinics
Project location	Reproductive health clinics and pregnancy crisis centers across Nebraska
Project Partners	HHS Reproductive Health Program; HHS STD Control Program, Central Office; Country/District STD Control Program field staff; local reproductive health programs; Nebraska Public Health Laboratory; local health departments
Age Groups	Females under 24 years of age
Term of project	Two years (2003-2005). Project was extended to the end of 2007.
Description of the implementation process	Contacted interested site directors and set up site in-service covering: who to test, how to report, transportation of specimens; STD education and terms of the project.

Key features	An application was submitted to HHS STD Program for funding. Once funded, all women under 24 requesting pregnancy testing were offered screening for chlamydia and gonorrhea and provided with education on STD prevention
What are you the most proud of or excited about?	Identifying a high rate of chlamydia in this population, therefore allowing treatment and education to promote a healthy client and family and lower the risk of re-infection and/or contracting other STDs