

# Tribal HIV/STD Advocacy Kit and Policy Guide

Additional Information and Resources

Created by the Indian Health Service,  
with assistance from the Office of Minority Health Resource Center  
and the Northwest Portland Area Indian Health Board

# Call To Action

## Ten Steps You Can Take to Promote Sexual Health and Wellbeing in Your Community

1. Learn more about these important topics and their impact on your community.
2. Start a dialogue about these issues with your family and friends. They listen and learn from you. For helpful tips on talking about sex with your children, grandchildren, nieces, or nephews, visit: [www.noplacelikehome.org/nativeamerican.php](http://www.noplacelikehome.org/nativeamerican.php).
3. Increase community awareness about HIV/STD, unintended teen pregnancy, and sexual violence by hosting public forums and by participating in community observances and outreach events.
4. Support a resolution documenting your Tribes' commitment to sexual health and prevention programs that address HIV/STD, unintended teen pregnancy, and sexual violence (visit the Policy Change section of the Kit starting on page 10 for guidance and support).
5. Work with local schools and educators to strengthen school-based curricula educating youth about STDs, teen pregnancy, and sexual violence. Partner with local schools and educators to offer students low-cost or free confidential STD screening at school.
6. Encourage your Tribe's clinic to reduce barriers to sexual health services for teens and young adults, and update its HIV/STD screening and treatment policies and practices.
7. Form a workgroup to develop and carry out a local action plan to address HIV/STD, unintended teen pregnancy, and/or sexual violence in your community (see the Community Readiness Model on page 5 of the Kit for guidance).
8. Learn how to protect yourself against HIV and STDs. Know the risks associated with unprotected sex and drug use.
9. Help reduce stigma surrounding HIV, teen pregnancy, STDs, and sexual violence by reaching out to those who are affected.
10. Get tested - and encourage others to do the same. As a Tribal leader, health advocate or decision-maker, it is important to know your HIV and STD status to protect yourself and others. Simple blood, urine, and saliva tests are available for different STDs. Most infections can be treated or cured!

# Complete List of Activities and Interventions

## Continued from page 5 of the Advocacy Kit

### **Physical Environment & Public Policy**

- School policies regarding comprehensive sex education or STD screening in school
- Clinic policies regarding routine HIV testing
- Clinic policies regarding annual STD testing for youth
- Community policies regarding teen access to condoms
- Community policies addressing drug and alcohol use or gang activity, which can increase sexual violence and encourage unhealthy decision-making

### **Structural & Organizational Systems**

- The formation of workgroups or committees to address sexual health challenges
- Communication and referral systems between schools, health programs, and clinicians
- Youth's perception of the clinic as being "confidential" and "teen friendly"
- Referral systems to get HIV positive patients to appropriate treatment and care
- Referral systems to get sexual assault victims to appropriate treatment and care
- Clinic practices regarding the reporting of HIV/STD cases to the state health department
- Clinic practices regarding the use of Expedited Partner Therapy (EPT)

### **Community Norms & Interactions**

- Restoration of traditional coming-of-age ceremonies
- Community norms about talking to teens about sexual health and intimate relationships
- Community norms about using condoms and birth control
- The fear, stigma, and discrimination that often surrounds HIV, STDs, and sexual assault

### **Family Norms & Interactions**

- Family communication about values, sexual health, and intimate relationships
- Family communication about condoms and birth control

### **Individual Knowledge, Attitudes, and Behaviors**

- Access to comprehensive sex education in school
- Private and confidential access to condoms and birth control
- Peer-to-peer education programs that include sexual health topics

Quote from Dr. Yvette Roubideaux on page 4 of the Kit is from her statement on March 20th, 2012, commemorating National Native American HIV/AIDS Awareness Day. Her complete statement is available at: [http://www.ihs.gov/hiv aids/index.cfm?module=aware\\_2012](http://www.ihs.gov/hiv aids/index.cfm?module=aware_2012)

# Policy Steps

Continued from pages 9 - 12 of the Advocacy Kit

**STEP 1 CREATE A COMMITTEE AND INVOLVE STAKEHOLDERS.** Successful policy change and enforcement requires the support and approval of your entire community. This support must be gained among all groups affected by your policy, including: students, teachers, and school administrators; elders and youth; clinic patients and providers. For this reason, it is important that a wide variety of stakeholders be included in the policy change planning process. By obtaining input from all perspectives, no group will feel alienated by the process, and you will better understand the concerns that need to be addressed before widespread community support is achieved.

**STEP 2 DEVELOP AN ACTION PLAN.** An action plan will help to ensure that your policy is developed, passed, and implemented in an efficient and effective manner. The plan should include input from stakeholders participating in the planning process, so it might be useful to host a meeting or talking circle to discuss the steps that are involved in the policy change process. If you cannot meet as a group, these topics should be discussed by the lead coordinating person one-on-one with committee members and stakeholders.

**STEP 3 GATHER BACKGROUND INFORMATION.** You should decide who will research your own Tribe's history with sexual health teachings and policies, and where and when you will share this information with other committee members. As a group, brainstorm who might be helpful to contact in pursuit of this information.

If your Tribe has an existing school- or clinic-based sexual health policy, obtain a copy of it and, if possible, learn as much as you can about how it was originally developed. It might also be helpful to gather background information about the type of policy you are hoping to enact. Some of this information might be available on page 8, under Planning Tools. If you can't find what you're looking for, contact a partnering agency, available on page 31, under Resources.

**STEP 4 ANALYZE AVAILABLE DATA.** Choosing the right type of policy for your community will require you to collect and analyze data. While this prospect may sound daunting, don't be intimidated. You probably already have most of the information needed to make an educated decision about the type of policy you ought to pursue.

As a group, decide who will compile appropriate data, who will analyze the information, where and when you will decide what type of policy is most appropriate for your Tribe's needs, and when each of these tasks ought to be completed. Different people may be able to bring different types of data to the table.

If you do not have the needed data on hand, you may be able obtain this information from your health clinic (through your patient registry software program, i.e. RPMS) or from other Tribal programs (prevention, family services, alcohol and drug [A&D] programs, etc), from your State or County's STD/HIV or adolescent health program, from a Tribal Epidemiology Center, or from your regional Indian Health Board. If, after gathering all available data, you find that you still need more information, it might be necessary to conduct your own survey or focus group within your community.

**Community or School-Based Policy Change:** Once you have identified a few priority policy change options, the next question to ask yourself is, "Is the community ready for and supportive of this type of policy change?" As you conduct this type of investigation, it might be helpful to question community members about two or three different policies in order to better understand the types of actions they would support. Once gathered, this information can serve as a powerful tool for educating community members and decision-makers.

If you find that community opinion does not support the policy you've proposed, but you still feel that it's an important issue to address, it may indicate that more community education is needed on the issue. For example, many people are not fully aware about HIV and STDs, and therefore don't see it as a significant public health issue. Once people learn more about local STD rates, their support for screening and treatment polices may increase considerably.

**Clinic-Based Policy Change:** IHS is currently sponsoring an Improving Patient Care (IPC) initiative to improve AI/AN health and wellness, by empowering local clinics to systematically redesign their current systems of care.

Local improvement teams are using the Plan-Do Study Act (PDSA) model to carryout rapid cycle quality improvement. The model encourages clinic staff to identify organizational challenges, develop potential solutions, test interventions on a small scale, and expand implementation if small scale tests are found to be successful. Clinic-based sexual health policy change can happen in the same way. Identify clinical challenges surrounding HIV/STD screening, reporting, referral or access to or use of available reproductive health services, brainstorm and develop potential solutions, test potential solutions on a small scale, and then expand solutions that prove to be successful. For more information about the IPC planning process and available tools, visit: <http://www.ihs.gov/ipc/>.

**STEP 5 REVIEW SAMPLE POLICIES AND RESOLUTIONS.** There are several sample policies and resolutions on the USB/flash drive that accompanied this Advocacy Kit, that you can use to draft sexual health policies for your Tribe. You should decide who will locate and obtain any other policy samples that might be of interest to your planning group.

**STEP 6 DEMONSTRATE NEED AND BUILD COMMUNITY SUPPORT.** You should decide who will help gather information about your community’s current level of support for your policy, and determine who will coordinate activities to educate and build support among community members and decision-makers. This task will likely be ongoing throughout the remaining steps.

Once you’ve identified the type of policy that you are interested in implementing, it is crucial that you initiate a plan to build community awareness about the problem you’ve identified and support for the solution you’ve designed. Experience has shown that people support or reject policy change based on their own unique values and beliefs. Because all people are not the same, different “Talking Points” will be needed to garner support from different groups within the community.

As you begin creating a plan, think about each of the stakeholders impacted by your policy, and the values that each group might hold. For example, council members might be influenced by arguments about the collective health or economic wellbeing of the Tribe, while parents may be influenced by stories about the health of their children, and health professionals might be influenced by data showing reduced morbidity and mortality rates.

During this planning period, think critically about the concerns that each of these groups might have with your policy. In order for your policy to gain support, you will need to respond to their concerns. Anticipate their questions and use “Talking Points” to help build approval for your policy. Whenever possible, your own Tribal or local data should be used to replace national figures.

Endorsements from local leaders, businesses, or health professionals should also be publicized in order to strengthen community buy-in. In building support for your policy, consider initiating one on-one meetings with decision-makers, organizing staged media events with your local paper or radio station, writing articles for the Tribal paper, or providing brief presentations to stakeholder groups.

**STEP 7 DRAFT A POLICY.** Using the sample policies on the USB/ flash drive that accompanied this Kit as a guide, the next step will be to produce a draft of your own policy. Decide who will help draft the policy chosen by your committee and stakeholders. There are several elements that can be found in nearly every sexual health policy. As you begin to draft your policy, check to see that the following elements are included:

**CHECKLIST FOR A SEXUAL HEALTH POLICY:**

- A. A statement about the local problem and why the policy is needed.
- B. Information about the health benefits that will be achieved with the policy.
- C. Information about economic or social motivations for adopting the policy.
- D. A description of the policy, clearly stating how the problem will be addressed and what actions will be implemented.

- E. The date the policy will become active.
- F. Penalties for infractions (if applicable).
- G. Define who will manage and/or enforce the policy.

You may borrow language from the policy templates on the USB/flash drive that accompanied this Kit, to serve as a guide when drafting your policy.

**STEP 8 OBTAIN FEEDBACK.** Getting feedback on one or more drafts of your policy is important, and often takes longer than expected. After a sexual health policy has been drafted, distribute it to key individuals for their review. Individuals to consider for feedback include the Tribe's general manager, Tribal health director, community health representatives or public health nurses, other medical personnel, the Tribal chair, a Tribal lawyer, or those who will be expected to enforce the policy. Also include community members that are likely to have strong opinions about the policy, including parents and youth. Some people may not feel comfortable providing written comments, so it may be best to contact them in person to discuss their thoughts. For those with concerns about the policy, you can also use this opportunity to answer questions and discuss possible compromises or alternate solutions. If you work together to address their concerns in a positive way, these individuals may turn out to be active supporters of the policy.

In addition to the groups mentioned above, the groups mentioned on page 31 under Resources, are also available to review and provide feedback on your policy.

**STEP 9 REVISE AS NECESSARY.** Consider all of the input provided by community members and make any necessary changes to the policy. Not all comments can be used, so consider how you will address any suggestions that are not eventually implemented. During these discussions, you may find that only small changes to the policy are needed. It is also possible that you find that a different policy is needed to achieve strong community support. Decide as a group whether it is more beneficial to retain your original policy (and then spend additional time building community support), or whether it is more realistic for you to shift your focus to a different type of policy.

If you are working with a committee, discuss revisions with other committee members. After the final revisions are made, the policy should be ready for approval by the Tribal council (or whoever will be making the decision). Even if your entire committee agrees on a particular policy, it is possible that additional changes may be required by your Tribal leadership or those in legal services. Continually educate decision-makers about the need for and benefits of your policy.

**STEP 10 PASS THE POLICY.** Depending on the type of policy you have designed, the decision to implement the policy may involve the Tribal Council, the School Board, a personnel committee, or some other authority figure. Advance notice may be needed to get on their agenda, so be prepared for this step to take a little time. Consider who will be the most effective spokesperson for your audience. It may be someone with experience presenting to this group, someone with an established rapport with the group, or a youth group that has spent time working on this issue. If possible, attend a meeting held by the deciding body prior to your presentation, so that you are familiar with the process and their expectations. Practice your speech so that you feel comfortable with the material you plan to cover and the time limit you are given. Determine which talking points are most important to the decision makers, and focus on those. Just as you did when building community support, anticipate any concerns they might have and address them in the body of your presentation.

**STEP 11 IMPLEMENT THE POLICY.** Putting your policy into action and informing all Tribal members of the changes will also take time – it is best not to rush through this step. Plan to announce the policy at least one month before it will take effect, maybe even earlier. Time may be needed to develop new protocols, provide staff training, identify curricula, or make other needed changes.

**Posters/Pamphlets:** Many excellent culturally sensitive materials are available for free or at very low cost (see the Resource section). You can also consider having a poster contest for Tribal youth. This can help inform families about the new policy while providing wonderful artwork to decorate community areas.

**Tribal Newsletter:** Tribal newsletters are an important channel for communicating about the Tribe's new policy. It could be helpful to place an article or a notice at least twice in the local newsletter before the start of the policy and then write a follow-up article after the policy has been passed.

**Meetings:** Meetings are a great way to announce a new policy. A brief statement can be made that outlines the social and economic rationale for sexual health policy change. Additionally, a meeting is an excellent avenue to gather community input and support. At these meetings, the Tribe can announce how the policy will be implemented and the date the policy will go into effect.

**Statement on Tribal Letterhead:** Tribal stationary that includes a statement supporting the new policy can serve as a reminder.

**Written Copies of the Policy:** In some cases, your Tribal policy may be short. This will make it easier to publish in newsletters, post in appropriate places, or even distribute in mailings.



**STEP 12 EVALUATE THE POLICY.** Some policies are easier to evaluate than others. It may be enough to note whether or not the policy was implemented as intended. Clinic-based policies, on the other hand, can be more challenging and time intensive to assess. In collaboration with clinic personnel, determine which outcomes would be most valuable and feasible to assess. Possible measures might include:

- A. Percentage of staff who have been trained to provide counseling and testing
- B. Percentage of charts that document screening took place – requires that chart audits be done on a routine basis to check documentation
- C. Number of patients provided age- and gender-appropriate HIV/STD screening per month
- D. Percentage of HIV/STD cases reported per month
- E. Number of referrals provided per month
- F. Number of prevention brochures distributed to patients per month

Determine if there are any tracking systems already in place that could help generate this information. If not, identify how the data will be gathered, who will gather it, and how often this assessment will take place.

Writing and passing new Tribal health policies and protocols is not a quick process, and can take months or even years. Do not feel discouraged – take comfort in knowing that your effort will save lives! While it may be time consuming, policy change is one of the few ways you can guarantee your work will have a lasting effect on the health of your community for generations to come.

# Expedited Therapy (EPT)

## Continued from page 20 of the Advocacy Kit

Effective clinical management of patients with treatable STDs requires treatment of patients' current or recent sex partners to prevent re-infection and curtail further transmission. Expedited Partner Therapy provides clinicians with an additional strategy for partner management that effectively reduces STD morbidity among patients. In one study involving patients diagnosed with gonorrhea or chlamydia in King County, WA, patients who received EPT were:

- Significantly more likely to report that all of their sexual partners were treated, compared to those who were told to refer their partners for treatment;
- Less likely to report having sex with an untreated partner; and
- Less likely to be diagnosed with another infection at a follow-up visit.

EPT is an additional strategy for partner management that should not replace other strategies, such as provider-assisted referral, when available. Along with medication, EPT recipients should receive information about the benefits of clinical evaluation.

For your State's EPT laws, please visit: [www.cdc.gov/std/EPT/legal/default/htm](http://www.cdc.gov/std/EPT/legal/default/htm).

Additional talking points for Expedited Partner Therapy can be found at: [www.healthystates.csg.org/NR/rdonlyres/FABEFC63-79F8-47D7-98D5-20E7F112CC9E/0/EPTSources.pdf](http://www.healthystates.csg.org/NR/rdonlyres/FABEFC63-79F8-47D7-98D5-20E7F112CC9E/0/EPTSources.pdf) and [www.cdc.gov/std/EPT/default.htm](http://www.cdc.gov/std/EPT/default.htm).

### EPT Ideas and Planning Checklist:

- Discuss EPT with Tribal leaders, Indian Health Service (IHS) representatives, and health care professionals at your local I/T/U clinic.
- Support a resolution documenting Tribal support for EPT.
- Invite health educators/professionals to give a presentation on the importance of implementing EPT at your local I/T/U clinic.
- Create clinic protocols surrounding the prescribing and dispensing of EPT medications.
- Discuss with legal counsel proper prescribing protocols and the use of EPT. For your State's EPT laws, please visit: <http://www.cdc.gov/std/EPT/legal/default.htm>
- Discuss with pharmacists how they would like to dispense EPT medications when the prescription they receive does not have a name attached to it.
- Determine whether funding will be needed to assist with the cost of EPT medications for patients and their partner(s).

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