

**HRSA SPNS AI/AN Initiative All Projects Conference Call
Monday, November 8, 2004 @ 12:00 pm CST**

Participants:

NAHC: Karen Saylor

SPIPA: Jutta Riediger

ANTHC: Tracy Speier, Gloria Eldridge

4CC: Kevin Foley, Rebeccah Rodriguez

HRSA: Sandi Duggan, Sarah Hargrove, Adan Cajina

OU: Glenn Solomon, K. G. Anderson, Tim Brittingham, Ahmad Saleem

Site Visits:

Suggested site visit date to SPIPA: January 13, 2005.

Project Reports:

SPIPA:

Individual project conference call scheduled for November 15 was moved to December.

The Nisqually tribal staff who has been with the project since March still shares a public space, and has no private phone or email. She has done a marvelous job on her own by pulling together the community and did a button blanket event as a competition for the World AIDS Day which would be judged by the tribal council. About 22 people participated in the event. The women participants requested this to be a monthly event. Questions have been raised about a man who has been incarcerated for intentionally infecting women with HIV which took place a few miles from the tribal community. Pictures taken at the event will be put together with a narrative and given as an award.

Squaxin Island will be holding a breakfast with a health focus and the staff will do a presentation on November 12th. One of the local tribal members will be a speaker at the event.

Tribal staff is conducting surveys. 54 have been completed. The target is 100 for Squaxin Island. Only 20 have completed for Nisqually tribe. There isn't a number for Shoalwater Bay yet.

The AETC in Seattle and Bear project has put together a risk assessment and harm reduction for drug/alcohol counselors which the project will be taking on the road to the different SPNS tribes. The first event will be held by Shoalwater Bay on Wednesday. It will give the drug/alcohol counselors a chance to learn how to assess the risk of their clients in relation to HIV and then proceed with harm reduction methods. It will be thought by a Native American PhD to the staff (including SPNS and allied health staff). It will also be held at the drug treatment facility at the Squaxin Island which is for this area in the Northwest and takes in people from all the different tribes.

Tracy: How did the infection of the women impacted the tribe?

Jutta: By the fact that it occurred close to the tribe although no one from the tribes was infected.

It has also gotten wide news coverage in the area. The tribal members have also become more comfortable in approaching staff with questions.

ANTHC

Gloria and Tracy conducted another catch-up training earlier this month. Also revised some of the forms used by the behavioral health providers to collect data. Delivered the database to Nome. Also provided training to the medical and behavioral health staff on rapid testing who never have had the training before. The doctors are really motivated to use rapid testing. Tracy has had a lot of requests from the villages and she is negotiating with Norton Sound to go to the villages and work with behavioral health providers to do education. Gave interviews on both radio stations in Nome on World AIDS Day. There will be a community outreach campaign on the World AIDS Day in collaboration with public health nurses to conduct some testing. Also going to meet with one of the vice presidents of Norton Sound to put together Elder and Youth Conference Panel on HIV. A community member passed away from AIDS but tribes are still are saying it is not in their community since the person didn't live there during infection. Planning to do pre and post test counseling training with the state department of epidemiology during the first week of February. Gave a presentation to tribal _____ workers and child protective service workers. Working with a village based Alaska Native male who is very motivated, has started doing presentations, and is interested in conducting testing in the villages.

Jutta informed Tracy that Dr. Francine Daisy goes to Alaska to conduct the risk assessment and harm reduction program and would send Tracy the necessary information.

Dr. Solomon asked Tracy about utilizing NNAAPC and Tracy said she met with NNAAPC last week about different possibilities and referred her to Alaska Native Health Board. ANHB is currently undergoing organizational changes. Nome does not have HIV/AIDS numbers and therefore a lot of the resources are going to regions that have numbers.

4CC

The date for retreat has been moved up to January 6th from December 2nd because Bonnie Duran was going to be out of town on that date. Also have a rough draft of the retreat agenda. It involves looking at the project, discussing what has been accomplished, and what will be done.

UNM Evaluation team has identified a need to do focus groups on HIV+ people that were not getting the case management services with NAN and those who have decided not to participate in the health survey. Bonnie and her evaluation team has developed a budget and a proposal to conduct the focus groups.

The project is getting ready to implement the HIV study guide for provider level intervention for the HIV Academy of Medicine to train the doctors, and if they meet the criteria, then they will become certified as an HIV provider. There are 8 sets of study guide. Also developing a protocol that will be passed on to OU and HRSA. Will be recruiting from a list of ten HIV providers on the reservation. They will be given a pre-test, then the study guide, and then a post-test.

Also looking at Medical Chart extractions as requested by Dr. Iralu to see the health status of the HIV+ people and develop a tool that will be helpful to him for quality assurance for future use once the project is completed. A budget is being developed and trying to figure out with Dr. Iralu on how to implement it.

Dr. Solomon said the project is doing very well.

NAHC

Two staff members have been hired for the Holistic Native Network, a data manager (Jose Garcia) who began on November 1st. He used to work in medical department as the homeless case manager and did HIV testing. He has received training on REGGIE which captures Ryan White data. An outreach worker has been hired who will start on November 22nd. Cumulative client count for SPNS is 43. The project is currently really focusing on outreach activities.

During Dr. Solomon's site visit, there was a meeting between Dr. Solomon, the dental director, and the HIV services team to discuss using the dental clinic as a point of contact for referral service for HIV testing. Currently it is an informal outreach referral relationship, outreach is not an active process within the dental clinic. People are referred over when they ask for services. The dental director said she was willing to make a concerted effort to cultivate referrals over to HIV testing.

For the journal, Jose is working on extraction of dental records of all HIV positive clients who are receiving services through the dental department. Karen has forwarded a paper to Saleem to do some editing on the paper, looking at the substance abuse patterns among the dental clients, and how that relates to HIV dental care, and asked for a

couple more pages on HIV because they were really just focusing on substance abuse. The dental aspect of this project is very unique.

Other outreach activities include Maritza meeting with the Native American AIDS Project to discuss collaborative outreach and doing rapid testing at their site beginning in February 2005. Friendship House has filled the health educator position who starts today. This means all positions within HIV services department under the SPNS contract are filled.

Training activities – Maritza attended an HIV testing and counseling coordinator meeting last month on professional boundaries and burnout supervisor training including supervision of HIV testing counselors, medication update, and partner counseling referral services. This is also the time to get information on the state of the new protocol update regarding rapid testing which will be implemented in the clinic using Oraquick starting probably in February.

The medical department and the HIV services department received an introductory training for partnership for health which is one of the three CDC prevention interventions that the project will be implementing through the medical department.

There has been a follow up meeting with Friendship House to discuss referral process for SPNS clients seeking residential services. Friendship House, through subcontract, has agreed to provide two beds for resident substance abuse for SPNS client but because the house is full, the client may not get the bed. There is often a three week wait. These protocols are being worked out.

The site visit was very useful for the HIV services team. They discussed the budget and the cultural needs of urban Indians and how that differs from some of the other sites, and how to deal with staff burnout, outreach strategies, and team building.

Data collection – Jose will be contacting some of the clients to conduct follow up interviews, on quality of life and demographic updates, as well as changes in client status.

Karen inquired about medical chart extraction. Tim said it was an issue not moving forward because not many projects were interested. Sandi said it was based on individual preference. Dr. Solomon said nothing was decided on this end. It is not mandatory. Sandi said it was not going to be an initiative thing but left to individual projects.

Native American Health Center: Holistic Native Network

Project Update

Conference Call Date: **November 8, 2004**

Data Collection Activities

Outreach Contacts		Clients Referred for HIV CTR from F/House	6	Clients referred substance abuse svcs	1
Health Surveys		Total Clients receiving HIV CTR	15	Clients receiving substance abuse svcs	0/4
SPNS Clients Cumulative total	43	Clients receiving Mental health svcs	(15)	Clients receiving HIV Program Services	37
Number of new SPNS clients	1	Clients receiving dental svcs	3	Clients receiving medical svcs	11

Other Data Collection Activities:

- Data Manager hired & began position November 1, 2004. Received Reggie training (captures Ryan White UOS)

Dissemination Activities:

- Maritza began journal article process—will do a paper regarding HIV Counseling, Testing & Referral at NAHC.

Training Activities:

- Attended HIV Counseling and Testing Coordinator's Meeting October 19-21. Attended following workshops: 'Professional Boundaries & Burnout,' 'Supervisors training: Supervision of HIV Testing Counselors,' 'Medication update' and 'Partner Counseling Referral Services.' Received information on state of the state, and new protocol update in regards to Rapid Testing/certification process.
- Medical (including HIV) department received introductory training to Partnership for Health, one of the 3 CDC prevention interventions that we will be implementing.

Outreach Activities:

- Outreach Worker Hired—will begin position 11/22/04.
- Met with Dental Director & Dr. Solomon to discuss dental clinic as point of contact/referral service for HIV CTR/Rapid Testing.
- Met with Native American AIDS Project to discuss collaborative outreach, and doing rapid testing at their site, beginning February, 2005
- Friendship house filled Health Educator position, employment begins early November

HIV Program Services Activities:

- Follow up meeting with Friendship House to discuss referral process for SPNS clients seeking in-house treatment.
- Interviewed and hired Outreach Worker (11/22 start date) & Prevention Case Manager (11/15 start date)

Contact with other AI/AN SPNS Grantees:

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Contact with OU TA Center/HRSA

- Two-day site visit with Dr. Solomon. Discussed budget, cultural needs of Urban Indians, burnout of staff, outreach strategies, team building. This support was invaluable.
- Initial contact from Saleem re: abstract for journal article

Other items to be discussed:

- Motivational Interview training for NAHC staff...need OU assistance in setting up
- Re-vamp of project update form to better reflect activities of NAHC

Announcements:

Dr. Solomon said NNAAPC will be at the grantees meeting and will make a presentation on community organization. NNAAPC is looking forward to reconnect with the grantees and see what it can do for the projects. Dr. Solomon also wants to figure out what has been done with HIV and AI/AN that can be shared with the projects. OU will be sending a film, "Phillip Smith Story" from AAIP. Jutta's posters have been sent out. NNAAPC has send DVDs on Alaska Natives in Southwest Alaska. The goal is to facilitate media sharing and increase communication between the projects.

Jutta suggested two sources from AETC, www.hivwebstudy.org that was developed by Dr. Spock for Seattle AETC, and a video developed by the African American ministries called "Reach and Teach." Jutta wanted to know if anyone was interested in the videos. She can send them to Saleem who can send them out to the projects.

Tracy said Colorado AETC also has a collaborative project with NNAAPC and a training manual for Native American programs.

Dr. Solomon thanked the projects for their suggestions.

HRSA Updates

Sarah asked if North Carolina was on the call. Tim said Ottis wasn't on the call because of conflict due to teaching schedule.

Adan said HRSA is working with OU to develop an interesting agenda for the February meeting. Sandi asked projects to offer suggestions.

Additional Updates

Updated information regarding the Journal of Psychoactive Drugs and Authors Guidelines has been posted to the web site. Dr. Solomon said this is a great effort to put the projects on the map.

Karen said all that is needed is the abstract. The paper is not due until February.

The conference call ended at 1:15 pm.

Addendum to ANTHC Conference Call notes by the Project:

ANTHC

- The Project Coordinator and the State of Alaska's HIV/AIDS Behavioral Health and HIV/AIDS training conducted a follow up training for the behavioral health providers in October. These training covered revisions made to the data collection forms, as a result of feedback received from the providers.
- The Project Coordinator in collaboration with UAA's Evaluation center provided training to NSHC's staff on recording the collected data on the developed data based.
- The Project Coordinator also collaborated with the medical director from ANTHC HIV/AIDS EIS services to provide rapid test training to medical providers and one Alaska Native village-based behavioral health provider. The doctors are really motivated to use rapid testing.
- The Project Coordinator has had several requests from villages of the Norton Sound region for HIV/AIDS education. As a result, the Project Coordinator is expanding her community intervention to also train NSHC behavioral health providers on doing HIV/AIDS prevention education in villages.
 - The Project Coordinator is also working with one of NSHC Alaska Native male BH providers who is from the region and is very motivated. This particular provider attended the rapid test training and worked individually with the Project Coordinator on providing HIV/AIDS education presentations. The project Coordinator provided him the materials that NNAAPC brought up with the last week.
- The Project Coordinator and two NSHC behavioral health providers did two radio interviews to begin promoting World AIDS Day and free HIV testing as part of a community outreach campaign that we have planned for World AIDS Day. Both the NSHC's Lab and the Public Health Nursing program will work together with NSHC's Behavioral Health Division to make HIV testing available as part of the SPNS project.
- The Project Coordinator conducted a HIV/AIDS presentation to Kawerak's child protective service workers
- The Project Coordinator met with more local bar managers about distributing information and condoms at the local drinking establishments in Nome. They are

all in favor of this and have agreed to continue to work with the Project Coordinator on a community education campaign.

- The Project Coordinator is also massaging the relationship with Kawerak Native Organization located in Nome to discuss the possibilities of coordinating and facilitating a HIV/AIDS panel for the annual Elders and Youth Conference. The Project Coordinator would like to bring two HIV+ Alaska Natives, as well as a sibling of a man who died last year in the Kotzebue region (just North of Nome located on the Arctic Circle)
- Collaborating with the State of Alaska's Division of Epidemiology Section of HIV/AIDS to provide pre- and post- test counseling training to the BH providers and Public Health Nursing during the first week of February.
- An Alaska Native from the Norton Sound Region was buried in Nome three weeks ago, however because he received his care in Anchorage no one in the community knew he was infected until the funeral. Consequently the death didn't have that much of an impact on the community.
- Jutta informed Tracy that Dr. Francine Daisy goes to Alaska to conduct the risk assessment and harm reduction program and would send Tracy the necessary information.
- Dr. Solomon asked Tracy about utilizing NNAAPC and Tracy said she met with NNAAPC last week about different possibilities and they referred her to Alaska Native Health Board. The Project Coordinator had requested that the Norton Sound region be one of the regions served by ANHB's CDC funded HIV/AIDS prevention project, however to date, the ANTHC has been working with the YKHC's SPNS and Title III projects in Bethel and currently does not know what other regions the HIV prevention program is going to work in until it is determined by CDC if the ANHB prevention program will move over to ANTHC as part of some reorganizations that is happening within the Alaska Tribal Health System. The dilemma is that HIV services and prevention education programs have gone to regions in the state of Alaska that have identified cases of HIV. Currently since Nome does not have any HIV/AIDS numbers it is likely regions such as south east, interior and Bethel will benefit from having HIV prevention education available, ironically, these are also the regions that benefit from having other HIV services such as a ANTHC Title III Case Manager, Community-based AIDS Services Organization like the Alaskan AIDS Assistance Association or Interior AIDS both of which receive Title II funds from the State of Alaska. So for now we have to wait to see which regions the CDC funded prevention program will be working in and the program is on hold until CDC determines if the program can be transferred to ANTHC.
- The Project Coordinator submitted an abstract for project Karen Saylor's is heading up and she has begun writing the first draft.
- The Project Coordinator is also working on revisions of the HRSA Performance Evaluation report.