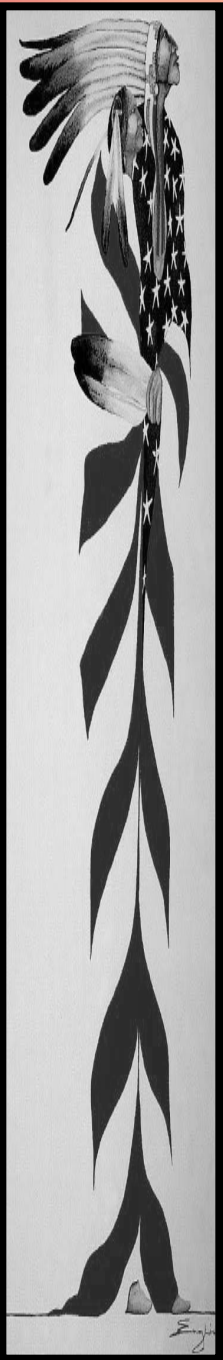


American Red Cross
Wichita, Kansas
June 21, 2006

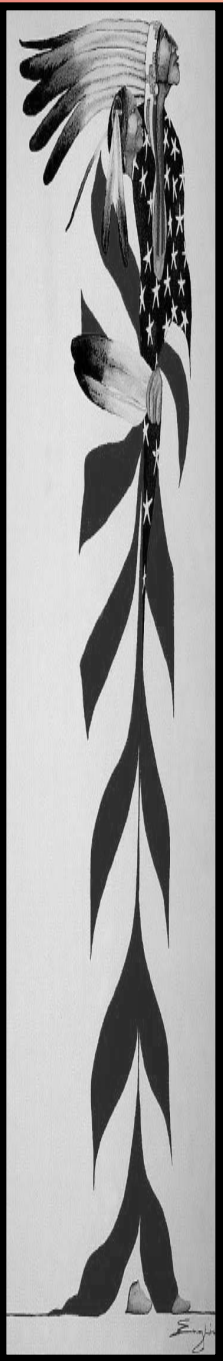
HIV & Native Communities

Kurt Begaye, CBA Specialist
National Native American AIDS Prevention Center



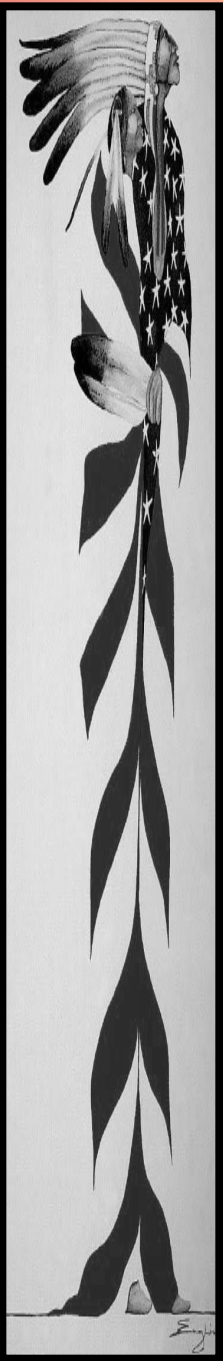
National Native American AIDS Prevention Center

- Founded in 1987
- Governed by an entirely Native Board of Directors
- Serve American Indians, Alaska Natives, and Native Hawaiians (tribes, non-profit orgs., providers, health departments)
- Address HIV prevention and education



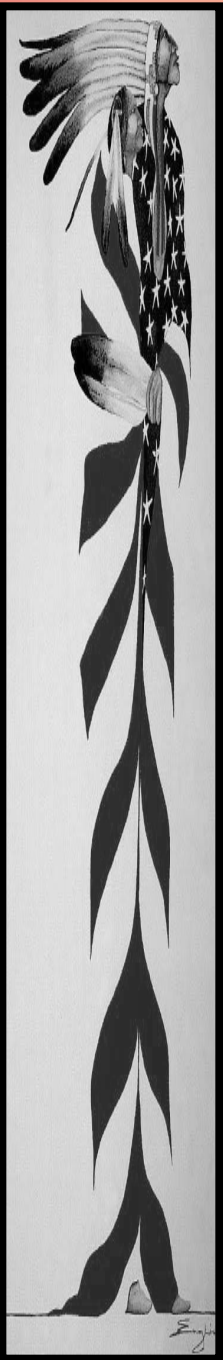
NNAAPC's Mission

To stop the spread of HIV and related diseases among American Indians, Alaska Natives, and Native Hawaiians and to improve the quality of life for members of our community infected and affected by HIV/AIDS



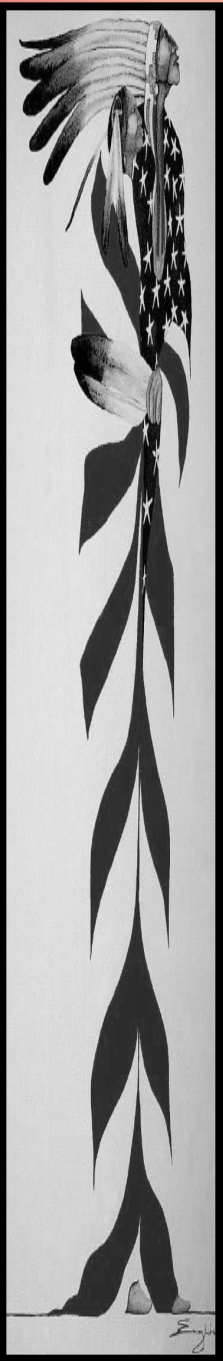
NNAAPC Programs

- **Capacity Building Assistance (CBA)** – organizational infrastructure and HIV prevention interventions (primary project)
- **Youth Programming** – assistance to a group of community-based HIV prevention programs that service youth; incorporate media literacy and social marketing into HIV prevention education
- **Clinical Training** – provide Native-specific clinical training to all levels of health care providers on HIV/AIDS prevention and care issues in the Mt. Plains region
- **Honor Project** – Research project looking at the health needs of urban Native GLBT-TS community members



NNAAPC activities and materials

- Regional trainings
- Training manuals
- Resource guides
- Training and tools to assist with grant writing
- Curricula: prevention and care/treatment
- Media campaigns



CDC CBA Funding Categories

NNAAPC

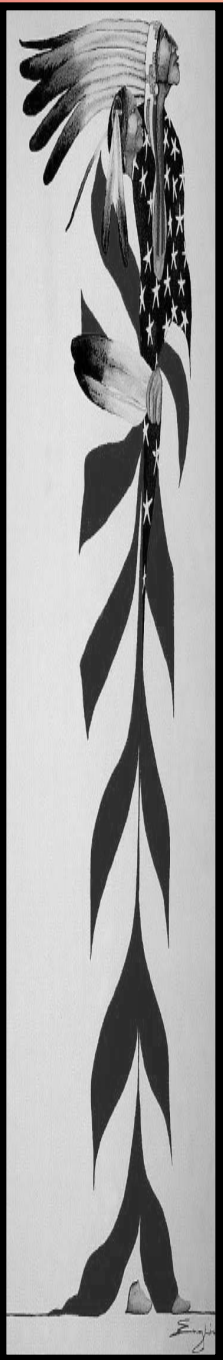
- Focus Area 1
Strengthening Organizational Infrastructure for HIV Prevention
- Focus Area 2
Strengthening Interventions for HIV Prevention

Tri-Ethnic Center

- Focus Area 3
Community Mobilization

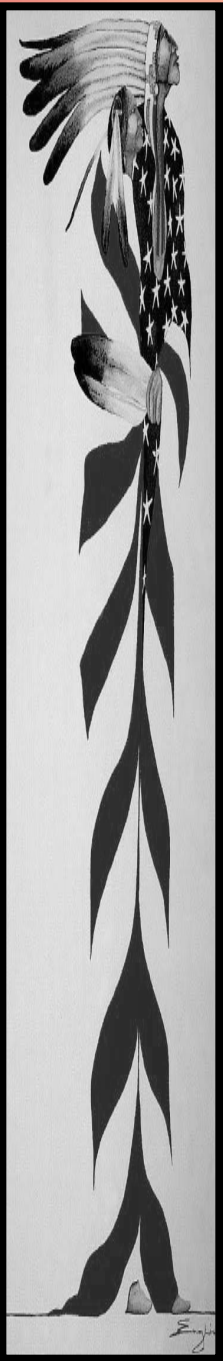
Inter-Tribal Council of Arizona (ITCA)

- Focus Area 4
Community Planning Groups



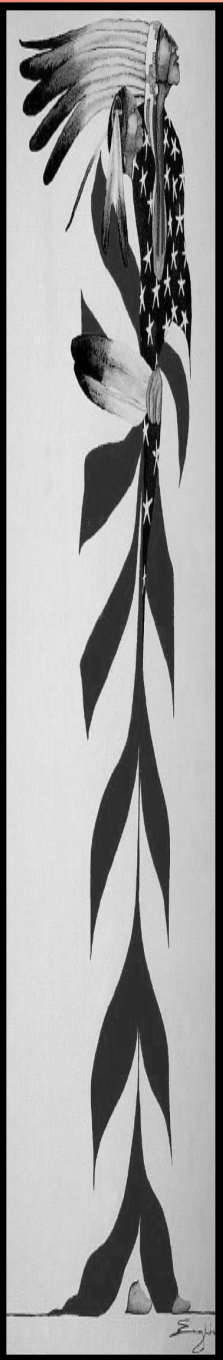
Focus Area 1: Strengthening Organizational Infrastructure for HIV Prevention

- Policies and Procedures
- Fiscal management
- Fund development/
- Grant writing
- Program policy development
- Professional Development
- Strategic planning
- Board development

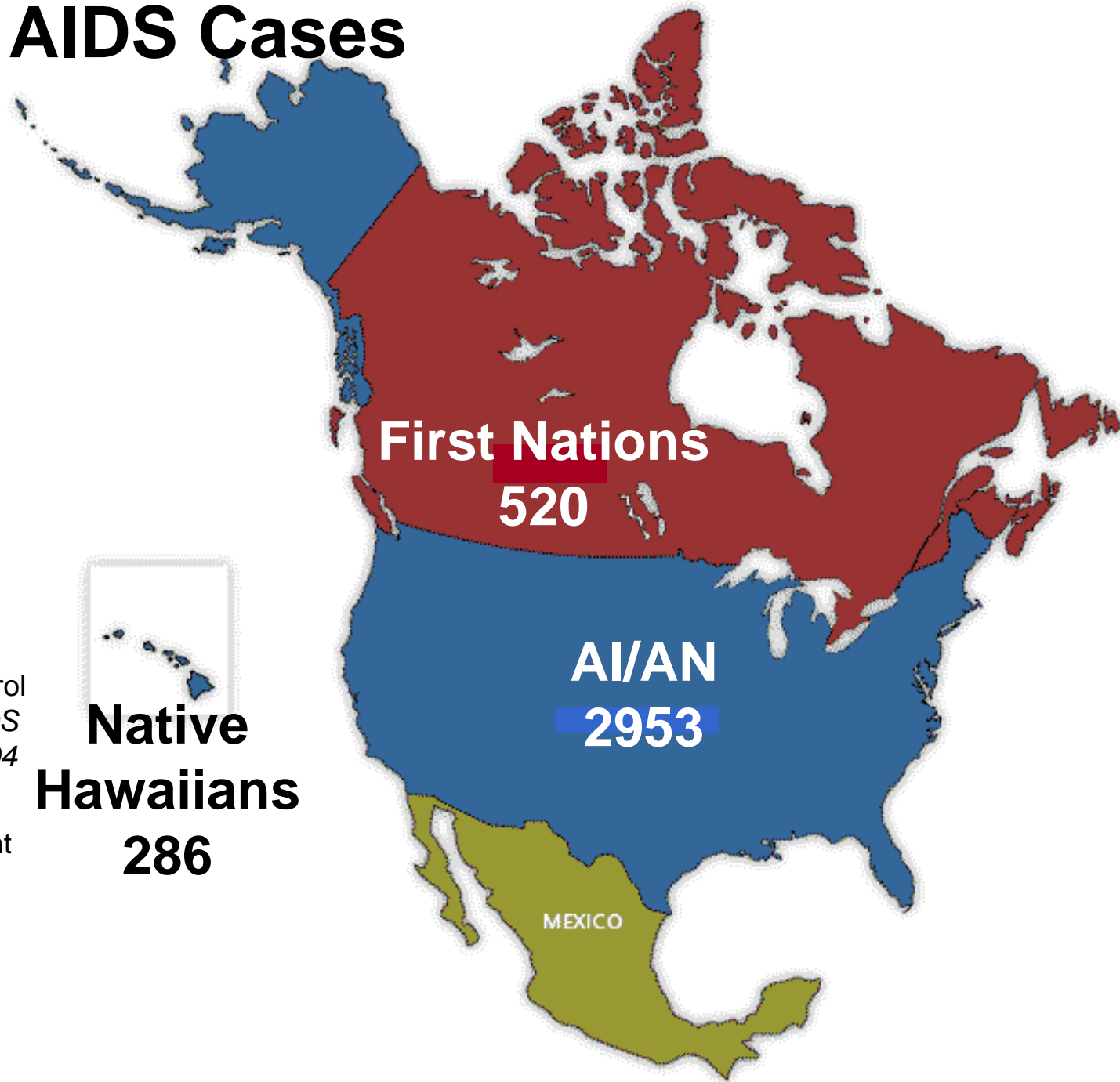


Focus Area 2: Strengthening Interventions for HIV Prevention

- Adapting Effective Behavioral Interventions (EBI)
- Priority setting for intervention & target populations
- Program Evaluation
- Staff training
- Population based needs assessment
- Program management
- Coaching on EBIs



Reported AIDS Cases



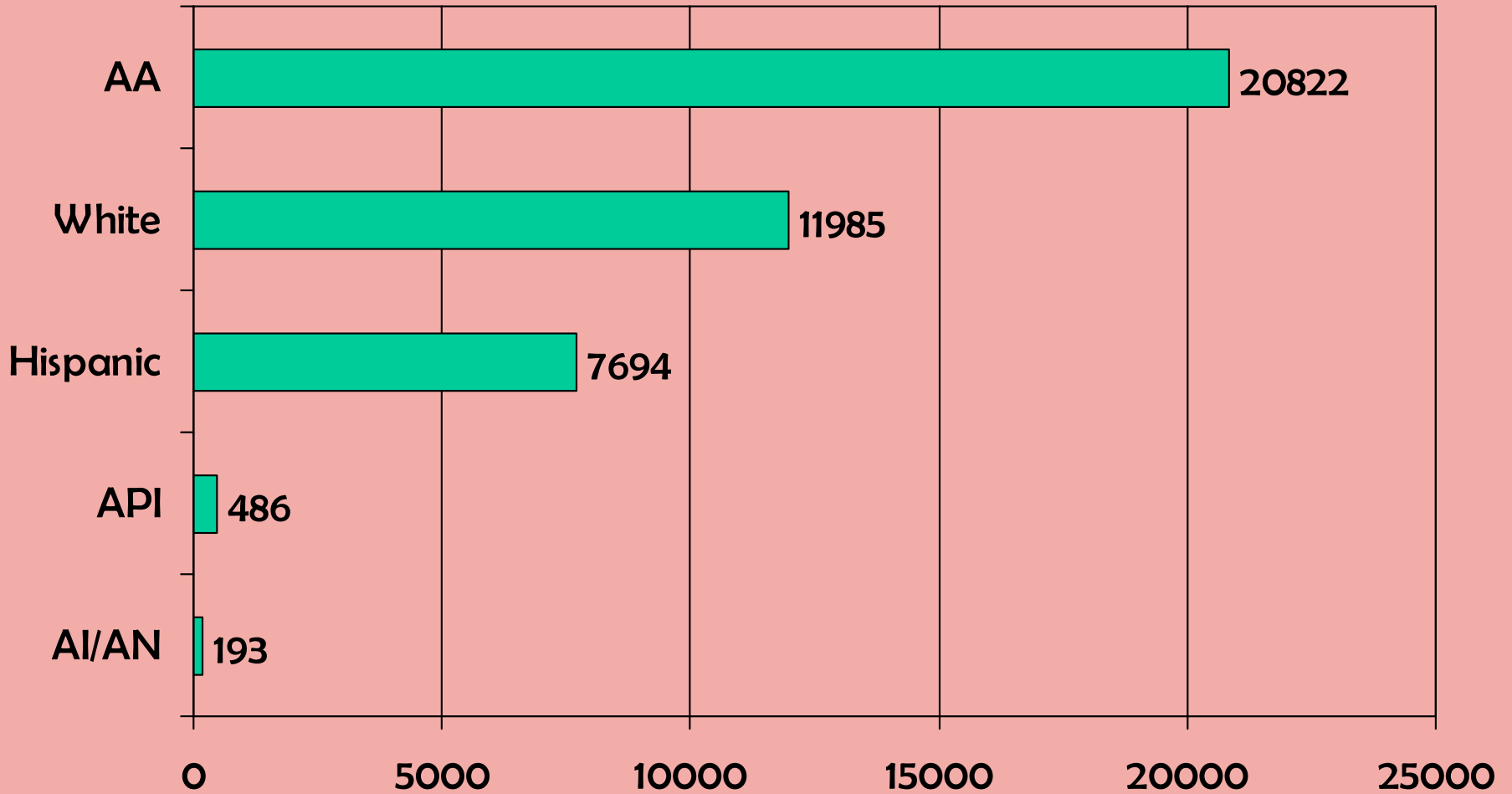
Source:

Center for Disease Control and Prevention, *HIV/AIDS Surveillance Report, 2004* Volume 16

Hawai'i State Department of Health, March 2006

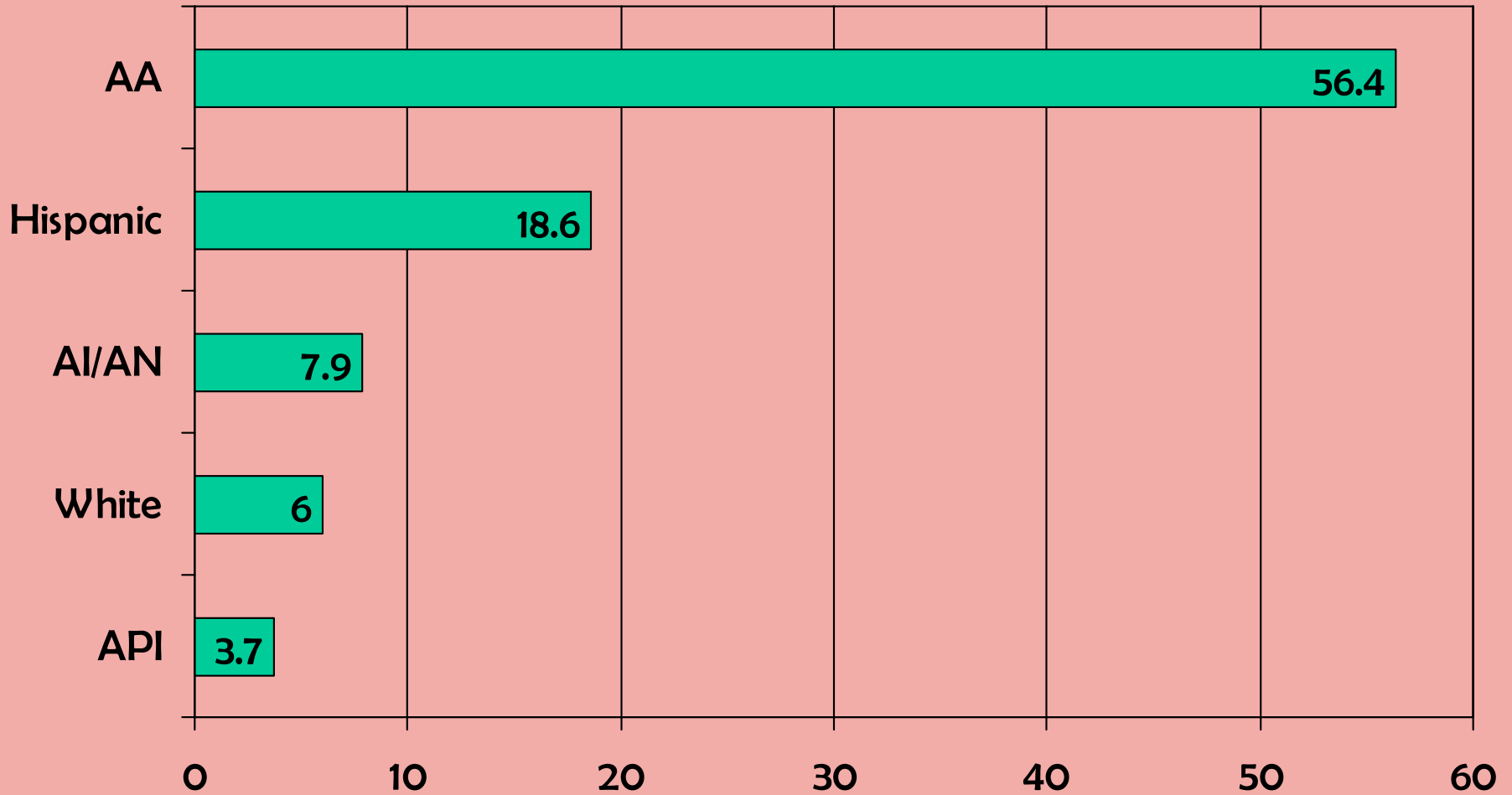
Public Health Agency of Canada, *HIV/AIDS Epi Notes*, December 2004

Cases of AIDS, by race/ethnicity, 2004



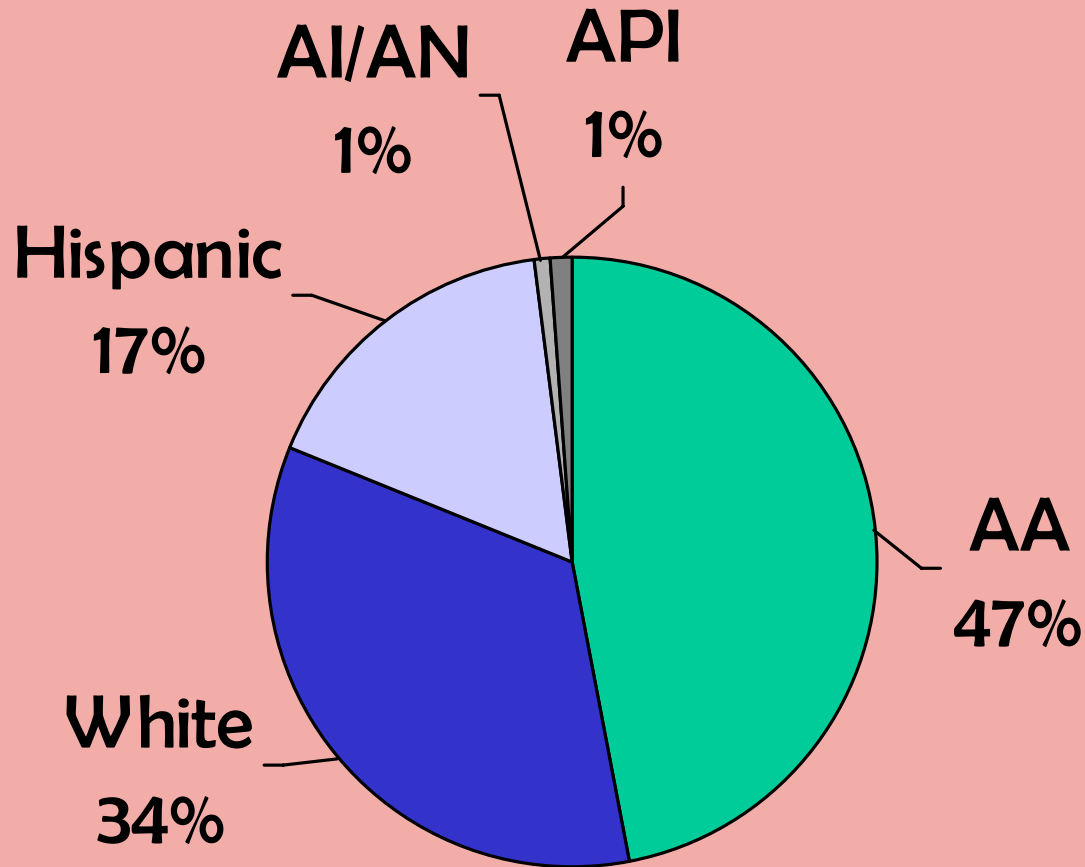
Per 100,000 population

Rates of AIDS, by race/ethnicity, 2004



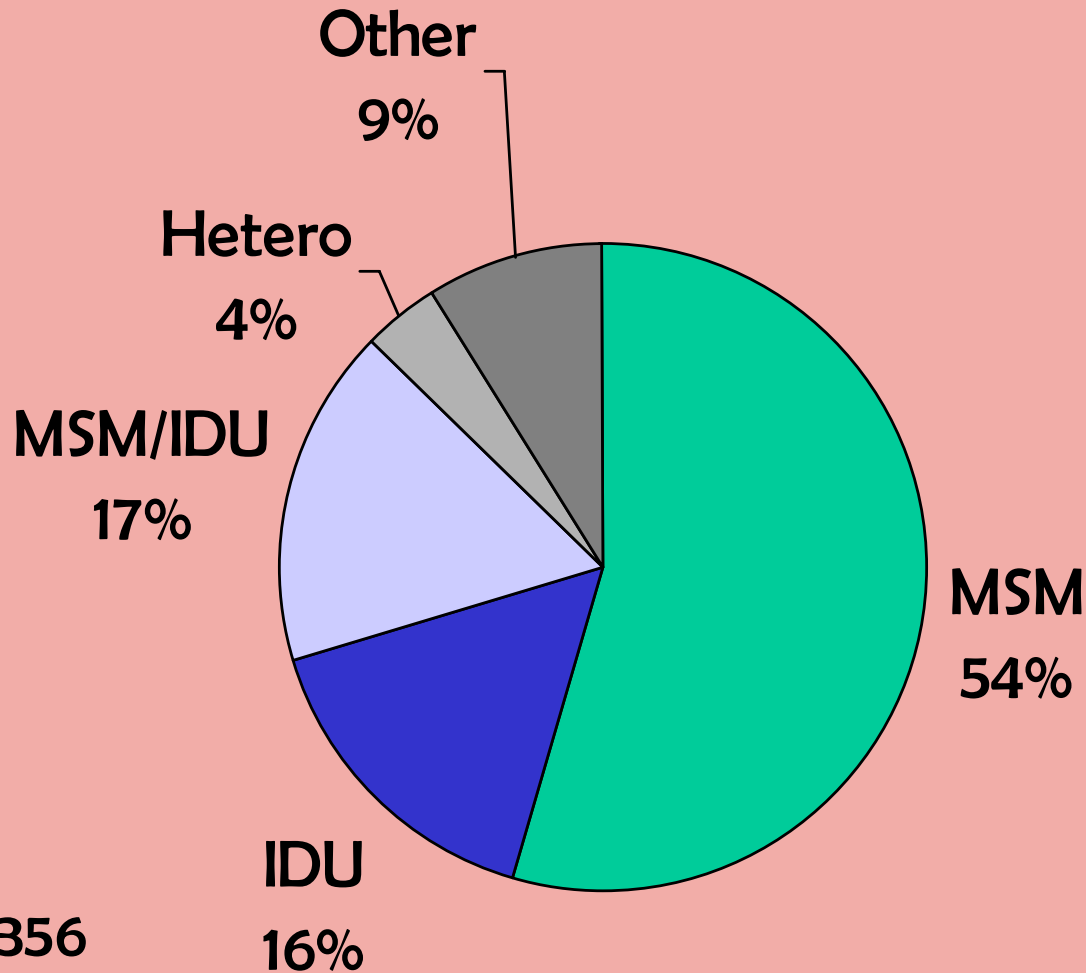
Per 100,000 population

Race/ethnicity of persons living with HIV/AIDS, 2004



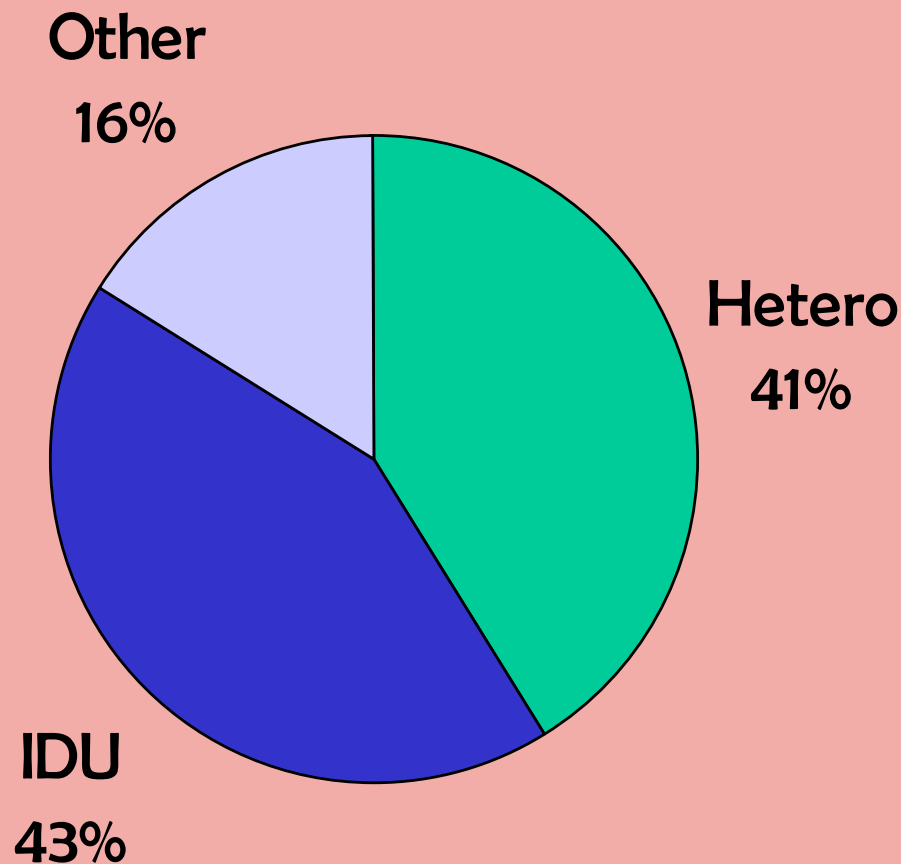
N = 462,792

AI/AN AIDS Transmission Categories, cumulative through 2004



Males, N = 2,356

AI/AN AIDS Transmission Categories, cumulative through 2004

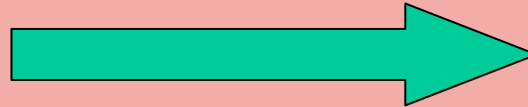


Females, N = 597

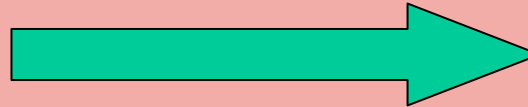
Why HIV in Our Communities?

Co-factors and health disparities: Making the connection

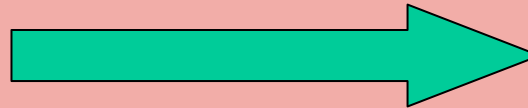
Alcohol and drug use



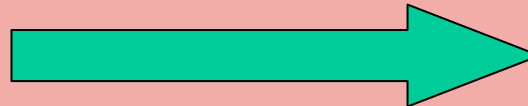
Mental health issues



Poverty



Lack of Education



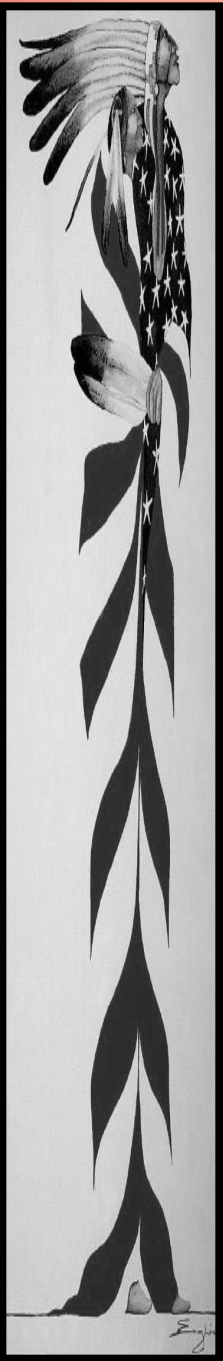
Inadequate health care

STDs*

HIV

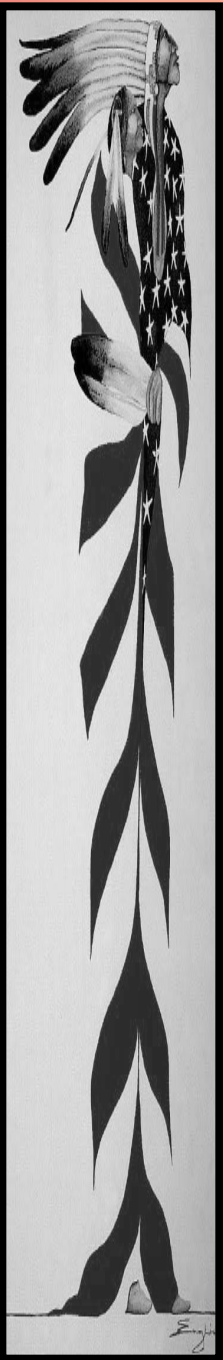
Characteristics of AI/AN Tribes

- There are 562 Federally Recognized Tribal governments in the US
- Each tribal government is sovereign
- Each tribal community has its own unique cultural beliefs, practices, and norms
- Each tribal community differs in size and geography
- Each tribal public health system is different in policy and protocol, even IHS!



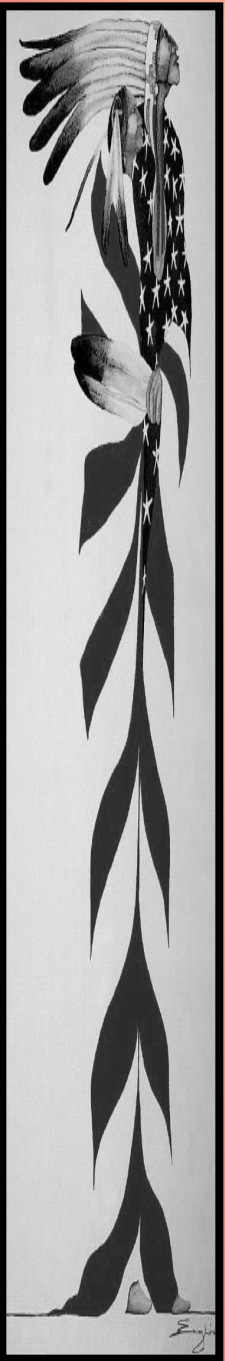
Characteristics of Urban AI/AN

- Migrate back and forth between rural communities.
- Practice cultural beliefs and norms
- Continue to identify with small community within a metropolis
- May not qualify for IHS
- May not be Federally Recognized



Context of AI/AN communities

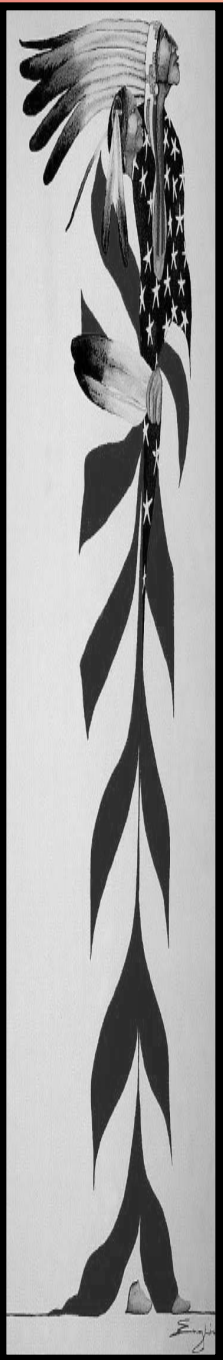
- Historical Trauma
- Multigenerational Trauma
- Heterosexism in and out of community
- Micro Aggressions



Individual and Community Context

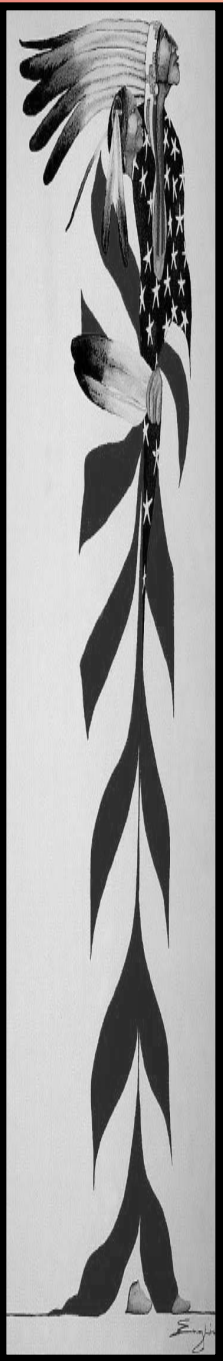
Losses

- Culture through acculturation and splits in the family
- Land base
- Food source, nourishment
- Gender roles
- Self



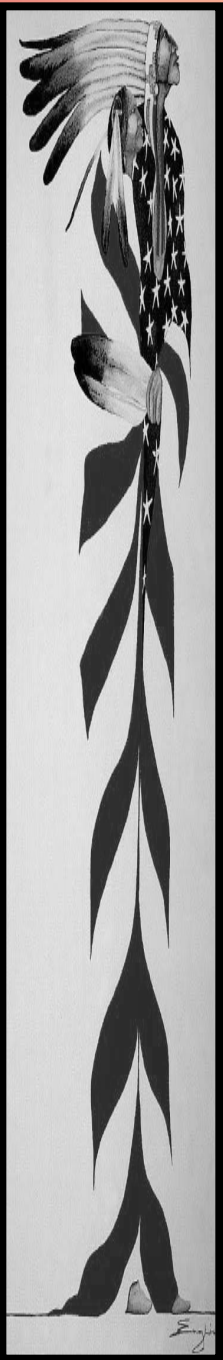
Cultural Amplifiers

- Confidentiality issues
- Realistic coping mechanism of PARANOIA
- Modesty
- Communication style
- Circular Migration



Assets and Values related to Health

- Experiences with epidemics
- Different view of pathology in an individual
- Understandings of medicine
- Prayer
- Ceremony
- Beliefs around disease in community
- Belief in overall wellness and balance



Thank You!!



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