Project Red Talon

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Photos courtesy Project Red Talon -- For nearly two decades, Project Red Talon has provided American Indian and Alaska Native communities numerous resources on the dangers of HIV and STDs. PRT was born out of the Northwest Portland Area Indian Health Board. The project meets in the spring to provide educational seminars for health care professionals; the board holds quarterly meetings and, on occasion, reserves an extra meeting for coalition members to meet and learn from one another.

Health care professionals, communities benefit from coalition's HIV/STD training

PORTLAND, Ore. - For nearly two decades, Project Red Talon has provided American Indian and Alaska Native communities numerous resources on the dangers of HIV and sexually transmitted diseases. PRT was born out of the Northwest Portland Area Indian Health Board, an 18-year-old organization that serves 43 tribes in Oregon, Washington and Idaho.

PRT started out as a grass-roots, Native community-involved coalition. But there were challenges involved with getting out to all the tribes that fall under the umbrella of the NPAIHB, also called "the board."

About three years ago, under the new directorship of Stephanie Craig Rushing, PRT adopted the "community readiness model" theory in hopes of reaching all the tribes, especially in rural areas, about the importance of providing accurate HIV/STD education and testing to their people.

Under the CRM, the coalition shifted gears from direct community involvement to providing health care professionals training and resources to make sure the Native-based clinics they worked for were doing their best to reach out to patients and the community at large. Rushing explained that health care representatives from each tribe had to first focus on their strengths in order to reach their communities.

"The benefit of building on strengths is that it encourages unity and that you're not trying to implement something that is culturally inappropriate or just focuses on weakness," she said.

Rushing said the CRM was the brainchild of scholars from the Center for Applied Studies in American Ethnicity at Colorado State University. Under the CRM theory, Native health clinics are surveyed and provided resources and training on how to work with their community on carrying the message.

Just like the model called for, Rushing had surveys sent out to the 43 tribes in order to get an idea of how they were testing and treating for HIV/STDs.

After all, the statistics on the PRT Web site demonstrate a need to educate Natives on issues that seem to grow worse over time. According to its statistics, PRT said that American Indians and Alaska Natives are the fastest-growing minority group to contract HIV/AIDS, with new cases increasing 800 percent from 1990 to 1999.

As for STDs, additional statistics compiled in 2004 reported that Natives "were nearly five times likely than whites to have chlamydia, four times more likely to have gonorrhea, and twice as likely to have syphilis."

When PRT administered that first survey to clinics in 2005, Rushing was alarmed by the results. The report stated that "three-quarters of tribal clinicians reported that their clinic regularly tests for a variety of sexually transmitted diseases, while only 40 percent reported the capacity to treat such conditions."

Rushing said that she was not sure whether the results missed something, such as if the 80 percent of clinics not treating STDs were referring patients elsewhere. In 2006, PRT amended the survey to help respondents answer questions with greater accuracy.

"We are now feeling much more confident that people are testing and treating STDs," she said.

What she found disheartening was clinics' lack of funding to screen individuals annually for STDs. She said the screening is especially important for women under the age of 25, as they are vulnerable to contracting chlamydia. Many who catch it do not know they even have the disease. If left untreated, about 40 percent of those cases go on to become Pelvic Inflammatory Disease, which can lead to infertility.

In addition to surveying clinics, PRT makes sure that tribal health clinics are provided age-appropriate educational pamphlets and media resources to tribes. They also make these resources available for parents and educators on how to talk to teens about sex.

Rushing said that educating teenagers is vital to preventing the transmission of STDs, and that one in 10 sexually active teenagers have contracted chlamydia.

But when it comes down to education, the people most involved with teens, such as parents and educators, have the most difficulty talking openly about prevention and disease.

Rushing said that she was surprised to learn from random surveys that teens wanted their sex education taught to them by a person, such as a parent, educator or counselor, as opposed to a magazine, the Internet or other media. "It's a hard thing for many people to talk about," she said. "It's a hurdle that we have to get over."

The whole ideal of education, Rushing said, is not to scare teens or adults about STDs, but to persuade them to "make educated choices about themselves and their partner."

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Anita Davis, a community health educator and member of the Confederated Tribes of Warm Springs in central Oregon, said utilizing the CRM theory has made a difference for her. She admitted that before Rushing came along, she was sour on the effectiveness of PRT in rural areas.

"For me, the surveys are like a light," she said. "It was information that I needed and I am going to run with it. It really built my confidence."

PRT is funded by the Centers for Disease Control and Prevention through a three-year grant, which began in September 2004. The Library of Medicine issued a grant in 2006 for PRT to develop culturally appropriate HIV media materials for Northwest tribes.

For more information on PRT, visit www.npaihb.org/epicenter/project/project_red_talon.