

What's Going on @ SPNS

AN UPDATE FROM YOUR COLLEAGUES IN THE SPNS PROGRAM, HIV/AIDS BUREAU MAY 2005

AI/AN Initiative Highlights Challenges of Unique Service Settings

American Indian/Alaska Native (AI/AN) populations experience significantly higher rates of comorbidities often seen in people with HIV, such as sexually transmitted infections (STIs), mental illness, and alcohol and other drug addiction. These problems are interrelated and facilitate exposure to and progression of HIV disease. They also interfere with the ability to seek and stay in care.

In response, the Special Projects of National Significance (SPNS) program of the Health Resources and Services Administration, HIV/AIDS Bureau, created a 5-year initiative to support integrating services for HIV-positive or at-risk AI/AN populations. Six grants have been awarded to AIDS service organizations serving AI/AN populations (see box). An additional grant to the University of Oklahoma supports a technical assistance (TA) center.

This issue of *What's Going on @ SPNS* focuses on the unique challenges facing three AI/AN initiative projects—the Southeastern North Carolina American Indian HIV/AIDS Initiative, the Holistic Native Network, and the Alaska Native Tribal Health Consortium.

Southeastern North Carolina American Indian HIV/AIDS Initiative

Challenge: Reduce stigma in order to bring people into care

Approach: Work through faith-based organizations

The Southeastern North Carolina American Indian HIV/AIDS Initiative (Robeson County, NC), which is being implemented by Native American Interfaith Ministries, is developing a network of culturally based services that include HIV counseling and testing (C&T) and referral. The grantee's work is taking place primarily through the Healing Lodge, a nonprofit, ecumenical, faith-based program that serves as a gateway to health care services among AIs in Robeson and neighboring North Carolina counties. Activities include expanding the Healing Lodge's culturally appropriate services, improving the ability of the faith community—through information and education—to provide culturally competent HIV intervention services, providing HIV testing, and improving the cultural competence of service providers offering HIV/AIDS and behavioral health services.

The Healing Lodge faces challenges common to rural areas, such as conducting outreach over long distances, client transportation, and helping small-town clients maintain anonymity. In addition, many people in the targeted population feel culturally isolated. The project cannot succeed without mitigating community stigma about HIV/AIDS. Consequently, the Healing Lodge must find a way to change attitudes in a culturally conservative area.

Training Communities of Faith

An important part of the project is the Healing Lodge's work with ministers and other faith leaders to disseminate accurate information about HIV disease and the importance of bringing people into care.

Duke Partners in Caring, a project partner, has developed and implemented a curriculum for training ministers and lay leaders. To date, 92 pastors and laypersons from four different communities and denominations have been trained. The Healing Lodge continues to receive many requests for

AI/AN Initiative Grantees

- Alaska Native Tribal Health Consortium, Anchorage, AK
- Na'Nizhoozi Center, Gallup, NM
- Robeson Health Care Corporation (Native American Interfaith Ministries), Pembroke, NC
- South Puget Intertribal Planning Agency, Shelton, WA
- Urban Indian Health Board (Holistic Native Network), Oakland, CA
- Yukon-Kuskokwim Health Corporation, Bethel, AK
- University of Oklahoma, Norman, OK (Technical Assistance center)

training from leaders of faith-based organizations. In addition, a parish nurse travels to one of three different communities every week to conduct health screenings and outreach at churches. By changing pastors' attitudes and conducting outreach activities, the project is having a positive effect on reducing stigma and raising awareness of AIDS and STIs among community members.

Bruce Swett, interim director of the Healing Lodge, says,

I see a rise in parishioners wanting to address issues. . . . One challenge is dealing with the mentality of the uninformed. There are yet many that have to learn about HIV/AIDS. But most people have someone in their family with risk behaviors that could lead to HIV/AIDS, whether directly or indirectly. The SPNS program is helping to bring this knowledge to our many communities; it is making a difference.

The Holistic Native Network

Challenge: Bring people into care who are isolated from the community

Approach: Create a culturally based, family-like support system

The Holistic Native Network (San Francisco, CA) is a collaboration between the Native American Health Center, a community-based health clinic, and Friendship House Association of American Indians, an 80-bed residential treatment facility. The objectives of the collaboration are to coordinate primary care with substance abuse and mental health treatment for AI/ANs living with HIV, increase treatment adherence, and provide confidential C&T and referral.

The Native American Health Center offers services including primary medical care, nurse case management, medication adherence support, cultural events, mental health support, and HIV C&T and referral. The addiction treatment programs have adopted some of the Red Road recovery principles, a Native-centered approach to sobriety that incorporates the 12 steps of Alcoholics Anonymous.

According to Maritza Penagos, director of HIV services for the center, "Because the Native community is largely invisible within the larger community of San Francisco, Native individuals often feel invisible in the service delivery of the city. So culture becomes a big part of the sobriety and healing process, a way to nurture oneself."

In addition, Penagos says,

Many clients have suffered severe trauma, and issues such as internalized homophobia prevail. [They] are isolated from their families because of their sexual orientation, so a lot of how we see our work playing out is by creating a social support network for and among the clients we serve. This is done using cultural means such as a weekly beading group, monthly sweat lodges, and various community events.

This approach helps the clients create a new sense of family, which they can rely on for support in coping with their stressors.

Penagos notes that the Holistic Native Network has clients and staff from many different tribes, so the program uses a variety of activities. "We have a little of something for everyone," she says. "We've managed to create a spectrum of services for Natives in an urban (and, therefore, isolating) setting. Word of mouth is very important among this community, and we've had more than a few clients referred to us by other clients." The program has become a trusted part of the Native community.

Penagos emphasizes,

Basic cultural values, such as respect, humility, and honesty, are norms that we employ in our interactions and service provision, and these have profound effects on the individuals that we serve. . . . [T]he most evident cultural principle we incorporate is the notion of family and community context. Our clients often say they feel like a part of a family here.

AI/ANs and HIV

- Among AI/ANs, 196 new AIDS diagnoses were reported in 2003, the same as in 2002 and a 20.1 percent increase since 1999.¹ A total of 1,498 AI/ANs were estimated to be living with AIDS at the end of 2003.²
- For AI/AN men living with AIDS at the end of 2003, men who have sex with men (MSM) was the most common exposure category (58 percent)—lower than for white men (75 percent) and Asian/Pacific Islander men (73 percent), but higher than for other minority populations. Injection drug use (IDU) and MSM/IDU were each the exposure category in 17 percent and 16 percent of cases, respectively, and heterosexual contact was the category in 7 percent.²
- At 41 percent, IDU was the exposure category for more AI/AN women living with AIDS at the end of 2003 than for any other minority population. Conversely, heterosexual contact was the exposure category in only 56 percent of cases—similar to Whites (57 percent), but lower than for all other racial/ethnic groups for which data are reported.²

1. Centers for Disease Control and Prevention (CDC). *HIV/AIDS Surveillance Report*. 2003;15:12. Table 3.

2. CDC. *HIV/AIDS Surveillance Report*. 2003;15:21. Table 11.

Alaska Native Tribal Health Consortium

Challenge: Provide routine HIV risk assessment and C&T to high-risk clients within the context of a fragmented health care infrastructure

Approach: Develop a pilot regional service delivery model that integrates HIV risk assessment and C&T into existing clinical services

In the Bering Straits region of Alaska, the Alaska Native Tribal Health Consortium (ANTHC), in collaboration with the Norton Sound Health Corporation (NSHC), is developing a systemic intervention that integrates HIV risk assessment and C&T into medical and behavioral health care services for Alaska Natives who are at high risk for HIV. The clients are Inupiaq and Siberian Yupik Eskimos seeking care for substance abuse, mental illness, or STIs. The grantee is training substance abuse counselors and mental health clinicians who work for NSHC to incorporate HIV risk assessment and C&T into existing clinical services. As part of the project, the ANTHC has collaborated with the Northwest AIDS Education and Training Center and the ANTHC's Title III Early Intervention Services programs to provide HIV/AIDS-related training to the medical providers at the NSHC.

“Working in rural Alaska is comparable to working in a rural Third World country in terms of cultural differences and geographical challenges,” says Tracy Speier, project manager. “There are no roads in the majority of the State, making transportation to remote villages very expensive and often dangerous.”

Speier adds,

In some rural villages, AIDS is still perceived as an inner-city white gay man's disease. Additionally, [people believe that the lack of] roads in Alaska provides a geographical barrier to infection. Perpetuating the denial about the risk of HIV is the fact that it is taboo to talk about many of the high-risk behaviors associated with HIV transmission.

There are other challenges. During the winter, it is dark 20 hours per day; temperatures often reach -50°F ; and substance abuse, depression, suicide, and high rates of interpersonal violence against women and children are pervasive. It becomes difficult to further project objectives

because “behavioral health providers are consumed with responding to more immediate crises than screening for the risk of HIV infection,” says Speier.

Other cultural factors affect project implementation. For instance, a month before the qualitative data collection phase of the project was to begin, a traditional skin-lined whaling boat capsized during an annual whale hunt. “Instead of the usual celebration of a successful hunt,” Speier explains, “this village of approximately 300 people now grieves the loss of one of their Tribal leaders, three hunters, and two children who were on the boat.” Out of respect for the village, it was not included in the qualitative phase of the project.

Although the mental health and substance abuse services provided to clients are based on Western models, all project activities incorporate Alaska Native cultural principles. In many cases, trained Alaska Natives provide treatment services. Unlike some AI tribes in the continental United States, the entire Alaska Tribal Health System is owned and operated by Alaska Natives. As a result, decisions about program development are made locally, rather than by the Indian Health Service in Washington, DC.

Speier says, “As a result of the SPNS project, an informal group of local Alaska Natives born and raised in the community where the project is being implemented and who work for NSHC has developed.” Speier quotes a group member as having said, “Everyone in this group is in a leadership role and all are Native! This project is going to be successful, mainly because our group is determined that this is one project that absolutely needs more people aware and tested.” The dedication and participation of community members is driving the success of the project.

Find out More

The SPNS projects are in the third year of the initiative. As the projects continue, they will generate even more lessons for those who want to serve populations at high risk for HIV whose needs are not met by existing AIDS service organizations. To find out more about the initiative, visit the SPNS Web site at http://hab.hrsa.gov/special/pop_grantee.htm or contact any of the SPNS Project Officers (see box).

For More Information . . .

For additional information on the SPNS AI/AN Initiative, visit http://hab.hrsa.gov/special/pop_grantee.htm.

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