STD/HIV TRIBAL ACTION PLAN

2009 – 2011

Three-Year Strategic Plan for the Tribes of Idaho, Oregon and Washington

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STD/HIV Tribal Action Plan

A Three-Year Strategic Plan for the Tribes of Idaho, Oregon, and Washington

2009-2011

Developed by the Red Talon STD/HIV Coalition

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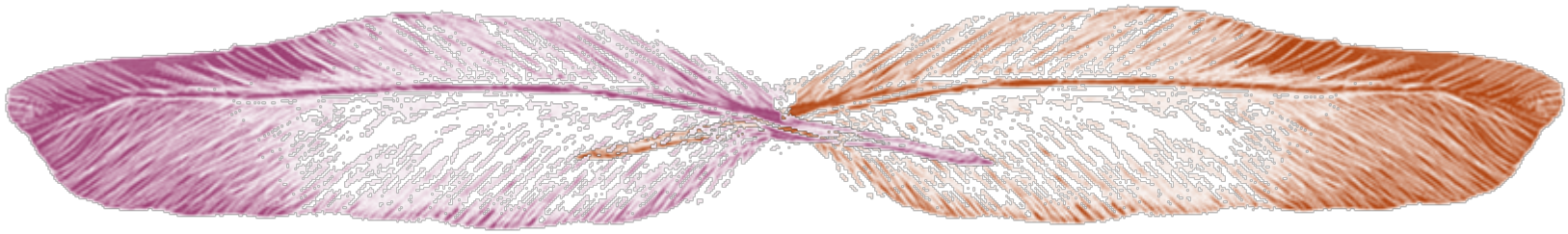
The activities of Project Red Talon are funded by the Indian Health Service, CDC, and SAMHSA. The project provides tribes in Idaho, Oregon and Washington with education, training, and technical assistance for the prevention and treatment of STDs and HIV/AIDS.

Vision for the NW Tribes

Our seventh generation will live in communities that are blessed with sexual and reproductive health - unencumbered by healthcare disparities, sexual violence, stigma, or intolerance based on sexual orientation or identity.



Red Talon STD/HIV Coalition Mission Statement

Our goal is to reduce the prevalence of STDs among American Indians and Alaska Natives in the Pacific Northwest by uniting to share wisdom, data, and resources; identify and address common priorities; and develop strategies to eliminate STD-related disparities.

Coalition Members

Members of the Red Talon Coalition include tribal health representatives, the Indian Health Service, the Northwest Portland Area Indian Health Board, Center for Disease Control and Prevention, State and County Health Department STD/HIV Programs, regional tribal planning groups, the Seattle STD/HIV Prevention Training Center, the Northwest AIDS Education Training Center, and local community-based organizations. To achieve the goals outlined by the STD/HIV Tribal Action Plan, a number of tribes, agencies, and programs will work collaboratively to complete the tasks and activities proposed by the plan. Different entities are responsible for different portions of the plan. Contributing members include:

- **The 43 federally-recognized tribes in Idaho, Oregon, & Washington**
  - Tribal Health Departments
  - Tribal and IHS Clinics
  - Tribal and Public Schools

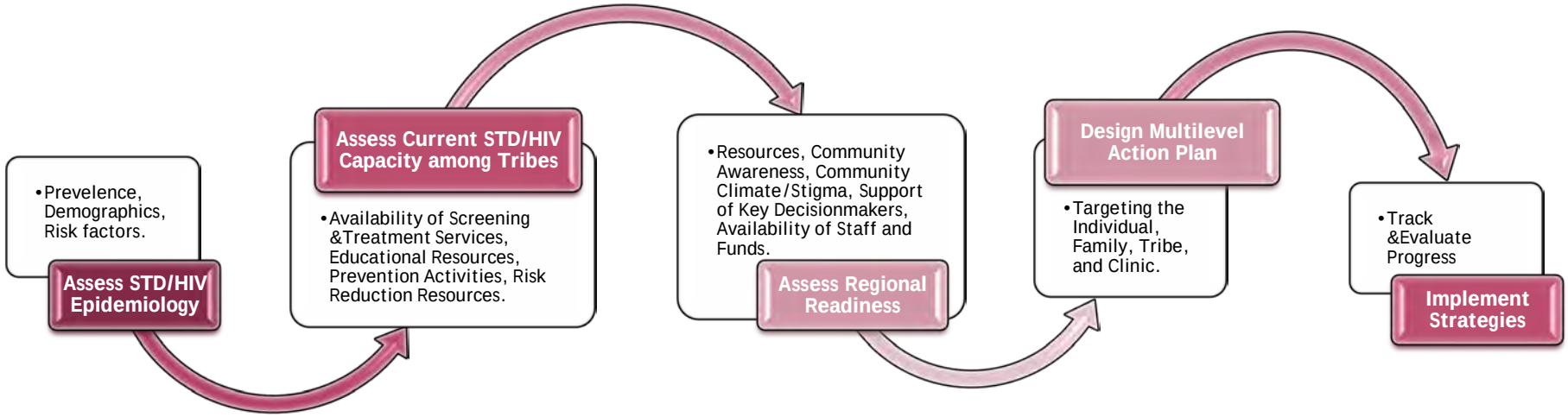
- **National and Regional STD/HIV Prevention Partners**
  - Indian Health Service
  - Native American Rehabilitation Association
  - Northwest AIDS Education and Training Center
  - Northwest Portland Area Indian Health Board
  - Seattle STD/HIV Prevention Training Center
  - South Puget Intertribal Planning Agency
  - State Departments of Education – Idaho, Oregon, Washington
  - State Health Departments – Idaho, Oregon, Washington

Planning Process

The Red Talon STD/HIV Coalition formed in 2005 as a means to better share limited resources between tribes, improve access to prevention services, and collaboratively develop Native-specific educational materials and interventions. Since then, meetings have been held quarterly and have become a critical venue for NW Tribes to address important STD/HIV issues.

The 2009-2011 STD/HIV Tribal Action Plan is the second strategic plan developed by the Red Talon STD/HIV Coalition. The first action plan spanned from 2006-2008, and was the product of a collaborative, year-long planning process. The second plan builds on the successes of the first, maintaining those activities that have been most useful and effective, and deepens the focus of our collaborative efforts, building on improvements that have been achieved in regional capacity.

As it was in 2006, the goal of the 2009-2011 STD/HIV Tribal Action Plan is to reduce the prevalence of STDs among American Indians and Alaska Natives in the Pacific Northwest. It is our hope that the STD/HIV Tribal Action Plan will be actively used by the NW Tribes and State Health Departments to guide program planning, serve as a catalyst for community outreach, and foster a coordinated interagency response to the devastating impact of STDs/HIV in our tribal communities.



STD/HIV Epidemiology

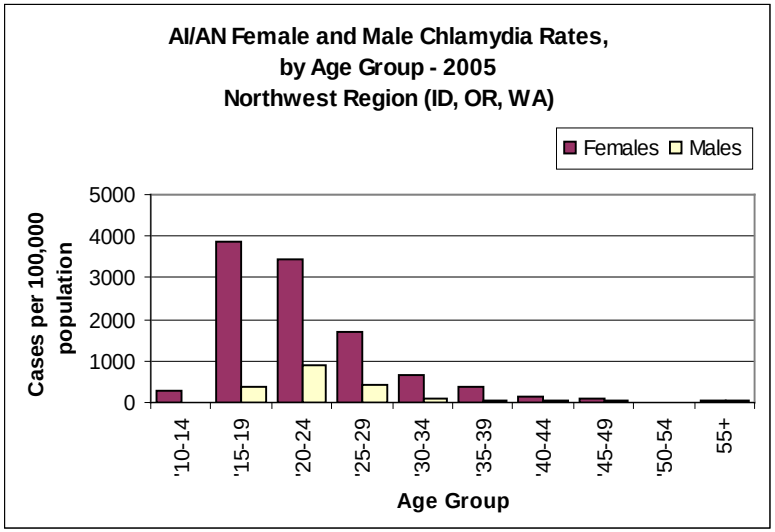
Sexually transmitted diseases (STDs) occur in epidemic proportions in the United States, and the burden of disease is disproportionately high among minority groups. In 2004, American Indians were nearly five times more likely than Whites to get chlamydia, over four times more likely to get gonorrhea, and twice as likely to have syphilis. These infections compromise not only individual wellbeing, but the wellbeing of the community as a whole.

High rates of sexually transmitted diseases can be caused by of poor access to STD screening and treatment services and exacerbated by insufficient identification and treatment of sexual partners, rural geography, and close-knit sexual networks. High STD rates in a community can indicate both high-risk behavior and vulnerability to HIV infection. People infected with an STD are 2 to 5 times more likely to become infected with HIV when exposed.

Women are biologically more susceptible than men to becoming infected if exposed to an STD, and STDs are more likely to remain undetected in women, resulting in delayed diagnosis and treatment. Women are more likely than men to contract genital herpes, HIV, chlamydia, and gonorrhea.

HPV: Human papillomavirus (HPV) is the most common sexually transmitted infection in the U.S. At least half of sexually active men and women acquire an HPV infection at some point in their lives, most do not know they have it. The vast majority of people with HPV do not develop symptoms or health problems, only a few viral types cause cervical cancer or genital warts. While data indicate that Native American women have lower cervical cancer rates than White women, they have poorer survival rates than other populations.

HIV/AIDS: More than 3,000 American Indians and Alaska Natives have been diagnosed with AIDS since the beginning of the epidemic. American Indians and Alaska Natives have the third highest AIDS rate of all racial and ethnic groups in the U.S. Nearly one-third of new HIV infections occur among women, and one-half occur among teens and young adults. Due to late testing and suboptimal treatment, AI/ANs currently have the lowest AIDS survival rate of any ethnic group, with just 1 in 4 individuals living more than 3 years after their diagnosis.



Chlamydia & Gonorrhea: Most chlamydia and gonorrhea cases diagnosed in the U.S. occur among young people between the ages of 15 and 29. In the Northwest, over 880 American Indian and Alaska Native youths age 10-24 were diagnosed with chlamydia or gonnorhea in 2005. Over half of these cases occurred among 15-19 year olds.

Most women (and many men) experience no signs or symptoms when infected with chlamydia, so most cases are not diagnosed and properly treated. This means that the true number of people infected with chlamydia is probably much higher than indicated by current reports.

Infertility: The long-term health consequences of undiagnosed chlamydia and gonorrhea are serious, particularly for women. Untreated infections can lead to chronic pelvic pain, pelvic inflammatory disease (PID), ectopic pregnancy, infertility, and increased risk for HIV infection. Up to 40% of females with untreated chlamydia infections develop PID, and 20% of those may become infertile. If 100 chlamydia cases were to go untreated for our Native girls, for example, approximately 40 of them would go on to develop pelvic inflammatory disease, which can cause permanent scaring in the uterus and fallopian tubes, and eight would not be able to have children as a result.

STD/HIV Vaccination, Testing, and Treatment: There are many benefits to investing in STD and HIV prevention. The estimated lifetime cost of care and treatment for just one HIV+ person is about $200,000. By keeping people from becoming infected, STD/HIV prevention programs save lives, protect fertility, and reduce the number of people needing expensive medical treatments.

Fortunately, chlamydia and gonorrhea can be easily detected using urine screening tests, and can be treated quickly and effectively with simple antibiotics. The Centers for Disease Control and Prevention recommend that all sexually active women age 25 years or younger be screened annually for chlamydia.

There is now a vaccine that prevents the types of human papillomavirus (HPV) that cause most cases of cervical cancer and genital warts. The vaccine, Gardasil®, is recommended for young women age 13 through 26.

Early HIV testing is critical for quality care and survival. Rapid HIV tests can be done using oral fluid or blood from a finger stick, and take as little as 20 minutes to perform; home test kits and urine tests also exist. The Centers for Disease Control and Prevention now recommend HIV screening for everyone age 13 to 64, regardless of risk. Yearly screening is recommended for individuals at higher risk.

Current STD/HIV Prevention Capacity

For the past four years, Project Red Talon has collected survey and interview data on an annual basis to track progress toward achieving the Coalition's goals and objectives. This data suggests that Project Red Talon and the Red Talon STD/HIV Coalition have made great strides towards improving tribal capacity to prevent STDs in the Pacific Northwest. Successes include:

Improved STD/HIV surveillance for American Indians in the Pacific Northwest. Project Red Talon has worked closely with the region's State Health Departments and CDC to obtain up-to-date AI/AN STD data. In the 2007 STD/HIV Capacity Assessment Survey, 57% of respondents indicated that progress had been made in the tribe's STD/HIV surveillance activities and data management systems.

Improved clinical services related to STD screening and treatment at NW tribal clinics. According to the 2007 STD/HIV Capacity Assessment Survey, 81% of clinical respondents reported that progress had been made in the tribe's STD-related medical and laboratory services in the last three years, with one third of respondents noting significant improvements. Additionally, three-quarters of respondents reported that improvements had been made in the tribe's STD/HIV partner notification services, and 63% reported an increase in the community's access to risk reduction resources (such as condoms).

Increased knowledge about STD/HIV issues among tribal staff. In the 2007 STD/HIV Capacity Assessment Survey, 53% of respondents reported that improvements had been made in their STD/HIV training and professional capacity.

Improved community awareness about STDs among NW tribal community members. To improve community awareness about sexually transmitted infections, Project Red Talon developed and disseminated a wide variety of promotional materials that were both culturally-appropriate and tailored to the "readiness level" of the target population. Prior to this project, very few culturally-specific or readiness-targeted STD materials were available in Indian Country.

New STD educational materials developed by Project Red Talon included brochures, fact sheets, PowerPoint presentations, Advocacy Kits, and resource directories. Likewise, the "Stop the Silence" Media Campaign was designed by the Red Talon Coalition with significant input from NW tribal youth. As a result, 58% of respondents to the 2007 STD/HIV Capacity Assessment Survey reported an increase in the tribe's ability to provide STD/HIV prevention education, and 53% reported an increase in outreach targeting youth.

Increased interagency collaboration in grant writing. With the support of the Red Talon STD/HIV Coalition, Project Red Talon submitted eight grant applications between 2005 and 2008. Four of these applications were awarded, bringing in an additional $160,000 for tribal STD/HIV prevention activities in the Pacific Northwest.

Improvements in STD/HIV networking and regional partnerships. The Red Talon STD/HIV Coalition has successfully fostered a coordinated response to STDs and HIV among Northwest tribal communities. Prior to this endeavor, tribes were working largely in isolation on these topics, with little interaction between state health departments, tribes, and relevant service agencies. This newfound intertribal and interagency collaboration on STD/HIV topics has led to the development of new culturally-appropriate educational materials, tribal-specific training opportunities, new funding opportunities, reductions in laboratory expense, and better utilization of limited resources.

Building on what we have.

While significant progress has occurred in building tribal capacity, a great deal remains to be done to significantly reduce STD disparities among American Indians and Alaska Natives. Inequalities in STD morbidity and HIV mortality will continue to persist among our Native populations until adequate health services are made available and social norms are positively changed. This manner of change will not occur quickly or without cost; a sustained effort is needed. Comprehensive, culturally-relevant programs must continue to facilitate this process to protect the health and wellbeing of future generations.

Regional Readiness for STD/HIV Prevention

In 2005, Project Red Talon (PRT) and the Northern Plains Tribal Epidemiology Center (NPTEC) collaborated to develop a comprehensive Tribal STD/HIV Capacity Assessment Survey, which is now sent to tribes in Idaho, Oregon, and Washington on an annual basis. Two survey tools were developed to monitor prevention efforts at the clinic and community level. The "provider" survey assesses STD screening and treatment practices among Indian Health Service (IHS) & tribal clinicians. The "community" survey assesses STD prevention efforts carried out by tribal health directors, health program managers, and community health educators. These surveys collect information about STD/HIV screening and treatment practices, service utilization, prevention priorities, community education activities, and professional training needs. By collecting information on a variety of capacity indicators, the Red Talon STD/HIV Coalition has been able to tailor health promotion strategies in response to identified needs.

The Community Readiness Model was designed by the *CA7AE: HIV/AIDS Prevention Project* to acknowledge and respond to the unique culture, resources, and level of readiness that exist within different tribes for various health promotion and disease prevention initiatives. This model identifies six critical dimensions that can influence a community's ability to take action to prevent STDs and HIV/AIDS, including: existing community efforts and activities, community knowledge about these efforts, supportive tribal leadership, healthy community climate and social attitudes, community knowledge about the topic, and resources dedicated to the issue.

As conceived by the Community Readiness Model, tribes can display varying levels of readiness within each of the six domains, ranging on a nine-point scale from "no awareness" to a "high level of community ownership."

When assessed for tribes in Idaho, Oregon, and Washington, *Community Readiness* for the region as a whole gradually improved from 2005 to 2008. These improvements occurred most significantly at the organizational level - identifying staff, developing materials, and establishing programs - and have not yet trickled down to influence community-level knowledge about STDs, attitudes about testing, risk-reduction practices, or their use of newly established services. This degree of behavior change will require a sustained investment in education and outreach, over a significant period of time.

Capacity Domain	Readiness in 2005	Readiness in 2008
Community STD/HIV efforts and activities	Preplanning (4)	Preparation (5)
Community knowledge about STD/HIV services	Vague Awareness (3)	Vague Awareness (3)
Supportive tribal leadership	Denial/Resistance (2)	Denial/Resistance (2)
Healthy community climate and social attitudes	Vague Awareness (3)	Preplanning (4)
Community knowledge about STD/HIV	Vague Awareness (3)	Vague Awareness (3)
Professional resources dedicated to STD/HIV prevention (staff, funds, space, etc)	Preparation (5)	Stabilization (7)

Strategies & Interventions

In the development of this three-year Action Plan, the Red Talon Coalition strategically selected a variety of interventions and activities that would increase the readiness of the NW Tribes to prevent sexually transmitted infections. Because reproductive health is affected by a broad and complex array of biological, psychological, and environmental factors, the Action Plan includes activities that address each level of influence, ranging from individual behavior to public policy.

Four priority objectives were identified:

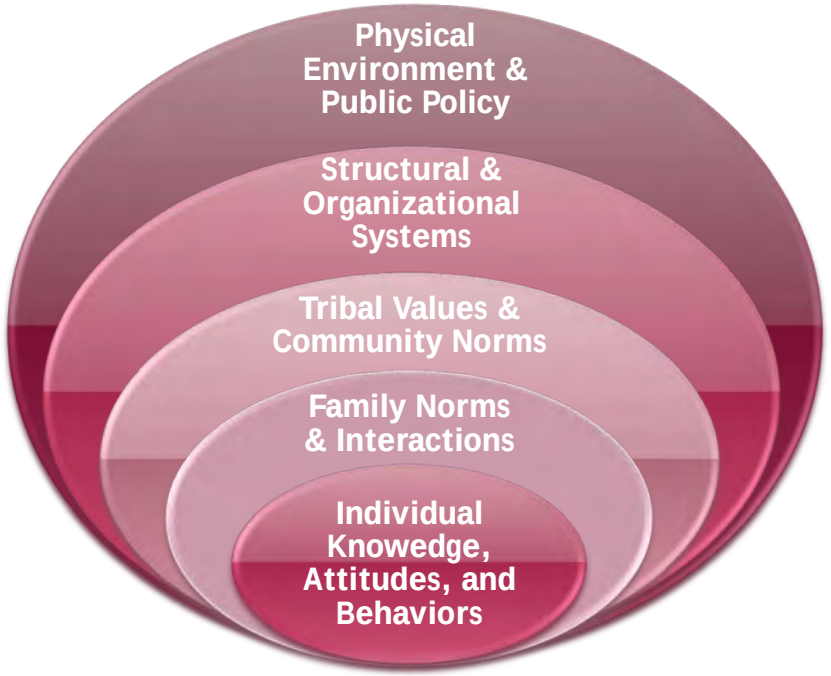
1. Improve STD/HIV testing, screening, treatment, and reporting practices within NW tribal clinics.

2. Strengthen the capacity of tribal health educators, program managers, and clinicians to provide STD prevention services to their local community.

3. Increase community awareness about sexually transmitted infections.

4. Increase AI/AN representation in regional and national STD/HIV workgroups, and maintain external funding for the Red Talon STD/HIV Coalition.

Socio-Ecologic Model



Objective 1: Improve STD/HIV testing, screening, treatment, and reporting practices within NW tribal clinics.

Intervention/Strategy	Who's Responsible	Target Population	Desired Outcome
Send a letter to tribal clinics about CDC-recommended STD screening and treatment policies and practices.	Project Red Talon; Portland Area Indian Health Service	Tribal Clinicians; Medical Director	Improve STD screening rates and align clinic policies with CDC recommendations
Send a letter to tribal clinics informing them about the "Stop Chlamydia" Project.	Project Red Talon; National Indian Health Service STD Program	Tribal Clinicians; Medical Director	Improve chlamydia screening and treatment rates
Send a letter to tribal clinics about the IPP program and the availability of State Public Health Laboratories for processing CT/GC specimens at low-cost.	Project Red Talon; State Departments of Health; Region X IPP	Tribal Clinicians; Medical Director	Improve chlamydia and gonorrhea screening rates
Update and disseminate the STD/HIV Policy Checklist, which can be used by tribal clinics to self-assess recommended policies and practices.	Project Red Talon; CDC; National Indian Health Service STD Program	Tribal Clinicians; Medical Director	Increase number of tribal clinics with comprehensive STD-prevention policies
Work with State Health Departments in OR, WA, and ID to develop and disseminate information to tribal clinics about STD reporting procedures and DIS services.	Project Red Talon; State Departments of Health; Region X IPP	Tribal Clinicians; Medical Director	Increase STD reporting by tribal clinics
Develop and/or disseminate educational materials targeting tribal clinicians that encourage and support STD/HIV risk assessment and screening.	Project Red Talon; Red Talon Coalition	Tribal Clinicians; Medical Director	Improve STD/HIV screening rates

Objective 1 (CONTINUED): Improve STD/HIV testing, screening, treatment, and reporting practices within NW tribal clinics.

Intervention/Strategy	Who's Responsible	Target Population	Desired Outcome
Provide tribal clinics with site visits to encourage and assist in CDC-recommended policy adoption.	Tribal BEAR Project (SPIPA)	Tribal Clinicians; Medical Director	Increase number of tribal clinics with comprehensive STD-prevention policies
Encourage use of *IHS's School-Based Screening Guidelines*, and provide technical assistance to those who carryout local STD/HIV screening events.	Project Red Talon	Tribal Health Advocates	Increase tribal capacity to carryout screening; Improve chlamydia and gonorrhea screening rates
Develop and/or disseminate educational materials targeting patients that encourage partner testing and treatment.	Project Red Talon; Red Talon Coalition	STD+ patients	Improve STD/HIV screening rates and partner services
Support the participation of tribal clinicians in CME trainings that cover STD/HIV topics by providing travel and registration scholarships, on-site training, and tribe-specific presentations at regional conferences.	Project Red Talon; Tribal BEAR Project (SPIPA); Seattle STD/HIV Training Center; AETC	Tribal Clinicians; Medical Director	Bring tribal clinicians together for joint training and networking; increase provider knowledge; increase support for testing and treatment

Objective 2: Strengthen the capacity of tribal health personnel to provide STD prevention services to their local communities, including implementing culturally-appropriate prevention interventions.

Intervention/Strategy	Who's Responsible	Target Population	Desired Outcome
Develop and pass a three-year, intertribal STD/HIV Tribal Action Plan, which will guide quarterly meetings of the Red Talon STD/HIV Coalition.	Red Talon Coalition	Red Talon Coalition	Create a cohesive vision and plan for the future; support interagency networking and sharing
Collaborate on STD/HIV grant writing activities.	Red Talon Coalition	Red Talon Coalition	Increase funding for AI/AN STD prevention and treatment
Attend STD/HIV trainings or workshops, such as Risky Business trainings, trainings provided by the Seattle STD/HIV Prevention Training Center or NW AETC, the Region X Reproductive Health Conference, or the Oregon Adolescent Sexuality Conference.	Red Talon Coalition & Tribal Health Advocates	Red Talon Coalition; Tribal Health Advocates	Increase knowledge about STDs/HIV; Increase tribal capacity to provide local education and outreach
Design, develop, adapt, and implement AI/AN-specific STD/HIV prevention interventions.	Red Talon Coalition & Tribal Health Advocates; Project Red Talon	TBD	Provide tribes with culturally-appropriate, ready-to-use materials to facilitate community-based prevention activities
Identify innovative STD/HIV prevention strategies using text messaging, online networking pages, and computer-based programs; explore their possible relevance and utility in Indian Country.	Red Talon Coalition, Project Red Talon	Native youth	Provide tribes with culturally-appropriate, ready-to-use materials to facilitate community-based prevention activities

Objective 3: Increase community awareness about sexually transmitted infections.

Intervention/Strategy	Who's Responsible	Target Population	Desired Outcome
Produce STD/HIV articles and submit them to tribal papers.	Project Red Talon; Tribal BEAR Project (SPIPA)	Adult community members	Raise awareness about STD/HIV issues
Arrange one-on-one time with Tribal Council members to present the Tribal Action Plan, and discuss local rates and risk factors.	Red Talon Coalition; Tribal Health Advocates	Tribal Council	Raise awareness about STD/HIV issues
Meet with Tribal Council and share the Tribal Advocacy Kit, propose a resolution supporting local STD/HIV prevention.	Red Talon Coalition; Tribal Health Advocates	Tribal Council	Raise awareness about STD/HIV issues; Increase program support among key decision-makers
Share STD/HIV information in conjunction with health fairs and national observance days (National Native HIV Awareness Day, National STD Awareness Month, National HIV Testing Day, World AIDS Day, etc).	Tribal Health Advocates; Project Red Talon; Tribal BEAR Project (SPIPA)	All community members	Raise awareness about STD/HIV issues
Develop and disseminate educational materials targeting community members that: 1) improves knowledge and awareness about STDs, 2) encourages and supports STD/HIV testing, 3) reduces STD/HIV stigma, and 4) encourages communication between parents and teens and between intimate partners.	Project Red Talon; Red Talon Coalition; Tribal Health Advocates	All community members	Increase knowledge about STDs/HIV, risky behaviors, and available treatments
Present information on Project Red Talon to NPAIHB delegates at the QBM, and encourage local use of the Tribal Advocacy Kit.	Project Red Talon	NPAIHB Delegates, Tribal Council	Raise awareness about STD/HIV issues

Objective 4: Increase AI/AN representation in regional and national STD/HIV workgroups, and maintain funding for the Red Talon STD/HIV Coalition.

Intervention/Strategy	Who's Responsible	Target Population	Desired Outcome
Contact State and National STD/HIV Planning Groups, and when openings occur, send letters of invitation to Coalition members.	Project Red Talon	Red Talon Coalition; Tribal Health Advocates	Increase AI/AN representation in regional and national STD/HIV workgroups
Develop Red Talon talking points and policy briefs targeting funders and policy makers at the state and national level.	Project Red Talon; National Coalition of STD Directors	State and Federal Funders and Policymakers	Increase awareness about AI/AN STD/HIV rates; Increase support for the Red Talon Coalition
Send talking points and policy briefs to NIHB, NCAI, ATNI, the NPAIHB Policy Analyst, and NW Tribal Council members visiting state legislators or capitol hill.	Project Red Talon	AI/AN Policy Advocates	Increase awareness about AI/AN STD/HIV rates; Increase support for the Red Talon Coalition
Plan and carryout an "educational outreach" day to share Coalition talking points and policy briefs with state or federal decision-makers.	Project Red Talon; Red Talon Coalition & Tribal Health Advocates	State and Federal Legislators	Increase awareness about AI/AN STD/HIV rates; Increase support for the Red Talon Coalition by key decision-makers

2009

Tribal Action Plan - Strategies and Interventions	January - March	April-June	July-September	October-December
1. Develop and pass a three-year, intertribal STD/HIV Tribal Action Plan.	Red Talon Coalition			
2. Send a letter to tribal clinics about CDC-recommended STD screening and treatment policies, the "Stop Chlamydia" Project, and the IPP program.	PRT			
3. Arrange one-on-one time with Tribal Council members to present the Tribal Action Plan and discuss local rates.		Tribal Health Advocates		
4. Work with State Health Departments in OR, WA, and ID to develop and disseminate information for tribal clinics about STD reporting procedures and DIS services.		PRT		
5. Develop talking points and policy briefs targeting funders and policy makers at the state and national level. Send to NIHB, NCAI, ATNI, the NPAIHB Policy Analyst, and NW Tribal Councils.			PRT	
6. Present information on PRT to NPAIHB delegates at the QBM (w/ Tribal Advocacy Kit).				PRT
7. Produce a STD/HIV article and submit it to tribal papers.				PRT
8. Develop and disseminate STD media campaign materials targeting community members.	Red Talon Coalition -			
9. Design, develop, adapt, and/or implement AI/AN-specific STD/HIV prevention interventions (ie. School-Based Screening, the Native STAND curricula, Safer Snaggin parties, etc.)	Red Talon Coalition; Tribal Health Advocates; Project Red Talon			
10. Identify innovative STD/HIV prevention strategies using computer-based programs and social networking sites; explore their possible relevance and utility in Indian Country.	Project Red Talon -			
11. Share STD/HIV information in conjunction w/ a health fair or national observance day.	Tribal Health Advocates -			
12. Attend at least one STD/HIV training or workshop.	Tribal Health Advocates -			
13. Support the participation of clinicians and healthcare providers in trainings that cover STD/HIV topics. Offer at least five trainings per year.	Project Red Talon; Tribal BEAR Project (SPIPA); Seattle STD/HIV Training Center; AETC - - - - - - - - - - - - - - - -			
14. Provide tribal clinics with site visits to assist them in the adoption of CDC-recommended STD/HIV policies.	Tribal BEAR Project (SPIPA) -			
15. Collaborate on STD/HIV grant writing activities. Submit at least one per year.	Red Talon Coalition -			
16. Contact State and National STD/HIV Planning Groups, and when openings occur, send letters of invitation to Coalition members.	Project Red Talon -			

2010

Tribal Action Plan – Strategies and Interventions	January - March	April-June	July-September	October-December
1. Send a letter to tribal clinics about CDC-recommended STD screening and treatment policies, the "Stop Chlamydia" Project, and the IPP program.	PRT			
2. Arrange one-on-one time with Tribal Council members to present the Tribal Action Plan and discuss local rates.		Tribal Health Advocates		
3. Update the STD/HIV policy checklist and disseminate copies to tribal and IHS clinics.		PRT		
4. Meet with Tribal Council and share the Tribal Advocacy Kit, propose a resolution supporting local STD/HIV prevention activities and testing.			Tribal Health Advocates	
5. Develop talking points and policy briefs targeting funders and policy makers at the state and national level. Send to NIHB, NCAI, ATNI, the NPAIHB Policy Analyst, and NW Tribal Councils.			PRT	
6. Carryout an "educational outreach" day to share coalition talking points and policy briefs with state and federal decision makers.				Red Talon Coalition
7. Present information on PRT to NPAIHB delegates at the QBM (w/ Tribal Advocacy Kit).				PRT
8. Produce a STD/HIV article and submit it to tribal papers.				PRT
9. Develop and disseminate STD media campaign materials targeting community members.	Red Talon Coalition -			
10. Design, develop, adapt, and/or implement AI/AN-specific STD/HIV prevention interventions (ie. School-Based Screening, the Native STAND curricula, Safer Snaggin parties, etc.)	Red Talon Coalition; Tribal Health Advocates; Project Red Talon			
11. Share STD/HIV information in conjunction w/ a health fair or national observance day.	Tribal Health Advocates -			
12. Attend at least one STD/HIV training or workshop.	Tribal Health Advocates -			
13. Support the participation of clinicians and healthcare providers in trainings that cover STD/HIV topics. Offer at least five trainings per year.	Project Red Talon; Tribal BEAR Project (SPIPA); Seattle STD/HIV Training Center; AETC - - - - - - - - - - - - - - - - -			
14. Provide tribal clinics with site visits to assist them in the adoption of CDC-recommended STD/HIV policies.	Tribal BEAR Project (SPIPA) -			
15. Collaborate on STD/HIV grant writing activities.	Red Talon Coalition -			
16. Contact State and National STD/HIV Planning Groups, and when openings occur, send letters of invitation to Coalition members.	Project Red Talon -			

NATIVE

TESTED. PROUD.

KNOW YOUR BODY. KNOW YOUR STATUS.

2011

Tribal Action Plan – Strategies and Interventions	January - March	April-June	July-September	October-December
1. Send a letter to tribal clinics about CDC-recommended STD screening and treatment policies, the "Stop Chlamydia" Project, and the IPP program.	PRT			
2. Meet with Tribal Council and share the Tribal Advocacy Kit, propose a resolution supporting local STD/HIV prevention activities and testing.		Tribal Health Advocates		
3. Work with State Health Departments in OR, WA, and ID to develop and disseminate information for tribal clinics about STD reporting procedures and DIS services.		PRT		
4. Develop and/or disseminate educational materials targeting tribal clinicians that encourage and support STD/HIV risk assessment and screening.		PRT		
5. Develop and/or disseminate educational materials targeting patients that encourage partner testing and treatment.			PRT	
6. Develop talking points and policy briefs targeting funders and policy makers at the state and national level. Send to NIHB, NCAI, ATNI, the NPAIHB Policy Analyst, and NW Tribal Councils.			PRT	
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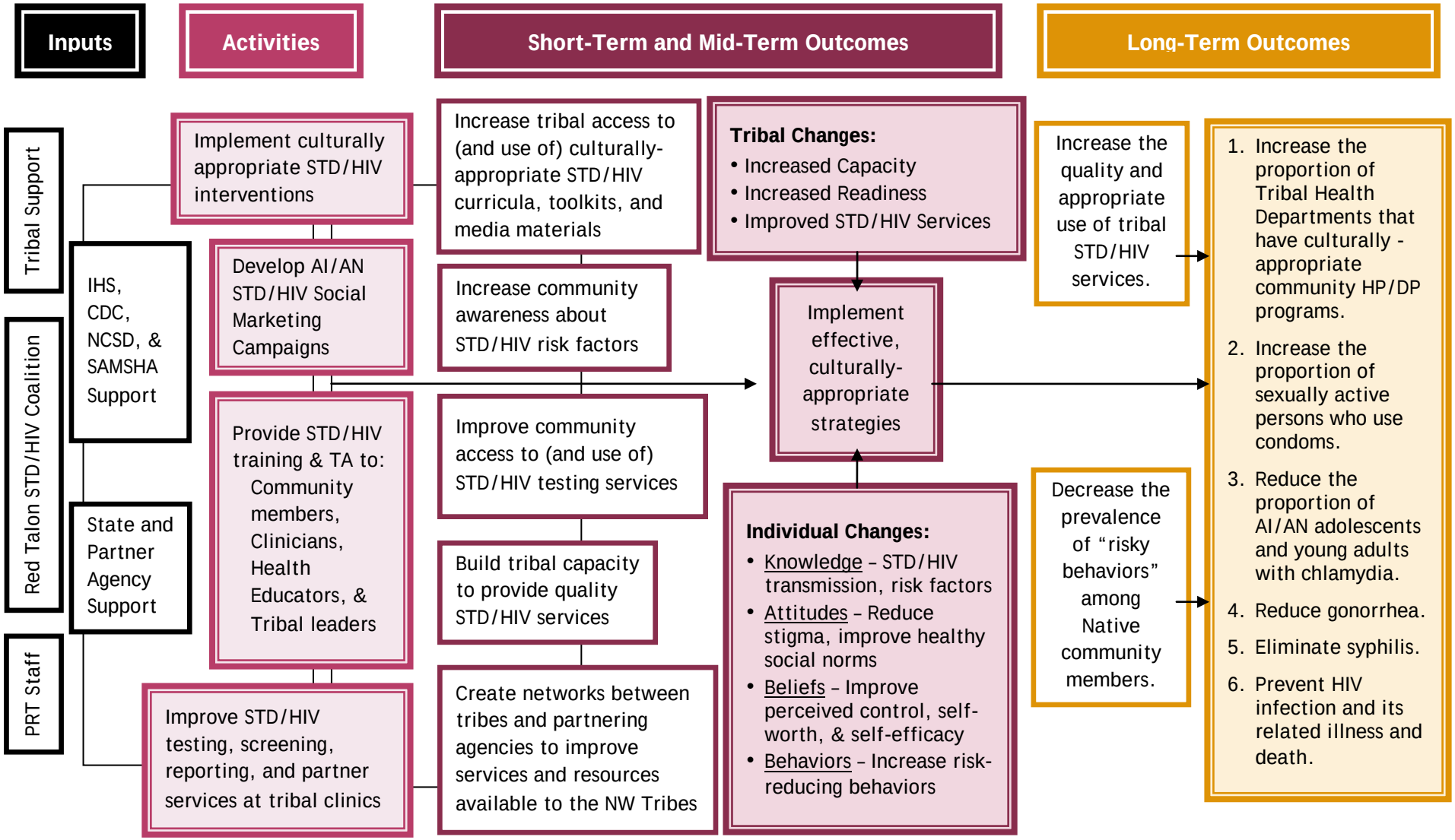
11. Share STD/HIV information in conjunction w/ a health fair or national observance day.	Tribal Health Advocates -			
12. Attend at least one STD/HIV training or workshop.	Tribal Health Advocates -			
13. Support the participation of clinicians and healthcare providers in trainings that cover STD/HIV topics. Offer at least five trainings per year.	Project Red Talon; Tribal BEAR Project (SPIPA); Seattle STD/HIV Training Center; AETC - - - - - - - - - - - - - - - - -			
14. Provide tribal clinics with site visits to assist them in the adoption of CDC-recommended STD/HIV policies.	Tribal BEAR Project (SPIPA) -			
15. Collaborate on STD/HIV grant writing activities.	Red Talon Coalition -			
16. Contact State and National STD/HIV Planning Groups, and when openings occur, send letters of invitation to Coalition members.	Project Red Talon -			

Logic Model: STD/HIV Tribal Action Plan



Next Steps

In completing this three-year plan, members of the Red Talon STD/HIV Coalition will work together to advance STD and HIV prevention and testing activities in their local communities, and will seek to retain and build local capacity to reduce STD-related disparities.

Acknowledgements

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