

**HRSA SPNS HIV/AIDS AI/AN Project Conference Call
Monday, August 8, 2005 @ Noon CST**

Participants	
SPIPA	Jutta Riediger, Lisa Shipman
NAHC	Karen Saylor
ANTHC	Aldrich Mazonna, Gloria Eldridge
4CC	Kevin Foley, Bonita Baxter
YK	Andrea Savage, Carl Evans
NC	Bruce Swett, Robert Hunt, Trish Carter
HRSA	Lois Eldred, Sarah Hargrove, Sandi Duggan
OU	Glenn Solomon, K G Anderson, Nancy Sonleitner, Ahmad Saleem

Project Updates:

SPIPA

South Puget Intertribal Planning Agency: Expanding the Circle of Care

Project Update

Conference Call Date: 8/8/05

Data Collection Activities

	<i>Current Month</i>	<i>Total</i>
Individual Outreach Contacts	S/2 N/2	S/31 N/44
Group Outreach Contacts	S/80 N/28	S/340 N 497
Community Survey	S/12	S/12
HIV+ clients enrolled to date	S/0 N/0	S/0 N/0

	<i>Current Month</i>	<i>Total</i>
HIV counseling & testing	S/1 N/2	S/? N/38
Referral to HIV primary care	S/0 N/0	S/0 N/0
Number of new HIV+ clients (as a result of SPNS)	S/0 N/0	S/0 N/0

Planning Activities

Nisqually planned Youth Events, one with an HIV positive speaker and one with Planned Parenthood. These are for boys/girls together, followed by Talking Circles for boys/girls separate. There is also a Parent Education night scheduled.

Shoalwater Bay planned Youth activities, making prevention posters with pictures of youth. The community activity offered traditional beading while listening to an HIV positive Native man.

SPIPA is planning to have the data presented to the SPIPA Board on Sept. 9th and again to the Tribal Planners

on Sept. 15th. SPIPA is also planning to work with the Tribes on an HIV Testing Project.

Other Data Collection Activities:

Shoalwater Bay Tribal staff met with Karina to review data gathering procedures prior to starting survey work. Shoalwater Bay started to conduct surveys during the annual Women and Girls' Gathering

Dissemination Activities:

SPIPA meeting with Karina, Carmen and Jutta to discuss article for presentation to the SPIPA Board and also article on SPIPA SPNS data. Karina in contact with Nisqually Medical Director for collaboration on potential testing data article.

Training Activities:

SPIPA – Training on Native American HIV/AIDS Risk Assessment and HIV 101 for the Provider

Outreach Activities:

Nisqually – Summer Youth Event with HIV positive speaker and information on HIV transmission and prevention.

Shoalwater Bay and SPIPA – participated in the Annual Native Women and Girls' Gathering with about 80 participants listening to an HIV positive Native woman and discussing risk factors and prevention for women.

Contact with other AI/AN SPNS Grantees:

Contact with Tracy on conference

Contact with OU TA Center/HRSA

Contact with Glenn on procurement of testing kits

Other items to be discussed:

- Karina, Jutta, and Carmen discussed using carryover funds for special testing project as well work on a paper to compare testing rate before and after this project started.
- Also participated in Red Talon meeting where data gathered from all of the tribal clinics that have HIV and STD services was shared. It showed very low services, lack of education and information. SPIPA discussed doing regional trainings for them and with them.
- Jutta had a German intern who brought European AIDS material and developed a board and Bingo game for youths to come up with specific answers.
- Glenn asked about the arrangement of intern from Europe for the summer and how to follow it up with other tribes at other locations so they can get interns from Europe.

- Jutta said there is a huge interest in Europe in working with Native Americans. It has to be balanced with what the person can contribute versus how much they want to learn. The tribes were very open to her. Jutta said it is very tribe specific. It is something a tribe would like to look at it on their own. It worked out well for SPIPA. Jutta had to explain tribal protocols especially for the ceremonies for her and what would be appropriate.

Healing Lodge

Native American Interfaith Ministries: The Healing Lodge

Project Update

Conference Call Date:

Data Collection Activities: *Client*

Demographics	2	Risk Behaviors	2
Spirituality	2	Self Value	2
Belief & Behavior	2	Client Satisfaction	2
Attitude & Knowledge (pre)	2	Testing/Counseling	2
Attitude & Knowledge (post)	1	HIV+ clients enrolled to date	2

Data Collection Activities: *Pastor/Lay*

Demographics	10	Pastor/Lay Care Inventory (pre)	
Spirituality	10	Pastor/Lay Care Inventory (post)	
Attitude & Knowledge (pre)	10	Number of new HIV+ clients (as a result of SPNS)	
Attitude & Knowledge (post)		HIV + clients enrolled to date	

Other Data Collection Activities:

Mike Gross is working on gathering qualitative/Attitude & Knowledge data from our Lay Health Advisors, persons who have taken the Spiritual Connection workshop and focus of gathering stories of how the workshop has had

an impact and picture documentation of Spiritual Connection workshop. Also taking photos of Host Church's of Spiritual Connection Trainings.
Robert is working on Post Date collections.

Dissemination Activities:

I spoke at a Ministers breakfast, sharing with them the ministry of the Healing Lodge and SPNNS program and hope they are very vital in referrals.

Faith Based Training Activities:

Held the second part one of the Spiritual Connection, Lay Health Advisors Training at Pleasant View Baptist Church on July 9th.

Session Schedule:

- >Depression
- >Chemical Dependency
- >Special Project of National Significance Repeat Survey
- > Program Planning

Outreach Activities:

The SPNNS program partnered with the Robeson County Health Dept. in a Friday, 5am outreach targeting a high sex works at a Truck Stop in Maxton, NC. We encountered 6 that was working trucks

Contact with other AI/AN SPNS Grantees:

Type Here

Contact with OU TA Center/HRSA

Other items to be discussed:

Abstract

PS. Due to staff taking vacation time in latter July and August, activity of the project has been slow.

- o Had a task force meeting which was well attended. Planning for the task force to be more self sufficient next year.
- o Also discussed collaboration with Lumbee tribe as how to partner more with them to work with positives and do referrals.
- o Geared up for final two years. Will do more post date data collections.

- Also met with Native Health Institute and gave them good sense of what Healing Lodge and the program were doing.
- Also have a developed a questionnaire that can be used in the future to start a dialogue.
- Planning the Healing Lodge weekend which is an important event for self-sustenance. It will during the last weekend of this month. Glenn suggested taking pictures for the scrap book.

YK

- Andrea's last day at work is tomorrow. Carl will be acting project director and may take over. Will need help with the project's paper work. Carl and Mark will get together with Nancy and Saleem to discuss their dissemination project.
- Carl has been doing case management of HIV positive patients and will be phasing out of it. Just had a couple of new clients that have been diagnosed, one with full blown AIDS which shows the importance of getting testing done early so people wont get diagnosed with full blown AIDS.
- A person who has been HIV positive for 8 years who is considering to become a spokesperson for the importance of being tested in the community. Jutta had mentioned about problem of getting someone that the community respects and listens to.
- Carl will be doing case management only for those enrolled in the project but will be available on call testing from the hospital. They really want to push having anyone who has STD to be tested for HIV. They have seen the importance of nipping it in the bud. Haven't seen that many cases that they know about but everyone is concerned about the number that is more than likely to be there.
- Will suppose to present at St. Mary's which is a weeklong gathering of health aides last week on counseling and risk assessment but couldn't go because of an injury. A health educator and a nurse from Ryan White Project in Anchorage went instead. They said health aides were very interested in being able to do the counseling on STDs and risk assessment/risk reduction counseling.
- Carl did a presentation a few weeks ago with Ryan White hub site people on disclosure and the importance of helping people coming to the point where they are able to disclose to relatives and friends. Most clients disclose to parents and some may be a spouse but it is very limited. It is tied in with stigma and fear of people not accepting them. Glenn said that is close to what is seen across the nation regarding the disclosure.

ANTHC

- Aldrich said Tracy will be here on the weekend (perhaps on August 11) and they will leave with corporation managers to ____ care unit for active rather than reactive. Will also go over some program activities _____ for the World AIDS Day on December 1 marketing to high risk populations, PSA's, brochure for local churches in Nome and the region, village travel, education. Hope to have someone from public health nursing available during village travel to make HIV testing available for villagers, to provide HIV risk assessment for out patient nurses, do more outreach such as _____ outreach (education presentation on condom).
- Working on doing research on those, and getting a lot of information from colleagues. There is a lot of information on trauma but not much has been written about healing.
- Glenn asked if Aldrich has seen HIV positive people out there. Aldrich said they don't see them there, there are some that the project knows of but they are in Anchorage area. Project is working with care education unit to prepare in case they decide to return someday so it will be ready for them.
- Gloria said Nancy was really helpful and worked really hard with Tracy dissemination while Gloria was on vacation. They have a whole series of them done and submitted to the review process at ANTHC. Some of them have really run aground because the tribal health consortium is concerned about the sensitivity of the data. Some of them have been rewritten and resubmitted for review and they are considering giving an approval for the abstract to go forward but the final presentation itself has to go through the entire review board process. The project may have abstracts accepted but the final proposal may not be accepted. Glenn said Gloria can update OU and HRSA more on the situation next week during the project's conference call. It is really an arduous process to get them through the internal approval. It is Nome but ANTHC's approval. It seems that the piece for monograph is unlikely to be approved because they are very sensitive about talking about Alaska Natives and the correctional system. IRB approval is likely to go ahead on key informant interviews with the staff members the project has trained for risk reduction and so on in Nome.
- Saleem asked if the article for the monograph was not likely to be accepted. Gloria said yes because the authors were going to use some of the correctional system data and they are very concerned about saying anything whatsoever which has anything to do with Alaska Natives in the correctional system. That is one of the abstracts that was rewritten and resubmitted, and was being reviewed again on Friday and Tracy indicated they are not keen on having any comment on the topic. If the abstract is approved, the final project itself has to go through the entire board meeting and the next board meeting isn't till the next quarter and there is a tight deadline on the monograph. Glenn said this can be discussed in more detail next week.

4CC

- Kevin asked if he could talk about the abstract Nancy prepared for the three projects. Glenn said yes. Kevin agreed to be part of the panel presentation and asked if Nancy would need a PowerPoint presentation to be attached to the abstract. Nancy said not with the abstract. Navajo Nation IRB has already approved the project's dissemination activity for the Native People's HIV Conference in Anchorage. For PowerPoint presentation to go along with it, the project can use one of the previously approved presentations or get approval on a brand new presentation. Kevin asked how many minutes were allocated to the panel. Nancy said it was a total of 80 minutes, with about 20 minutes for each presenter. 4CC said it could present a PowerPoint presentation that has already been approved by the IRB.
- Bonita added that the project had sent out 50 packets to NCI and NAN (health survey, authorization sheet). Kevin said these are the data collection instruments that all of the project's research participation documents that go along with it.
- Kevin asked if we were going forward with the panel presentation. Glenn said yes. Kevin asked if the other two projects were okay with it. Glenn said Bruce said okay. Sandi received email confirmation from the projects.
- The project is working on several other dissemination activities.
- Kevin will be away on vacation on most of August, will not be on call next Wednesday. Priscilla will join for him.
- The project is looking at various ways to analyze data to develop other dissemination products.
- NAN will be having a retreat in September. They will get together with UNM to focus group questions on care the patients are receiving and barriers toward getting tested and care.
- Dissemination products: the project will be submitting an abstracts for Native People's Conference on CBPR based on survey passed around to all the participatory members. UNM has been collecting and analyzing them. Will also place an abstract for an overview of Motivational Interviewing and HIV testing. Project is also getting ready to do the article for the monograph with the updated and more specific information about motivational interviewing and HIV testing. Kevin will get back with Nancy about the notes that she took in enhancing that article. Dr. Iralu wants to examine if traditional treatment affects viral load and CD4 counts. He will work with UNM to look at health survey data being collected by the project.
- Still working on brochures to recruit people for health surveys. Glenn asked about when the work with Dr. Iralu will be done. Kevin said it is kind of going on now. Responding to Kevin, Bonita said she didn't have information on to proceed with

analyzing data for Dr. Iralu at this point. Dr. Iralu will be getting an intern in September who will assist him with chart extraction. The project needs to go back to IRB and have it approve the chart extraction protocol. Once the data from the chart extraction is obtained, it will be analyzed with the data being collected with health surveys. Dr. Iralu is also working through Harvard University social medicine health inequity branch and will be having some medical students come over with the project with Howard Hyatt who will implement a directly observed HIV therapy. It is being done in Haiti and some other countries where they go out and observe people taking their medication. He is hoping the project could be duplicated in Navajo Nation. Jutta said there is a tribe working with the BEAR project that does that with Hepatitis C medication and it seems to be working really well. Kevin said they are isolated and there are large distances to go to people with HIV to give their medication and to observe them. Jutta said this is done with the really specialized pain medication because there have been some drug selling activity which prompted directly observed drug therapy. Lois said that HRSA has done direct observe therapy with its rural initiative in Alabama (1990 – 2003). It depends on how it is done. The distance can be really tough. It would be great idea to complement it with motivational interviewing and do it on a time limited basis. It seemed to work best with those who were close to the center. The further away they were, the less well it worked. Jutta said they have also combined prevention for positives with Hepatitis C to go along with it. It is a take on motivational interviewing but it is motivating them to be safe. May also transfer over prevention with positives with HIV. Lois said Transatlantic group at ___ hospital is doing directly observed drug therapy specifically as a transition when somebody becomes homeless or just come out of prison. It is done for two or three months until they are more stable and have an environment that is conducive for them to take their drugs on their own. However, the project reengages the participants if something catastrophic happens to them until they can recover again.

Native American Health Center: Holistic Native Network

Project Update

Conference Call Date: 8/8/05

Data Collection Activities

Outreach Contacts	185	Persons Referred for HIV CTR from F/House	5	Clients referred substance abuse svcs	0
Health Surveys	19	Total Persons receiving HIV CTR	28	UDC In Drop In Center	46
SPNS Clients Cumulative total	53	Clients receiving Mental health svcs	22	Clients receiving HIV Program Services	49
Number of new SPNS clients	0	Clients receiving dental svcs	5	Clients receiving medical svcs	16

Other Data Collection Activities:

At the Friendship House, 19 pre-tests and 19 post-tests (38 total) were collected with clients from their HIV Education class on July 14th. The FH Health Educator resigned this past month, so the project coordinator, Jenny Wiley, covered the class until the position is refilled. The NAHC HIV Prevention Coordinator, Emmett, and HIV Outreach worker, Penny, helped to cover the staffing gap.

Dissemination Activities:

This month Karen and the editorial team for the special edition of the Journal of Psychoactive Drugs have been getting ready to send out the galleys for the author's review. Galleys will be sent out to the Alaska and NM sites tomorrow, August 9th, and must be returned by Monday, August 15th.

Training Activities:

- HIV Services staff attended the HIV Prevention Leadership Summit here in San Francisco
- The CMHS HIV Mental Health project coordinators at Abt Associates came to SF for a site visit on August 2nd and spent the afternoon with HIV mental health staff.

Outreach Activities:

- Meeting with San Francisco Department of Public Health to get local technical assistance around Outreach; Outreach Worker will begin attending monthly meetings.
- Voices of Bravery Workshop: individuals watched a video re: a Native women who discloses her HIV status. Group discussion re: ways she is brave, and then out of that discussion individuals made collages representing their own bravery, and these were printed up on t-shirts.
- Staff & community members participated in the San Francisco Annual AIDS Walk

HIV Program Services Activities:

Contact with other AI/AN SPNS Grantees:

Karen's team has been coordinating with the NM and Alaska sites to verify contact information and to see who is the most appropriate person from each site to review the galleys for the Journal papers, which are due out in October.

Contact with OU TA Center/HRSA

Nancy and Saleem have been working with the NAHC team on the literature review for our paper on HIV risk and substance abuse, for which we will generate an abstract for the Alaska conference.

Other items to be discussed:

- Project's outreach worker has an extended outreach approach that is really working well.
- Karen feels that the collaboration between different departments is going well.
- Karen will be fed-xing the galleys for the Journal of Psychoactive Drugs overnight to Tracy and Kevin tomorrow. They want the changes returned in one week. Karen informed all the authors last week about the quick turnaround. It should be arriving on the tenth and Karen wants it to be sent back to her next Monday. Karen will turn it in by the 17th. K G asked Karen to contact Tracy because she wasn't on the call. Karen said she wanted to discuss how authors will be listed for 4CC with Kevin and Bonnie is out until 15th. Kevin said he will be out until the 17th. Kevin gave Karen his cell phone number.
- Maritza and Karen have been working on products from Albuquerque. Each is working on a paper and she had sent a draft to Nancy a few weeks ago. Have been out for past week. Will start work on that and hope to finish the abstract by next week. Will be submitting a couple of abstracts to Alaska. Saleem asked if Karen had received his changes. Karen said she didn't receive it and asked it to be resent. She received some helpful comments from Nancy but no changes.

HRSA Updates

- Lois announced that the next grantee meeting will be on January 18-20, 2006 at the Grand Hyatt Hotel in DC.
- Lois informed grantees about the reauthorization of Ryan White Care Act and discussed issues associated with the reauthorization. She asked Saleem to send the link to an article on the reauthorization of Ryan White Care Act to the grantees.

Conference Call ended at 1:00 pm