LAY OF THE LAND

- Resident Curatorships
- Transit Villages
- School Trust Lands
Native Americans are more likely than whites to be diagnosed with a sexually transmitted disease. Project Red Talon strives to increase communication about STDs among Native American populations in an effort to address those disparities.

By Tim Weldon
At kitchen tables, youth centers, health clinics and school classrooms on tribal lands dotting the Pacific Northwest, the veil of silence is being lifted from a subject once considered taboo. With a little encouragement, people are talking about sexually transmitted diseases freely, openly, and in many cases, for the first time.

The notion of talking candidly to teenagers and young adults about STDs may not be a new prescription, but it’s frequently been a bitter pill, often ignored. For many Native Americans, the result of keeping quiet about the risk of STDs has been devastating.

Infection Rates Are Increasing Rapidly

According to the most recent surveillance data released by the Centers for Disease Control and Prevention, Native Americans are nearly four times more likely than whites to be diagnosed with gonorrhea, twice as likely to be infected with syphilis and more than five times more likely to be infected with chlamydia. And the STD rates just keep growing—faster than any other ethnic group—the CDC reports.

Tribal leaders could remain silent no longer.

In 2004, a three-year capacity building grant from the CDC enabled Project Red Talon, a Portland, Ore.-based grass-roots health organization serving 43 tribes in Oregon, Washington and Idaho. The project aims to develop a new model for attacking STD disparities in its region. An educational campaign called “Stop the Silence” was borne from the effort and encourages frank conversations about STD prevention, screening and treatment.

“As in many communities, talking about sex and reproductive health is a real challenge for many people,” Project Red Talon Director Stephanie Craig Rushing said. “So Project Red Talon has been focusing on helping adults and elders talk to their young people about sex and STDs and those risks.” Adding to the challenge of breaking the silence is that “it might not have been a risk that those parents faced themselves. So they just don’t have the background to talk about those things,” Rushing said.

She called the burgeoning STD rate among Native Americans a “time bomb.” Project Red Talon’s mission is to work with tribal health educators to provide educational resources, training and technical assistance to defuse the time bomb before it explodes.

Behind the Gap in Rates

Today, American Indians and Alaska Natives have the highest rates of gonorrhea, syphilis and chlamydia of any ethnic group with the exception of African-Americans. As with other populations, STDs among Native Americans are most common among those 15 to 29 years old.

“There’s no doubt in my mind that the disparity is real,” said Doug Harger, the STD program lead at the Oregon Public Health Division. “Native Americans do have higher rates.”

Many factors appear to contribute to the disparity. Rushing said Native American teenagers tend to have sex at a younger age and have more sexual partners over time than the white population. Drug and alcohol use is greater on reservations while condom use is less. Rushing also considers the geography of many tribal areas in the Northwest, where relative isolation leads to close-knit social and sexual networks, as one cause for the rising numbers.

Teens may find getting access to condoms more challenging in rural areas than in large cities, she said. “If your auntie or your neighbor is working at the one place to get condoms, it’s hard for young people to access that without most people knowing.”

But perhaps Rushing’s most pressing concern is a lack of funding for the Indian health care system, particularly in the area covered by Project Red Talon. That system is funded at only 40 percent of the amount needed to provide adequate services, Rushing said. In the region covered by the project, most tribes operate their own health clinics, according to Rushing, and the result is that STD and HIV screening is not always considered a high priority for scarce funding.

“These clinics are so underfunded that resources are used for other programs,” she said. “Unfortunately, American Indians and Alaska Natives have been forgotten by many of the service providers. States and counties often neglect to work with tribes because they assume that Indian Health Service is sufficiently tackling this, and unfortunately, they don't have the resources to do that sufficiently.”

Consequently, she explains, many tribal clinics will not routinely screen someone for STDs if no symptoms exist. With little funding available to screen those without obvious symptoms, chlamydia and other STDs frequently go undetected and are eventually spread to other sexual partners. Chlamydia is often a silent infection, because the majority of infected women and half of infected men have no symptoms.

Washington State Rep. John McCoy, a member of the Tulalip tribe, also blames poor funding of tribal health clinics for creating an environment that fosters a high STD rate.
among Native Americans. “It’s the con-
tinuous cutting of Indian Health fund-
ing. It keeps getting whacked,” McCoy
said. “We don’t get the reimbursement
rates that other hospitals … and other
medical care providers (get).”

Rushing agrees. “We have this na-
tional health care agenda to reduce
health care disparities and yet, at least
in the STD and HIV divisions, most of
the resources focusing on ethnic popu-
lations focus on African-American and
Hispanic populations, and fail to men-
tion American Indians or Alaska Na-
tives in the services altogether.”

**Red Talon Takes Flight**

In 2004, Project Red Talon received
one of two CDC three-year grants
awarded to tribal organizations to
build tribal capacity to attack STD dis-
parities among American Indians and
Alaska Natives. The project within the
Northwest Portland Area Indian Health
Board received $200,000 per year for
the past three years to produce and dis-
seminate culturally appropriate educa-
tional materials and to work with tribal
health leaders.

The project is designed to encourage
parents to talk with their children and
for teens to talk to one another about
the ABC approach to STD prevention:
Abstain from sexual risk behaviors, Be
faithful and use Condoms. Project lead-
ers produce and disseminate fact sheets
and brochures specific to native popu-
lations, as well as newsletters, resource
directories and other media campaign
products. PRT also has distributed ap-
proximately 14,000 condoms.

Rushing said the campaign does not
try to scare young people with data; in-
stead the focus is on empowering young
adults to protect their own health while
increasing awareness of how easy it is to
get screened and to get treatment. Rush-
ing said that helps young people feel re-
 sponsible for their own bodies. “It really
is telling them if you are sexually active,
it is your responsibility to yourself and
your body to get tested,” she said.

Educational resources are tailored to
be culturally appropriate to the Native
American population. Photographs of
American Indians and graphics with
cultural symbolism mark the bro-
chures, newsletters and Web site.

Harger, with the Oregon Public Health
Division, agrees culturally ap-
propriate resources are more effective
in convincing Native Americans to
take preventive measures against STDS
and to get screened. “I had heard com-
ments from the Native American com-
  munity saying, ‘When I or my friends
look at information that is obviously
not geared toward Native Americans,
it’s easy to tune out,’” he said.

**Future Funding Uncertain**

Just as Project Red Talon’s work has
taken off, however, it appears the effort
may be grounded. By September, CDC
funding is likely to evaporate, Rushing
acknowledged, and the project will
have to look for new funding sources
to sustain its work. CDC has extended
funding for the project, but there are
no signs of additional funding from the
federal government.

Lily Blasini-Alcivar, who oversees the
funding for Project Red Talon at the
CDC, believes the program is making
important inroads to educate Native
Americans about STDS. “It’s amazing.
What these people proposed for each
year in their proposal, they accom-
plished,” she said. “I feel like we need
more programs.”

Mc Coy from Washington also is
concerned about the impending expi-
eration of federal funds for the project.
“They’re doing an excellent job. And if
we’re going to tackle this STD problem,
we need this educational material and
their expertise on how to deliver this
education and work with our youth.”

Rushing agreed. “The problem is that
programs that are intended to build ca-
pacity really require sustained effort
on the part of the funders to keep that
capacity going.” she said. “We’ve spent
the past three years building interest and
buy-in and trust, and if we stop the proj-
ect, it’s going to erode and all the time
and energy that was put into this process
will really have been for naught.”

There could be more serious health
implications on the horizon as well.
Evidence suggests having an STD in-
fec tion increases a person’s risk of
acquiring HIV. Without programs in
place to reduce the STD rate among
American Indians and Alaska Natives,
many health officials are concerned
that a similar increase in HIV rates
may soon follow close on the heels of
rising STD rates in American Indian
and Alaska Native populations.

For more information about Project
Red Talon, go to http://www.npaihb.org/
epicenter/project/project_red_talon/.
—Tim Weldon is a health policy ana-
lyst with The Council of State Govern-
m ents.

**A Growing Problem: Native Americans and STDs**

STDs are increasing at a faster rate
among American Indian and Alaska Na-
tive populations than among any other
ethnic group. Between 2002 and 2006,
the gonorrhea rate increased nearly 23
percent in those populations. During that
same time period, the increase among
whites was less than 18 percent and
among Hispanics less than 12 percent.
Gonorrhea rates for African-Americans
and Asian/Pacific Islanders declined.

As for other STDs, from 2005 to
2006, the syphilis rate for the Ameri-
 can Indian and Alaska Native popula-
tions increased by more than a third,
also faster than among any other ethnic
group. The rise in the chlamydia rate
for the same period was greater among
American Indians and Alaska Natives
than among any ethnic group with the
exception of Hispanics.

Source: The Centers for Disease Control and Prevention