

STOPPING THE SILENCE



Program Opens Lines of Communication to Cut STD Rate Among Native Americans

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

By Tim Weldon

PEOPLE ARE TALKING.

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

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

Infection Rates Are Increasing Rapidly

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

Tribal leaders could remain silent no longer.

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

"As in many communities, talking about sex and reproductive health is

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

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

Behind the Gap in Rates

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

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

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

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

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

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

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

Washington State Rep. John McCoy, a member of the Tulalip tribe, also blames poor funding of tribal health clinics for creating an environment that fosters a high STD rate

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Oregon Public Health Division

among Native Americans. “It’s the continuous cutting of Indian Health funding. It keeps getting whacked,” McCoy said. “We don’t get the reimbursement rates that other hospitals ... and other medical care providers (get).”

Rushing agrees. “We have this national health care agenda to reduce health care disparities and yet, at least in the STD and HIV divisions, most of the resources focusing on ethnic populations focus on African-American and Hispanic populations, and fail to mention American Indians or Alaska Natives in the services altogether.”

Red Talon Takes Flight

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

The project is designed to encourage parents to talk with their children and for teens to talk to one another about the ABC approach to STD prevention: **A**bstain from sexual risk behaviors, **B**e faithful and use **C**ondoms. Project leaders produce and disseminate fact sheets and brochures specific to native populations, as well as newsletters, resource directories and other media campaign products. PRT also has distributed approximately 14,000 condoms.

Rushing said the campaign does not

try to scare young people with data; instead the focus is on empowering young adults to protect their own health while increasing awareness of how easy it is to get screened and to get treatment. Rushing said that helps young people feel responsible for their own bodies. “It really is telling them if you are sexually active, it is your responsibility to yourself and your body to get tested,” she said.

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

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

Future Funding Uncertain

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

Lily Blasini-Alcivar, who oversees the funding for Project Red Talon at the CDC, believes the program is making

important inroads to educate Native Americans about STDs. “It’s amazing. What these people proposed for each year in their proposal, they accomplished,” she said. “I feel like we need more programs.”

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

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

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

For more information about Project Red Talon, go to http://www.npaihb.org/epicenter/project/project_red_talon/.

—Tim Weldon is a health policy analyst with *The Council of State Governments*.

A Growing Problem: Native Americans and STDs

STDs are increasing at a faster rate among American Indian and Alaska Native populations than among any other ethnic group. Between 2002 and 2006, the gonorrhea rate increased nearly 23 percent in those populations. During that same time period, the increase among

whites was less than 18 percent and among Hispanics less than 12 percent. Gonorrhea rates for African-Americans and Asian/Pacific Islanders declined.

As for other STDs, from 2005 to 2006, the syphilis rate for the American Indian and Alaska Native popula-

tions increased by more than a third, also faster than among any other ethnic group. The rise in the chlamydia rate for the same period was greater among American Indians and Alaska Natives than among any ethnic group with the exception of Hispanics.

Source: *The Centers for Disease Control and Prevention*