




Tribal HIV/STD Advocacy Kit & Policy Guide

A Kit for American Indian and Alaska
Native Tribal Leaders, Health Advocates,
and Decision-Makers



Executive Summary

In any family or community, talking about sex and sexuality can be difficult. For some of us, we were not taught to talk about these sensitive issues. Because of this, we have remained silent, and in turn, our children and grandchildren grow up without knowing the words and actions needed to create and maintain healthy relationships.

Sexual expression is a normal part of human development – it is a gift from the creator that brings both pleasure and responsibility. While this topic might be uncomfortable to discuss, it is essential that Tribal health advocates and decision-makers step up to the challenge, and support both teens and adults in talking about these issues and making healthy sexual decisions.

Unintended teen pregnancy, STDs, HIV/AIDS, and sexual violence are all preventable. Our silence and inaction allows these negative health outcomes to continue. We cannot let our discomfort, social stigmas, or fear stop us from taking the steps that are needed to protect future generations. Together, we must stand up and have a voice.

This advocacy kit is designed to help tribal health advocates and decision-makers address sexual health challenges in their communities through programmatic and policy changes. This kit includes information for tribal health advocates and decision-makers regarding:

- Facts and figures on the importance of addressing sexual health in our communities
- Tools for assessing community readiness to implement a sexual health program
- Information on the policy change process and sample policy and resolution templates
- Case studies of effective models for change in Tribal communities, and
- Additional resources to strengthen community sexual health activities and policies

Remember, you play a significant role in the health and welfare of your Tribe. Your opinions are heard and respected. Your actions are observed and can influence others, and your policies and decisions will shape the lives of future generations.

You are an important resource for encouraging healthy community discussion and outreach on sexual health topics, and for shaping the programs and policies that protect your community's health. We look forward to working alongside you on this important endeavor!

Know the Facts: Educate, Motivate, and Mobilize

Quick Facts

Promote Holistic Health and Wellbeing

Sexual health is an important part of health and wellbeing, integral to all of our lives. It has important social, emotional, physical, and spiritual dimensions for individuals and the community as a whole. Sexual health outcomes such as HIV, STDs, unintended pregnancy, and sexual violence can have substantial physical and emotional consequences and take a significant toll on our communities and the Indian healthcare system. Tribes that establish strong sexual health policies and programs have the power to prevent these outcomes and protect future generations.

Sexually Transmitted Diseases (STDs)

Sexually transmitted diseases are significant health issues in the United States, and the burden of disease is disproportionately high among American Indian and Alaska Native (AI/AN) teens and young adults. In 2008, AI/ANs were nearly 5 times more likely than the White population to be diagnosed with chlamydia, and over 3 times more likely to be diagnosed with gonorrhea.¹ and were also over 4 times more likely to be diagnosed with chlamydia.¹ Young people 15-24 years old account for nearly two-thirds of all chlamydia and gonorrhea cases diagnosed among AI/AN.¹

Human Immunodeficiency Virus (HIV)

Altogether, more than 3,600 AI/ANs have been diagnosed with Acquired Immune Deficiency Syndrome (AIDS) since the beginning of the epidemic in 1980.² From 2001-2005 the 3 year survival rate after a HIV diagnosis was lowest among AI/ANs.² Almost one-third of new HIV diagnoses within the AI/AN population occur among women.³

Teen Pregnancy

Compared with other ethnic populations, AI/AN teens had the third highest teen birth rate in the United States in 2009.⁴ In 2007, one fifth of AI/AN teen girls gave birth before turning 20 years old.⁵

Sexual Violence

Women and girls who experience sexual violence are less able to protect themselves from STDs or pregnancy. Research also shows that women with a history of forced sexual intercourse are more likely to have voluntary intercourse at earlier ages than women who were not abused. Native women are over 2.5 times more likely to be raped or sexually assaulted than other women in the U.S.⁶ Currently more than one in three AI/AN women are raped during their lifetime.⁶

Table of Contents

Rationale for Promoting Holistic Sexual Health and Wellbeing	1
Social Impacts	2
Economic Impacts	3
Prevention and Planning	5
Selecting the Right Activities and Interventions	5
Community Readiness	6
Effective Interventions and Strategies	7
Additional Prevention Planning Tools and Checklists	8
Policy Change	9
The Policy Change Process	9
A Policy Change Checklist	9
Resolution and Policy Templates	11
Testing and Vaccination	13
HIV Testing Recommendations and Planning Checklist	14
STD Testing Recommendations and Planning Checklist	17
HPV Vaccination Recommendations and Planning Checklist	18
Treatment	19
HIV	19
STD	20
Tribal Models and Best Practices	21
Case Studies	21
Documenting and Reporting Your Success	22
STD/HIV Resources and Support	24



RATIONALE



RATIONALE

Rationale for Promoting Holistic Sexual Health and Wellbeing

Rates of HIV/STD, teen pregnancy, and sexual violence are disproportionately high among AI/AN teens and young adults ages 15-24 years old. These conditions can cause a range of physical, mental, and social consequences, including pain, infertility, cancer, and death. These outcomes impact not only the health of the individual, but the wellbeing of the Tribe as a whole.

There are many benefits to investing in HIV/STD prevention programs. Prevention programs save lives, by keeping people from becoming infected, protecting fertility, and reducing the number of people needing expensive medical treatments. The estimated lifetime cost of care and treatment for just one HIV+ person is over \$200,000.⁷

Social Impacts

- In 2007, one-fifth of AI/AN teen girls gave birth before turning 20.⁵ In 2009, the birth rate for AI/AN 15-19 year olds was 55.5 per 1,000 persons, much higher than the national rate of 39.1 per 1,000 persons.⁴
- Chlamydia and gonorrhea rates are highest among young people 15-24 years old. Young adults represent 25% of the sexually active

population, but account for almost half of all STD diagnoses. If left untreated, chlamydia and gonorrhea can lead to negative health outcomes, like pelvic inflammatory disease (PID) and even infertility.⁹

- AI/AN youth may be at even higher risk than other youths. In 2001, 52.3% of female Bureau of Indian Education (BIE) high school students reported having had sex, compared to 42.9% of all female high school students, and 65.5% of BIE male students reported having had sex, compared to 48.5% of all male high school students.¹⁰ Only 8.3% of BIE high school students reported using birth control pills, compared to 18.2% of high school student's nationally.¹⁰
- Having a STD can increase your chance of contracting HIV if exposed. Research shows that those infected with STDs are 2-5 times more likely to acquire HIV when exposed through sexual contact.¹¹
- Over 3,600 AI/ANs have been diagnosed with AIDS since the beginning of the epidemic in 1980.² Many others are infected, yet have not been tested. It is estimated that one out of five Americans living with HIV do not know they are infected.¹²
- Learning one's HIV status early helps prevent the spread of HIV to others and allows a person living with HIV to seek life-extending care.

RATIONALE

- In 2009, nearly 200 AI/ANs were diagnosed with HIV/AIDS.¹³
- One third of all new HIV infections occurred among teens and young adults ages 13-29 years old.¹⁴ In fact, two U.S. teens are infected with HIV every hour of every day.¹⁴
- Early testing is critical for optimal care and survival. Due in part to late testing, AI/ANs have the lowest AIDS survival rate of any group, with just 1 in 4 individuals living more than 3 years after their diagnosis.¹⁵
- Identifying HIV early and getting medical care can let a person live a long and healthy life. For women, with proper care you can still choose to have children and with medication they can be born without HIV.
- It's easy to protect yourself from HIV, many STDs, and pregnancy - use condoms. Condoms are highly effective if used correctly and consistently.
- Sexual violence is a serious problem in Indian Country. AI/AN women are over 2.5 times more likely to be raped or sexually assaulted than other women in the U.S.⁶ Currently more than one-third of all AI/AN women are raped during their lifetime.⁶

Economic Impacts

HIV/AIDS, STDs, and teen pregnancy can also create an economic burden on our Tribes. Nationally, direct medical costs linked to HIV/STDs amounted to \$16.4 billion in 2009.¹⁶

- **Teen Pregnancy.** On average, infants born to teen mothers have lower birth weights. The March of Dimes Foundation found that the average cost of medical care for a premature or low birth-weight baby in its first year of life is over \$44,000 more than for a newborn without problems.¹⁷ In 2004, teen childbearing cost U.S. taxpayers over \$9 billion.¹⁸
- **HIV.** In 2006, the cost of treating one person living with HIV was nearly \$2,100 per month over 24 years.¹⁹ Each year, new HIV infections cost the U.S. healthcare system an additional \$12.1 billion in future treatment expenses.¹⁸

**The following statistics are based on a study conducted in 2000; it is the most recent cost-analysis study available for HIV/STDs. Direct medical costs include the cost of clinician visits, hospitalizations, diagnostic tests, drug treatments, and therapeutic procedures. Lifetime costs assume that the infection was incurred between the ages of 15-24. Other expenses linked to STDs, including, transportation costs, lost wages, and pain and suffering are not included in these figures.*

RATIONALE

- **Chlamydia.** Each case of chlamydia cost the health care system \$244 for females and \$20 for males, including the cost of screening, diagnosing and treating infections, and outcomes associated with untreated infections.⁷ Up to 75% of chlamydia cases do not show any signs or symptoms.⁷ This analysis assumed that acute infections showed no symptoms or were not treated in 78% of men and 32% of women.⁷ This shows why routine screening is very important.
- **Gonorrhea.** The expected cost per case of gonorrhea was \$53 for men and \$266 for women, based on the cost of diagnosing and treating acute infections, positive screening tests, and consequences resulting from untreated infection.⁷ This analysis assumed that acute infections showed no symptoms or were not treated in 29% of men and 27% of women.⁷
- **Syphilis.** The estimated cost per case of syphilis was \$444, including primary, secondary, and early latent infections.⁷
- **Human Papilloma Virus.** Including costs linked with cervical abnormalities in women and external warts in men and women, the expected cost of each HPV infection was \$1,228 for women and \$27 for men.⁷
- **Genital Herpes.** The lifetime cost of genital herpes (excluding neonatal herpes) was estimated to be \$417 for women and \$511 for men, including suppressive therapy for some patients.⁷
- **Trichomonas Vaginalis.** An estimated 20-50% of infections show symptoms.⁷ Assuming that 40% of cases would be treated, and that 60% would not be treated and would cost nothing, the average cost per case was \$188.⁷ Trichomonas vaginalis can increase a woman's susceptibility to the HIV virus.
- **Hepatitis B.** If it is assumed that the average latent period before chronic liver disease onset is 20 years, the average lifetime cost of Hepatitis B was \$779 per case.⁷

Given the limited budgets that many IHS, Tribal, and Urban Indian (I/T/U) clinics experience, poor sexual health outcomes can create a sizable economic burden if not properly prevented.

A complete list of references is available on the USB/Flash drive that came with this Kit.

“These statistics demonstrate the need for ongoing initiatives that help make HIV testing, education, and health care a routine part of our health services.”

– Dr. Yvette Roubideaux, M.D., M.P.H.
Director, Indian Health Service

PREVENTION

The good news is that unintended teen pregnancy, HIV, STDs, and sexual violence can all be prevented. AI/AN communities have a wealth of cultural assets that can be used to address these conditions.

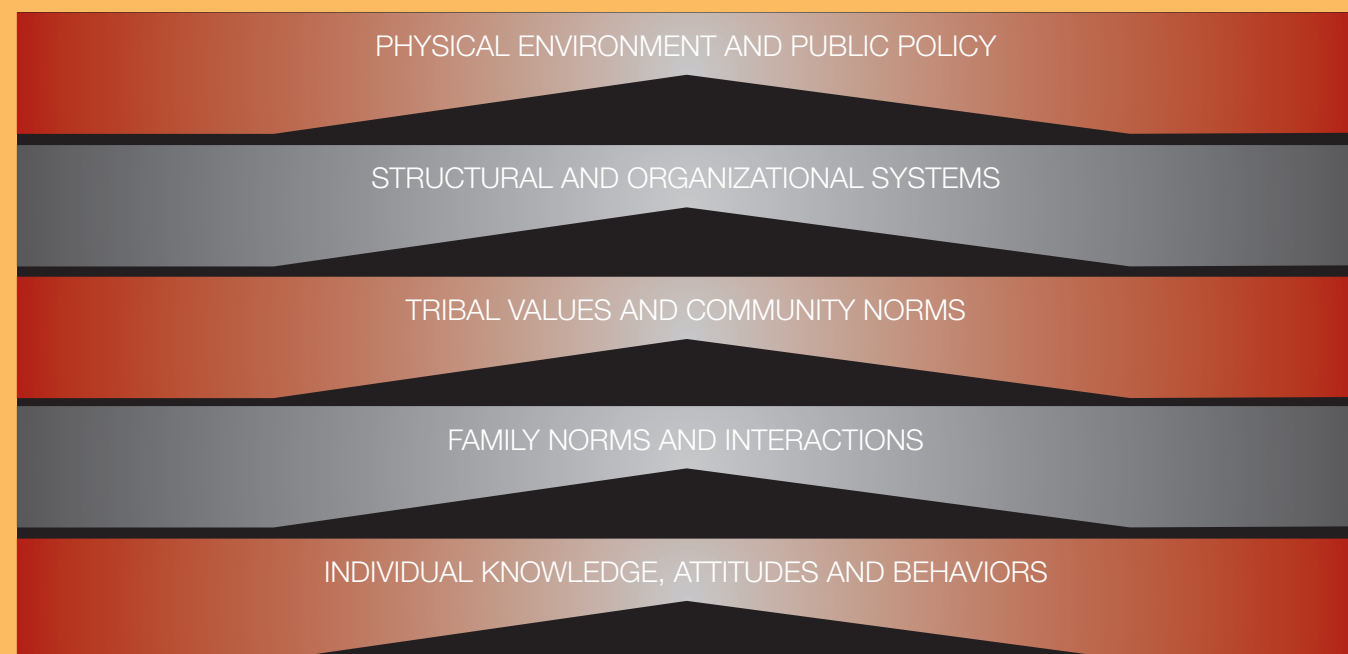
Selecting the Right Activities and Interventions

Communities must develop and implement a wide variety of activities to address complex public health problems like HIV/STD, unintended teen pregnancy, and sexual violence. Activities can be designed to target individuals, families, decision-makers, schools, or clinics. Sexual health interventions will be most effective when they are complemented and reinforced by consistent messages and appropriate health services throughout the community.

Interventions that focus on individual behavior alone, without also influencing the social, structural, and environmental stressors that shape behavior will not have a lasting impact on the long-term health of your community. To promote holistic health and wellbeing, make sure your community has activities that address each of the following domains that impact health behavior:

Physical Environment & Public Policy

- School policies regarding comprehensive sex education or STD screening in school
- Clinic-based policies supporting recommended HIV/STD testing
- Sexual Assault Response Teams (SART) to provide specialized intervention services



& PLANNING

Structural & Organizational Systems

- Workgroups or committees to address sexual health challenges
- Referral systems to get clients appropriate treatment and care
- Clinic practices regarding the reporting of STD and HIV cases to the state health department

Community Norms & Interactions

- Restoration of traditional coming-of-age ceremonies
- Community norms that support talking to teens about sexual health and intimate relationships
- Eliminating 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

A complete list of activities and interventions is available on the USB/Flash drive that came with this Kit.

Community Readiness

To ensure your community has activities and interventions that meet the needs of your Tribe, consider forming a workgroup to develop and carryout a local action plan. Several agencies can provide training and technical assistance to support your planning efforts, including those listed on page 24 of this toolkit.

As you begin the planning process, ask yourself “Is the community ready for and supportive of this type of program or policy?” A typical readiness survey would look at:

- The community’s thoughts on whether or not sexual health, STD, HIV, or unintended teen pregnancy is really a “problem” in the community.
- How important they feel “the problem” is.
- What actions they feel would be appropriate to address “the problem.”
- How committed they are to preventing “the problem.”

The Community Readiness Model was designed by the Commitment to Action for 7th-Generation Awareness & Education (CA7AE): HIV/AIDS Prevention Project (HAPP) to acknowledge and respond to the unique culture, resources, and level of readiness that exist within Tribes for various health promotion and disease prevention initiatives.

As conceived by the Community Readiness Model, Tribes can display varying levels of readiness, ranging on a nine-point scale from “no awareness” to a “high level of community ownership.”

HIV/AIDS Prevention Project has developed a useful handbook for assessing “Community Readiness” for a range of sensitive health topics. The handbook can be ordered free of charge. Visit their website at: www.happ.colostate.edu. Or contact: Pamela Jumper-Thurman, Ph.D. (970) 491-0251 • pamela.thurman@colostate.edu

Effective Interventions and Strategies

A number of organizations have created or adapted culturally-sensitive HIV/STD interventions and tools. Read more at: <http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/journal/Pages/Volume19.aspx> And visit the IHS HIV/AIDS Program website for updates: <http://www.ihs.gov/hivaids/>

Circle of Life: Circle of Life (COL) is a 30-hour HIV/AIDS and STD prevention and health education curriculum specifically designed for middle-school aged AI/AN children. COL was designed with an emphasis on skills-building and role-playing, promoting the overall wellness of students.

Native STAND: Native Students Together Against Negative Decisions (STAND) is a 27-session healthy decision-making curriculum that was designed for AI/AN high-school aged youth. The curriculum includes content on STDs, HIV, teen

pregnancy, and interpersonal violence.

The curriculum and accompanying videos are available at: <http://nativestand.com/>

NAPPASA: The Native American Prevention Project against AIDS and Substance Abuse (NAPPASA) is a culturally sensitive HIV/AIDS preventive intervention linked with an alcohol and other drug abuse prevention program for 8th and 9th graders, addressing multiple issues affecting AI/AN communities. The 24 classroom sessions were designed to build knowledge, acquire and practice prevention skills with peers, and foster new positive peer group norms for preventive communications and behaviors in the context of Native American values.

Don't Forget Us: The Don't Forget Us program delivers substance abuse, HIV/AIDS, and hepatitis prevention services to urban-dwelling AI populations. The program's core curriculum consists of four weekly sessions each lasting approximately one hour.

Effective STD/HIV Interventions: www.effectiveinterventions.org The Centers for Disease Control and Prevention (CDC) created a Diffusion of Effective Behavioral Interventions (DEBI) project to bring science-based, community, group, and individual-level HIV prevention interventions to local communities and health departments. Their interventions have been carefully evaluated, and were shown to reduce the spread of HIV and STDs, and to promote healthy sexual behaviors.

The OSCAR (Online Search, Consultation, and Reporting) System:

<http://www.ihs.gov/oscar> OSCAR is an online database for identifying evidence-based and promising practices occurring in AI/AN communities, schools, work sites, health centers/clinics, and hospitals.

Effective Teen Pregnancy Prevention

Programs:

<http://www.hhs.gov/ash/oah/> The Office of Adolescent Health (OAH) coordinates adolescent health programs and initiatives across the U.S. Their site contains information on carefully evaluated interventions that have been shown to reduce teen pregnancy.

Effective Teen Pregnancy Prevention

Programs: <http://www.thenationalcampaign.org> The National Campaign to Prevent Teen and Unplanned Pregnancy offers a user-friendly searchable database of interventions that have evidence of success in changing behavior related to teen pregnancy.

Effective Sexual Violence Prevention

Programs: <http://www.nsvrc.org> The National Sexual Violence Resource Center collects and disseminates a wide range of resources on sexual violence including statistics, research, position statements, statutes, training curricula, prevention initiatives and program information.

Additional Planning Tools

HIV Prevention Toolkit for Native Communities:

www.nnaapc.org/resources/toolkit/index.htm

The HIV Prevention Toolkit for Native Communities was developed by the National Native American AIDS Prevention Center (NNAAPC) to increase community knowledge, attitudes, and skills related to HIV prevention. The toolkit is comprised of six stand-alone modules that progress from basic to more complex strategies to prevent HIV/AIDS. For additional assistance, please contact NNAAPC at: information@nnaapc.org.

Community Action Kit:

<http://www.communityactionkit.org> The Community Action Kit provides tools to help you pass and implement sound sex ed policies. While the kit focuses on school-based sexuality education, it also covers other related issues, including HIV/STDs, adolescent pregnancy, and condoms and other contraceptive methods.

Community Health Resources:

http://apps.nccd.cdc.gov/dach_chaps/ Community Health Resources provides links to hundreds of useful tools, handbooks, fact sheets, and information endorsed by the CDC.

The Community Toolbox:

<http://ctb.ku.edu/en/tablecontents/> The Community Tool Box provides free information on essential skills for building healthy communities, including: 1) Support for implementing evidence-based strategies to create community change, and 2) Links to databases of “best practices” for addressing specific problems or goals.

POLICY CHANGE

The Policy Change Process

Policy change is an important tool for promoting sexual health and wellbeing. Policies can improve clinical services, strengthen educational programs, change social attitudes and norms, help community members know what is expected of them, and can demonstrate a Tribe's commitment to certain issues or actions. Policy change can help sustain HIV/STD services or activities despite personnel turnover or leadership change. Thoughtful policy change can have a significant and lasting impact on the sexual and reproductive health of current and future generations.

Detailed guidance on the policy change process and several modifiable STD/HIV resolutions and policy templates are available on the USB/Flash drive that accompanies this Kit.

A Policy Change Checklist

As a tribal decision-maker, you know there are numerous steps involved with writing, passing, and enforcing policies that protect the health of your community. The following is a general overview of the path you might travel when starting on this journey. Different policies require different approaches; no two policy change processes will be exactly the same.

Several agencies can provide training and technical assistance to support your policy change efforts, including the Office of Minority Health, the IHS HIV and STD Programs, and those listed on page 24 of this Kit.

As you know, writing and passing new Tribal health policies is not a quick process, and can take months or even years to complete. 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.

Formal policies are often more likely to remain consistently enforced and sustained (regardless of personnel turnover), and are thus more likely to continuously safeguard the health of your community. While such policies have obvious merit, they sometimes come with additional challenges. Formal policies often require a significant dedication of time and energy in order to research, write, educate about, advocate for, pass and enforce rules that are new to the community. This level of formality may be required when implementing routine HIV testing at the clinic, setting guidelines for sex education in Tribal schools, or when ensuring youth access to condoms and birth control in school or community settings.

In the most general sense, there are two types of policies that you may want to consider: Formal policies and Informal policies. Each type has its advantages and disadvantages.

A POLICY CHANGE CHECKLIST

STEP 1	Create a Committee and Involve Stakeholders
STEP 2	Develop an Action Plan
STEP 3	Gather Background Information
STEP 4	Analyze Available Data
STEP 5	Review Sample Policies and Resolutions
STEP 6	Demonstrate Need and Build Community Support
STEP 7	Draft a Policy
STEP 8	Obtain Feedback
STEP 9	Revise as Necessary
STEP 10	Pass the Policy
STEP 11	Implement the Policy
STEP 12	Evaluate the Policy

Tribal Council Resolutions

To effectively realize change, it might be necessary to request a Tribal Council resolution adopting your policy. A resolution is a formal Tribal endorsement of a policy or recommendation. It reinforces the importance of an issue within the community, and provides an opportunity for open discussion about possible solutions. Obtaining a formal resolution will help call attention to the policy and will institutionalize the policy change as Tribal law. Talk to your fellow Council members throughout the policy change process and answer their questions and concerns. Most leaders are willing to make these issues a priority once they know the facts and have had their questions and concerns answered. If upcoming elections will change the Council membership, talk to candidates that might be elected, to learn about their stance as well.

The following resolutions could be passed by your Tribal Council. Modifiable versions of each are included on the USB/Flash drive that accompanies this Kit:

- 1) Enhancing Tribal Sexual Health & HIV/STD Prevention
- 2) Implementing State HIV/STD Reporting Guidelines
- 3) Implementing Universal HIV Testing
- 4) Implementing Recommended STD Screening Guidelines
- 5) Implementing Expedited Partner Therapy

School Policies

School policies can help ensure that all students receive comprehensive sex education. Comprehensive sex education includes medically accurate, age-appropriate information, covering both abstinence and contraception. Comprehensive sexuality education is strongly endorsed by the American Academy of Pediatrics (AAP) and the Society for Adolescent Medicine (SAM). Changing a school's sex education curriculum may require passing a formal policy. Talk to members of your School Board and to school administrators, and encourage their use of comprehensive sex education and student access to sexual health services (like condoms and school-based STD screening). Most parents of students in junior high (93%) and high school (91%) believe it is important to have sexuality education as part of their child's school curriculum. School Board members will feel more comfortable addressing this topic if you equip them with the right information.

Clinic Policies

Likewise, clinic-based policies are tremendously important for promoting sexual and reproductive health. Routine testing, case reporting, referral to care, and services that are friendly to youth and lesbian, gay, bisexual, transgender, and questioning (LGBTQ) patients are strongly endorsed by the medical community. Most changes to a clinic's current system of care will require the development of new protocols, which would be added to personnel or program operation manuals.

Talk to your Tribal Health Director or clinic administrator to encourage their use of recommended sexual health policies and protocols.

The following policies could be implemented by your Tribal clinic. Modifiable versions of each are included on the USB/Flash drive that came with this Kit:

- 1) Clinic-based HIV/AIDS Testing
- 2) Clinic-based Policies and Standing Orders for HIV/STD Screen and Epidemiologic Treatment

Detailed guidance on the policy change process and several modifiable STD/HIV resolutions and policy templates are available on the USB/Flash drive that came with this Kit.

Informal Policies

Informal policies, on the other hand, sidestep the formal policy-change process, and consist of unwritten agreements or behavior expectations. Informal policies can be easier and less time-

consuming to establish, but may be less sustainable and more difficult to enforce. Informal policies may be useful for hosting one-time screening events, promoting public awareness campaigns, or for making condoms available in community settings. Informal policies can set the stage for healthy social norms, and may be your first step in working towards a more formal policy. If your committee chooses to work towards an informal policy, schedule a meeting with the individual or group responsible for making a decision. Come prepared with a clear description of the problem you are trying to address, the solution that you would like to see implemented, and "talking points" that list the beneficial outcomes achieved through your policy change. Just as you would for a formal policy, anticipate potential concerns and provide appropriate solutions. Work together to reach consensus, and be prepared to provide additional support to ensure the policy is implemented. This may require that you initiate follow-up, provide additional training, or maintain on-going contact with key personnel.

Stigma remains the single most important barrier to public action on these important topics. Fear, stigma, and discrimination still surround HIV, STDs, and sexual assault. Some survivors are rejected by family and friends. This can cause considerable heartache, and is an abuse of their human rights.

TESTING &



TESTED

VACCINATION

HIV/STD testing and use of the Human Papillomavirus (HPV) vaccine are important components of a holistic sexual health program. Likewise, early HIV testing is critical for quality care and survival. Fortunately, all STDs are preventable, most are treatable, and many are curable.

HIV Testing Recommendations

The CDC recommends HIV screening for everyone 13 to 64 years-old as a part of a regular healthcare visit. Routine HIV testing can help reduce stigma and normalize testing, help people learn their HIV status, link patients to early treatment and care, and can help reduce HIV transmission to uninfected partners. If a patient is also high-risk, he/she should be tested at least every year. If a patient has no known risk factors, the test should be given every 3-5 years if appropriate in your area.

CDC's HIV Testing Policy

www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm

IHS's HIV Testing Guidance

www.ihs.gov/MedicalPrograms/HIVAIDS/

IHS supports the CDC's recommendations, and encourages I/T/U facilities to move toward routine HIV testing. Although prenatal screening has improved IHS-wide, it still remains a priority.

All pregnant women should be screened for HIV during pregnancy. Any positive STDs should be followed by a HIV/STD screening panel, which is a newer Clinical Reporting System (CRS) measure within the IHS.

State laws

Given the ever changing political landscape surrounding HIV, the IHS defers to State laws regarding HIV testing. There may be differences in State laws on written consent, counseling requirements, testing of minors, and other important aspects of the policy. Please check with your State to determine if their HIV testing laws are consistent with CDC and IHS recommendations. However, some Tribes have chosen to issue their own resolutions to implement HIV testing guidelines they find most suitable for their community.

“Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.”

– World Health Organization, 1948

TESTING &

Example: The “10 second” Verbal Consent

- In my practice, I recommend HIV testing for all of my patients, so I am planning to test you for HIV, unless you decline to be tested.
 - Here is some information about HIV and the HIV test.... Do you have any questions?
 - With your consent, I'll go ahead and order a HIV test.
- OR
- Based on your age and standard testing guidelines, I recommend the following medical tests for you today: X, Y, and HIV.
 - You may decline to have any or all of these tests. Do you have any questions about them?
 - With your consent, I'll go ahead and order the tests.

Consent for HIV Testing

All patients should provide informed consent for HIV testing. The CDC’s revised recommendations do not, however, require written consent for HIV testing. Opt-out testing should be used whenever possible.

Opt-out means no specific or separate written consent is needed for HIV testing. Thus, IHS form 509 (previously required by the IHS as a separate and specific patient consent form for an HIV antibody test) is no longer needed. The IHS supports opt-out testing and recommends it in settings where State law does not prohibit this streamlined method of testing.

Counseling Requirements for HIV Testing

CDC guidelines do not require prevention, or pre- or post-test counseling for routine HIV testing except with post-test positives. However,

just as with other health conditions, counseling remains an important aspect of care. While providers may determine that some patients need only routine counseling, other patients may require in-depth prevention counseling and referral to additional support services. The IHS supports CDC recommendations. Unless otherwise stated in State law, no special qualifications are needed for pre- and post-test counseling.

HIV Testing Ideas and Planning Checklist

Patient and Community Acceptance

- ❑ Ensure your community understands the rationale for wider HIV testing.
- ❑ Discuss your current HIV testing policy with Tribal leaders, IHS HIV Program representatives, and health care professionals at your local I/T/U clinic.

VACCINATION

- ❑ Assist Tribal leadership in passing a resolution showing Tribal support for routine HIV testing.
- ❑ Invite health educators/professionals to give a presentation about the importance of routine HIV testing at your local I/T/U clinic or at other community gatherings.
- ❑ Routine testing decreases the idea that any one patient or population is being ‘singled out’ for testing. Creating a panel of HIV/STD tests can increase patient’s acceptance and reduce testing stigma.
- ❑ Incentives can also be used to reduce testing stigma. Some Tribes have raffled off Pendleton blankets or chain saws; others have offered patients who get tested gas cards, t-shirts, or other small incentives.

Clinic

- ❑ Be sure that verbal consent, not written consent, is adequate and that your clinical staff is trained in documenting verbal consent.
- ❑ Create clinic protocols for HIV testing and counseling. Link testing to routine clinic visits, include opt-out consent (if possible), and provide patient centered counseling based on individual risk factors.
- ❑ Be sure that patients are offered testing in a private setting, or where other providers and patients cannot overhear the discussion.
- ❑ Be sure that patients know their testing options. Rapid HIV tests can be done using oral fluid or blood from a finger stick, and take as little as 20 minutes to perform.

Healthcare Workers

- ❑ Be sure that health care workers understand the reason for expanded HIV screening, and that the screening policy is understood by all staff, including contract workers and providers in satellite clinics.
- ❑ Provide training to nurses and doctors so that there is a basic and standardized offer of testing to patients.
- ❑ Have clear protocols in place for positive test results (who notifies the patient, method of notification, what the patient is told during notification, and how the patient should seek treatment).
- ❑ Have clear linkages to medical and social support for patients who need assistance beyond the scope of your clinic’s specialities.
- ❑ Have a clear policy and ‘start date’ to initiate wider testing.

IT/Medical Forms

- ❑ Enable one-step testing by having a single box to click in the electronic health records (EHR) or stamped onto the Patient Care Component (PCC).
- ❑ Widen computer permissions for who can see positive STD results to include PHNs, to facilitate patient follow-up.
- ❑ In the lab, create an in-house and reference lab test profile to reduce the amount of errors associated with circling specific tests and increase the speed of adding tests into the system.

TESTING &

- Create a division of labor where the medical technicians (or other applicable health care workers) are responsible for processing HIV/STD samples and paperwork, to decrease any clerical or processing errors.
- Create a flag on EHRs for persons due (or indicate time since last test) for a HIV/STD panel, to avoid nurses having to look through patient records.

Cost

- Determine whether more funding will be needed to support your Tribe's HIV testing activities. Funds may be available through the IHS HIV/AIDS program.
- Increase the lab budget cap, even if the tests are externally billable.
- Check into the possibility of getting volume discounts with your contract lab.

If you have questions, please contact the Indian Health Service HIV/AIDS program:
 Phone: 301-443-4305 or Fax: 301-594-6213
<http://www.ihs.gov/hiv aids/>

STD Testing Recommendations

To learn about up-to-date CDC STD testing recommendations and policies please visit their website at: www.cdc.gov/STD/treatment

STD Testing Ideas and Planning Checklist

- Discuss your current STD testing policies with Tribal leaders, (IHS) representatives, and health care professionals at your clinic.
- Assist leadership in passing a resolution showing Tribal support for STD testing.
- Invite health educators/professionals to give a presentation on the importance of STD testing at your Tribal schools or clinic.
- For tips on how to add chlamydia screening into your clinical practice, visit the National Chlamydia Coalition (NCC): <http://www.prevent.org/NCC>.
- Create clinic protocols for STD testing.
- Link STD testing to pap screens, prenatal visits, school physicals, or other routine health visits. Consider opportunistic CT/GC testing – ie. screening all urine specimens for youth 14-26.
- Determine whether funding will be needed to assist with your testing activities. Many Tribes can reduce their STD screening costs by sending CT/GC specimens to their State's Public Health Lab.

If you have questions, please contact the Indian Health Service STD program:
 Phone: 505-248-4344 or Fax: 505-248-4393
<http://www.ihs.gov/Epi/>

VACCINATION

HPV Vaccination Recommendations

The HPV vaccine is recommended by the CDC for young women age 13 through 26, and can also be given to young men age 9 through 26 years.

For AI/AN females under 19 years of age, HPV vaccinations are given free of charge regardless of the child or teen's insurance status. Check with your local clinic or provider for more information.

HPV is the most common sexually transmitted virus and at least 50% of sexually active people will have genital HPV at some time in their lives. HPV vaccines can prevent the different types of HPV that cause most cases of cervical cancer and genital warts.

Two vaccines (Cervarix and Gardasil) are available to protect females against the types of HPV that most often cause cervical cancer. One available vaccine (Gardasil) protects males against most genital warts.

The best way a person can be sure to get the most benefit from a HPV vaccine is to complete all doses before starting sexual activity.

CDC's HPV Vaccination Policy
www.cdc.gov/hpv/

HPV Vaccination Ideas and Planning Checklist

- Discuss your current HPV vaccination policies with Tribal leaders, IHS representatives, and health care professionals at your clinic.
- Assist leadership in passing a resolution showing Tribal support for HPV vaccination.
- Invite health educators/professionals to give a presentation on the importance of HPV vaccination at your Tribal schools or clinic.
- Create clinic protocols addressing HPV vaccination.
- Determine whether funding will be needed to assist with your Tribe's HPV vaccination activities.

If you have questions, please contact the Indian Health Service Immunization program:
 Phone: 505-248-4374 or 505-248-4233
<http://www.ihs.gov/Epi/>

Life is a delicate balance. When you get vaccinated, you keep yourself healthy and protect others from infection as well. Your vaccine protects me. My vaccine protects you.

TREATMENT

HIV Treatment

Although there is no cure for HIV infection, there are a wide variety of treatment options that can help people living with HIV experience long and productive lives.

Treatment Support Services for Clinicians

CDC's HIV Treatment Recommendations and Guidelines: <http://www.cdc.gov/hiv/topics/treatment/guidelines.htm>

AIDS info

Phone: 1-800-HIV-0440 (448-0440).
Monday through Friday, 12 p.m. to 5 p.m.
Eastern Time.
www.aidsinfo.nih.gov

Get the latest federally approved information on HIV/AIDS clinical research, treatment, and medical practice guidelines.

National HIV/AIDS Telephone Consultation Service (Warmline)

Phone: 1-800-933-3413. Monday through Friday,
8 a.m. to 8 p.m. Eastern Time.
www.nccc.ucsf.edu/about_nccc/warmline/

The Warmline provides expert clinical advice on HIV/AIDS management for health care providers.

National Clinicians' Post-Exposure Prophylaxis Hotline (PEPline)

Phone: 1-888-HIV-4911. 24 Hours/Day.
www.nccc.ucsf.edu/about_nccc/pepline/
The PEPline provides around-the-clock expert guidance in managing health worker exposures to HIV and hepatitis B and C. Callers receive immediate guidance on post-exposure prophylaxis.

National Perinatal HIV Consultation and Referral Service (Perinatal Hotline)

Phone: 1-888-448-8765. 24 Hours/Day.
www.nccc.ucsf.edu/about_nccc/perinatal_hotline/

The Perinatal Hotline provides around-the-clock advice on HIV testing in pregnancy, and on antiretroviral use during pregnancy, labor and delivery, and the postpartum period.

TREATMENT

STD TREATMENT

Most STDs can be treated, and many can be cured with an antibiotic.

CDC's STD Treatment Guidelines:
<http://www.cdc.gov/STD/treatment/>

Expedited Partner Therapy (EPT):

<http://www.cdc.gov/STD/EPT/default.htm>

Expedited Partner Therapy (EPT) is the clinical practice of treating the sex partner(s) of patients diagnosed with chlamydia (CT) or gonorrhea (GC), by providing prescriptions or medications to the patient to take to his/her partner(s) without the health care provider first examining the partner(s). EPT is currently recommended for heterosexual partner(s); current research does not offer guidance on EPT for men who have sex with men.

For your State's EPT laws, please visit:
www.cdc.gov/STD/EPT/legal/default.htm.

An EPT Planning Checklist can be accessed on the USB/Flash drive that came with this 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.

Much can be learned from the many Tribes who have successfully developed local sexual health and HIV/STD action plans, prevention programs, and/or passed new clinic policies or protocols.

To read examples of I/T/U efforts to expand STD/HIV testing, check out the April issues of IHS's Primary Care Provider:

http://www.ihs.gov/Provider/documents/2000_2009/PROV0209.pdf
http://www.ihs.gov/Provider/documents/2010_2019/PROV0410.pdf
http://www.ihs.gov/Provider/documents/2010_2019/PROV0411.pdf
http://www.ihs.gov/Provider/documents/2010_2019/PROV0412.pdf

Tribal Case Study 1: Revising an Existing HIV Policy Manual

During the summer of 2010, revisions were made to the Tribe's HIV policy manual. The revisions were drafted by a workgroup made up of Tribal leaders, HIV+ persons, and professionals who work in the field of HIV.

The policy change process benefited from having a diverse workgroup that was knowledgeable about HIV and that recognized the importance of updating the HIV policies to make them more accurate and up-to-date. The most notable challenges experienced by the workgroup included finding funds to support the process, and identifying one person to spearhead the revision process. It took time to find someone with enough time to organize and schedule the workgroup and contact appropriate stakeholders.

A tip from the Workgroup: When revising or creating policies, always include Tribal Leadership to ensure their acceptance and approval of the policies.

Changes to the Tribe's HIV policy manual included:

- Better defining patient confidentiality
- Creating consequences for breaches of confidentiality
- Adding culturally-appropriate services
- Adding culturally-appropriate language
- The revised policies were based on the State's, IHS's, and CDC's recommendations for HIV and STD testing as a standard of care, and the reporting of notifiable conditions.

Tribal Case Study 2: Developing a New STD/HIV Policy Manual

This Tribe had very different successes and challenges during the development of their STD/HIV policy manual than case study one. This was the first formal STD/HIV policy developed by the clinic. As a result, the process met some initial resistance from clinic providers, who were concerned about exacerbating HIV stigmas.

By using the clinic's nursing staff to first ask the patient if they would like to be tested (the doctor may ask a second time, if deemed appropriate). A standard opt-out STD/HIV testing policy was approved for all patients 13-64 years-old, to conform with standards set by the CDC. By asking everyone in the age range, patients can get tested without having to disclose sensitive information about risky behaviors.

Important components of the Tribe's STD/HIV policy manual:

- Standard opt-out STD/HIV testing for all patients aged 13-64 years. Every patient is asked if they want to be tested and has a chance to decline. Exceptions include, but are not limited to, the Emergency Department and prior to in-patient treatment (testing usually occurs but not always).
- A definition of patient confidentiality.
- Suggested verbiage for communicating results to patients.
- Information on reporting notifiable conditions, which were based on guidelines set by the State.
- Recommendations for partner notification, which were based on guidelines set by the State and CDC.
- Processes for providing follow-up care for positive patients, which were based on recommendations set by the CDC.
- Protocols for reducing maternal-to-child transmission, including protocols for labor and delivery and the emergency department, when a pregnant woman in labor presents and has had little or no prenatal care (i.e. use Rapid HIV Test to test for the mother's HIV status and if positive, give a round of HRT medication to the mother to decrease the chance of transmission to the baby during birth).

The Tribe is still adding new policies to its manual, and is currently in the process of drafting a policy on how to track HIV+ patients who do not actively use the clinic's HIV patient services and steps the clinic can take to optimize HIV treatment and antiretroviral therapy (ART) adherence (i.e. in-home care, linking to alcohol and drug treatment services, etc.).

Documenting and Reporting Your Success

After investing precious time in the development of local action plans, prevention programs, or policies, be sure to document and share your successes with others. Appropriate documentation and sharing is key to ensuring your efforts will translate into informed decision-making and action.

Evaluation among HIV Programs: The CDC developed a *Handbook for Evaluating HIV Education* to guide programs when assessing the quality of programs at state and local levels. Although the handbook has not been updated since 1992, the information is useful to review when planning to evaluate a HIV program, policy, curriculum, etc. This handbook can be downloaded at: www.cdc.gov/healthyouth/publications/hiv_handbook/.

General program evaluation resources also developed by the CDC can be found at: www.cdc.gov/HealthyYouth/evaluation/resources.htm.

Practical Use of Program Evaluation among STD Programs:

www.cdc.gov/STD/program/pupeSTD.htm
 This manual provides step-by-step guidance on how to design and implement evaluation activities for STD programs. Its goal is to build the evaluation capacity of STD programs so that they can internally monitor their program activities, understand what is working or not working, and improve their efforts over time.

SUMMARY CHECKLIST: Sharing Evaluation Findings

- ❑ Develop recommendations based on the evaluation's purpose(s) and its users (i.e., audiences).
- ❑ Tailor the methods you use to communicate evaluation findings to reflect the needs of your audiences and their preferences for format and style. Consider:
 - Developing a written report for key decision makers and program staff.
 - Using different methods for other audiences such as oral presentations, fact sheets or the mass media (e.g., newspaper, radio).
- ❑ If writing a report, organize it to include the following:
 - executive summary
 - program purpose
 - program description
 - evaluation design and methods
 - results
 - conclusions
 - recommendations
- ❑ Present findings in a simple and concise manner and use graphics and stories to illustrate them.
- ❑ Publish findings with: OSCAR, websites, Federal partners, etc.
- ❑ Verify that what you are reporting is accurate.

“Humankind has not woven the web of life.
We are but one thread within it. Whatever we do to the web,
we do to ourselves. All things are bound together.
All things connect.”
– Chief Seattle

IHS HIV/AIDS Program

<http://www.ihs.gov/hivaids/>

IHS STD Program

<http://www.ihs.gov/Epi/>

AIDS Education & Training Centers (AETC)

<http://www.aids-ed.org/>

National Network of STD/HIV Prevention Training Centers (NNPTC)

<http://depts.washington.edu/nnptc/>

Within the National Network, ten centers provide STD Clinical Training, four centers provide Behavioral Intervention Training, and four centers provide Partner Services and Program Support Training. Exact course offerings vary by PTC. Contact the PTCs serving your geographic area for additional information and a schedule of courses.

Native HIV Capacity Building Assistance Providers

<http://www.ihs.gov/MedicalPrograms/hivaids/index.cfm?module=links&option=cba>

National Native American AIDS Prevention Center: <http://www.nnaapc.org/>

CASAE: Advancing HIV/AIDS Prevention in Native Communities: www.happ.colostate.edu

Project Red Talon, Northwest Portland Area Indian Health Board

http://www.npaihb.org/epicenter/project/project_red_talon/

Alaska Native Tribal Health Consortium's Youth Website: <https://www.iknowmine.org/>

National Chlamydia Coalition (NCC): <http://www.prevent.org/NCC>

A complete list of references is available on the USB/Flash drive that came with this Kit. The Kit's references can also be found on the following websites:

- Indian Health Service's HIV Program webpage: <http://www.ihs.gov/hivaids/>
- Office of Minority Health Resource Center's webpage: www.minorityhealth.hhs.gov
- Project Red Talon's webpage: www.npaihb.org/epicenter/project/project_red_talon/



NATIVE
TESTED. PROUD.



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

Indian Health Service HIV/AIDS Program
IHS Headquarters - Reyes Building, Suite 306
Rockville, MD 20852

Phone: 301-443-4644
Fax: 301-594-6213
<http://www.ihs.gov/hiv aids/>