

IHS/HIV Facing Aids with Native Communities

Speaker	Audio	Statistics Highlights and References
Voice heard during program open visuals	This is something we need to embrace in our native communities. This is a human disease. We need to have the freedom to speak about it. The more ready that we are to talk about it, to speak to our youth, the more prepared that our Native communities are, the stronger that we're going to be able to be. We care, and we love for our people, so that's what needs to come first. This is something that we need to embrace...we need to embrace.	
RADM Scott Giberson National HIV/AIDS Principal Consultant, IHS Chief Professional Officer, Pharmacy U.S. Assistant Surgeon General	As the HIV/AIDS Principal Consultant for the Indian Health Service, I direct the National HIV Program.  Among many of its projects, the HIV Program has a large, expanded HIV testing initiative that includes IHS, Tribal and Urban partners. We link our partners to training, resources, policy, and the growing network of other implementers across the system. The program also collaborates with many Federal agencies to leverage resources.  Although we have made significant progress thus far, much more work needs to be done.	
Jessica Leston, MPH   STD Program Manager Division of Community Health Services, ANTHC Anchorage, AK	You know, I think that there is a huge problem when you look at HIV rates in the United States and when you're looking at HIV rates broken up between different ethnic groups and you see other ethnic groups or subpopulations having fairly consistent HIV rates or rates that are actually dropping. And then you look at other populations where HIV rates are continuing to rise. And that's the case with American Indian/Alaska Native people.	1) The rate of HIV/AIDS diagnoses among American Indians and Alaska Natives increased from 9.5 per 100,000 in 2001 to 11.1 per 100,000 in 2004. In that same time period, the overall annual rate of HIV/AIDS diagnoses per 100,000 did not change significantly, from 22.8 per 100,000 in 2001 to 20.7 per 100,000 in 2004. However, a significant 5.0% average annual decrease in rates among blacks was observed, from 88.7 per 100,000 in 2001 to 76.3 per 100,000 in 2004.  CDC. Trends in HIV/AIDS diagnoses—33 states, 2001–2004. <i>MMWR</i> 2005;54:1149–1153.

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<p>Pamela Jumper Thurman, PhD Senior Research Scientist and Director of National Center for Community Readiness Ethnic Studies Department Colorado State University Fort Collins, CO</p>	<p>HIV is rising in women, in heterosexual high risk women, and if you look at some of the charts right now, the data charts back in 1990, for instance, you look at the transmission figures and heterosexual transmission was about three percent. That's now moved considerably higher, and so there's a big shift in the data that has occurred that I think people are unaware of and therefore they continue to think that there isn't a risk.</p>	<p>HIV is rising and women, in heterosexual high risk women, and if you look at some of the charts right now, the data charts back in 1990, for instance, you look at the transmission figures and heterosexual transmission was about three percent. That's now moved considerably higher to about twenty nine percent...</p> <ul style="list-style-type: none"> <li>- By March 31, 1989, 89,501 AIDS cases in persons greater than or equal to 13 years of age had been reported to CDC; 3,962 (4%) of these were attributed to heterosexual transmission.</li> </ul> <p>CDC. MMWR, June 23, 1989 / 38(24);423-4,429-34. Current Trends Update: Heterosexual Transmission of Acquired Immunodeficiency Syndrome and Human Immunodeficiency Virus Infection -- United States. Available at: <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/00001586.htm">http://www.cdc.gov/mmwr/preview/mmwrhtml/00001586.htm</a></p> <ul style="list-style-type: none"> <li>- In 2009, the Kaiser Family Foundation released a slideshow summarizing total transmission categories of AIDS diagnoses, comparing 1985 with 2006. The 1985 chart shows 3% heterosexual transmission, the 2006 chart shows 32%.</li> </ul> <p>Personal communication with Dr. Jumper Thurman, March 28, 2012. Image of the slide is below as Graphic 1.</p>
<p>Shana Cozad, Patient</p>	<p>I decided to get an HIV test at the end of my second relationship, when that former boyfriend had disclosed that he had AIDS. I wasn't very educated on who needed an HIV test or why. I had a lot of misconceptions about who I thought were the people who needed to get HIV tests and I just didn't feel like I was someone who fit into that category. Um, I thought that, you know, you either were promiscuous or had to be an IV drug user, of which I felt that I was neither.</p>	

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<p>Dennis Huff, LCSW Behavioral Health Director Native Health Phoenix, AZ</p>	<p>Our goal is to explain that to them and get them to work and understand, you know, the role of a virus is to infect and it doesn't care who it's infecting.</p>	
<p>Elizabeth Sullivan Public Health Nurse, Colville Indian Reservation</p>	<p>I work for the Indian Health Service which provides services in two of the four districts on the reservation. There are two other clinics that are operated tribally that have their own tribal PHN's, but we all try to work together doing a variety of things that public health nurses do; immunizations, well child, diabetes, chronic care, and we've just recently rolled out our universal HIV screening program.</p>	
<p>Marie Russell, MD, MPH Associate Director, Centers of Excellence (Acting) Phoenix Indian Medical Center Phoenix, AZ</p>	<p>So the HIV Center of excellence was founded in 1996. And, really its mission was to develop a clinical program that would provide treatment and comprehensive care to American Indian and Alaska natives who were HIV positive.</p>	
<p>Pamela Jumper Thurman, PhD Senior Research Scientist and Director of National Center for Community Readiness Ethnic Studies Department Colorado State University Fort Collins, CO</p>	<p>I'm the director of the CASAE center which is funded by the Centers for Disease Control and we are on a five year grant to provide capacity building assistance to communities to help them use our community readiness model to develop HIV prevention strategies that are consistent with the readiness level in their community. That helps them to not waste their resources and to move quickly ahead. We also go out and we provide trainings. We help the communities to develop action plans that are consistent with their culture, and we do a lot of social marketing. We do a lot of action plans to help communities do their own social marketing in their own language, their own designs, in their own way. And we thoroughly love what we do.</p>	

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Transition music up full		
<p>Pamela Jumper Thurman, PhD Senior Research Scientist and Director of National Center for Community Readiness Ethnic Studies Department Colorado State University Fort Collins, CO</p>	<p>We all have different cultures. We all have different kinds of resources. We all have different political systems. So if anything is going to be effective in a community, it has to be specific to that community.</p>	
<p>Jessica Leston, MPH I STD Program Manager Division of Community Health Services, ANTHC Anchorage, AK</p>	<p>I think that going into the communities and asking them how we can help them solve their own problems is the biggest thing in building a successful HIV or STD or sexual health program.</p>	
<p>Phillip Roulain Public Health Program Assistant National Indian Health Board Washington, DC</p>	<p>I would definitely tell you that one of the first things you need to do, or would want to do, is conduct a short survey or maybe some sort of focus group or panel to get a level of the community readiness to receive messages.</p>	
<p>Elizabeth Sullivan Public Health Nurse, Colville Indian Reservation</p>	<p>We had a community dinner. We had a speaker. Actually, we had several speakers, experts to just talk about their experience. We had an HIV positive Native American lady come and tell her story and how she was infected and how innocently that happened for her and other folks were talking about some of the practices of our younger people right now and how they are at even greater risk than folks were in the past, and that this is important to identify to prevent the spread and to prevent people from getting sick.</p>	

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<p>Angela Big Crow, Medical Support Assistant Pine Ridge Service Unit Pine Ridge, SD</p>	<p>We have a community health program. We go out into the communities and do projects for HIV screening with the Oraquick tests.</p> <p>One of the good success stories that we've had is that we have been able to train other community members to do Oraquick HIV testing, and it's not only from our community but from other reservations as well that we have trained so they can start doing HIV testing on their reservation.</p>	
<p>Yolanda M. Adams Director of Nursing for Mescalero Service Unit/Mescalero, New Mexico</p>	<p>The HIV program in Mescalero...we do routine testing of our patients when they come into the outpatient clinic.</p> <p>The testing that we are doing at our facility it's the HIV test that goes to the lab. We don't do the rapid testing. We don't do the oral testing. Basically our decision was because of the cost. If we brought rapid into the facility it was going to be a little more than what we're paying our referral facility to do the testing. It had a lot to do with staffing and that's one of our issues is staffing. In order to make the decision on the HIV testing for a small facility, I would absolutely have them look at both the cost and the staffing.</p>	
<p>Elizabeth Sullivan Public Health Nurse, Colville Indian Reservation</p>	<p>If you start out with an entire reservation that hasn't been tested and suddenly everyone comes due for a test it can very easily overwhelm what resources we had so we put together a plan so that we're doing it as patients are already needing other lab work. We basically did some policy writing ahead of time which allowed us to do a lot more testing in a more expeditious manner. We don't require written consents anymore. We can just put an order in as long as we have the patients saying that it's okay to do the testing, so we were able to put in an order set and it works really well with our electronic health records. Our patients are pretty amenable to being tested. I also go to the jail 2 days a week and we are now providing testing there.</p>	

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Dennis Huff, LCSW Behavioral Health Director Native Health Phoenix, AZ	We've run several different community events related around National Native American HIV Awareness Day, and those have been successful. We've actually recruited local agencies to actually come in and support us by providing testers to help us deal with the amount of people that we have coming in.	
Tommy Chesbro, Patient	I didn't start out just being, feeling, confident in going out and being able to tell people and talk about my HIV status. I was very quiet and secretive about it. I didn't even tell my family for three years.	
Pamela Jumper Thurman, PhD Senior Research Scientist and Director of National Center for Community Readiness Ethnic Studies Department Colorado State University Fort Collins, CO	I think that people have a great stigma when it comes to sensitive issues like HIV and AIDS, and they might tend to think that it's those people or a particular group of people that has HIV or that can infect you with HIV, and that's not true. We are all those people – all of us, each and every one of us.	
Vinetta MacPherson Advanced Nurse Practitioner, Medical Director Native Health, Spokane, WA	Well, I think it's important, not just for Native Americans, but for everybody to know their HIV status. I think we need to incorporate it into our routine health care. If we do that, then there's not the stigma. Women go in for their well woman exams and they have their regular lab draws. Men have their yearly physicals. It should be incorporated into it.	
Robert Brisbois, Elder	So I have to look at these diseases as I would cancer, diabetes, arthritis, lupus, all of the other diseases and to share that acceptance that it's another disease. It's here; it's going to be here forever. We need to start treating it as a disease and not as a plague. We have to remove the barriers that have been thrown up about HIV and AIDS as well as other diseases. If we remove those, then the compassion can come back to life.	

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<p>Phillip Roulain Public Health Program Assistant National Indian Health Board Washington, DC</p>	<p>Statistics prove that younger people, especially 18 to 24, are highly sexually active, and it just makes sense that you would want to have prevention messages encouraging people to reduce their amount of risk that they have in their lives because the long-term results of having a sexually transmitted infection or disease such as HIV is costly.</p>	<p>2) Younger people, especially 18 to 24, are highly sexually active.</p> <p>10 percent of girls between 15 and 19 become pregnant, nearly two-thirds of high school seniors have had sex, and an alarming percentage of sexually active adolescents and young adults engage in unsafe sexual behaviors.</p> <p>Kaiser Family Foundation. National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes and Experiences. Available at: <a href="http://www.kff.org/youthhivstds/3218-index.cfm">http://www.kff.org/youthhivstds/3218-index.cfm</a></p> <p>3) The long-term results of having a sexually transmitted infection or disease such as HIV is costly.</p> <p>HIV/AIDS Drug Expenditures and Prescriptions alone totaled \$100.1 million in public funds in 2009. The AIDS Drug Assistance Program spent an additional \$8.8 million on insurance purchasing/maintenance. Per capita drug spending was \$982 that year.</p> <p>Kaiser Family Foundation, HIV/AIDS Policy Fact Sheet: AIDS Drug Assistance Programs, April 2008. Available at: <a href="http://www.kff.org/hivaids/upload/1584_09.pdf">http://www.kff.org/hivaids/upload/1584_09.pdf</a></p>
<p>Elizabeth Sullivan Public Health Nurse, Colville Indian Reservation</p>	<p>But young people everywhere tend to not perceive themselves at risk for anything.</p>	
<p>Jessica Leston, MPH   STD Program Manager Division of Community Health Services, ANTHC Anchorage, AK</p>	<p>And we were really focusing on youth. They have the biggest burden of diseases as far as STD's go and also continually rising rates of HIV. And so we asked them what they knew about HIV and STD. We tried to build an overall sense of community where people can share stories.</p>	<p>4) And we were really focusing on youth. They have the biggest burden of diseases as far as STD's go and also continually rising rates of HIV.</p> <p>Nearly one in four sexually active young people contract a sexually transmitted disease (STD) every year, and one-half of all new HIV infections in this country occur among people under the age of 25.</p>

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		<p>Kaiser Family Foundation. National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes and Experiences. Available at:  <a href="http://www.kff.org/youthhivstds/3218-index.cfm">http://www.kff.org/youthhivstds/3218-index.cfm</a></p>
<p>Phillip Roulain                      Public Health Program                      Assistant                      National Indian Health                      Board                      Washington, DC</p>	<p>Well, most young people today, especially all the ones I've ever encountered, all have access to mobile phones, and they all have access to the Internet, a great majority of them do. And, they have access to the Internet through their mobile phones. Text messaging is a technology and a communication method that is very, very widely used within younger people, the communities of young people.</p>	<p>5) Text messaging is a technology and a communication method that is very, very widely used within younger people, the communities of young people.</p> <p>When all forms of communication are taken together, texting emerges as the most common form of social communication for the teens in this study. All told, 72% of all teens reported that they have used texting to contact friends and 54% of all teens text their friends on a daily basis. This study is based on the 2009 Parent-Teen Cell Phone Survey which obtained telephone interviews with a nationally representative sample of 800 teens age 12-to-17 years-old and their parents living in the continental United States and on 9 focus groups conducted in 4 U.S. cities in June and October 2009 with teens between the ages of 12 and 18.</p> <p>Report, Teens and Mobile Phones. Amanda Lenhart, Rich Ling, Scott Campbell, Kristen Purcell. April 20, 2010. Available at:  <a href="http://www.pewinternet.org/Reports/2010/Teens-and-Mobile-Phones.aspx">http://www.pewinternet.org/Reports/2010/Teens-and-Mobile-Phones.aspx</a></p> <p>We supported this statement with a different reference at the time of production, but that resource is no longer widely available.</p>
<p>Pamela Jumper Thurman,                      PhD                      Senior Research Scientist                      and Director of National</p>	<p>Fortunately, today in this world of new media, we have all kinds of Web sites that are available to help communities to find resources and to collaborate and to network with one another. Indian Health Service has a wonderful Web site. So we have a</p>	

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<p>Center for Community Readiness Ethnic Studies Department Colorado State University Fort Collins, CO</p>	<p>lot of resources that are available to us that we didn't have ten years ago.</p>	
<p>Marie Russell, MD, MPH Associate Director, Centers of Excellence (Acting) Phoenix Indian Medical Center Phoenix, AZ</p>	<p>We've started receiving funding several years ago to develop a national HIS telemedicine network, and then we have received funding to implement the chronic care model in an HIV primary care setting both here and through that telemedicine network.</p> <p>What it allows for are consultations to be sent via a secure server for providers out in the field, who may be taking care of HIV positive patients, to send questions to experts, send clinical questions... pictures of rashes, other issues, and get that feedback, so that patient can be taken care of in their locality. I hope that as we sort of start to build a collaborative within the ITU system of people, who are taking care of HIV positive patients, people interested in preventing HIV positive patients, all the testing, that it'll be an avenue in which we can communicate more frequently and in a more effective manner, so that we can share sort of the wealth that we've developed over many, many years here because it doesn't occur overnight.</p>	
<p>Yolanda M. Adams Director of Nursing for Mescalero Service Unit/Mescalero, New Mexico</p>	<p>If you came to me and wanted advice on starting an HIV program, I would tell you to begin with your personnel and your facility. Teach them the cultural aspects of <i>teaching</i> Indian people. Then be comfortable with yourself to teach others about HIV and how it's contracted. And, that it's an easy test. And then the prevention as well. And teach your providers, your medical staff, that it's not that difficult to tell somebody their results. To not shy away from it.</p>	
<p>Marie Russell, MD, MPH Associate Director, Centers of Excellence (Acting) Phoenix Indian Medical Center</p>	<p>When I work in my general medicine clinic, I basically tell patients, you know, CDC recommends everybody get tested for HIV and we're going to do that today, just like we're going to check your cholesterol or we're going to check anything else. I just say it matter-of-factly. I'm training the nursing staff to say it</p>	

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Phoenix, AZ	matter-of-factly. And, then we can engage in those conversations about prevention, just like we do for any other chronic disease.	
David Asetoyer Health and Wellness Consultant	<p>I think that it's important, first of all, that practitioners on both sides work together. I think that's a really important message. And I think one of the things is being able to see that understanding of the holistic wellness, being able to see the physical, mental, emotional, and spiritual connections – how everything is tied together.</p> <p>So the whole idea behind collaborating in terms of HIV is that there's a lot of traditional people out there that can really assist in that way, so I think the collaboration is vitally important. Sometimes people talk about alternative medicine, but I kind of prefer the term complementary medicine because it gives you that feeling that they're working together.</p>	
Elizabeth Sullivan Public Health Nurse, Colville Indian Reservation	We collaborate with the county health department. There is an HIV case manager there. We also collaborate with the local Spokane County Regional Health District. We collaborate with our tribal clinics, we've developed a public health group which has really grown as a result of our H1N1 issues. We collaborate obviously with the national HIS program.	
Dennis Huff, LCSW Behavioral Health Director Native Health Phoenix, AZ	Our Native American Pathways program has had different looks over the years. We, at one point, were providing some comprehensive case management services that were pretty intensive. You know, we shifted to community education, all the time maintaining counseling and testing during that time.	
Phillip Roulain Public Health Program Assistant National Indian Health Board Washington, DC	I don't anticipate there will ever be an end to the collaboration between the National Indian Health Board and Indian Health Service because they both share a focus and a mission to improve the quality of health care for American Indians and Alaska Natives.	
Jessica Leston, MPH   STD Program Manager Division of Community	I think that when you're looking at health disparities and health equity, the fact that our HIV rates are continuing to rise means that we have to address it.	<p>AI/AN HIV diagnoses rates are continuing to rise</p> <p>6) The rate of HIV/AIDS diagnoses among American Indians</p>

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Health Services, ANTHC Anchorage, AK		<p>and Alaska Natives increased from 9.5 per 100,000 in 2001 to 11.1 per 100,000 in 2004. In that same time period, the overall annual rate of HIV/AIDS diagnoses per 100,000 did not change significantly, from 22.8 per 100,000 in 2001 to 20.7 per 100,000 in 2004. However, a significant 5.0% average annual decrease in rates among blacks was observed, from 88.7 per 100,000 in 2001 to 76.3 per 100,000 in 2004.</p> <p>CDC. Trends in HIV/AIDS diagnoses—33 states, 2001–2004. <i>MMWR</i> 2005;54:1149–1153.</p>
Shana L. Cozad – Patient	<p>Fears are normal, but it’s just not the end of the road. We’re strong and we’re stubborn and we’re humorous and we have our ways of dealing with things that are difficult and this is something that we need to embrace in our native communities.</p>	
<p>RADM Scott Giberson National HIV/AIDS Principal Consultant, HIS Chief Professional Officer, Pharmacy U.S. Assistant Surgeon General</p>	<p>The HIS HIV program will assist providers and communities to prevent the spread of HIV. I hope you will take every opportunity to raise HIV awareness in your community, to educate others about HIV prevention and risk, and to use the resources available to take control of your health. I am looking forward to the continued relationships between the HIS HIV Program, Native communities, and all our partners as we work together to address HIV.</p>	
Music under credits		

Graphic 1: AIDS Diagnoses by Transmission Category, United States, 1985 & 2006

