



RESOLUTION # 06-04-02
Recommendation for CDC to Maintain and
Enhance Tribal STD Prevention Activities

**NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD**

Burns-Paiute Tribe
Chehalis Tribe
Coeur d'Alene Tribe
Colville Tribe
Coos, Suislaw &
Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Grand Ronde Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispel Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshoni Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinault Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Siletz Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

527 SW Hall
Suite 300
Portland, OR 97201
☎ (503) 228-4185
FAX (503) 228-8182
www.npaihb.org

WHEREAS, the Northwest Portland Area Indian Health Board (NPAIHB) is a non-profit tribal organization that represents the forty-three federally recognized Indian tribes in Oregon, Washington, and Idaho on health related issues; and

WHEREAS, the mission of the NPAIHB is to assist Northwest tribes to improve the health status and quality of life of member tribes and Indian people in their delivery of culturally appropriate and holistic health care; and

WHEREAS, the primary goal of the Northwest Portland Area Indian Health Board is to improve the health and quality of life of its member tribes; and

WHEREAS, Sexually Transmitted Diseases (STDs), including HIV, pose a potentially devastating threat to the health and well-being of Indian people; and

WHEREAS, in 2004 the Centers for Disease Control and Prevention (CDC) reported that American Indians and Alaska Natives (AI/AN) had the second highest rates of chlamydia, gonorrhea, and primary and secondary syphilis among all racial and ethnic groups¹; and

WHEREAS, AIDS in Indian communities has steadily increased with recent data indicating that it is the ninth leading cause of death for AI/AN people between the ages of 15 and 44 – in 2004; and HIV was newly diagnosed for an estimated 206 AI/ANs², with half of all new HIV infections in the U.S. occurring among young people under the age of 25; and

WHEREAS, STDs are a critical public health issue because of the integral role they play in facilitating the transmission of human immunodeficiency virus (HIV)³, their severe and costly consequences for women and infants, and their tremendous impact on the health of adolescents and young adults⁴; and

WHEREAS, sexually transmitted infections can cause pain, infertility, cancer, and death, impacting not only the individual's well being, but the well being of the tribe as a whole; and

WHEREAS, there are many benefits to investing in STD and HIV prevention programs in which the estimated lifetime cost of care and treatment for just one HIV positive person is approximately \$200,000 and by keeping people from becoming infected—STD prevention programs not only save lives—but also reduce the number of people needing expensive medical treatments; and

WHEREAS, these concerns are currently being addressed in Oregon, Washington, and Idaho by Project Red Talon, which is comprised of over thirty Northwest tribal health advocates and partnering state and federal agencies, who work collaboratively to “reduce the prevalence of STDs among AI/ANs in Northwest Tribal communities

by uniting to share information, data, and resources in order to identify common priorities and develop strategies for eliminating STD-related disparities; and

WHEREAS, funding for Project Red Talon is administered by the Centers for Disease Control and Prevention (CDC) as a result of the FY 2004 Labor-HHS Appropriations bill by providing a \$1 million earmark to bolster tribal capacity to prevent, screen for, and treat sexually transmitted diseases; and

WHEREAS, the funding from this effort has allowed Project Red Talon to form a STD/HIV Coalition, develop a three-year STD/HIV Tribal Action Plan, develop and disseminated culturally appropriate educational materials, leverage additional funds to develop an STD/HIV Media Campaign targeting AI/AN youth and high-risk adults, developed working relationships with state and county Health Departments to improve tribal access to available services, provided STD training and technical assistance to over 180 tribal medical providers, health professionals, and community health advocates, and administered a comprehensive Tribal STD/HIV Capacity Assessment, whose results were published in the Red Talon STD Profile report (available at www.npaihb.org/std-aids/prt.html); and

WHEREAS, Project Red Talon is successfully implemented culturally appropriate strategies to strengthen the capacity of tribal health programs to provide STD prevention services and increase community awareness about sexually transmitted diseases however a great deal remains to be done in order to significantly reduce the burden of STD rates among the AI/AN population; and

WHEREAS, radical inequalities in STD-related morbidity and mortality rates will continue to persist among AI/AN people until long-standing social norms are acknowledged and altered which takes considerable time and resources; and

WHEREAS, the support and commitment to continue to develop these comprehensive, culturally appropriate programs must continue in order to protect the lives of future generations; and

WHEREAS, funding for programs like Project Red Talon will likely sunset in FY 2007 and the Labor-HHS Appropriations bill did not require a sustained commitment by the CDC for STD prevention in Indian Country.

THEREFORE BE IT RESOLVED, that the Northwest Portland Area Indian Health Board does hereby declare its strong support for projects that address STD prevention efforts and eliminate STD-related disparities in Tribal communities.

BE IT FURTHER RESOLVED, that Northwest Portland Area Indian Health Board strongly recommends that CDC continue to support the work of important programs like Project Red Talon so that they are provided the opportunity to function for an extended period of time in order to ensure continuity and sustained viability—much longer than the three years provided by the existing CDC grant.

BE IT FINALLY RESOLVED, that the Northwest Portland Area Indian Health Board does hereby declare its strong support for CDC to provide on-going non-competitive STD funding to Tribal health departments, allowing tribes to develop and enhance their internal capacity to provide culturally appropriate, tribe-specific STD screening and treatment services.

¹ Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2004*. Atlanta, GA: U.S. Department of Health and Human Services, September 2005.

² Centers for Disease Control and Prevention. HIV/AIDS among American Indians and Alaska Natives. Available at: <http://www.cdc.gov/hiv/resources/factsheets/aian.htm>. Accessed: July 6, 2006.

³ Fleming DT, Wasserheit, JN. From epidemiological synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection. *Sex Transm Infect.* 1999 Feb; 75(1):3-17.

⁴ Aral SO. Sexually transmitted diseases: magnitude, determinants and consequences. *Int J STD AIDS.* 2001 Apr;12(4):211-5.

CERTIFICATION

NO. 06-04-02

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 28 for, 0 against, 0 abstain on July 20th, 2006.

Linda Hill
Chairman

7/20/2006
Date

Stella M. Vachiner
Secretary