Introduction:

Sexually Transmitted Diseases (STDs) disproportionately impact Native populations and cause significant harm to community health. The high prevalence of STDs among American Indian (AI) and Alaska Native (AN) populations underscores the urgent need for comprehensive evaluation and intervention strategies.

Methods:

Survey Development: The study used a community-based approach to assess STD prevention capacity within AI/AN tribes. The survey tool was developed using interdisciplinary expertise and input from AI/AN community leaders, health professionals, and researchers. The tool included questions on clinic and community readiness, leadership capacity, community resources, and provider competencies.

Survey Administration: The survey was administered to 37 tribes in Idaho, Oregon, Nebraska, North Dakota, South Dakota, and Washington. Distribution of the survey was facilitated through the Northern Plains Tribal Health Research Coalition (NP-THRC), a network of tribally and IHS-operated health centers. The survey was administered in 2005.

Analysis: Data from the survey was analyzed to evaluate the capacity of AI/AN tribes to prevent and manage STDs. Descriptive statistics were used to summarize data, while inferential statistics were employed to test hypotheses and explore correlations.

Results: Clinic STD/HIV Efforts

Clinic Training in STDs and HIV/AIDS: Clinics engaged in clinical training for STD/HIV prevention, with 80% reporting offering clinical training to providers. However, only 40% of clinics reported offering clinical training to non-clinical staff. The most common methods included workshops, seminars, and internal training.

Clinic Counseling: Counseling services for STD/HIV prevention were provided by 70% of clinics. Of these, 60% offered counseling to clients at risk for HIV. The most common counseling models included individualized counseling and group counseling.

Clinic Education: Education materials for STD/HIV prevention were available at 80% of clinics. Materials included pamphlets, brochures, and online resources. The most common materials were focused on HIV prevention.

Community Efforts:

Community Readiness Model: The Community Readiness Model, developed by the Tri-Ethnic Center, was used to assess community readiness for STD prevention. The model identified six readiness stages: unaware, knowledge, planning, implementation, evaluation, and sustainability.

Community Efforts: Various community efforts were reported, including the Red Talon STD/HIV Coalition, which was formed to develop an Inter-tribal STD Action Plan. NP-THRC is currently preparing an aggregate report summarizing the survey findings from the Northern Plains tribes, which will be distributed back to tribal communities to stimulate discussion among healthcare providers and tribal communities for guiding the development of future programs and policies.

Recommendations:

1. Strengthen and expand capacity to prevent STDs:
   - Increase local and triballevel staff training in STD/HIV prevention.
   - Develop and implement community-based education programs.

2. Increase community awareness:
   - Develop and implement community-based education programs.
   - Increase local and triballevel staff training in STD/HIV prevention.

3. Increase access to care:
   - Develop and implement community-based education programs.
   - Increase local and triballevel staff training in STD/HIV prevention.

4. Improve and broaden community access to culturally relevant educational materials:
   - Develop and implement community-based education programs.
   - Increase local and triballevel staff training in STD/HIV prevention.

5. Increase youth outreach:
   - Develop and implement community-based education programs.
   - Increase local and triballevel staff training in STD/HIV prevention.

Abstract:

Evaluating STD Prevention Capacity Within American Indian Tribes: A Comprehensive Assessment Tool

Abstract:

While the majority of clinicians reported having several years of experience working with their local tribe, 90% of Portland Area respondents reported that, for the most part, tribal health clinics do not consider most STDs to be a priority. Community readiness to address STD prevention varied widely among communities, with 50% of respondents indicating that their community was at the “plan” stage of readiness, while 20% indicated they were at the “aware” stage.

Background:

While AI/AN communities have made significant progress in reducing STD rates, many communities continue to face challenges in preventing and controlling STDs. The high prevalence of STDs among AI/AN populations underscores the urgent need for comprehensive evaluation and intervention strategies.

Study Purpose:

The purpose of this study was to evaluate the capacity of AI/AN tribes to prevent and manage STDs. The study employed a community-based approach to assess STD prevention capacity within AI/AN tribes.

Survey Pre-Testing:

Evaluating STD Prevention Capacity Within American Indian Tribes: A Comprehensive Assessment Tool

The survey was pre-tested with tribal leaders and health professionals to ensure content validity and face validity. The pre-test identified several areas for improvement, including clarification of terminology and the omission of questions that were too complex or ambiguous.

Results:

5. A Multicultural Assessment Tool: The AI/AN Multicultural Assessment Tool (MAD) was developed to assess the cultural competence of AI/AN healthcare providers. The tool included questions on cultural awareness, cultural sensitivity, and cultural knowledge.

6. Community Readiness Model: The Community Readiness Model, developed by the Tri-Ethnic Center, was used to assess community readiness for STD prevention. The model identified six readiness stages: unaware, knowledge, planning, implementation, evaluation, and sustainability.

7. Community Efforts: Various community efforts were reported, including the Red Talon STD/HIV Coalition, which was formed to develop an Inter-tribal STD Action Plan. NP-THRC is currently preparing an aggregate report summarizing the survey findings from the Northern Plains tribes, which will be distributed back to tribal communities to stimulate discussion among healthcare providers and tribal communities for guiding the development of future programs and policies.

8. Recommendations:

   - Strengthen and expand capacity to prevent STDs:
     - Increase local and triballevel staff training in STD/HIV prevention.
   - Increase community awareness:
     - Develop and implement community-based education programs.
   - Increase access to care:
     - Develop and implement community-based education programs.
   - Improve and broaden community access to culturally relevant educational materials:
     - Develop and implement community-based education programs.
   - Increase youth outreach:
     - Develop and implement community-based education programs.

9. Conclusions:

   - The AI/AN Multicultural Assessment Tool (MAD) is a valuable instrument for assessing cultural competence among AI/AN healthcare providers.
   - The Community Readiness Model is a useful tool for assessing community readiness for STD prevention.
   - The Red Talon STD/HIV Coalition is an example of a successful community-based initiative for preventing and controlling STDs.

10. Future Research:

    - Further research is needed to evaluate the effectiveness of community-based initiatives for preventing and controlling STDs in AI/AN communities.
    - Research is needed to evaluate the effectiveness of cultural competence training for AI/AN healthcare providers.

11. Acknowledgments:

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12. References: