



Cover and logo design by Maisie MacKinnon. 2006.

Suggested citation: STD/HIV Tribal Action Plan: A Three-Year Strategic Plan for the Tribes of Idaho, Oregon, and Washington. Northwest Portland Area Indian Health Board, Portland, OR. Project Red Talon, 2006.

# STD/HIV Tribal Action Plan

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

Red Talon STD/HIV Coalition

**Northwest Portland Area Indian Health Board**

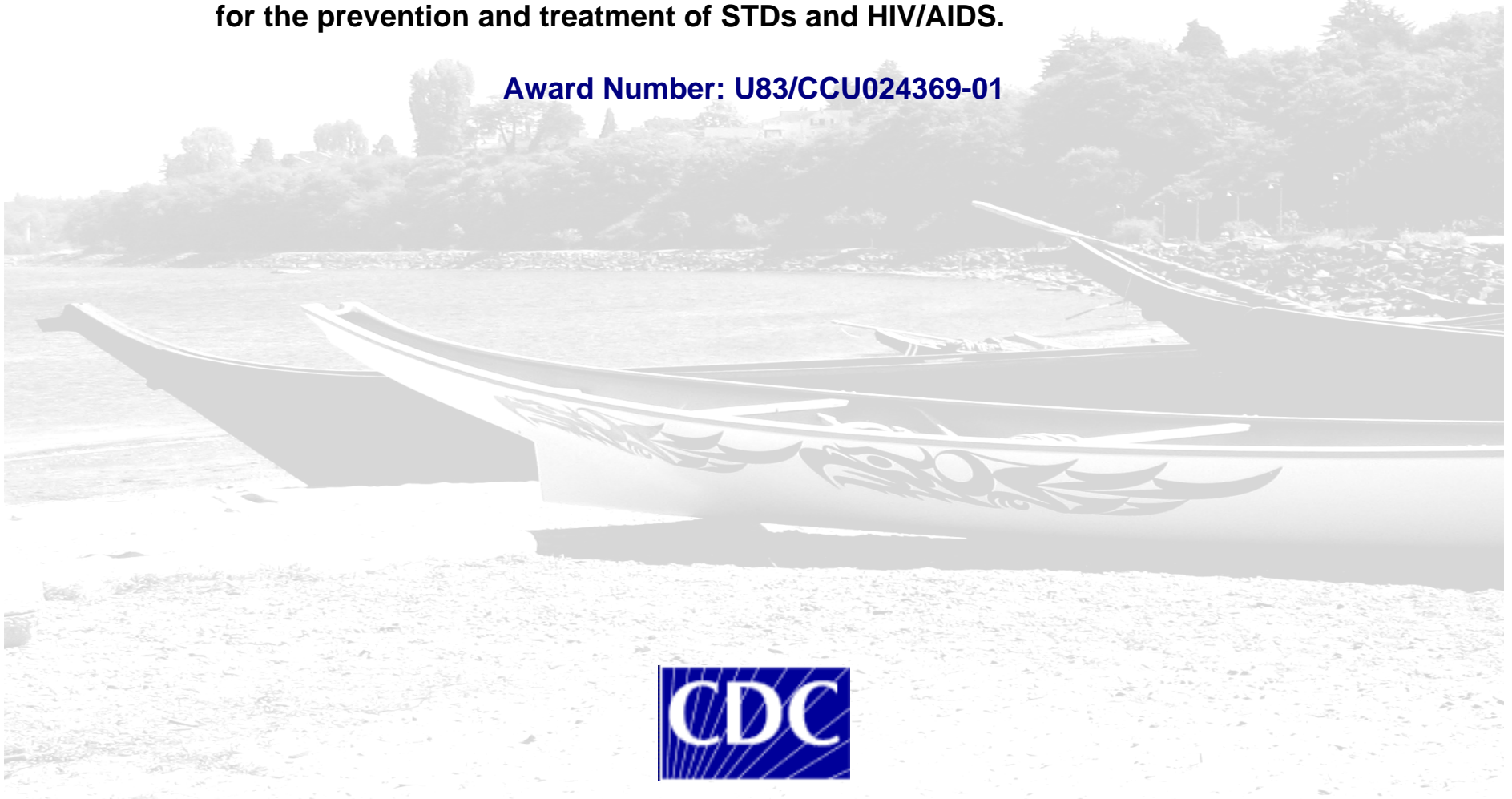
527 SW Hall, Suite 300 Portland, OR 97201

Phone: (503) 228-4185 Fax: (503) 228-8182

[www.npaihb.org](http://www.npaihb.org)

**The activities of Project Red Talon are funded by the Centers for Disease Control and Prevention through a three-year grant, which began in September 2004. This project is designed to provide tribes in Idaho, Oregon, and Washington with education, training, and technical assistance for the prevention and treatment of STDs and HIV/AIDS.**

**Award Number: U83/CCU024369-01**



# Red Talon STD/HIV Coalition Members

## **Coeur d'Alene Tribe**

Cathy Armstrong, CHN  
Judy Gordon, CHM  
Lanette Higgins, CHN

## **Confederated Tribes of Grand Ronde**

Matt Bucknell

## **Confederated Tribes of Umatilla**

Tracey Mowan, CHR

## **Confederated Tribes of Warm Springs**

Joyce Oberly, MPH  
Anita Davis  
Delcie Scott

## **Coquille Tribes**

Barbara Pierson

## **Evergreen AIDS Foundation**

Wendy Weitz

## **Indian Health Service**

Lori de Ravello, MPH

## **Lummi Nation**

Kathy Charles  
Ben Scherrer

## **Native American Rehabilitation Association NW**

Pam Young

## **Nez Perce Tribe**

Irene Kipp  
LeRoy Seth

## **Nisqually Health Clinic**

Raylene McCloud

## **Northwest Portland Area Indian Health Board**

Stephanie Craig Rushing, MPH  
Lisa Griggs  
Sonciray Bonnell

## **Northwest AIDS Education and Training Center**

Eric Riles

## **Oregon AIDS Education and Training Center**

Steve Pierson

## **Oregon Department of Health, HIV/STD/TB Program**

Larry Hill

## **Port Gamble S'Klallam Tribe**

Holly Blanton

## **Portland Area Indian Health Service**

Joe Law

## **Quinault Nation**

Pam Morton, FNP

## **Regional Minority HIV/AIDS Resource Consultant**

Nicole Ikebata, MPH

## **Seattle STD/HIV Prevention Training Center**

Anne Meegan

## **Shoalwater Bay Tribe**

Lisa Shipman

## **Shoshone-Bannock Tribe**

Tamara Hollinger, BSN, MS

## **South Puget Intertribal Planning Agency**

Jutta Riediger  
Michael Maxwell

## **Spokane Tribe**

Roger Garza

## **Squamish Tribe**

Barbara Hoffman

## **Washington State Department of Health, Division of Sexually Transmitted Diseases**

Mark Aubin

# STD/HIV Tribal Action Plan 2006-2009

## *Process*

The STD/HIV Tribal Action Plan is the product of a collaborative, year-long planning process, initiated by members of the Red Talon STD/HIV Coalition. 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, and local community-based organizations. Meetings are held in conjunction with the Northwest Portland Area Indian Health Board's Quarterly Board Meetings, and provide a critical venue for discussing important STD issues.

## *Background Research*

In order to understand the types of STD and HIV prevention services available to the NW tribes, Project Red Talon (PRT) and the Northern Plains Tribal Epidemiology Center (NPTEC) collaborated to develop a comprehensive Tribal STD/HIV Capacity Assessment Survey, which was administered to tribes in Idaho, Oregon, and Washington in May 2005.



Two survey tools were developed to encapsulate the various prevention efforts available at the clinic and community level. The “provider” survey targeted STD screening and treatment practices among Indian Health Service (IHS) & tribal clinicians. The “community” survey targeted STD prevention efforts carried out by tribal health directors, health program managers, and community health educators. Each survey sought information regarding systems for promoting STD awareness, populations needing services, barriers to access, service utilization, prevention priorities, and training needs. The surveys were completed by over 90 NW tribal respondents.

The results of the Capacity Assessment were published in the *Red Talon STD Profile*, which can be downloaded at [www.npaihb.org](http://www.npaihb.org). By obtaining information about a variety of capacity indicators, the Red Talon STD/HIV Coalition was able to tailor health promotion strategies in response to identified needs.

## **Red Talon 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.

## Objectives:

To reduce the prevalence of STDs among American Indians and Alaska Natives in the Pacific Northwest, three priority objectives have been identified:

**1. Improve STD testing, screening, and treatment services among NW tribal clinics.**

**2. Strengthen the capacity of tribal health educators, program managers, and clinicians to provide STD prevention services to the NW tribes.**

**3. Increase community awareness about Sexually Transmitted Diseases.**

## Goal

The goal of the Red Talon STD/HIV Coalition's three-year 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 43 members of the Northwest Portland Area Indian Health Board to guide program planning, serve as a catalyst for community outreach, and foster a coordinated response to the devastating impact of STDs/HIV in our tribal communities.

## Strategies & Interventions

Recognizing the six dimensions of STD Prevention Capacity, as described by the *Community Readiness Model*, the Red Talon Coalition strategically selected a variety of intervention activities to increase the readiness of NW tribes to prevent sexually transmitted diseases. The Readiness Model was designed to improve community-based prevention efforts by acknowledging and responding to a tribe's unique culture, resources, and level of readiness. This model identifies six dimensions of readiness that influence a community's ability to take action to prevent STDs and HIV/AIDS:

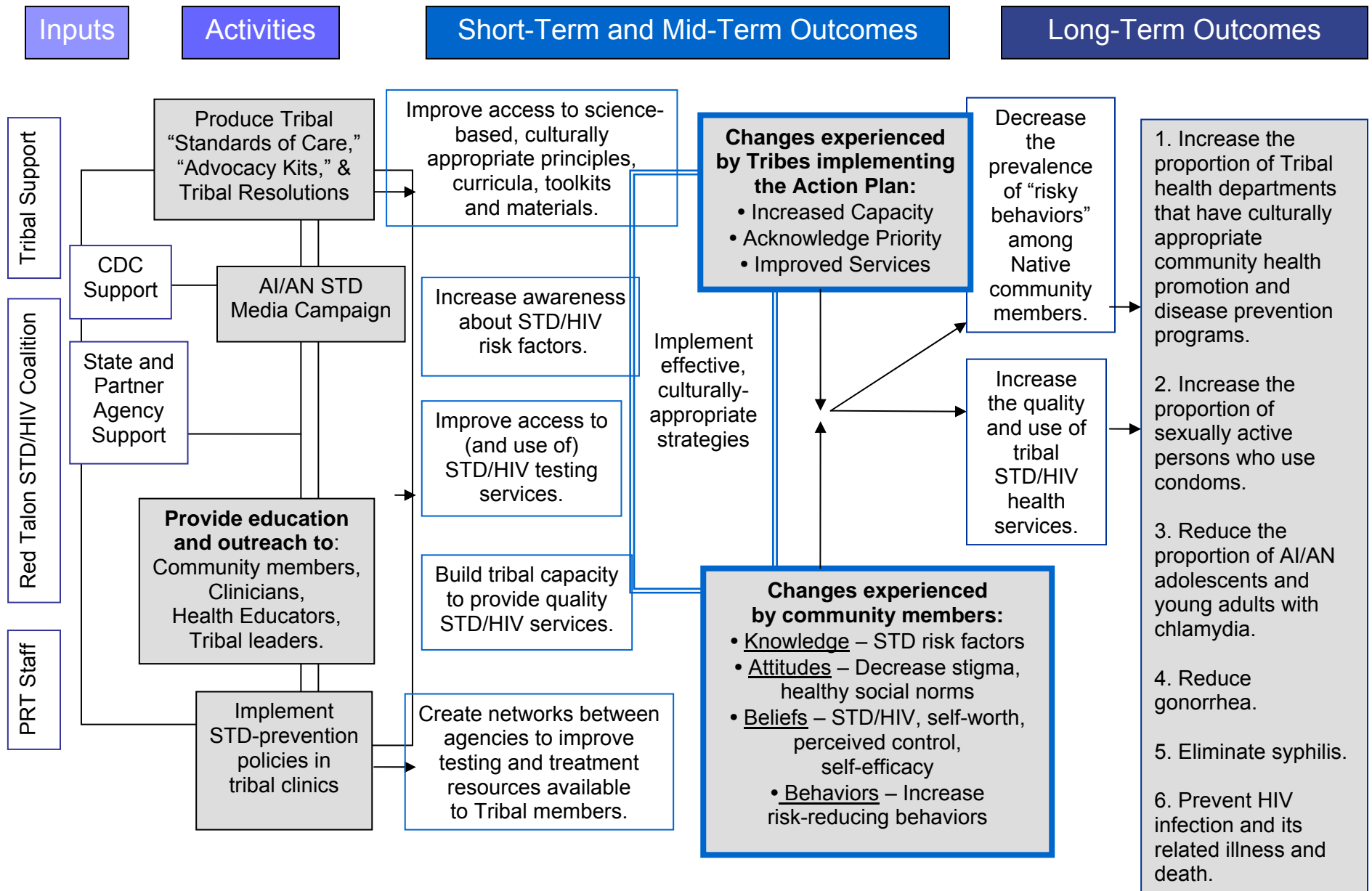
- 1. Community Efforts:** To what extent are there efforts, programs, and policies that address STDs/HIV?
- 2. Community Knowledge of the Efforts:** To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?
- 3. Leadership:** To what extent are appointed leaders and influential community members supportive of STD/HIV prevention?
- 4. Community Climate:** What is the prevailing attitude of the community toward STDs/HIV and early detection and testing? Is it one of helplessness or one of responsibility and empowerment?
- 5. Community Knowledge about the Issue:** To what extent do community members know about or have access to information about STDs/HIV, STD/HIV testing, consequences, and local implications?
- 6. Resources Related to the Issue:** To what extent are local resources – people, time, money, and space available to support efforts?

# Acting Players

To achieve our goals and objectives, a number of tribes, agencies, and programs will work collaboratively to complete the activities outlined by the STD/HIV Tribal Action Plan. Different entities will be responsible for different portions of the Plan's interventions and activities. Contributing constituents include:

- Members of the Red Talon STD/HIV Coalition
- NW Tribes and their affiliated governments; Tribal Councils
- Tribal Health Directors & Medical Directors
- Tribal Health Educators
- Tribal Health Program Managers
- Tribal Health Advocates
- Tribal Clinicians
- Project Red Talon (PRT), a project of the Northwest Portland Area Indian Health Board
- Indian Health Service
- South Puget Intertribal Planning Agency (SPIPA)
- The State Health Departments of Oregon, Washington, and Idaho – Division of STD/HIV Prevention
- The Seattle STD/HIV Prevention Training Center
- The HIV/AIDS Regional Resource Network (RRN)
- Local affiliated Community-Based Organizations
- Centers for Disease Control and Prevention

# Logic Model: STD/HIV Tribal Action Plan





2006

*STD/HIV  
Tribal Action Plan*

*Year 1*



Tribal Action Plan - Strategies and Interventions	Timeline 2006			
	January-March	April-June	July-September	October-December
1. Complete the three-year STD/HIV Tribal Action Plan. Present the Action Plan to the Northwest Portland Area Indian Health Board.	Coalition			
2. Propose a Resolution at the NPAIHB encouraging Tribal support of the Tribal Action Plan.	Project Red Talon			
3. Develop an "Advocacy Kit" that includes: how to talk to tribal council members about STDs (appropriate talking points), Fact Sheets, and presentation materials.	Project Red Talon			
4. Using the "Advocacy Kit," arrange a time with tribal council members to present the Tribal Action Plan and discuss local rates and risk factors. Share the "Kit" with Tribal Health Directors and other decision makers.		Tribal STD Advocate		
5. Produce an article or op-ed that can be modified for each community and submitted to the local Newspapers and/or Tribal Newsletter.		Project Red Talon		
6. Revise and submit the article or op-ed to the local paper.			Tribal STD Advocate	
7. Develop an STD/HIV Media Campaign.	Coalition			
8. Utilize Coalition workgroups to identify ways to increase testing and treatment capacity among NW Tribes, including participation in the National workgroup to develop school-based STD screening in Indian Country.		Coalition		
9. Convene a workgroup to develop a Tribal STD "Standards of Care" Fact Sheet. Write a formal letter to Tribal Clinics, to coincide with the release of the new 2006 STD Treatment Guidelines.	Project Red Talon			
10. Develop a policy checklist for Tribal Clinics that can be used for self-assessment, and an implementation toolkit.	Project Red Talon			
11. Provide Tribal Clinics with site visits to encourage and assist policy adoption.		Project Red Talon / S.P.I.P.A.		
12. Collaborate on grant writing activities.	Coalition: When Available → 1 grant per year.			
13. Participate in additional STD/HIV trainings, workshops, or conferences.	Tribal STD Advocate: When Available → At least 1/ year.			
14. Support the development of new AI/AN-specific STD/HIV prevention materials - Brochures, condoms, media etc.	Coalition: Ongoing			
15. Provide general STD education during existing community events.	Tribal STD Advocate: When Available → At least 2 / year.			

2007

*STD/HIV  
Tribal Action Plan*

**Year 2**



Tribal Action Plan - Strategies and Interventions	Timeline 2007			
	January-March	April-June	July-September	October-December
1. Produce an article or op-ed that can be modified for each community and submitted to local Newspaper and/or Tribal paper.	Project Red Talon			SPIPA
2. Revise and submit the article or op-ed to the local paper.		Tribal STD Advocate		
3. Implement the STD/HIV Media Campaign.	Tribal STD Advocate			
4. Meet with Tribal Council and share plans regarding the STD/HIV Media Campaign. Share the "Advocacy Kit" with Tribal Health Directors and other decision makers.		Tribal STD Advocate		
5. Write a Case Study documenting Umatilla's experience providing STD screening during Basketball Tournaments.			Umatilla, Project Red Talon	
6. Utilize the Red Talon Coalition workgroups and the School-based STD Screening Workbook to support planning at least one STD/HIV screening event at each Tribe in 2008 (possibly to coincide with National STD Awareness month in April 2008).	Coalition			
7. Provide general STD education during existing community events.	Tribal STD Advocate: When Available → At least 2 sessions per year.			
8. Collaborate on grant writing activities.	Coalition: When Available → 1 grant per year.			
9. Participate in additional STD/HIV trainings, workshops, or conferences.	Tribal STD Advocate: When Available → At least 1 training or conference per year.			
10. Support the development of new AI/AN-specific STD/HIV prevention materials - Brochures, condoms, media etc.	Coalition: Ongoing			

2008

*STD/HIV  
Tribal Action Plan*



Year 3

Tribal Action Plan - Strategies and Interventions	Timeline 2008			
	January-March	April-June	July-September	October-December
1. Meet with Tribal Council and propose a Resolution supporting the Tribe's ongoing STD/HIV Prevention activities. Share the "Advocacy Kit" with Tribal Health Directors and other decision makers.		Tribal STD Advocate		
2. Organize at least one STD/HIV screening event in 2008 (possibly to coincide with National STD Awareness month in April 2008).		Tribal STD Advocate		
3. Host a Tribal Clinician Reproductive Health Conference. Include a panel presentation by tribes that have engaged in policy change, sharing their experience.			Coalition	
4. Produce an article or op-ed that can be modified for each community and submitted to local Newspaper and/or Tribal paper.			Regional Minority HIV/AIDS Resource Consultant	
5. Revise and submit an article or op-ed to the local paper.	Tribal STD Advocate			Tribal STD Advocate
6. Provide general STD education during existing community events.	Tribal STD Advocate: When Available → At least 2 sessions per year.			
7. Collaborate on grant writing activities.	Coalition: When Available → 1 grant per year.			
8. Participate in additional STD/HIV trainings, workshops, or conferences.	Tribal STD Advocate: When Available → At least 1 training or conference per year.			
9. Support the development of new AI/AN-specific STD/HIV prevention materials - Brochures, condoms, media etc.	Coalition: Ongoing			



# S.M.A.R.T. *Objectives*

---

**SMART:** i.e. Specific, Measurable, Achievable, Realistic, and Time-bound.

- **Specific** – We have identified what we are going to achieve
- **Measurable** - We have quantified our objectives
- **Achievable** - We have ensured that the outcomes can physically be accomplished
- **Realistic** - We have made sure that we have the resources needed to make the objective happen (personnel, money, materials, time)
- **Time-Bound** – We have stated when we will carryout each objective



*Objective 1: Improve STD testing, screening, and treatment among NW Tribal clinics.*

Intervention/Strategy	Target Population	Level of Readiness	Who's Responsible:	Desired Outcome
1. Utilize the STD/HIV Media Campaign to increase the community's comfort when asking for and receiving STD tests.	All community members	Vague Awareness	Red Talon Coalition	Reduce stigma and increase patient requests for testing
2. Provide general STD education during existing community events.	All community members	Preplanning	Tribal Health Advocates, PRT	Reduce stigma and increase patient requests for testing
3. Convene a workgroup to develop a Tribal STD "Standards of Care" Fact Sheet - Write a formal letter to Tribal Clinics, with a specific directive regarding STD screening and treatment, to coincide with the release of the new 2006 STD Treatment Guidelines (February).	Tribal Clinicians; Medical Director	Preplanning	Facilitate Workgroup: PRT	Improve screening rates
4. Utilize workgroups to identify ways to increase testing and treatment capacity among NW Tribes.	Tribal Health Departments	Preplanning	Red Talon Coalition	Improve treatment rates
5. Develop a policy checklist for Tribal Clinics that can be used for self-assessment, w/ a policy implementation toolkit.	Tribal Clinicians; Medical Director	Preplanning	Project Red Talon, IHS, CDC	Increase number of Tribal clinics w/ comprehensive policies
6. Provide Tribal Clinics with site visits to encourage and assist in clinic policy adoption.	Tribal Clinicians; Medical Director	Initiation	PRT, SPIPA	Increase number of Tribal clinics w/ comp. policies
7. Write a Case Study documenting Umatilla's experience providing STD screening during Basketball Tournaments - Disseminate to Tribal Health Advocates	Tribal Health Advocates	Preparation	Umatilla, PRT	Increase tribal capacity to carryout screening events
8. Plan and implement at least one STD/HIV screening event in 2008 (possibly to coincide with National STD Awareness month in April 2008)	All community members	Preparation	Coalition, Tribal Health Advocate	Improve screening rates and access to services
9. Host a Tribal Clinician Reproductive Health Conference, discussing infectious diseases, cancer, and women's health issues (perhaps partner with the existing National Reproductive Conference, with a Tribal track or breakout sessions)	Tribal Clinicians; Medical Director	Initiation	Red Talon Coalition	Bring tribal clinicians together for joint training and networking (not currently available), increase provider knowledge and support for testing and treatment

## Objective 1: Timeline for Completion

Intervention/Strategy	Timeline											
	1st Quarter of 2006	2nd Quarter of 2006	3rd Quarter of 2006	4th Quarter of 2006	1st Quarter of 2007	2nd Quarter of 2007	3rd Quarter of 2007	4th Quarter of 2007	1st Quarter of 2008	2nd Quarter of 2008	3rd Quarter of 2008	4th Quarter of 2008
1. Utilize the STD/HIV Media Campaign to increase the community's comfort when asking for and receiving STD tests												
2. Provide general STD education during existing community events	When Available → At least 2 sessions per year.				When Available → At least 2 sessions per year.				When Available → At least 2 sessions per year.			
3. Convene a workgroup to develop a Tribal STD "Standards of Care" Fact Sheet. Write a formal letter with a specific directive regarding STD screening and treatment.												
4. Utilize Coalition workgroups to identify ways to increase testing and treatment capacity among NW Tribes												
5. Develop a policy checklist for Tribal Clinics that can be used for self-assessment, and an implementation toolkit												
6. Provide Tribal Clinics with site visits to encourage and assist in clinic policy adoption												
7. Write a Case Study documenting Umatilla's experience providing STD screening during Basketball Tournaments.												
8. Plan and implement at least one STD/HIV screening event in 2008 (possibly to coincide with National STD Awareness month in April 2008)												
9. Host a Tribal Clinician Reproductive Health Conference.												

*Objective 2: Strengthen the capacity of tribal health educators, program managers, and clinicians to provide STD prevention services to the NW tribes.*

Intervention/Strategy	Target Population	Level of Readiness	Who's Responsible:	Desired Outcome
1. Complete the three-year STD/HIV Tribal Action Plan	Tribal Health Advocates	Preparation	Red Talon Coalition	Create a cohesive vision and plan for the future, support networking and sharing.
2. Collaborate on STD grant writing activities	Tribal Health Advocates	Preparation	Red Talon Coalition	Increase funding for STD Prevention and Treatment
3. Participate in annual STD/HIV trainings, workshops, or conferences	Tribal Health Advocates, Tribal Clinicians	Preparation	Clinicians, Tribal Health Advocates	Increase knowledge, support networking, access new resources
4. Support the development of new AI/AN-specific STD/HIV prevention materials - Brochures, condoms, media etc.	TBD	Vague Awareness	Red Talon Coalition, Project Red Talon	Provide health educators, program managers, and clinicians with usable materials for community-based prevention activities

## Objective 2: Timeline for Completion

Interventions/Strategy	Timeline											
	1st Quarter of 2006	2nd Quarter of 2006	3rd Quarter of 2006	4th Quarter of 2006	1st Quarter of 2007	2nd Quarter of 2007	3rd Quarter of 2007	4th Quarter of 2007	1st Quarter of 2008	2nd Quarter of 2008	3rd Quarter of 2008	4th Quarter of 2008
1. Complete the three-year STD/HIV Tribal Action Plan.												
2. Collaborate on grant writing activities.	When Available → 1 grant per year.				When Available → 1 grant per year.				When Available → 1 grant per year.			
3. Participate in additional STD/HIV trainings, workshops, or conferences.	When Available → At least 1 training or conference per year.				When Available → At least 1 training or conference per year.				When Available → At least 1 training or conference per year.			
4. Support the development of new AI/AN-specific STD/HIV prevention materials - Brochures, condoms, media etc.	Ongoing				Ongoing				Ongoing			

*Objective 3: Increase community awareness about Sexually Transmitted Diseases.*

Intervention/Strategy	Target Population	Level of Readiness	Who's Responsible:	Desired Outcome
1. Present the 3-year Tribal Action Plan to the Northwest Portland Area Indian Health Board	Tribal Health Directors and NPAIHB Delegates	Vague Awareness	Arrange: PRT Present: Red Talon Coalition	Gain support, increase awareness, increase leverage when talking to Tribal Councils
2. Propose Resolution at the NPAIHB, encouraging support of the Action Plan	NPAIHB Delegates	Vague Awareness	Project Red Talon	
3. Produce an article or op-ed that can be modified for each community and submitted to the local Newspaper and/or Tribal paper.	Tribal Health Advocates	Initiation	Project Red Talon; SPIPA	Support Tribal Programs to share consistent STD messages
4. Revise and submit the article or op-ed to local papers.	Adult community members	Vague Awareness	Tribal Health Advocate	Raise awareness about STD issues
5. Develop an "Advocacy Kit" that includes: how to talk to tribal council members about STDs (appropriate talking points), Fact Sheets, and presentation materials.	For health advocates to use, targeting council members and decision-makers	Denial/Resistance	Draft: Project Red Talon Review: Red Talon Coalition	Increase tribal resources and capacity
6. Present the STD/HIV Tribal Action Plan to tribal council members, and discuss local rates and risk factors.	Tribal Council	Denial/Resistance	Tribal Health Advocate	Increase program support among decision-makers, raise awareness about STD issues
7. Meet with Tribal Council and share plans for the STD/HIV Media Campaign	Tribal Council	Denial/Resistance	Tribal Health Advocate	
8. Meet with Tribal Council and propose Tribal Resolution re: continued support for prevention.	Tribal Council	Denial/Resistance	Tribal Health Advocate	
9. Provide general STD education during existing community events	All community members	Vague Awareness	Tribal Health Advocate; Project Red Talon	Raise awareness about STD issues

*Objective 3: Increase community awareness about Sexually Transmitted Diseases.*

Intervention/Strategy	Target Population	Level of Readiness	Who's Responsible:	Desired Outcome
10. Attend clinic health fairs and share available resource materials and STD info.	All community members	Vague Awareness	Tribal Health Advocate; Project Red Talon	Raise awareness about STD issues
11. Develop STD/HIV Media Campaign	Teens and high-risk Adults	Vague Awareness	Red Talon Coalition	Increase tribal resources and capacity
Identify target populations and desired products		Vague Awareness	Red Talon Coalition	
Develop appropriate messages		Vague Awareness	Red Talon Coalition	
Test concepts and make appropriate changes		Vague Awareness	PRT and G&G	
Strategically place media materials developed for the STD/HIV Media Campaign throughout the community		Vague Awareness	Tribal Health Advocate	<ul style="list-style-type: none"> <li>* Increase knowledge about risky behaviors and individual STDs/HIV</li> <li>* Increase knowledge about available treatments</li> <li>* Increase willingness to participate in STD/HIV screening or testing</li> <li>* Improve attitudes re: the confidentiality of services</li> <li>* Increase use of risk reduction strategies: condoms, etc.</li> <li>* Improve communication between sexual partners</li> <li>* Foster open discussion between parents &amp; youth</li> </ul>
12. Evaluate the STD/HIV Media Campaign		Vague Awareness	Tribal Health Advocate and PRT	Increase tribal resources and capacity

### Objective 3: Timeline for Completion

Intervention/Strategy	Timeline											
	1st Quarter of 2006	2nd Quarter of 2006	3rd Quarter of 2006	4th Quarter of 2006	1st Quarter of 2007	2nd Quarter of 2007	3rd Quarter of 2007	4th Quarter of 2007	1st Quarter of 2008	2nd Quarter of 2008	3rd Quarter of 2008	4th Quarter of 2008
1. Present the 3-year Tribal Action Plan to the NPAIHB.												
2. Propose a Resolution at the NPAIHB encouraging support of the Tribal Action Plan.												
3. Produce an article or op-ed that can be modified for each community and submitted to local and/or Tribal papers.												
4. Revise and submit the article or op-ed to the local paper.												
5. Develop an "Advocacy Kit" that includes: how to talk to tribal council members about STDs (talking points), Fact Sheets, and presentation materials.												
6. Arrange time with tribal council members to present the Tribal Action Plan, and discuss local rates and risk factors.												
7. Meet with Tribal Council and share plans for the STD/HIV Media Campaign.												
8. Meet with Tribal Council and propose a Resolution supporting prevention activities.												
9. Provide general STD education during community events.	When Available → At least 2 sessions per year.				When Available → At least 2 sessions per year.				When Available → At least 2 sessions per year.			

### Objective 3: Timeline for Completion

Intervention/Strategy	Timeline											
	1st Quarter of 2006	2nd Quarter of 2006	3rd Quarter of 2006	4th Quarter of 2006	1st Quarter of 2007	2nd Quarter of 2007	3rd Quarter of 2007	4th Quarter of 2007	1st Quarter of 2008	2nd Quarter of 2008	3rd Quarter of 2008	4th Quarter of 2008
10. Attend clinic health fairs and share available resource materials and STD info.	When Available → At least 1 Health Fair per year.				When Available → At least 1 Health Fair per year.				When Available → At least 1 Health Fair per year.			
11. Develop an STD/HIV Media Campaign												
Identify target populations and desired products												
Develop appropriate messages												
Test concepts and make appropriate changes												
Strategically place media materials developed for the STD/HIV Media Campaign throughout the community												
12. Evaluate the STD/HIV Media Campaign												




# Strengths & Resources

## *Strengths, Conditions, and Resources Identified in October 2005*

During the Strategic Planning process, a variety of strengths, conditions, and resources were identified that will impact the implementation of the STD/HIV Tribal Action Plan.

<i>Strengths</i>	<i>Conditions</i>	<i>Resources</i>
Accurate STD tests	Lack of recognition of risk	Clergy/Faith
Baseline data	Low Education	Health Fairs
BEAR Project	Low Employment	Community Volunteers
Boys and Girls clubs	Low levels of capacity to test	Social Service Programs
Casino donations	Meth Problem	STD/HIV Training Centers
Churches	More funding needed	Tribal Council meetings
Community Center	Not a priority	Tribal Newspaper
Community closeness	Provider education needed	BEAR Project, Project Red Talon
Community resources	STD tests are not just diagnostic	Bus Stations
Elder support	Stigma	Youth Activities
Experience with Screening criteria	Trainers - availability	CBO's
Fundraisers	Training	NNAIC
Good Network with Coalition, and strong partnerships with tribal clinics	Low Awareness and acceptability of screening	IHS clinics
Good training Centers	Low self esteem	National Native Org.
Identified Reservation	Low support for screening	NPAIHB
IHS	No money for HIV+ care	SAMSHA
National awareness days - National Native American Month (November), World AIDS Day (December)	Physician reluctance to screen/test	Community Activities

<i>Strengths</i>	<i>Conditions</i>	<i>Resources</i>
Newly funded Media grant	Poor understanding of the difference between "screening" and "testing"	Donations/Casino
Northwest Portland Area Indian Health Board	Referral services - Knowledge about, transportation to, access to	Elders programs
Organizational structure	Low Support for STD Prevention	IHS
Powwows	Alcoholism	IPP
Privacy/confidentiality of services	Concerns about appropriate resources: How to find and access	ITC
Project Red Talon	Confidentiality concerns	MCH programs
Quick test results	Cultural Competency	Oregon Newspapers
Radio Station	Denial	Planned Parenthood
Red Talon STD Profile	Drugs/Meth	Radio, Posters, Bathroom Stalls, Shopping Carts
Rural	Fragmentation - economic, religious, family status	Red Talon Coalition
Schools	Funding	State and local Health Departments
Screening and Treatment Guidelines and Workbooks	Gaps between testing and treatment levels	Traditional Churches and Healers
Strong other programs	High Poverty	Community Health Representatives
Tribal Councils	Isolation fear	Red Talon STD Profile
	Need to reach the hard to reach	Drug and Alcohol Programs
	Teen pregnancy	Screening and Treatment Guidelines
	Variable stages of readiness	Tri-Ethnic Center
	No entertainment	Public TV
	Lack of access	CDC
	Lack of outside resources	Community Clinics

# Acknowledgements

We wish to thank Barbara Plested, Ph.D. and Pamela Jumper-Thurman, Ph.D. for the ongoing support of the Tri-Ethnic Center at Colorado State University, and for the use of their *Community Readiness Model for HIV/AIDS Prevention*.

The Tri-Ethnic Center is a Native CBA Provider, working in conjunction with the National Native American AIDS Prevention Center and the Inter Tribal Council of Arizona to provide capacity building assistance to Native communities seeking to increase the effectiveness of their HIV/AIDS prevention activities.