

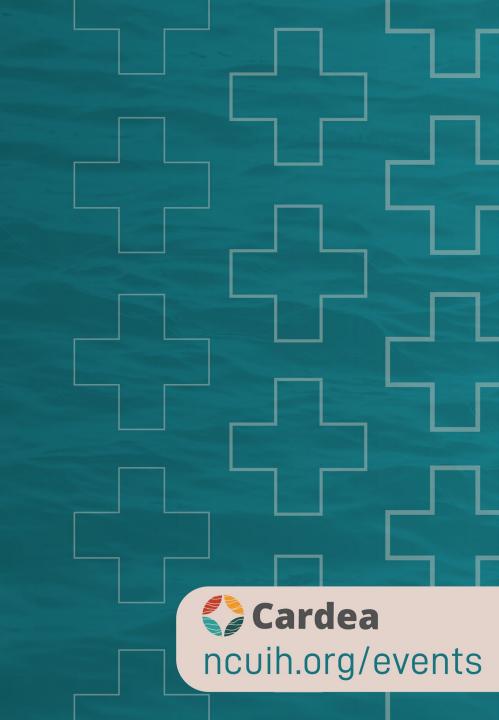
CLINIC TO COMMUNITY

CULTURALLY GROUNDED INTERVENTIONS

IN HIV AND STI CARE



May 16, 2024 | 2-3 p.m. EDT





Clinic to Community: Culturally Grounded Interventions in HIV and STI Care

Thursday, May 16, 2024 | 2:00 PM - 3:00 PM EDT

PRESENTER:

Kerry Hawk Lessard, MAA (Shawnee) CEO, Native American LifeLines



DISCLAIMER

This event is made possible by the Minority HIV/AIDS Fund through the Indian Health Service

Disclosures

This activity is jointly provided by the National Council of Urban Indian Health and Cardea Services.

Cardea Services is approved as a provider of nursing continuing professional development by the Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.





Disclosures

COMPLETING THIS ACTIVITY

Upon successful completion of this activity one contact hour will be awarded.

Successful completion of this continuing education activity includes the following:

- Attending the entire CE activity;
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AGENDA

TIME ALLOCATED	TOPIC	PRESENTER
2:00 PM EDT	Welcome	Divya Nanduri
2:02 PM EDT	About NCUIHZoom EtiquetteIntroduction of Presenter	Divya Nanduri
2:05 PM EDT	Clinic to Community: Culturally Grounded Interventions in HIV and STI Care	Kerry Hawk Lessard
2:40 PM EDT	Q&A Session	All
2:55 PM EDT	Adjourn	Divya Nanduri



NCUIH

NATIONAL COUNCIL of URBAN INDIAN HEALTH

The National Council of Urban Indian Health (NCUIH) is the national non-profit organization devoted to the support and development of quality, accessible, and culturally-competent health and public health services for American Indians and Alaska Natives (AI/ANs) living in urban areas.

NCUIH is the only national representative of the 41 Title V Urban Indian Organizations (UIOs) under the Indian Health Service (IHS) in the Indian Health Care Improvement Act (IHCIA). NCUIH strives to improve the health of the over 70% of the AI/AN population that lives in urban areas, supported by quality health care centers.



HOUSEKEEPING

- This session is being recorded.
- All mics have been muted (unless otherwise directed).
- Questions can be typed into the chat box.
- A Q&A session will follow at the end of the presentation.
- Please note the evaluation link provided in the chat and on-screen to complete to receive CEU credits.

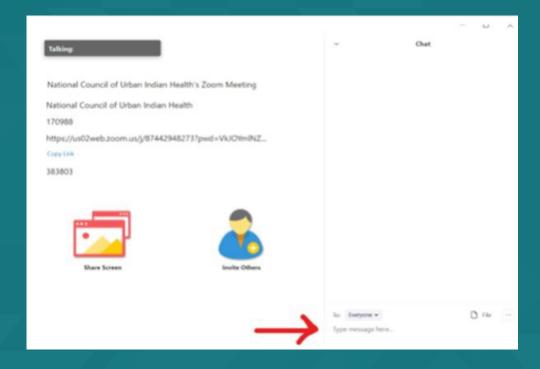


ASK A QUESTION OR COMMENT

First, select "Chat" at the bottom of your ZOOM screen.



Then type your question or comment into the chat box that will appear on the right.



5/16/2024

ncuih.org



POLLING QUESTIONS



PRESENTER



Kerry Hawk Lessard, MAA (Shawnee) | CEO Native American LifeLines



Clinic to Community:

Culturally Grounded Interventions to HIV and STI Syndemic Care

Native American LifeLines (Baltimore/ Boston)

Kerry Hawk Lessard, MAA

Learning Objectives

- Apply Singer's definition of syndemics to Urban AI/AN health needs, including HIV prevention
- Understand Historical/ Intergenerational Trauma as syndemic conditions
- Review lessons learned from CSAP study focused on HIV/HCV/STI prevention needs
- Consider culturally grounded interventions focused on selfarticulated needs of Urban AI/AN

Fast Facts



Baltimore:

- AI/AN = 0.2% of total population ($\sim 27k$)
- younger population compared with NHW
- Diverse tribal population
- Significant opioid use behaviors
- High rates of poverty & homelessness
- Low employment, educational attainment

Data collection practices are really ... something else.

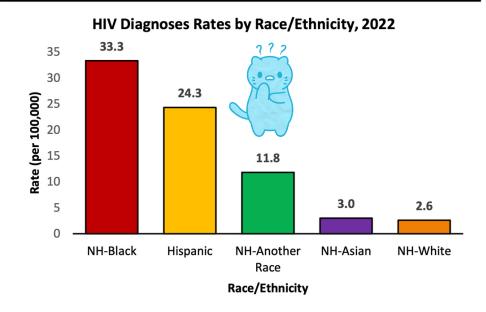


HIV BY RACE/ETHNICITY IN MARYLAND, 2022

DATA REPORTED THROUGH JUNE 30, 2023

New HIV Diagnoses in Maryland

- Of the 751 reported new HIV diagnoses in 2022 in Maryland, 70.3% were among NH-Black people, and 17.2% were Hispanic people.
- AIDS diagnosis rates in 2022 were up to 11 times higher among NH-Black people (17.7 per 100,000) as compared to people of other races.
- Of Marylanders living with HIV, Hispanic people have the highest estimated number that remain undiagnosed (16.1%), as of 2021.



Syndemics: Merrill Singer

"... the concentration and deleterious interaction of two or more diseases or other health conditions in a population, especially as a consequence of social inequity and the unjust exercise of power, syndemics appear to have played an important role in human disease history." (Singer, 2009, xiv-xv)

Core concepts:

- Disease concentration
- Disease interaction
- Underlying social forces

Historical & Intergenerational Trauma

"the cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences," (Brave Heart, 2008).

"the loss of language and culture that has left so many Aboriginal people bereft of their unique place in the world. It is these disorientations and their psychosocial correlates ... that the term [historical trauma] was intended to capture," (Gone, 2009).

HIV/Hepatitis C/ STIs

CSAP: Johnson, et al. (2007,2008)

Don't Forget About Us Objectives:

- Deliver HIV/ HCV/ STI prevention services to Urban AI/ AN in Baltimore
- Ensure interventions must be culturally-grounded
- Use SAMHSA's Strategic Prevention Framework (SPF) to:
 - Assess needs of target population
 - Build capacity to address needs
 - Develop strategic plan
 - Implements effective programs, policies, and practices
 - Evaluate process and outcomes

HIV/Hepatitis C/ STIs CSAP: Johnson, et al. (2007,2008)

Risk Factors:

- community disintegration
- shame, & stigma
- urban lifestyle & peer influences
- socioeconomic disadvantage



Disconnection, Invisibility, & Lateral Violence as SDOH



"I think if I'd had stronger culture, we would've lived differently."

"We would be better if we had those values. We would be stronger as a community."

"They say we ain't Indian and it makes you feel real bad."

Historical Trauma

Health Demoting Behaviors

Poor Health Outcomes (Individual & Community)





"To be effective, HIV/AIDS prevention programs ... that can be adapted to individual tribal cultures and beliefs are critically important." (CDC, 2008)

Prevention models created by and for Indigenous peoples promote community wellness in ways consistent with our core values and thus are more sustainable than the imposition of Western practices rooted in trauma.

Cultural Grounding, Cultural Humility

- identifies impacts of settler colonialism
- rejects lateral violence, anti-Blackness, & homophobia/ transphobia
- promotes cultural reconnection without judgement





Culture is healing.
Culture is prevention.



Reflections from Community

- Normalize talking about sex & sexuality
- Know your audience, but always be inclusive
- Embed prevention activities within cultural activities
- Make trusted connections



Final Thoughts

- Our healers have always been part of our communities.
- Let community members lead.
- Vet partners remember the value of your social capital.
- Prioritize local Native culture.
- Be a safe person, a safe organization.



kerry@nativelifelines.org



POLLING QUESTIONS



Q&A Session



REMINDER



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One-On-One Technical Assistance Available

https://ncuih.org/training/one-on-one/

The Technical Assistance and Research Center (TARC) provides individualized technical assistance, training, and support to member UIOs. Individual support includes:

- Community and staff training
- Consultation on research/evaluation
- Consultation on program planning and implementation
- Documenting local best practices
- Grant application review
- Local partnership development
- Locating archival data to support community work
- Policies, procedures, and operational needs



HIV Resource Guide Survey





UPCOMING EVENTS/FUNDING OPPORTUNITIES

- 5/23/24: Data Sharing and Data Use from an Urban Indian Perspective
- 5/29/24: Infection Prevention & Control Practices: Addressing Blood Exposure
- 5/30/24: Unveiling Strategies into Behavioral Health Financing: A Collaborative Review
- 6/5/24: Prevention Perspectives: Substance Misuse and Overdose Among Urban Native Populations
- 6/13/24: Vax Chat 2024: Lessons Learned in Vaccine Equity



THANK YOU



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