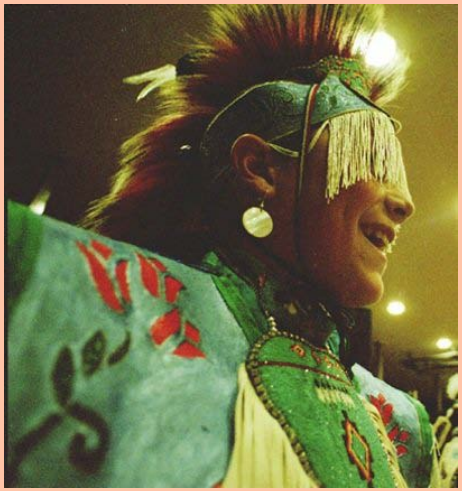
Developing a National Capacity Building Network for American Indian, Alaska Native and Native Hawaiians

Rapid City, South Dakota

June, 2010

Many Tribes, Many Cultures…



Facts

- Demographics
  - 560+ federally recognized tribes
  - 2.4 mil classify themselves as AI/AN
  - 4.9 million classify themselves as AI/AN alone or mixed
  - 65% to 70% Natives live off reservation but are still members of sovereign nations
  - We live in reservations, pueblos, villages, rancherias, rural areas and urban areas
- Age- population is younger than general pop
  - 33% under age 18 vs. 26% all races
  - Median age 29 yrs v. 35 yrs all races

Facts

- Education- level lower than national average
  - 14% had a bachelor's degree
- History- of colonization (traumas)
  - Boarding school
  - Loss of land and language
- Gender
  - Includes multiple genders besides male/female
- Social structure
  - Matrilineal, patrilineal, clans, kinships extended family structures

Violence

Violence-domestic, child sexual, rape

- Violent crime among Native women
  - 86 per 1,000 versus 35 per 1,000 (all races)
  - highest among all female ethnic categories

- Sexual Assault
  - Native Alaska women overrepresented in AK
    - (Caucasian1.28 per 1,000 & AN 8.86 per 1,000)

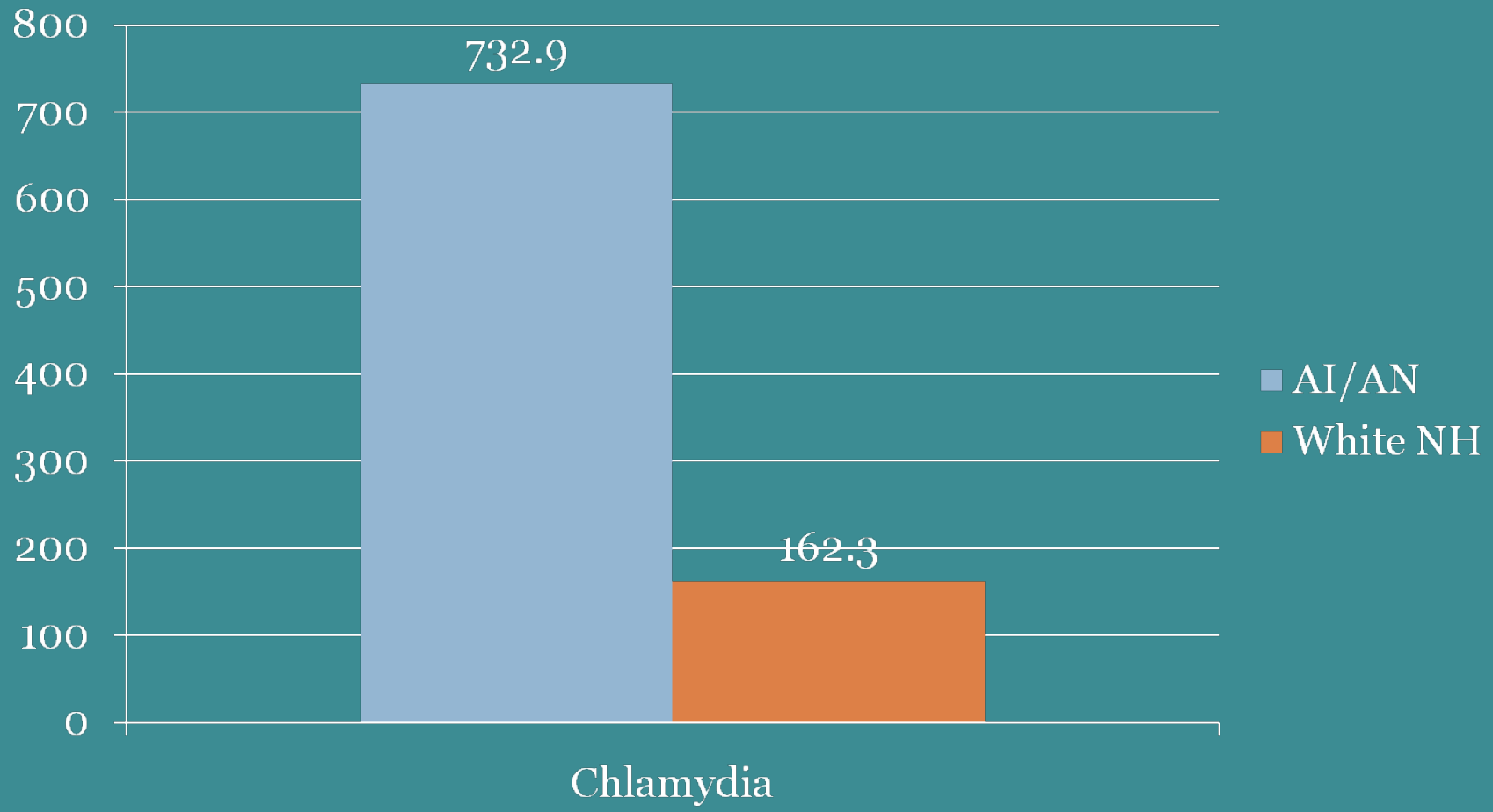
  - Rape/sexual assault
    - (5 per 1,000 ages 12 or older) compared to all races (2 per 1,000)

Biological risk factors

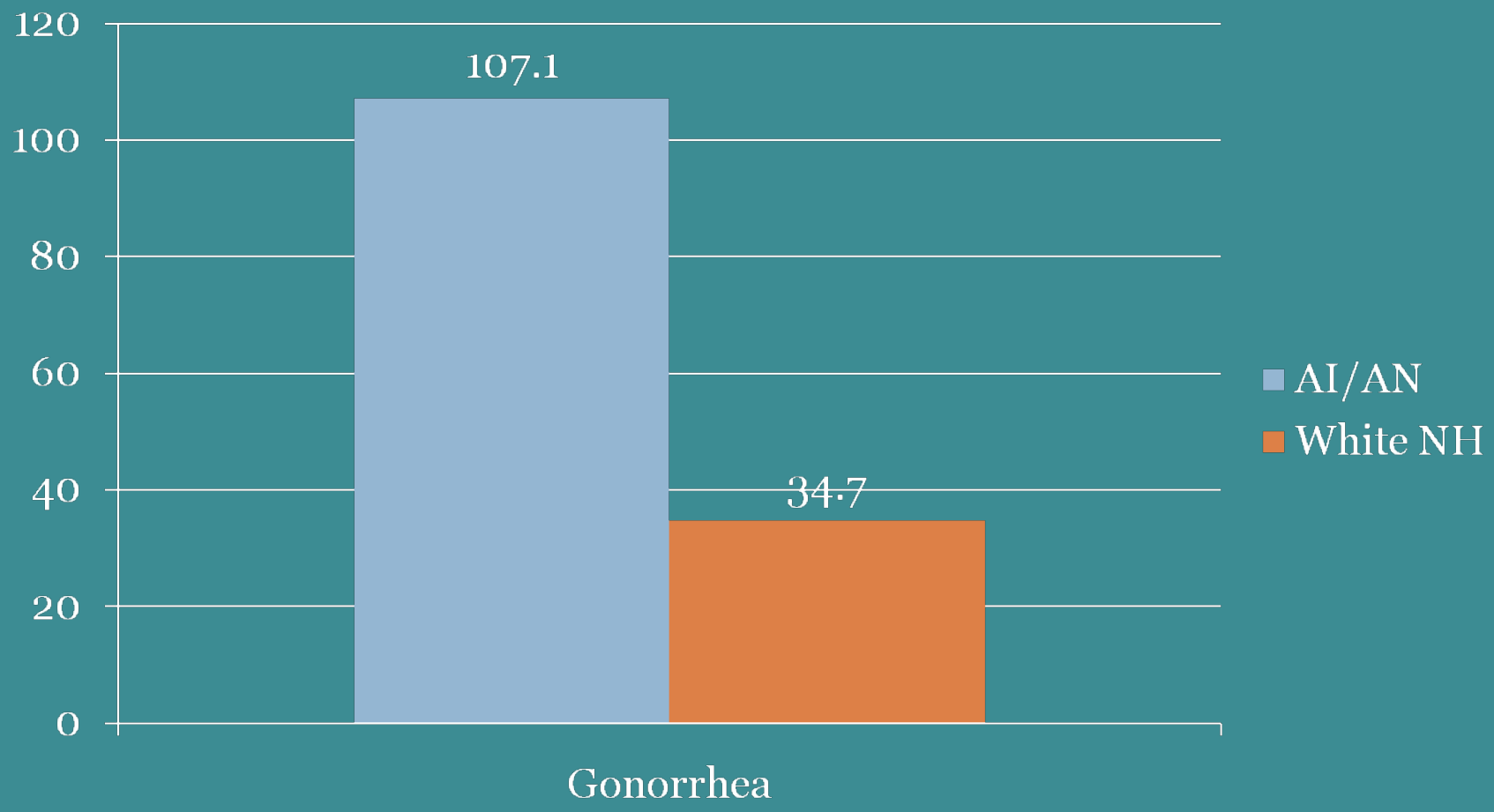
Native Specific Risk---High STD Rates

- Disproportionately affected by STDS
- Reported rates of Chlamydia, Gonorrhea, and Syphilis were 2-6 times higher than comparable rates for White Non Hispanics

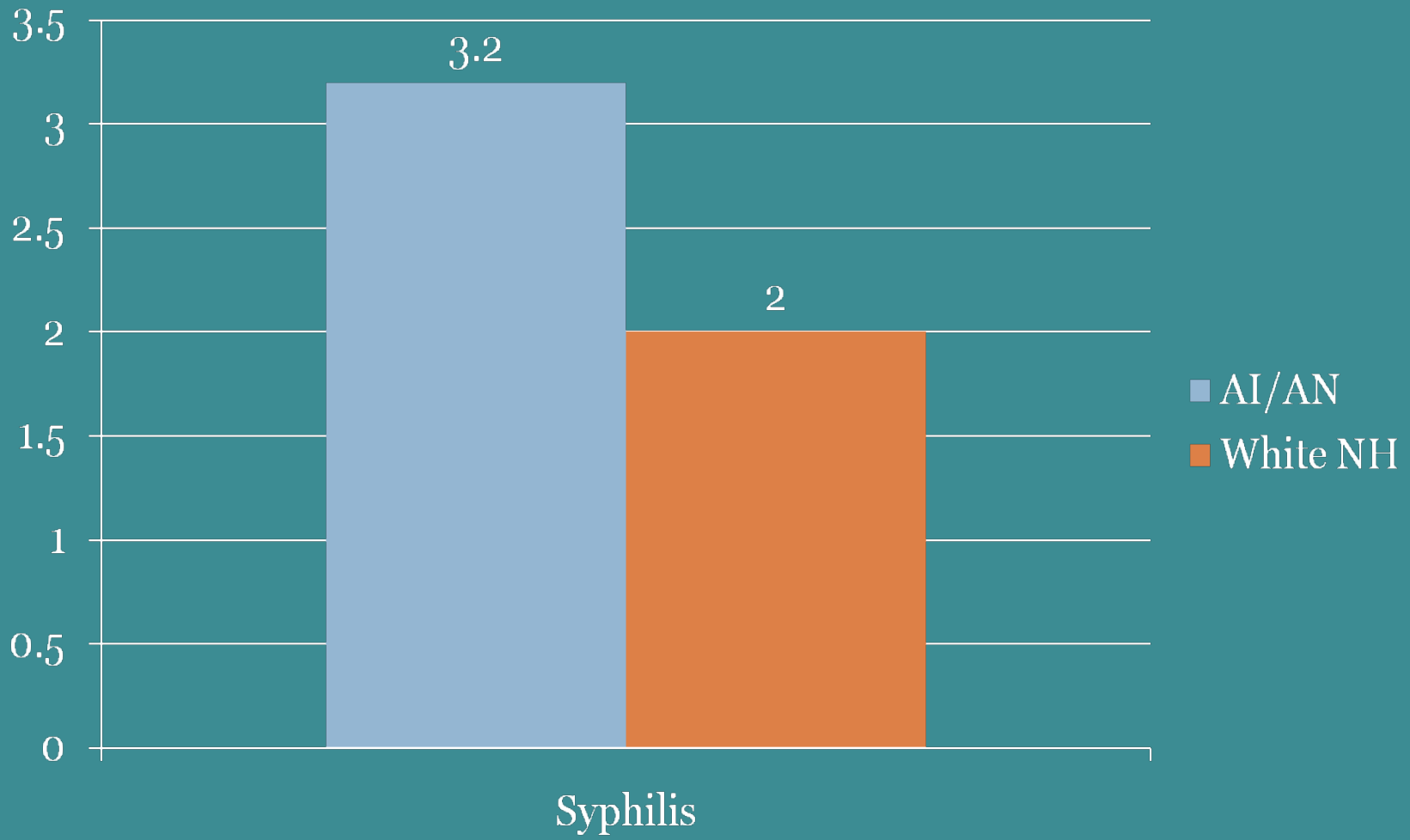
2007 AI/AN Chlamydia rates per IHS STD Rates – Chlamydia



2007 AI/AN Gonorrhea rates per 100,000



2007 AI/AN Secondary Syphilis (P&S) rates per 100,000



Substance Use

- Alcohol use and misuse
  - In 2002-2005, Natives more likely to have a past yr alcohol use disorder (10.7 v. 7.6)
- Drug use and misuse
  - In 2008, the rate of substance dependence or abuse for AI/ANs (12 yrs and older) was the highest at 11.1% v. 9% for whites
  - Increases in Natives using “meth”

Substance Use and HIV Transmission

- BOTH linked to high risk behaviors
  - Decreased inhibition
  - Alters perceptions
  - Interferes with body's use of vitamins/minerals used to maintain a health immune system
- Sexual contact among drug users
  - Multiple partners
  - Unprotected sex
  - Exchange sex for drugs
  - Needle sharing

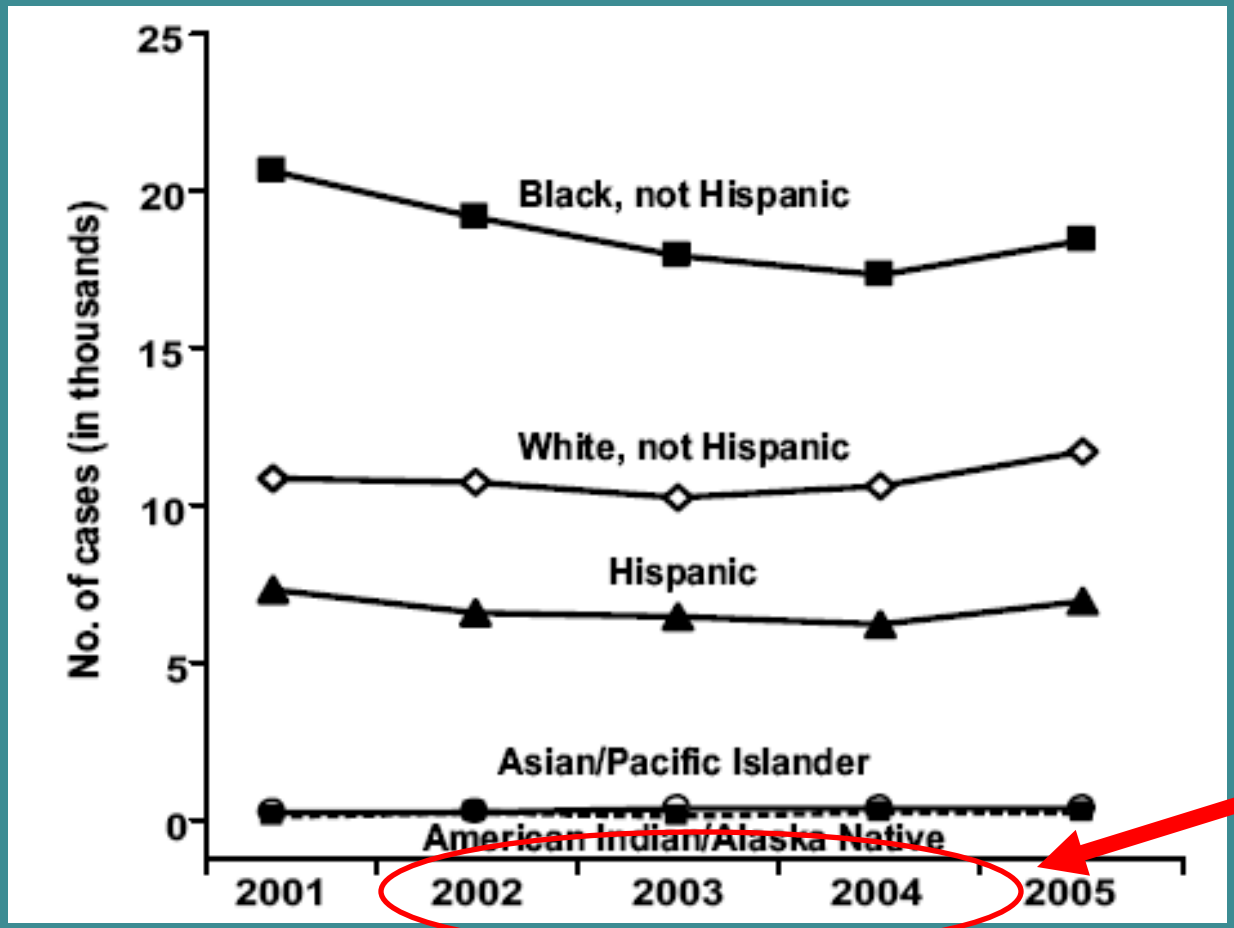
Substance Use and HIV Transmission

Adult/adolescents in 2007

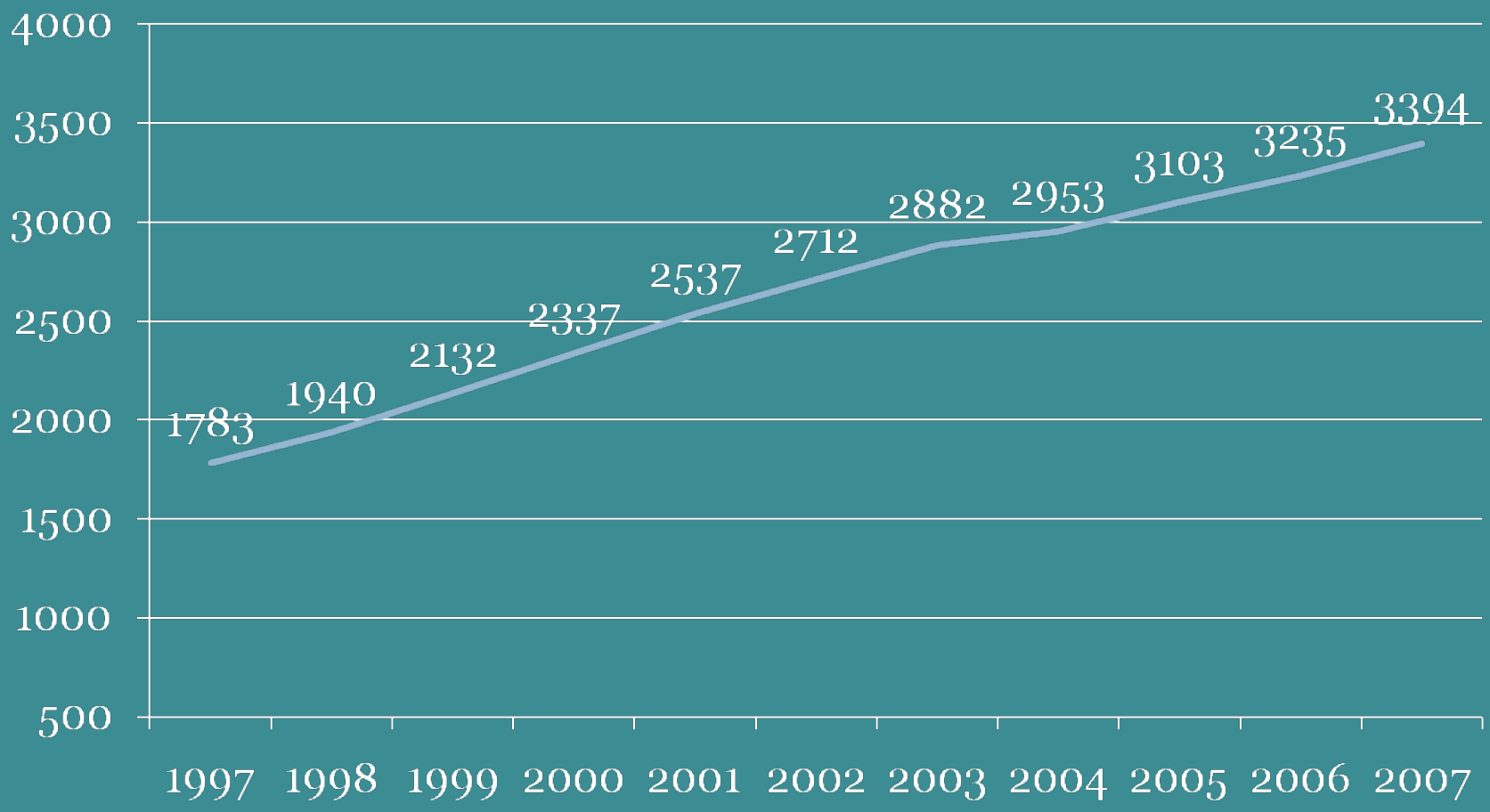
- 16% of reported HIV infection cases among Native men involve injection drug use
- 33% of reported HIV infection cases among Native women involve injection drug use

OUR CHALLENGE:

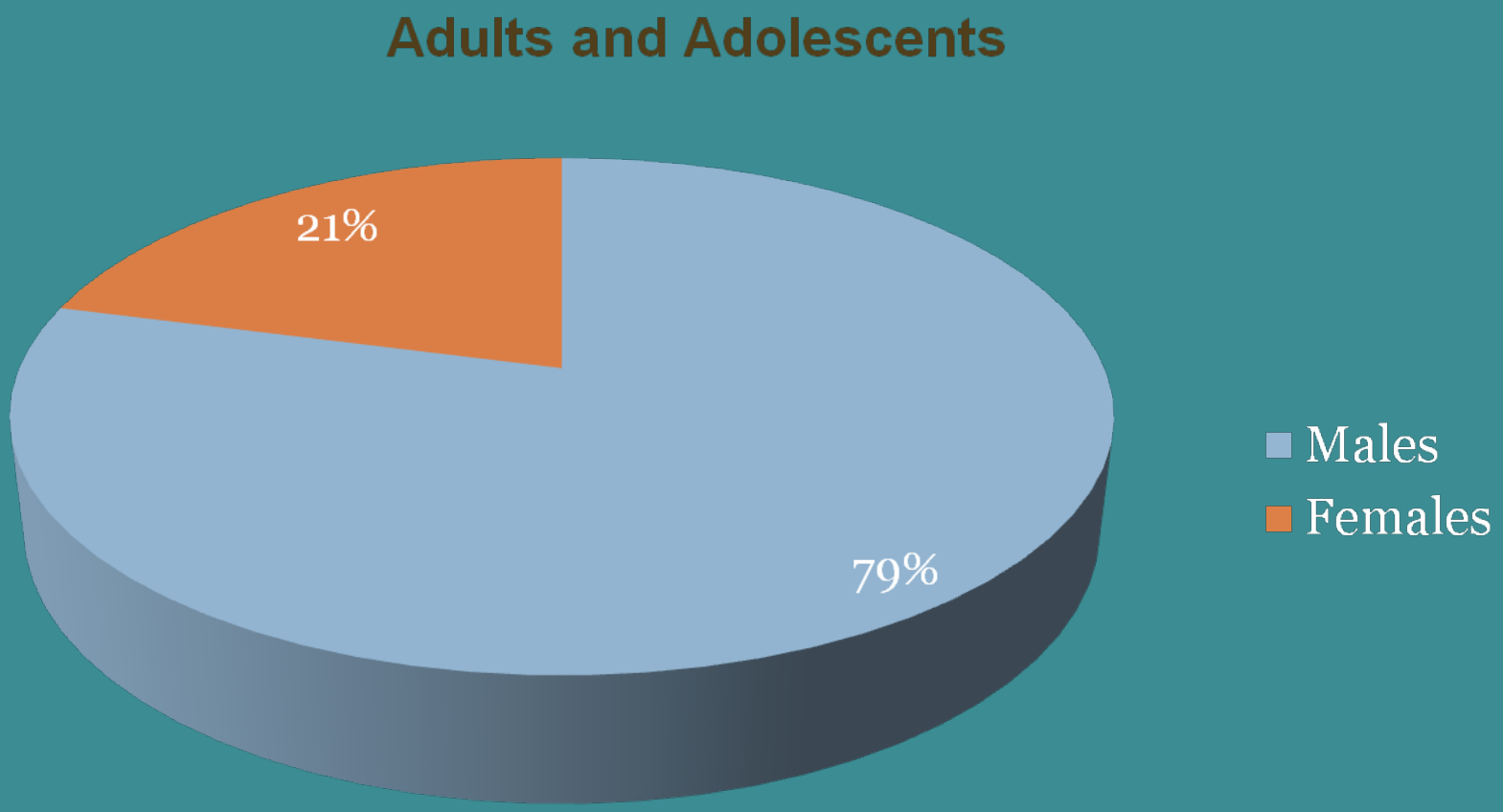
Cases of HIV/AIDS among persons 13 and above, by year of diagnosis and race/ethnicity, 2001–2005



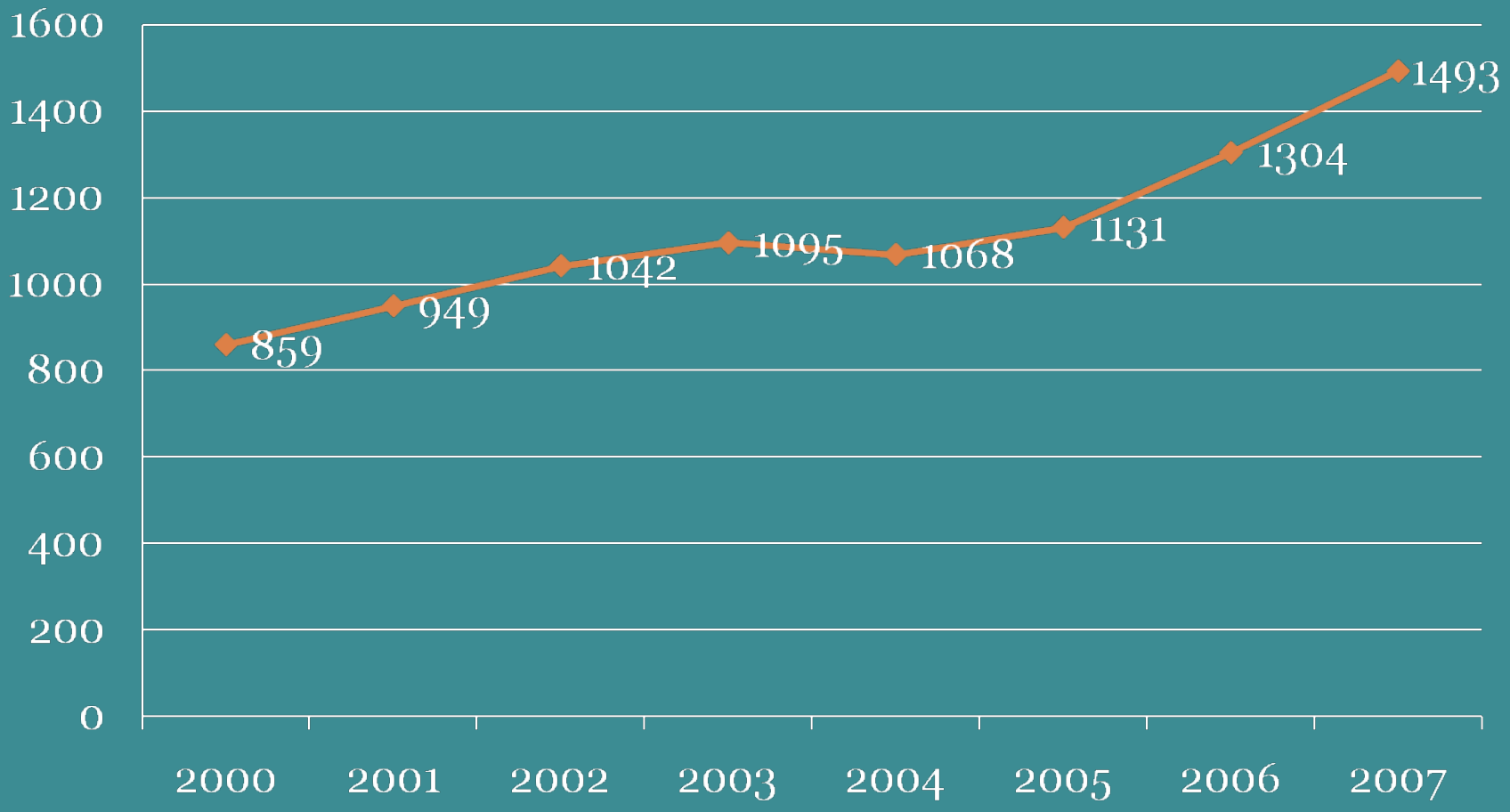
Growth in reported Native AIDS cases, 1997-2007



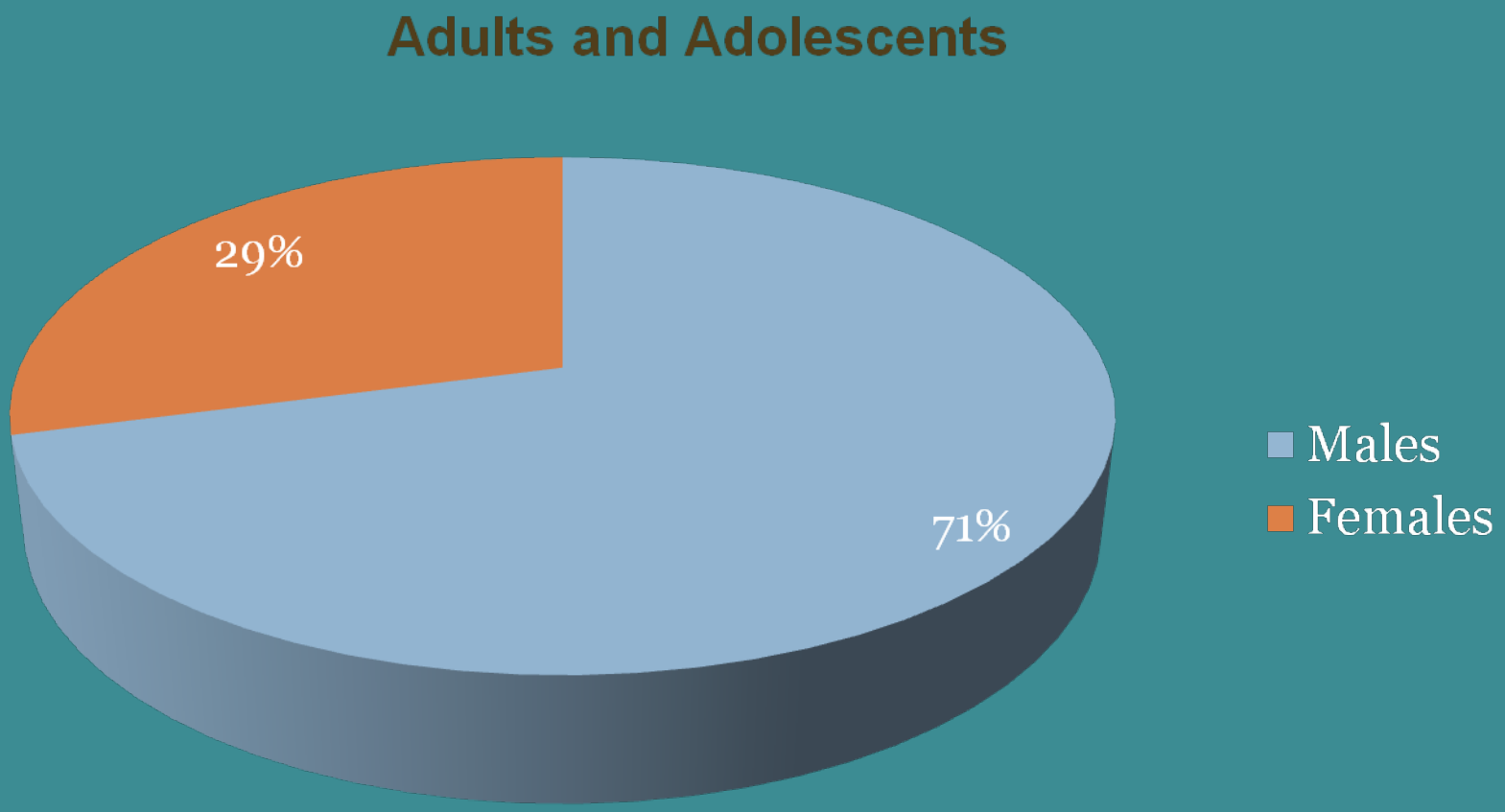
Cumulative Native reported AIDS cases, by gender, 2007



Growth in Native Reported HIV infection cumulative, adult/ adolescents, 2000 - 2007



Cumulative Native reported cases of HIV infection, by gender, 2007



Estimated rates (per 100,000) of HIV/AIDS of adults/adolescents by race/ethnicity, 2004-2007

	2004	2005	2006	2007
Black/African American	97.2	90.4	85.6	96.2
Native Hawaiian/Other Pacific Islander				43.4
Hispanic/Latino(a)	39.0	36.7	33.7	36.9
American Indian/Alaska Native	14.1	13.2	11.0	16.1
White	10.7	10.4	9.6	10.8
Asian	8.9	9.0	8.2	9.3

Small Numbers – Inaccurate Numbers

- Frequent racial misclassification
- Collection of Data
  - Gaps in coordination
  - Lack of trust
  - Poor Surveillance systems
- Natives not getting tested (confidentiality and mistrust)
- Natives classified as “other”

States *Not* Included in the CDC Surveillance Data for 22 States.
Red States are those with high Native Populations

States Without Surveillance	
State	**Population of NA**
Alaska	**105,003**
Arkansas	**25,699**
California	**411,080**
Delaware	4,392
District of Columbia	2,367
Hawaii	**124,955**
Idaho	**22,857**
Iowa	**12,010**
Kansas	**28,021**
Kentucky	**12,808**
Maine	7,899
Maryland	**22,534**
Massachusetts	**19,494**
Minnesota	**62,645**
Montana	**61,916**
Nebraska	**19,618**
Nevada	**39,003**
New Hampshire	3,947
New Mexico	**192,483**
North Dakota	**35,923**
Ohio	**34,458**
Oregon	**35,061**
Rhode Island	6,305
South Dakota	**68,356**
Utah	**38,310**
Vermont	2,485
West Virginia	3,629
Wisconsin	**56,280**
Wyoming	**13,317**
Total	**1,472,855**

States not included in the CDC Surveillance for 33 States.
Red states are those with high Native populations.

States Without Surveillance	
State	**Population of NA**
California	**411,080**
Connecticut	**14,005**
Delaware	4,392
District of Columbia	2,367
Georgia	3,873
Hawaii	**124,955**
Illinois	**38,705**
Kentucky	**12,808**
Maine	7,899
Maryland	**22,534**
Massachusetts	**19,494**
Montana	**61,916**
New Hampshire	3,947
Oregon	**35,061**
Pennsylvania	**24,897**
Rhode Island	6,305
Texas	**194,616**
Vermont	2,485
Washington	**111,337**
Total	**1,102,676**

U.S. Census Bureau State and County Quick Facts 2000: http://quickfacts.census.gov/qfd/
Update to Racal/Ethnic Disparities in Diagnoses of HIV/AIDS -33 States, 2001-2005; http//www.cdc.gov/hiv/resources/reports/mmwr/mm5609a1.htm

So what can we do??

READINESS IS. . .

The first essential step to making change!!!

SO, WHAT IS COMMUNITY READINESS?

- An issue specific, community specific model of intervention
- Nine stage model designed to facilitate community-based change
- A clear structure for the prevention or intervention process
- A model that builds bridges between systems, peoples, and issues

Process for Using The Community Readiness Model

- Identify Issue
- Define "Community"
- Conduct Key Respondents Interviews
- Score to Determine Readiness Level
- Develop Strategies/Conduct Workshops
- Community Change!

Who Uses Community Readiness?

- Any individual or group who wants to effect healthy
- change in a “community” or organization
  - Concerned community members
  - Community based organizations
  - Administrators
- Researchers who want to compare communities
- Evaluators who need to assess progress pre and post Project Directors who want to increase the potential of effectiveness their strategies organizations who want to look at organizational or system readiness to deal with an issue

Successes of Community Readiness

- It's been used in over 1,000 communities throughout the United States
- It's been used Internationally as well as Nationally
- The manual is being translated into both Chinese and Spanish
- It's been used in the context of research, evaluation, and grass roots efforts
- It has been the focus of over 35 published articles in this country and others.
- Community Readiness received an award ($$$) from the First Nations Behavioral Health Association as being one of the Ten Best Practices in Native Country.

5th National Native HIV/AIDS Awareness Day

Our Networks Most Successful Collaboration

March 20, 2011

National Native HIV/AIDS Awareness Day (NNHAAD)

The National Native CBA Network was honored to be a part of the planning and development of the first National Native HIV/AIDS Awareness Day which took place on March 21, 2007. This day represents American Indians, Alaska Natives and Native Hawaiians!

National Native HIV/AID Resources

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ABOUT

NATIVE HIV/AIDS AWARENESS DAY

TESTING RESOURCES

EVENTS

LINKS

CONTACT

Welcome

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National Native HIV/AID Resources

Service Provider Information: California

Listed below are resources for service providers in the state of California. Information included on this page include regional Indian Health Service providers, State Health Department (HD), Tribal clinics, Tribal Health Departments as well as urban health programs and non-profit organizations.

To update your information or to submit a request to include your program/organization, please email andrea.israel@colostate.edu.

REGIONAL INDIAN HEALTH SERVICE PROVIDER

California Area Indian Health Services
650 Capitol Mall, Suite 7-100
Sacramento, CA 95814
Phone: (916) 930-3927
Fax: (916) 930-3952

STATE HEALTH DEPARTMENT

California Department of Public Health
Office of AIDS
PO Box 997426, MS 7700
Sacramento, CA 95899
Phone: (916) 449-5900
Fax: (916) 449-5909
http://www.cdph.ca.gov/programs/aids/Pages/Default.aspx

TRIBAL HD/CLINICS/URBAN/NON-PROFITS/OTHER

Cabazon Band of Mission Indians Clinic
84-245 Indio Springs Drive
Indio, CA 92203
Phone: (760) 342-2593
Fax: (760) 347-7880

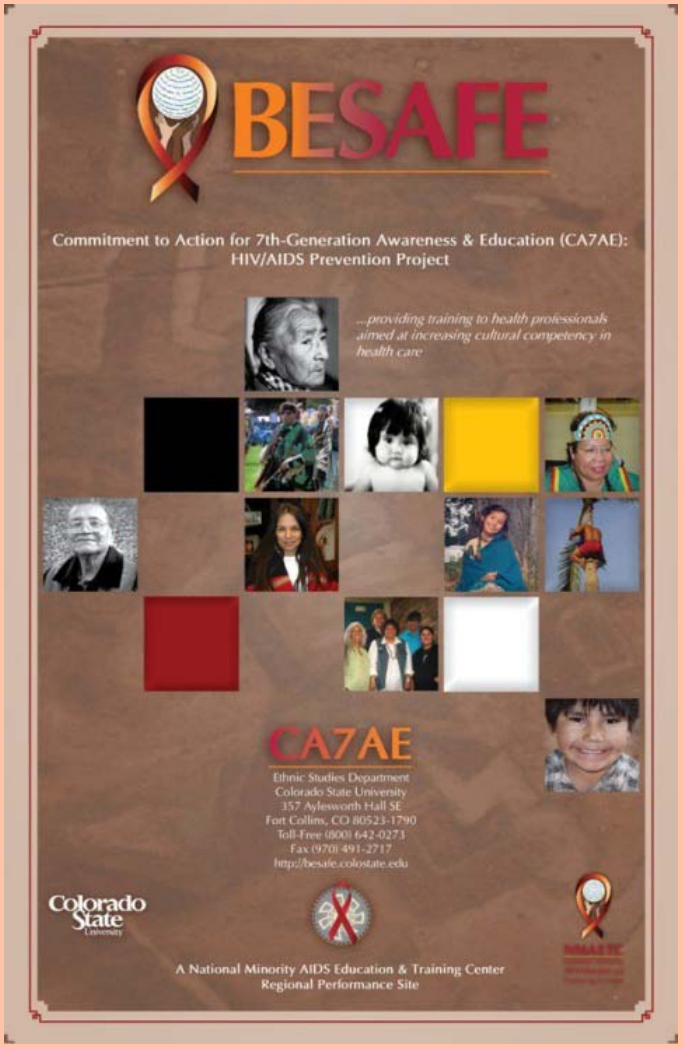
Questions
Comments

Thank You for Sharing Your Time!!

www.happ.colostate.edu

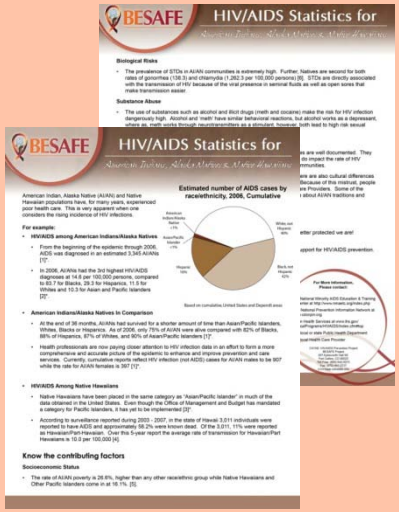
Our BESAFE Products

Our New BESAFE Poster Targeting Native People

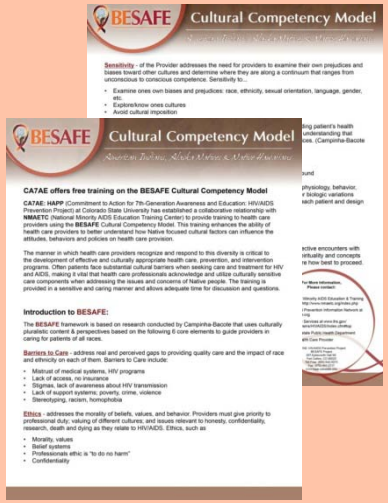


Our New Fact Sheets for BESAFE

Methamphetamine Use & HIV/AIDS Fact Sheet



HIV/AIDS Statistics for AI/AN/NH Fact Sheet



BESAFE Cultural Competency Model Fact Sheet

Our Distance Learning Resource Guide