



Best Practices for LGBTQ, Two-Spirited Population

Native American Health Center

Cultural Competence & Mental Health Summit XIV

November 8th –9th, 2006

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Native American Health Center

- Est. 1972
- Medical
- Dental
- Mental Health
- HIV Services
- HIV Prevention Services
- Youth Services
- WIC/Nutrition
- Healthy Nation Fitness Center

Clinic Sites:

- San Francisco
- Oakland
- Sacramento
- Santa Barbara



Native Circle

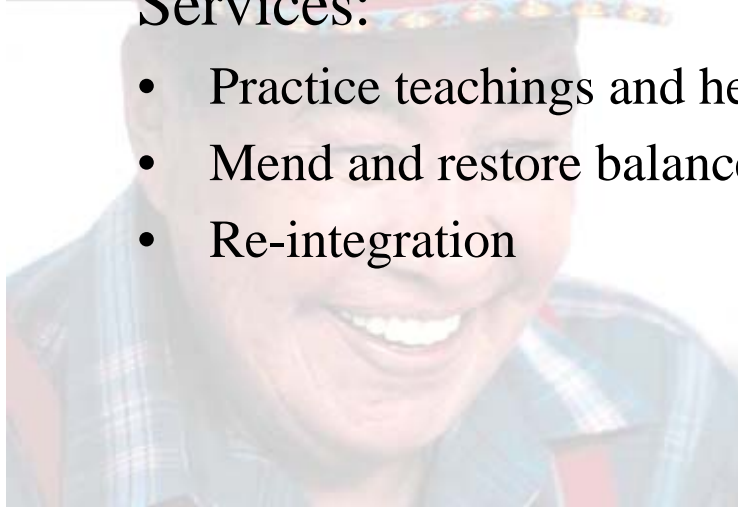
Native Circle (HIV Mental Health) is a 5 year CMHS demonstration grant.

Goal:

Provide culturally Competent MH Services for individuals living with HIV/AIDS

Services:

- Practice teachings and healing principals of the Sacred Hoop
- Mend and restore balance & harmony
- Re-integration



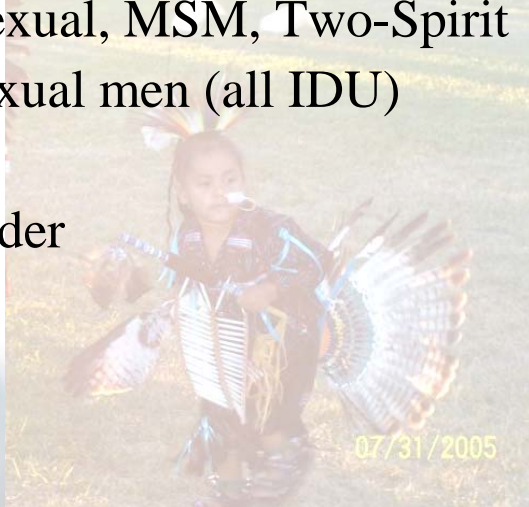
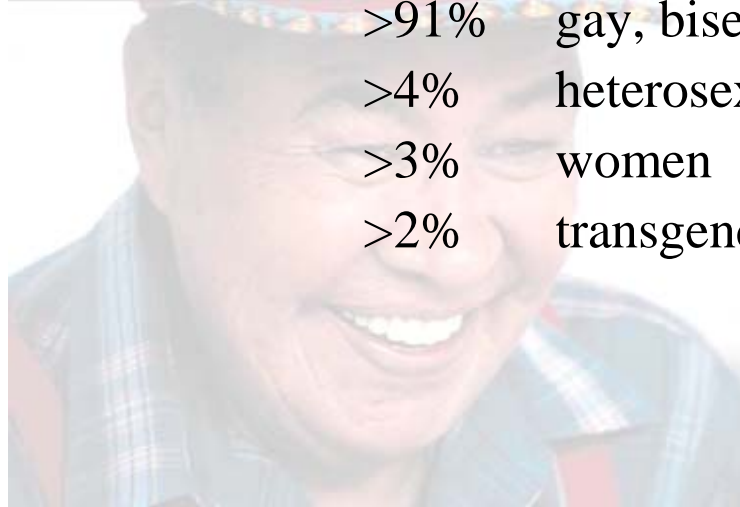
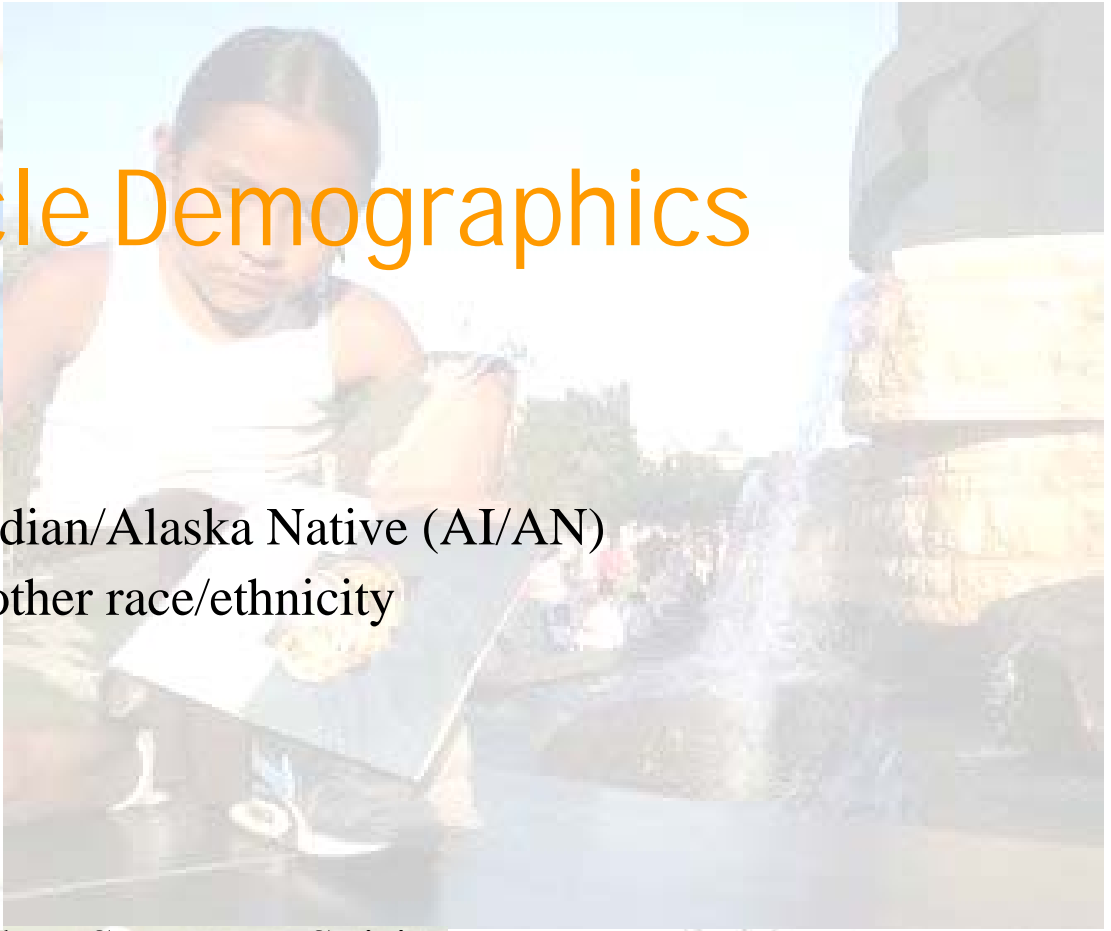
Native Circle Demographics

Racial & Ethnic

- > 60% American Indian/Alaska Native (AI/AN)
- >35% AI/AN and other race/ethnicity
- >3% White
- >2% Latino

Sexual Orientation

- >91% gay, bisexual, MSM, Two-Spirit
- >4% heterosexual men (all IDU)
- >3% women
- >2% transgender



Con't Native Circle Demographics

Other

- >95% history of substance abuse/alcoholism
- >55% history of IDU
- >75% history of sexual molestation, abuse, and or/assault
- >95% history of domestic violence

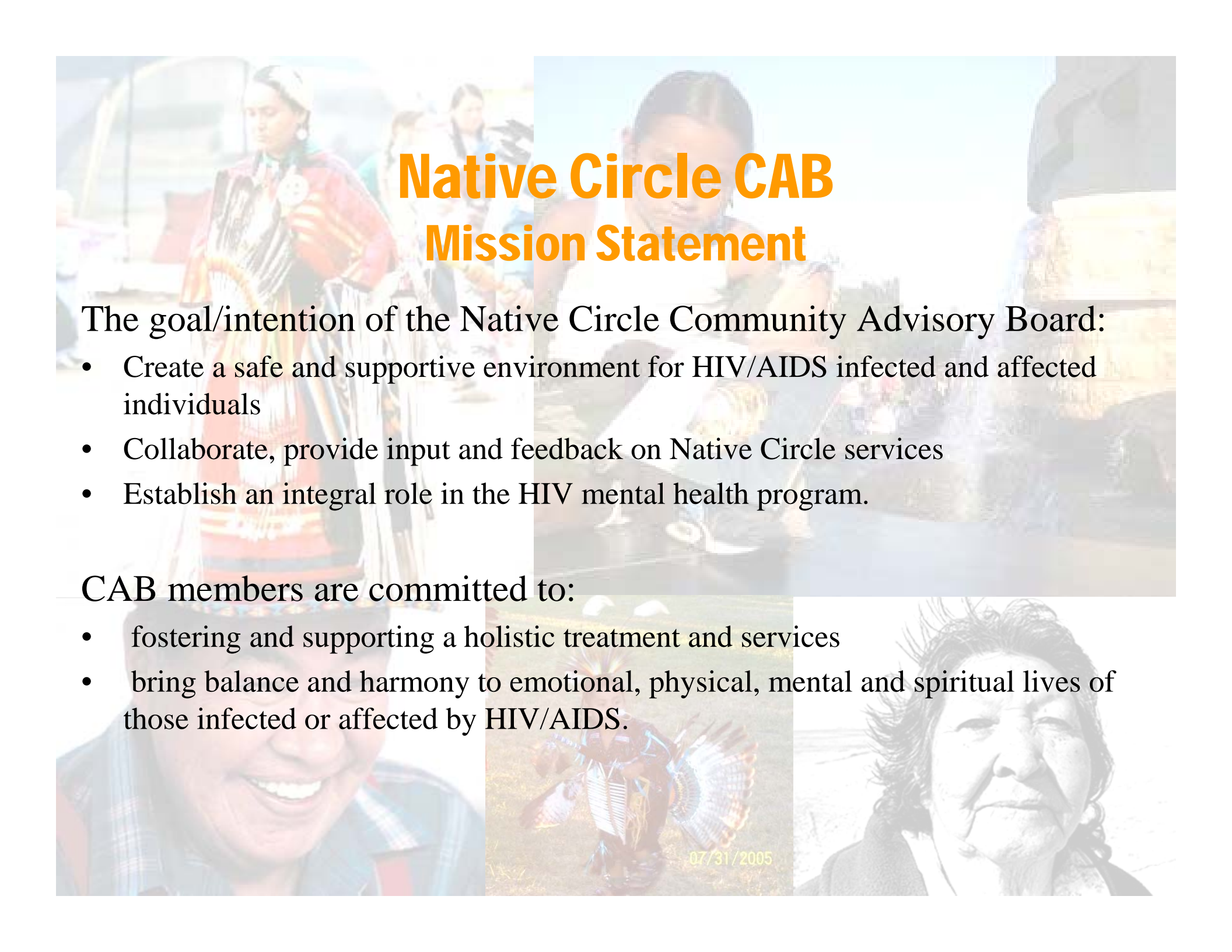


Community Advisory Board

What is a Community (Consumer) Advisory Board?

A CAB is a mechanism that gives people living with HIV infection an opportunity to advise a program/agency. This collection of consumers brings a unique combination of knowledge and skills to a program/agency.





Native Circle CAB Mission Statement

The goal/intention of the Native Circle Community Advisory Board:

- Create a safe and supportive environment for HIV/AIDS infected and affected individuals
- Collaborate, provide input and feedback on Native Circle services
- Establish an integral role in the HIV mental health program.

CAB members are committed to:

- fostering and supporting a holistic treatment and services
- bring balance and harmony to emotional, physical, mental and spiritual lives of those infected or affected by HIV/AIDS.

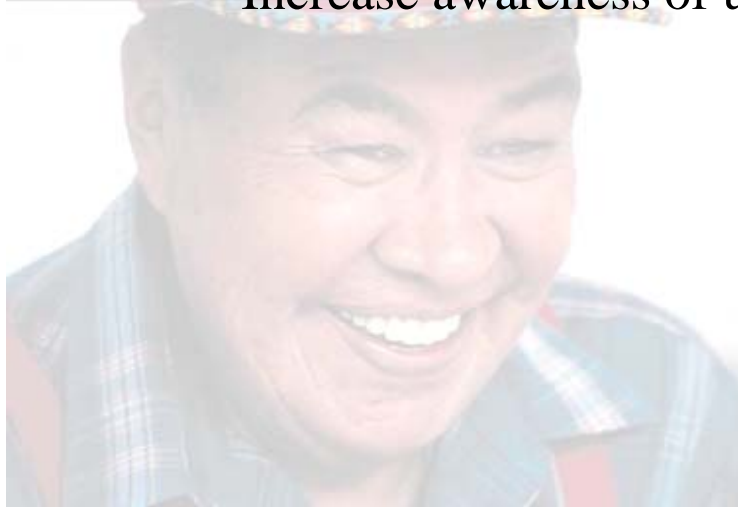
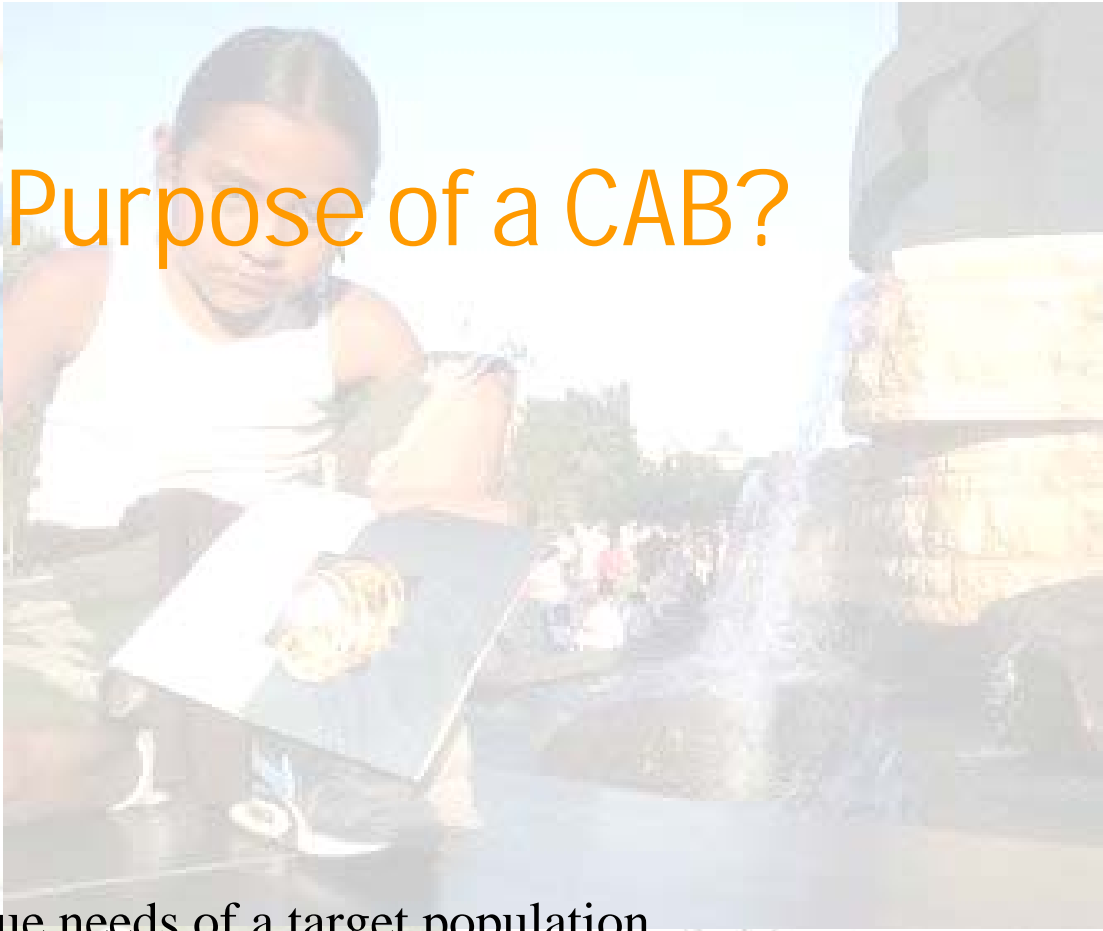
Who is CAB

- 99% male
- 7 members
- 12 different tribes
- Family & Partners



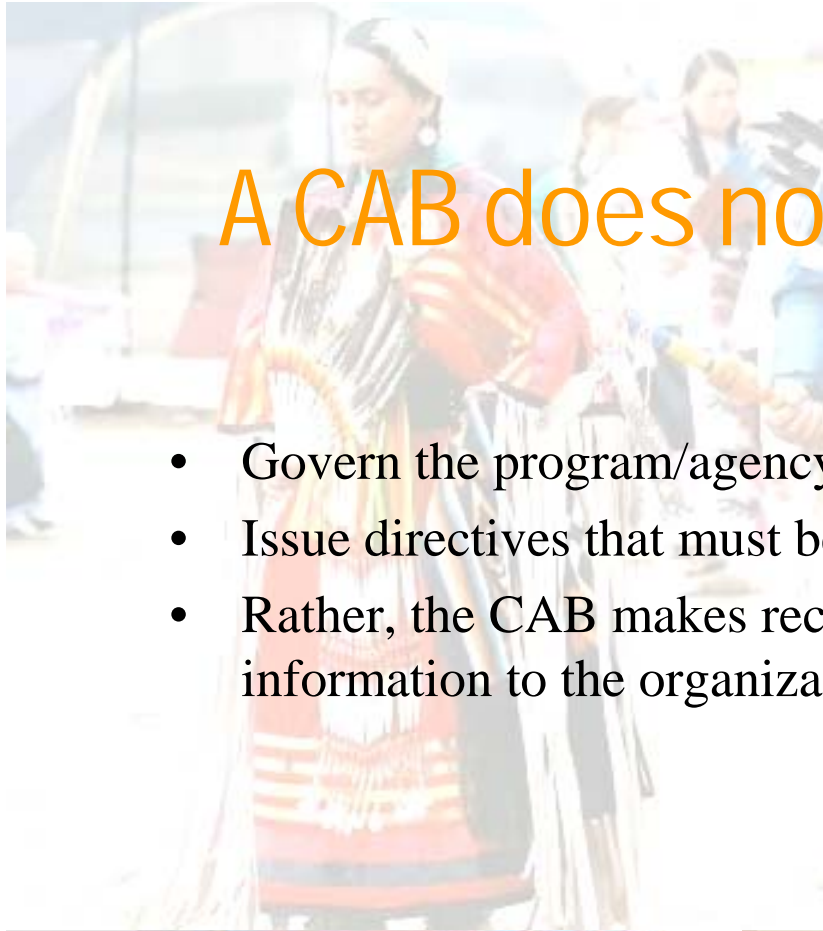
What is the Purpose of a CAB?

- Identification of needs
- Program planning
- Program Implementation
- Program evaluation
- Leadership
- Information sharing
- Increase awareness of unique needs of a target population



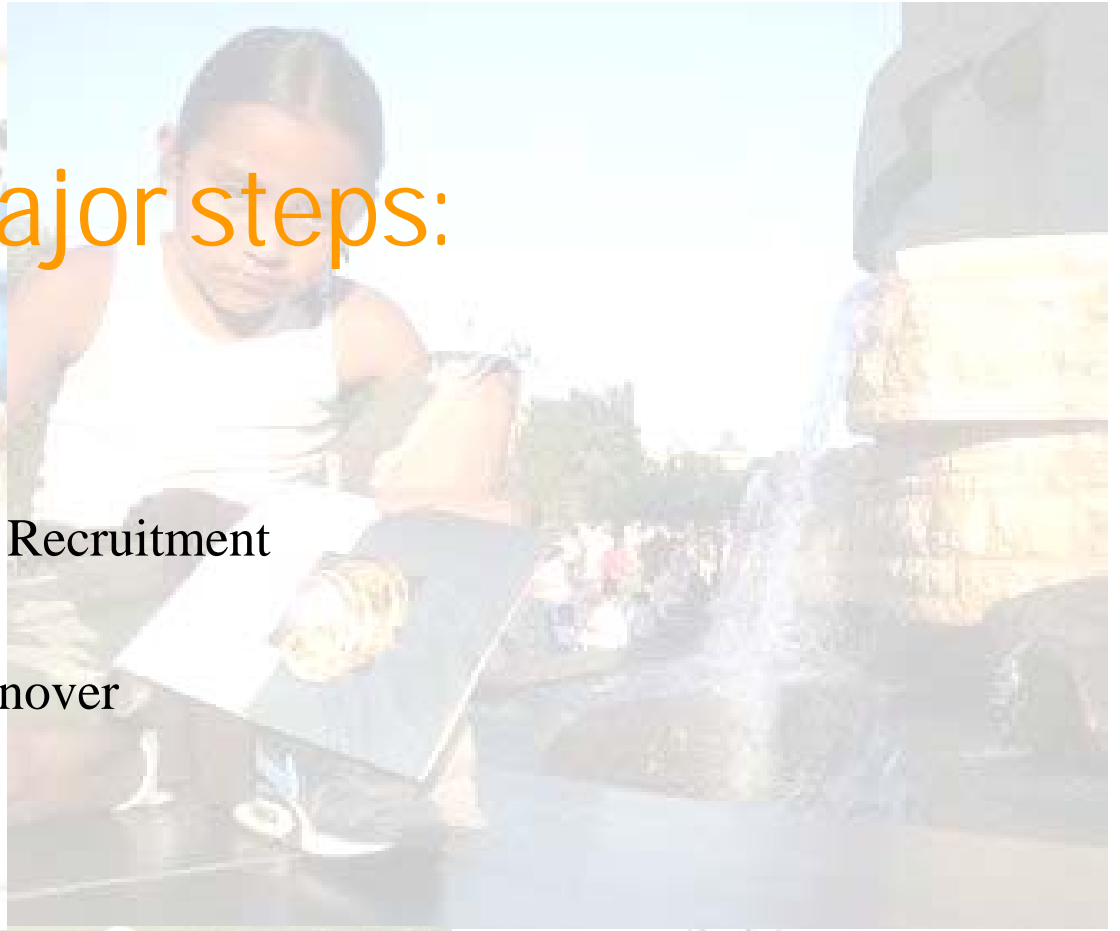
A CAB does not formal authority to:

- Govern the program/agency
- Issue directives that must be followed
- Rather, the CAB makes recommendations and provides key information to the organization



4 Major steps:

- Organization
- Member Identification and Recruitment
- Orientation and Education
- Retention and Natural Turnover



Organization

- Start with your own program staff
- Develop a working outline/description of the CAB which includes purpose and goals
- Identify a staff liaison to help consumers develop a natural linkage back to program
- Invite 2 or 3 consumers to participate in the initial planning and conversation regarding the development of the CAB

"I want to give you a voice in a project that will support the program and its efforts to better serve our clients."

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Organization

- Do not embark on your project alone – approach others who have previous experience and ask them their lessons learned and their needs.
- Develop membership criteria and possibly an application process (nothing too lengthy).



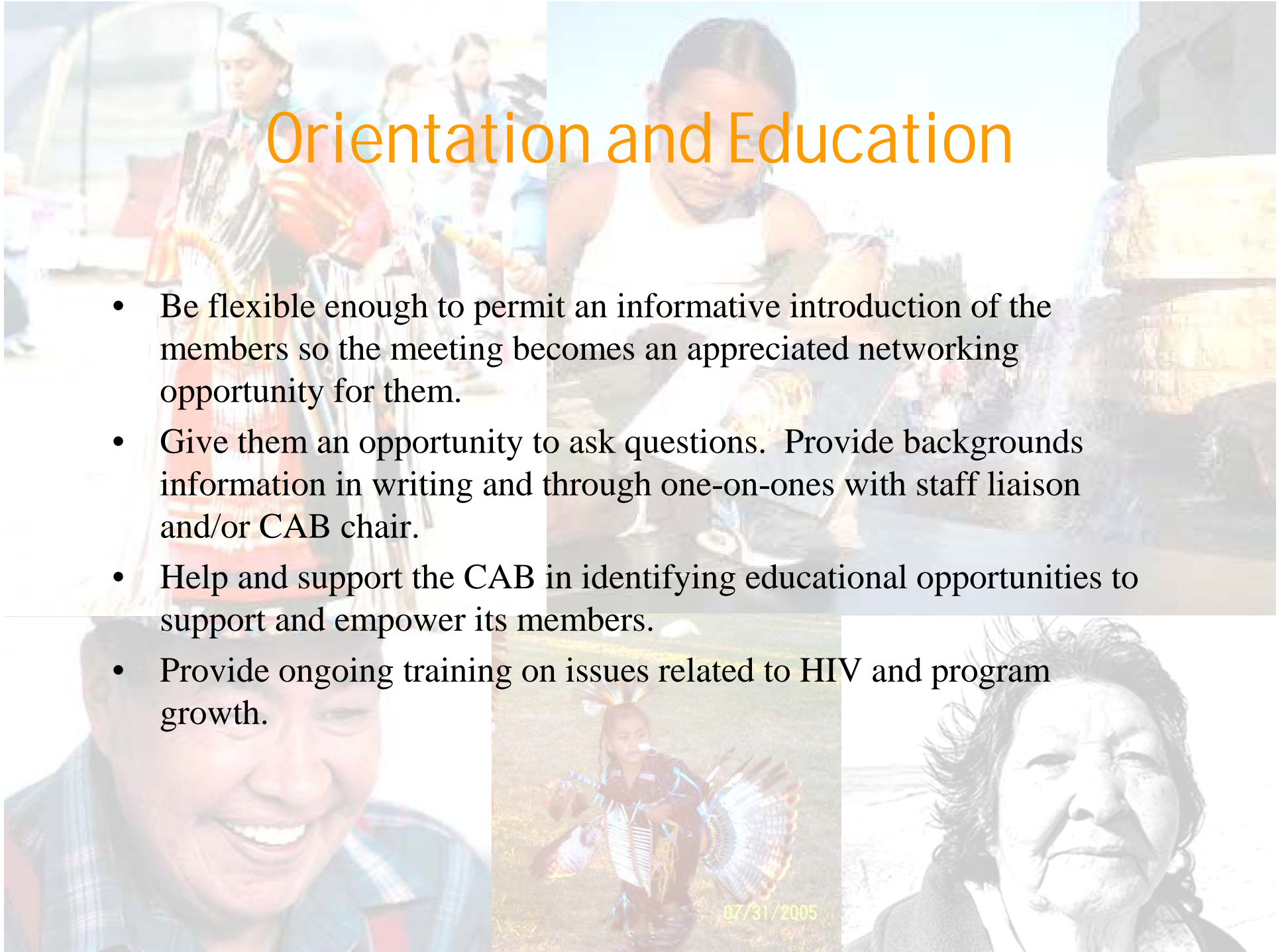
Identification and Recruitment

- Enlist your current clients, past clients, advisors, mentors, and close colleagues to help identify a list of possible good candidates
- Invite candidates to share with other community members, clients.
- Consider hosting an information-sharing lunch or meeting to allow the interested candidates to hear about the CAB and ask questions
- Seek diversity – not just of race/ethnicity, but also of perspective. This diversity will promote rich discussion when you bring them together.



Orientation and Education

- Be flexible enough to permit an informative introduction of the members so the meeting becomes an appreciated networking opportunity for them.
- Give them an opportunity to ask questions. Provide background information in writing and through one-on-ones with staff liaison and/or CAB chair.
- Help and support the CAB in identifying educational opportunities to support and empower its members.
- Provide ongoing training on issues related to HIV and program growth.



Retention and Natural Turnover

- Ensure that the board has a specific charge or defined tasks to address. Make sure that board members understand the charge. This will help keep consumers engaged.
- Help provide support to CAB members (I.e.childcare, transportation, if needed)
- Provide an incentive
- Have regularly scheduled meetings
- Promote mentoring and training by CAB members



Culturally Sensitive Interventions

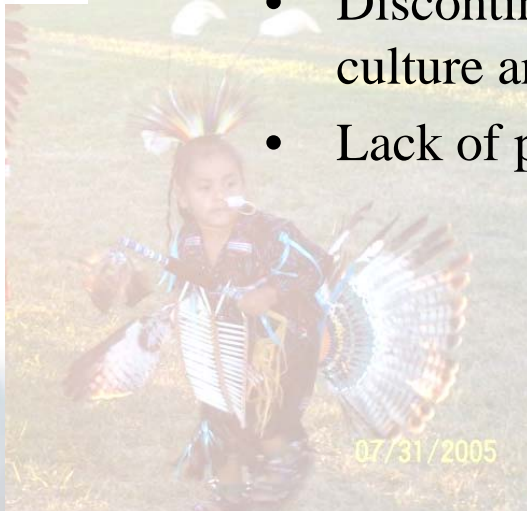
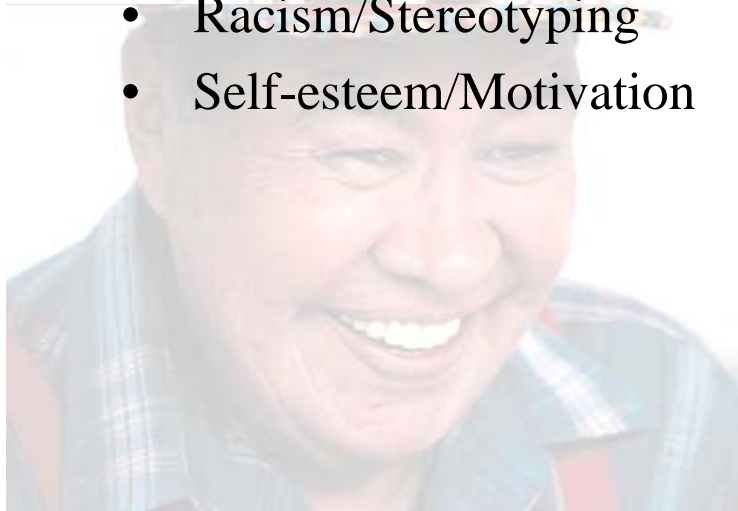
- Individual counseling or case management sessions
- HIV/alcohol & Substance use , prevention education
- Connecting clients to other resources in their community
- Community Integration
- Talking Circles
- Provide access to traditional medicines
- Ceremonies (cross overs, healing, etc.)
- Outings to cultural events and other Native American agencies.



Barriers Native American Clients Face Accessing Services

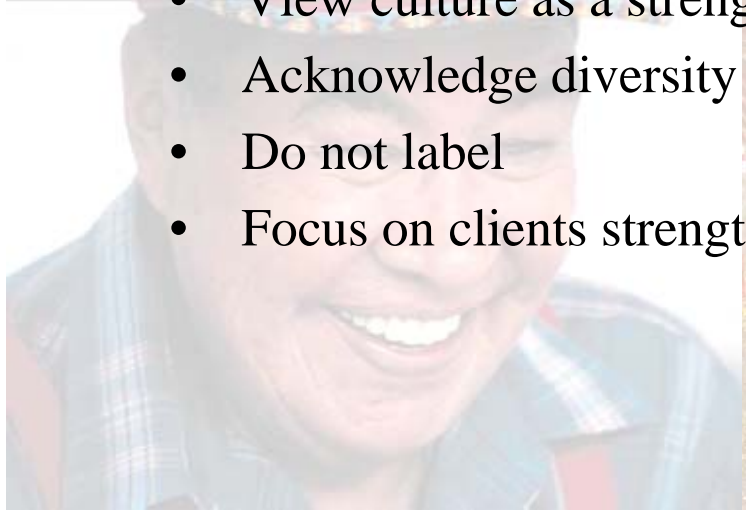
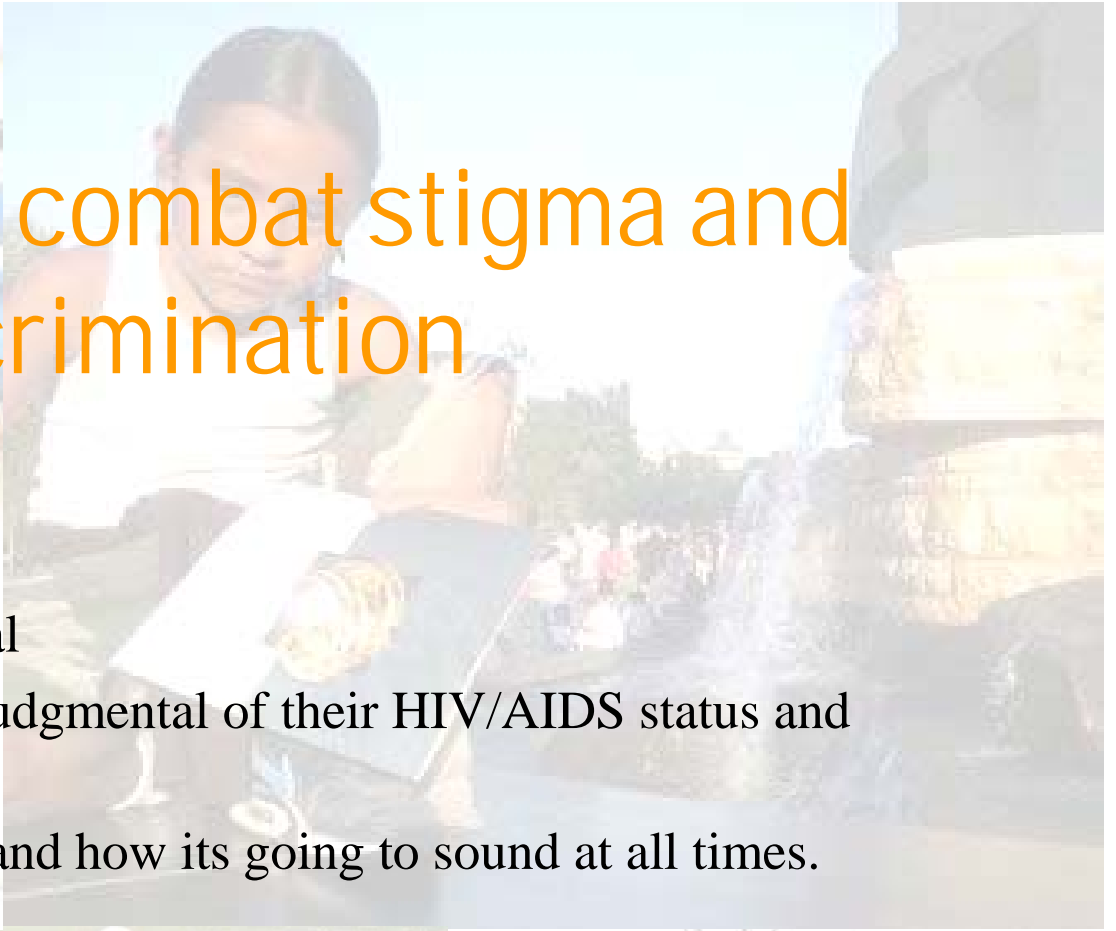
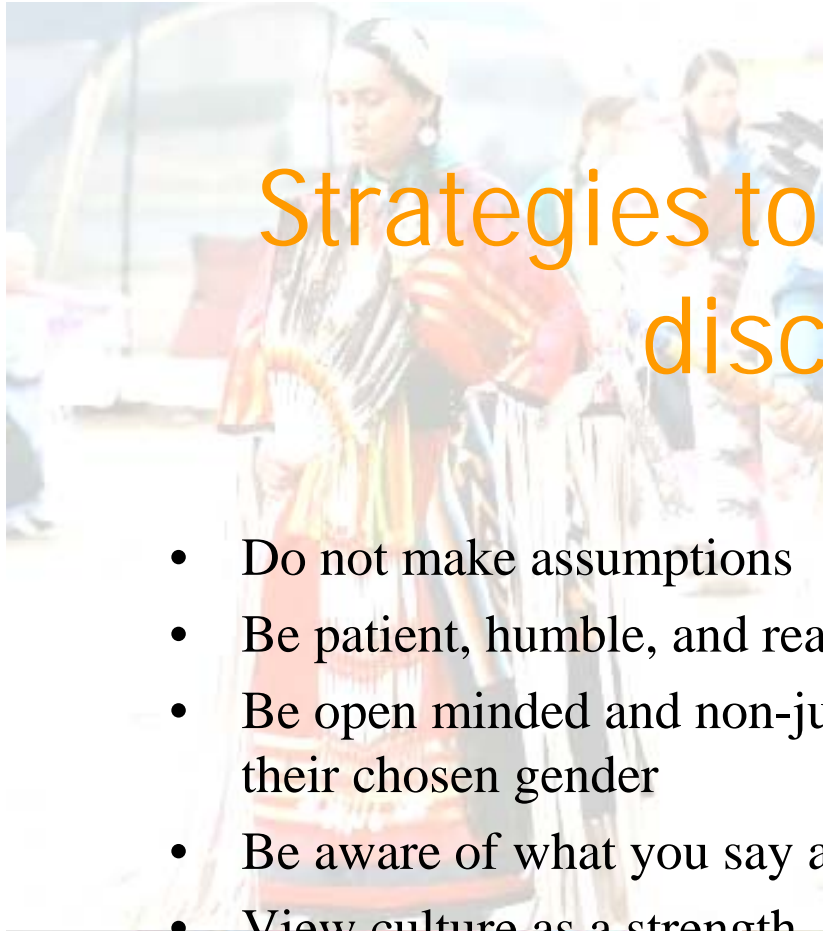
- Economics/Poverty
- Alcohol Substance
- HIV Status
- Sexual Orientation (LGBTQ)
- Lack of resources
- Racism/Stereotyping
- Self-esteem/Motivation

- Family dysfunction
- Domestic Violence
- Distrust
- Compliance w/treatment and medication regimen
- Discontinuation from Native culture and community
- Lack of positive role models



Strategies to combat stigma and discrimination

- Do not make assumptions
- Be patient, humble, and real
- Be open minded and non-judgmental of their HIV/AIDS status and their chosen gender
- Be aware of what you say and how its going to sound at all times.
- View culture as a strength
- Acknowledge diversity
- Do not label
- Focus on clients strengths



Con't Strategies to combat stigma and discrimination

- Encourage empowerment and self help
- Link client to Indian agencies and Native Communities
- Get them involved in groups, events, planning meetings
- Start a Community Advisory Board



AI/AN and HIV/AIDS

- AI/AN makes had the 2nd highest rate of HIV infection among all racial/ethnic groups from 1996-2000 (NNAAPC, 2000)
- Rate of AIDS infection among AI/AN is higher than for Whites, Asians and Pacific Islanders (CDC, 2003)
- San Francisco has the highest percentage of AI/AN with AIDS of all metropolitan areas (Satter, 1999)
- 90% male, 9% female, 1% transgender
- Over 50% gay or bisexual, 15% IDU, 43% gay or bisexual males and IDU
- 24% of AI/AN with AIDS were under the age of 29, compared to 18.3% for all races (DHHS, 2002)
- Ethnic minority accounts for approximately 70% of all reported AIDS cases (CDC, 2002)

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Conclusion

- The programs at NAHC are congruent with transformation ideas in the MHSA:
- Culturally Competent
- Driven by Consumers
- Clients are valued and not stigmatized

