

**The Indigenous HIV/AIDS Syndemic Strategy:
Weaving Together the National HIV, STI,
and Viral Hepatitis Plans**

Vision

We envision a world in which all Indigenous people are healthy in mind, body, and spirit; the spread of HIV, STIs, and viral hepatitis is prevented; every person knows their status and lives free from stigma and discrimination; and every person has access to high quality, holistic care that reflects Indigenous values, promoting relationships with each other, the land and all beings.

This vision includes all Indigenous people, regardless of age, sex, gender identity, sexual orientation, religion, disability, geographic location, socioeconomic circumstance, or health status.

Building Relationships for Better Health

In an effort to decrease HIV, HCV, and STI acquisition and improve outcomes for those currently living with HIV, HCV, or STIs, the Indian Health Service (IHS) National HIV/HCV/STI Program, in collaboration the Northwest Portland Area Indian Health Board (NPAIHB), is leading the development of an implementation strategy for ending the HIV/HCV/STI Syndemic in Indigenous communities in the U.S.

Established in 1972, NPAIHB is a non-profit tribal advisory organization serving the federally recognized tribes of Oregon, Washington, and Idaho. NPAIHB is located in Multnomah County, Oregon and rests on the traditional village sites of the Multnomah, Kathlamet, and Clackamas, bands of Chinook, Tualatin Kalapuya, Molalla and many other Tribes who made their homes along the Columbia River.

NPAIHB convened an Advisory Committee to support IHS and NPAIHB in identifying emerging practices, existing initiatives, and traditional Indigenous knowledge that will contribute to ending the epidemic in Indian Country.

Advisory Committee

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Supreme Court Justice
- Noquisi Bizzell** (Cherokee)
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- Vickie Bradley, MPH, BSN, RN**
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We give thanks to all of those who participated in listening sessions and interviews, **including the National Native HIV Network and Project Red Talon**, to help us understand perspectives and framing for this strategy.

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Letter of Gratitude and Acknowledgement

First, I want to thank the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Infectious Disease, and HIV/AIDS Policy for granting the Indian Health Service many years of [Minority HIV/AIDS Fund](#) (MHAF) resources, making *The Indigenous HIV/AIDS Syndemic Strategy: Weaving Together the National HIV, STI, and Viral Hepatitis Plans* (we call it Indigi-HAS) possible.

With Indigi-HAS, the Indian Health Service and our partners wove together three national strategies (1) [The HIV National Strategic Plan for the United States: A Roadmap to End the Epidemic 2021–2025](#); (2) [The Viral Hepatitis National Strategic Plan: A Roadmap to Elimination 2021–2025](#); and (3) [The Sexually Transmitted Infections National Strategic Plan](#) — known as *the syndemic*. We think of this creation as an Indigenous pathway — complementary to the national strategies — allowing Indigenous stakeholders to formulate their own response to the syndemic in their communities by incorporating local governance and Indigenous knowledge. As members and leaders of our Indigenous communities, we will encourage the Indigi-HAS as a process-based roadmap for all stakeholders to guide the development of policies, services, programs, initiatives, and other actions to achieve the nation’s vision of ending the syndemic by 2030.

Before we formalized Indigi-HAS resources, IHS, in collaboration with the National Indian Health Board and the National Council of Urban Indian Health — and with MHAF resources — hosted a series of national tribal and urban Indian listening sessions in 2019 and 2020. These listening sessions supported IHS’s initiative to eliminate new diagnoses of HIV, HCV, and STIs in Native communities. In addition, the listening sessions provided a forum and platform for Native communities across the country to express their community’s circumstances, needs, perspectives, and interests.

Next, IHS, the Northwest Portland Area Indian Health Board (NPAIHB), Cardea Services, tribal and urban Indian health partners, and Native Hawaiian health care agencies combined energies to align the Indigi-HAS with the national strategies and maintain a focus on

1. Preventing new HIV/HCV/STI diagnoses;
2. Improving related health outcomes of people living with HIV, HCV, or STIs;
3. Reducing related disparities and health inequities (i.e., substance use disorder); and
4. Achieving integrated and coordinated efforts that address the syndemic among all partners and stakeholders.

Our conceptualizations of wellness focus on promoting a holistic approach that emphasizes the balance between the spirit, mind, emotions, body, and relationship with land, community, and all creation. This way of being requires an integrated strategy to address conditions such as HIV, STIs, and viral hepatitis. We hope a syndemic approach will promote a broader array of interventions, centering a holistic perspective that aligns with the needs of our communities and honors the principle of Indigenous Sovereignty.

To guide the development of our syndemic strategy, IHS and NPAIHB convened an Advisory Committee. The Advisory Committee (1) identified promising programs and practices across Indigenous communities; (2) contributed their clinical, professional, and community perspectives; (3) provided wisdom and feedback on select documents; and (4) guided the direction of our syndemic strategy. In addition, with guidance from the Advisory Committee, we conducted listening sessions, including 22 key informant interviews and two focus group discussions with established networks, to gather insight from Indigenous communities and inform our Syndemic Strategy. As a result, our syndemic strategy centers on core values that partners agreed were common across Indigenous communities. For example, the Indigi-HAS relies on the Medicine Wheel as a framework for improving the well-being of Indigenous people and incorporates traditional medicines to acknowledge the fundamental role of Indigenous culture and ways of knowing that support Indigenous health and well-being.

As the National HIV/HCV/STI Consultant for IHS, I look forward to many cooperative, Indigenous-based opportunities to incorporate the Indigi-HAS roadmap. In addition, I encourage you to use the Indigi-HAS and the various national strategies as a guide in developing policies, services, programs, initiatives, and other actions to achieve the nation’s vision of ending the syndemic by 2030. Finally, please reach out with any questions, comments, or ideas that can make this strategy a living, dynamic, and impactful resource.

Together we are stronger,

Rick Haverkate, MPH

(Enrolled member of the Sault Ste. Marie Tribe of Chippewa Indians)
National HIV/STI/HCV Program Consultant
Indian Health Service Headquarters

Table of Contents

- Executive Summary** 12
- Context** 18
 - Intended Use and Organization of the Strategy 22
 - Indigenous Worldview Approach: Considering the Syndemic Within the Context of Indigenous Health and Well-Being 22
 - Development of Our Syndemic Strategy 26
 - The Medicine Wheel 28
 - Core Values 30
 - Health Systems, Status, and Care for Indigenous Communities in the United States 32
 - The Impact of COVID-19 on Indigenous Communities 33
- Main Messages and Related Goals, Objectives, Strategies, and Measures of Progress** 34
 - Sovereignty 38
 - Cultural Responsiveness 50
 - Partnerships 58
 - Awareness & Stigma 68
 - Clinical Resources & Services 80
 - Data Systems 100
- Promising Programs and Practices** 110
- Connections to the HIV, STI, and Viral Hepatitis National Strategic Plans 2021–2025** 122
- Acronyms** 126
- Indicator Tables** 128
- References** 146

Executive Summary

Context

We, as members and leaders of our Indigenous communities, may use our Syndemic Strategy to improve the health and well-being of our communities, including progress towards addressing the HIV, STI and viral hepatitis syndemic. Our conceptualizations of wellness focus on promoting a holistic approach that emphasizes balance between the spirit, mind, emotions, body and relationship with land, community, and all creation. This way of being requires an integrated strategy to address conditions such as HIV, STIs, and viral hepatitis.

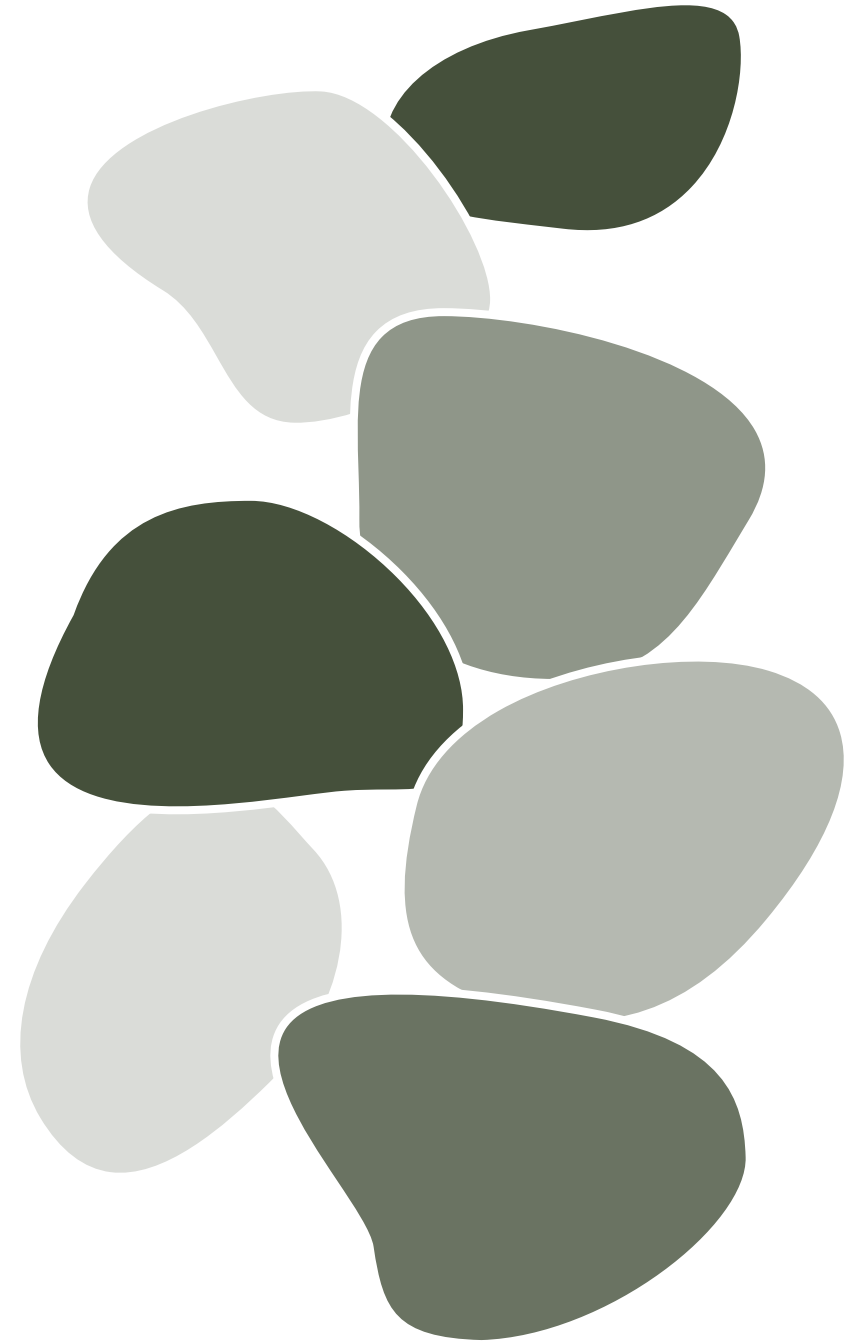
Our Syndemic Strategy adopts a syndemic approach, addressing HIV, STIs, and viral hepatitis in an integrated way. We hope a syndemic approach will promote a broader array of interventions, centering a holistic perspective that aligns with the needs of our communities and honors the principle of Indigenous Sovereignty.

Development of our Syndemic Strategy

To guide the development of our Syndemic Strategy, NPAIHB in partnership with IHS and other partners convened an Advisory Committee. The Advisory Committee identified promising programs and practices across Indigenous communities; contributed their clinical, professional, and community perspectives; provided wisdom and feedback on select documents; and guided the direction of our Syndemic Strategy.

With guidance from the Advisory Committee, partners conducted listening sessions, including 22 key informant interviews and two focus group discussions with established networks, to gather insight from Indigenous communities and inform our Syndemic Strategy.

Our Syndemic Strategy centers core values that partners agreed were common across Indigenous communities, relies on the Medicine Wheel as a framework for improving the well-being of Indigenous people, and incorporates traditional medicines to acknowledge the fundamental role of Indigenous culture and ways of knowing in supporting Indigenous health and well-being.

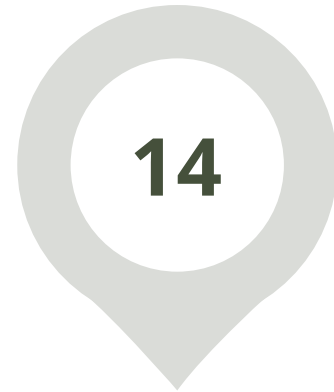


Main Message and Related Goals, Objectives, and Strategies

Our Syndemic Strategy includes:



Main Messages
to guide the Strategy



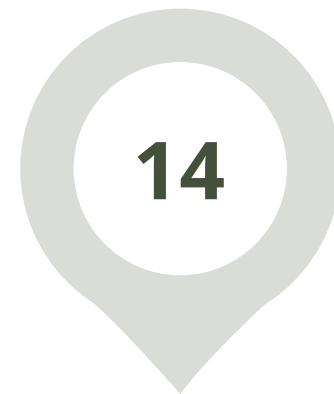
Goals
to specify areas of focus



Objectives
to reach goals



Strategies
to meet objectives



Programs & Practices
to highlight Indigenous work

Measure of Progress

Our Syndemic Strategy's measures of progress align with the main goals and objectives of each section. Key measures are included in each section of our Syndemic Strategy.

The Main Messages are:

Sovereignty

Center Indigenous sovereignty in the design and delivery of health services, including sexual health services

Partnerships

Strengthen partnerships to improve systems of care for Indigenous people

Availability & Capacity

Develop capacity to support diagnosis, treatment, prevention, and response to HIV/STIs/viral hepatitis

Cultural Responsiveness

Deliver culturally and linguistically responsive health services, including sexual health services

Awareness & Stigma

Reduce sexual health-related stigma

Data Systems

Improve the knowledge, evidence, and practice base related to Indigenous health and well-being

Context

“We believe a new era for the Indian Health System is within reach. As the United States re-examines its social contract and definitions of racial equity, it is a promising time to reflect on big solutions for fostering a transformative, rather than transactional, relationship between the federal government and tribal nations. The collaborations wrought by the necessities of the COVID-19 response and the reforms proposed by the new administration could be catalysts for renewed relationships based on respect, tribal sovereignty, and equitable resources. There are painful lessons to learn from the past and present, but there will also be vast opportunities in the future.” (1)

— Jessica Leston, MPH, Tsimshian, NPAIHB, and
Brigg Reilley, MPH, Advisor to the National IHS
HIV/STI/HCV Program



SWEET GRASS
Ritual purification
Promoting healing and peace

“*[If] you're not taking into account this historical trauma that these patients might have, then you're going to turn them off. They're not going to come, or they're not going to speak up. And, they...may not get the information that you need...to be completely treated....[Our] own staff were 70% Native....so, our staff has been through the same historical trauma as our patients, and so treating each other well and treating our patients well is very important....nonjudgmental, respectful, understanding and such. And, it doesn't happen overnight, and it is surely not easy, but it's something we have to do if we want to truly treat people with these infections effectively.*”

— Loretta Christensen, MD, CMO of the IHS,
and member of the Navajo Nation

Intended Use and Organization of the Strategy

We, as members and leaders of our Indigenous communities, may use our Syndemic Strategy to improve the health and well-being of our communities, including progress towards addressing the HIV, STI, and viral hepatitis **syndemic**.

In recognition of the diverse cultures, terminologies, treaties, and priorities across our communities, we may use the Strategy to support our own communities' unique social, economic, cultural, and legal contexts. We may adapt and prioritize the goals, objectives, strategies, and measures of progress in the Strategy in ways that align with our own communities' needs.

This Strategy applies to all of us, including American Indian, Alaska Native, Native Hawaiian, Pacific Islander, and other Indigenous people from both federally and non-federally recognized communities and tribes.

Federal, state, and local agencies and private and not-for-profit entities may also use the Strategy to understand our priorities for addressing the syndemic and to offer support to address those priorities.

Syndemic: “A syndemic approach departs from the western biomedical approach to diseases to diagnostically isolate, study, and treat diseases distinct and separate from other diseases and independent of social contexts. Instead, interactions and the social, environmental, or economic factors that promote such interaction and worsen disease.” (2)

Indigenous Worldview Approach: Considering the Syndemic Within the Context of Indigenous Health and Well-Being

Our ways of being recognize reciprocal, cooperative relationships between creation, the land, and each other as the foundation of the universe (3). Our worldview emphasizes the importance of balance within this web of relationships and the essential role that each relationship plays, rather than a hierarchy of individual elements (3). Likewise, our conceptualizations of wellness focus on promoting a **holistic approach** that emphasizes balance between the spirit, mind, emotions, body and relationship with land, community, and all creation. This way of being requires an integrated strategy to address conditions such as HIV, STIs, and viral hepatitis.

The Strategy adopts a syndemic approach, addressing HIV, STIs, and viral hepatitis in an integrated way. A syndemic approach aligns with our perspectives on health and wellness. While no singular understanding of health and wellness exists across Indigenous communities, the Strategy is grounded in a shared wellness worldview that is holistic. We hope a syndemic approach will promote a broader array of interventions, centering a holistic perspective that aligns with the needs of our communities and honors the principle of **Indigenous Sovereignty**.

Holistic approach to health and wellness:

Situates an individual within the context of relationships to family, community, and the environment and includes a person's emotional and spiritual health, along with their physical and mental health (4)

HIV, STIs, and viral hepatitis interact with each other in synergy. Acquisition of one of these conditions can affect the likelihood of acquisition and/or progression of the others (5). These conditions also share common risk factors, including drug use, which can lead to higher rates of HIV, STIs, and viral hepatitis co-occurrence. These risk factors are influenced by structural factors, such as housing instability and incarceration, stigma, mental health conditions, such as depression, and other stressors, which disproportionately impact Indigenous communities (6–11).

This syndemics approach is different from the [HIV, STI](#), and [Viral Hepatitis](#) National Strategic Plans, which focus on health conditions individually.

Tribal sovereignty: The right of American Indian and Alaska Native people to govern themselves (12)

Indigenous sovereignty: Arises from Indigenous Traditional Knowledge, belonging to each Indigenous nation, tribe, first nation, community, etc. It consists of spiritual ways, culture, language, social and legal systems, political structures, and inherent relationships with lands, waters and all upon them. Indigenous sovereignty is not a nation-state recognition and exists regardless of what the nation-state does or does not do (13)

“Native Hawaiians are not a federally recognized tribe. We do not get tribal affiliation money. The US government has not recognized us as a tribe. They still occupy our lands because they want the military space. Hawaii has all five branches of military. Many states only have one or two... the federal government will never give up their hold on what Hawai'i has.”

— Cathy Kapua, BPA,
Kanakanaka Maoli,
Trans Justice Funding Project

Development of our Syndemic Strategy

Advisory Committee

In July 2021, NPAIHB in partnership with IHS and other partners (the partners) convened an Advisory Committee to guide the development of our Syndemic Strategy. From July 2021 through August 2022, the Advisory Committee met monthly to support IHS and NPAIHB in identifying promising programs and practices and traditional Indigenous knowledge that will contribute to addressing the syndemic among Indigenous communities. Specifically, the Advisory Committee identified emerging practices and existing initiatives across Indigenous communities nationally; contributed their clinical, professional and community perspectives; provided wisdom and feedback on select documents; and guided the direction of the Strategy.

The Advisory Committee developed a vision for our Syndemic Strategy, accompanying the HIV National Strategic Plan, Ending the HIV Epidemic: A Plan for America, STI National Strategic Plan, and Viral Hepatitis National Strategic Plan, while honoring the values and wisdom of Indigenous people. The Advisory Committee discussed how to incorporate Indigenous principles and practices into the four goals outlined in the HIV National Strategic Plan, emphasizing that the plan should:

- Center indigenous values that include the mind, body, and spirit to ensure a holistic approach to addressing HIV
- Focus on prevention, holistic health, and wellness
- Prioritize access to care, including improved service delivery, within and outside of Tribal communities
- Emphasize Indigenous people throughout goals
- Shift from stigmatizing to affirming language

Listening Sessions

With guidance from the Advisory Committee, the partners conducted listening sessions, including key informant interviews and focus group discussions with established networks, to gather insight from communities across the United States to inform our Syndemic Strategy. The Advisory Committee identified and reached out to potential listening session participants using a natural Indigenous networking process, with attention to ensuring diverse regional and professional perspectives. In total, the partners conducted 22 interviews across 12 states and two focus group discussions representing Indigenous communities nationally. Over half of the listening session participants worked in health care or public health. Advisory Committee members also participated in listening sessions to share their individual perspectives.

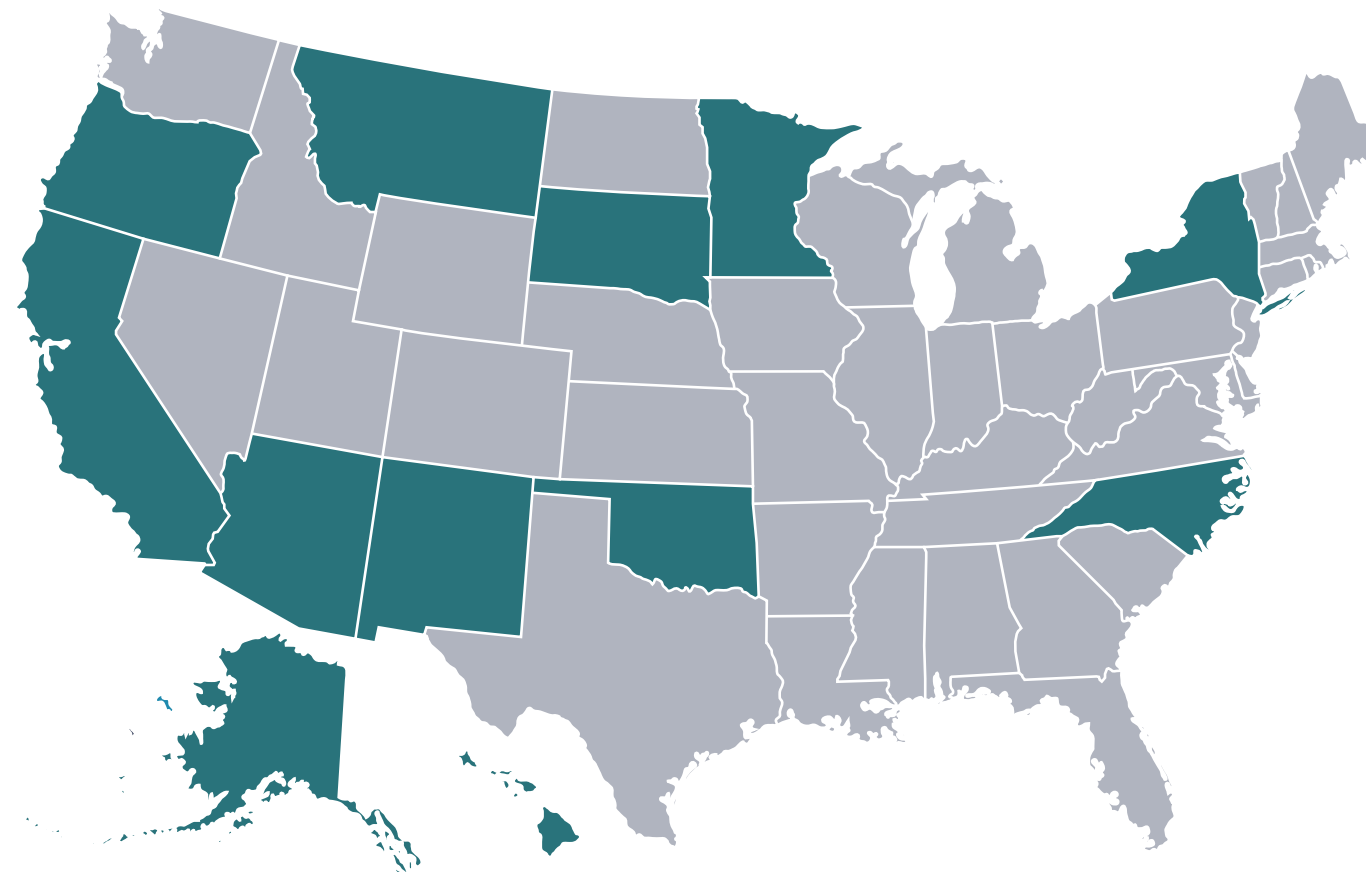


Figure 1: Listening session participants represented diverse geographic regions

The Medicine Wheel

The Medicine Wheel has been used across Indigenous communities as a framework for health and healing. It can take on many different forms, illustrating the Four Directions (East, South, West, and North), which can also symbolize stages of life, seasons, ceremonial plants, and other interpretations (14).

Our Syndemic Strategy relies on the Medicine Wheel as a framework for improving the well-being of Indigenous people, including emotional, spiritual, mental, and physical health, and for addressing the syndemic within this broader context of Indigenous health and well-being. For millennia, traditional medicines and foods, as well as cultural practices, languages, ceremonies and cultural practices, have supported the well-being of Indigenous people (15).

Our Syndemic Strategy incorporates traditional medicines, including cedar, devil's club, ginger, land, sage, sassafras, stinkweed, sweet grass, taro, tobacco, Tundra tea (i.e. Labrador tea), and water, to acknowledge the fundamental role of Indigenous culture and ways of knowing in supporting Indigenous health and well-being.

We acknowledge that as Indigenous communities, we all speak different languages and use different words for medicines shared in our Syndemic Strategy. To maintain consistency in our Syndemic Strategy and align with Indigenous values of knowledge being collective and shared, we are using English to identify and describe medicines and some of their uses.

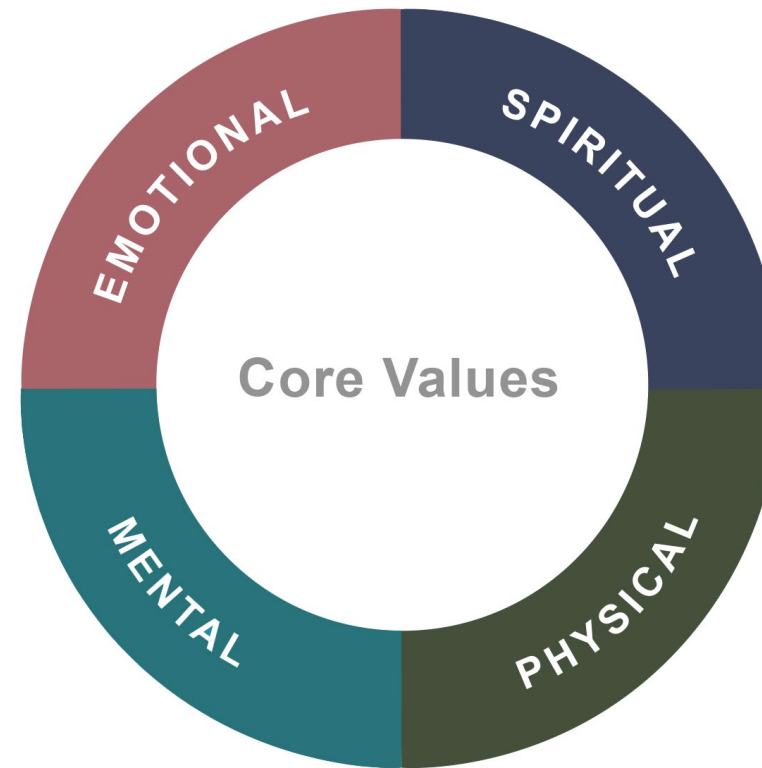


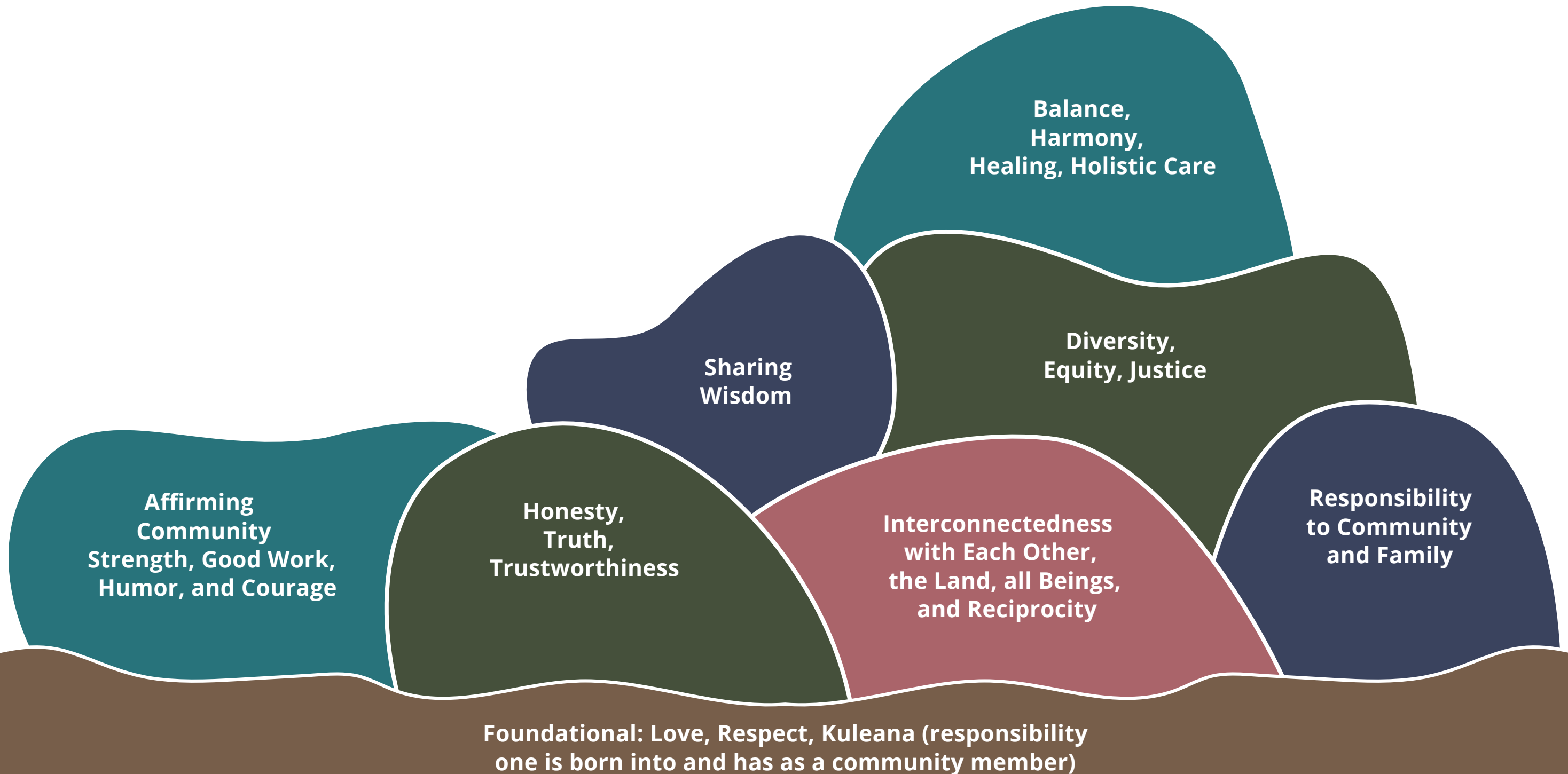
Figure 2: Our Syndemic Strategy relies on the Medicine Wheel as a framework for improving the well-being of Indigenous people

“There is so much discrimination and stigma... from internalized colonial values. If you ask any Indigenous person about what the term “relative” means... almost every indigenous language has a phrase for that. It is a philosophy. It is a way of life. It is part of the medicine wheel... that if any one of us is sick, all of us is sick. If any one of us is without resources, all of us are without resources because wellness means that our entire circle of relatives needs to be well. We cannot ignore the needs, neglect the needs, stigmatize the needs of one aspect of our community and be truly Indigenous.”

— Itai Jeffries, PhD,
Yesah/Occaneechi, NPAIHB

Core Values

Our Syndemic Strategy centers core values that partners agreed were common across Indigenous communities. Core values include:



Health Systems, Status and Care for Indigenous People in the United States

Indigenous people in what is now the United States are a diverse group of tribes and people who are “native to specific lands, whose origins predate colonization and subsequently imposed geopolitical borders” (16). Indigenous people include American Indian and Alaska Native (AI/AN) tribes, which are recognized as sovereign political nations with the right to self-governance (16) and Native Hawaiian and other Pacific Islander people (NHOPI), who are not yet federally recognized as sovereign political nations. Approximately 7.1 million people who identify as AI/AN and 1.6 million people who identify as NHOPI, alone or in combination with other groups, live in the United States (17,18).

The Indian Health System is a decentralized system of federal, tribal, and urban health centers for AI/AN people, which is operated in part by the IHS, an agency within the Department of Health and Human Services that is “responsible for providing federal health services to American Indians and Alaska Natives” (19). The Indian Health System is ‘the first and largest prepaid health plan in history, paid for by the land and resources given up by tribal nations,’ and serves approximately 2.6 million AI/AN people (19). NHOPI do not have access to the Indian Health System, or an equivalent government-operated health-care system for NHOPI people.

Among Indigenous people, both AI/AN and NHOPI, health inequities have originated from violent colonial processes including war; displacement from ancestral territory; forced labor; removal of children from their families; residential schools; environmental degradation; and bans on social, cultural, and spiritual practices (20,21). Indigenous historical trauma, arising from loss of culture and land, can contribute to an elevated risk of substance use, suicidality and depression and other mental health outcomes, as well as a sense of shame, anger, and unresolved grief (22).

Against this backdrop of colonial violence, assimilative policies and their transgenerational impacts, Indigenous people experience disparities in many health conditions, including HIV, STIs, and viral hepatitis. For instance, the rate of HIV is nearly 1.7 times higher, chlamydia is 3.7 times higher, gonorrhea is 4.6 times higher, and primary and secondary syphilis is 2.6 times higher among AI/AN people than for white people (23). AI/AN people also have the highest age-adjusted hepatitis c mortality rate compared with other race and ethnic groups (23). The rate of HIV among males is 2.6 times higher for NHOPI males compared with white males (24). The rate of chlamydia is 3.3 times higher; gonorrhea is 2.6 times higher, and primary and secondary syphilis is 2.7 times higher among NHOPI people compared with white people (24).

Indigenous people also experience significant inequities in health care access. Barriers to receiving care are especially acute for Indigenous people living in rural and remote communities. Specific challenges include inferior chronic underfunding of the health system (25); lack of access to specialty services; lower rates of some preventative procedures such as cancer screenings; and lower probability chance of having a usual place of care or consistent primary care provider (26). Challenges associated with geographic isolation are significant and include lower likelihood of seeking care due to travel distance, greater financial burden associated with patient travel, inadequate transportation options, and an increased likelihood of missing appointments due to travel constraints (26). Despite increased funding enabled through the Affordable Care Act, continued underfunding and inadequate technology, infrastructure, and recruitment and retention of health professionals contribute to inferior access and quality of services across the IHS (26). Barriers to care for Indigenous people contribute to health inequities.

The Impact of COVID-19 on Indigenous communities

The COVID-19 pandemic has disproportionately impacted Indigenous communities. In the United States, Indigenous people continue to experience the highest crude and age-adjusted COVID-19 mortality rates compared with any other race or ethnic group (27).

Despite the inequities in health and health care that Indigenous people experience, Indigenous communities were able to respond to COVID-19 with highly successful vaccination roll-out, through strong leadership, distributing the vaccine in ways that were appropriate for their communities, and by relying on Tribal sovereignty, in the case of federally recognized AI/AN Tribes (28).

Indigenous people continue to face challenges due to the ongoing COVID-19 pandemic. However, the Indigenous COVID-19 response demonstrates how an Indigenous worldview is imperative to improve Indigenous health and well-being.

Main Messages and Related Goals, Objectives, Strategies, and Measures of Progress

Our Syndemic Strategy includes:



Main Messages
to guide the Strategy



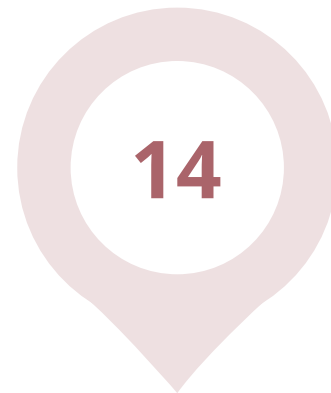
Goals
to specify areas of focus



Objectives
to reach goals



Strategies
to meet objectives



Programs & Practices
to highlight Indigenous work

Measures of Progress

Our Syndemic Strategy's measures of progress align with the goals and objectives in each section. Key measures are included in each section of our Syndemic Strategy.

Our Syndemic Strategy also includes **Indicator Tables**. These tables include a longer list of indicators from a variety of existing data sources on Indigenous health and wellness. The Advisory Committee ranked the importance of each indicator through conversation and a web-based survey, and identified key gaps in indicators for inclusion in the final indicator list.

Intervention Level and Type

Throughout our Syndemic Strategy, icons indicate how the goals relate to types and levels of intervention.

Type of Intervention



Prevention



Treatment



Diagnosis



Response

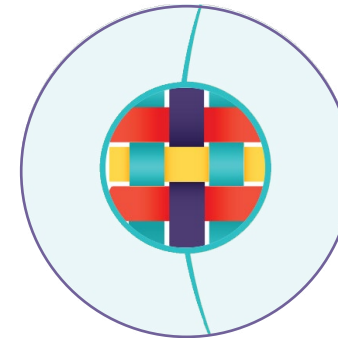
Level of Intervention



Individual/Family



Community



System

Sovereignty

“[One key consideration] has to do with sovereignty as it relates to bodies. Judgment around sex, sex practices, judgment around the types of care, whether [people] want to receive hormone therapy... all of that is...part of what I consider to be body sovereignty, which is an extension of our tribal sovereignty. If we are sovereign nations, because we have existed here forever, then our people are sovereign entities, because we are connected to those who have existed here forever... so we have to learn to respect one another's sovereignty.”

— Itai Jeffries, PhD,
Yesah/Occaneechi,
NPAIHB

SAGE

Cleansing a person or space
Promoting healing and wisdom



Main message: Center Indigenous sovereignty in the design and delivery of all health services, including sexual health services

Goal 1
Increase understanding, recognition, and respect related to Indigenous sovereignty

Objective 1.1
Educate public and private partners, including federal, state, and local agencies, about Indigenous sovereignty and how sovereignty must be considered in building relationships and working with Indigenous communities

Strategy 1.1.1
Build relationships between Indigenous communities and public and private partners to increase understanding and recognition of Indigenous sovereignty

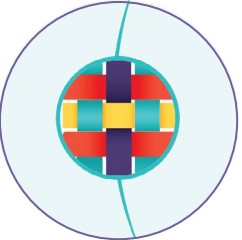
Strategy 1.1.2
Increase recognition that body sovereignty is an extension of Indigenous sovereignty



Prevention



Response



System

Main message: Center Indigenous sovereignty in the design and delivery of all health services, including sexual health services

Goal 2

Increase health programming, both within and outside of Indigenous communities, that is grounded in principles of Indigenous sovereignty

Objective 2.1

Promote health programming that is grounded in principles of Indigenous sovereignty

Strategy 2.1.1

Fund and support health programming designed and driven by Indigenous people, including clinical services

Strategy 2.1.2

Develop flexible, community-centered funding mechanisms that create opportunities for Indigenous people to determine how health programming is designed and delivered

Strategy 2.1.3

Leverage Indigenous sovereignty to provide harm reduction services, including syringe service programs

Strategy 2.1.4

Fund capacity development led by Indigenous programs to support Indigenous communities in health program design and implementation



Prevention



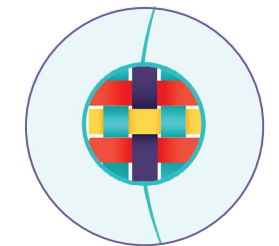
Treatment



Diagnosis



Response



System

“One size fits all proposals or RFAs just don't work...There has to be some opportunities to really connect with the community and their needs...for example, [for one program], you had to have a certain number of HIV tests conducted over a year's time ...but in order to get there, it required, you know, 20 different community gatherings... just so that people would feel comfortable with who all the testers were...But, you know, [the funders say] ‘We don't want to spend any money on food.’...You cannot fund Indians without food, like it just doesn't work. That right there is unresponsive to our cultural ways.”

— Niki Graham, MPH,
Community Member/Educator/Advocate

Measuring Progress — Community Indicators

Note: Some of these indicators are composite measures. See [Indicator Table 1: Sovereignty](#) for information about individual and additional indicators to measure progress.

Indicator 1.1

Increase in sustainable federal and state funds disbursed directly to Indigenous communities and organizations

Indicator 2.1

Increased understanding of inherent indigenous rights among community members and public and private partners including federal, state, and local agencies

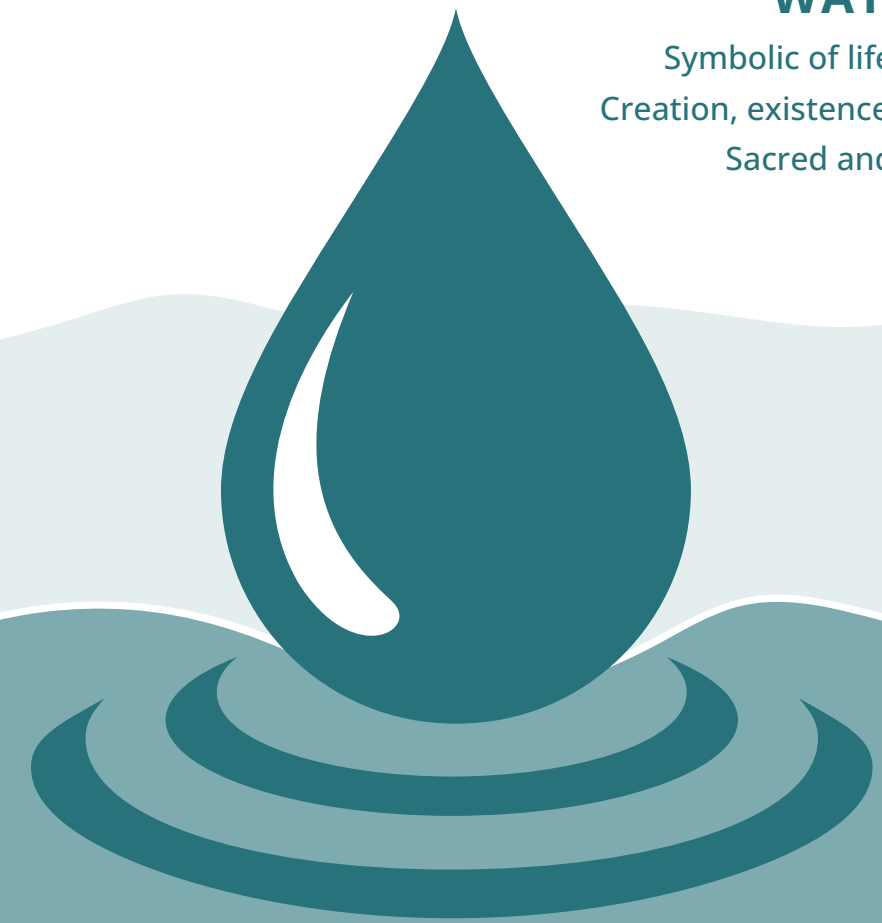
Cultural Responsiveness

“During the syringe exchange we also have a fire, a ceremonial fire, so people who come can also like put the tobacco out and put cedar in the fire, say their prayers...some of the people that come through really like that...because it reminds them of their roots and where they come from. Like, I can talk to Creator and not be stigmatized about 'oh you gotta be four days sober before you could talk to Creator in a sweat, in a ceremony.' This is a ceremony...where you don't [have] to be sober...this is between you and Creator...I really believe in the power of prayer, and so I believe that the people who access this at some point something will shift in their life and they'll start to see a different point of view that maybe they didn't see before, like a little bit of their value, because they're all so fucking valuable. They don't even know they're so valuable.”

— Mo Mike,
Indigenous Peoples Task Force,
Beardy's and Okemasis Cree Nation

WATER

Symbolic of life and death
Creation, existence and autonomy
Sacred and divine



“Our public health education is focused on changing the behavior of the individual... in Indigenous groups, they focus on the collective... That includes these conversations around prevention and taking care of your body and being in healthy relationships where you're honored... not like these are the signs and symptoms of chlamydia... If you want to Indigenize services... centering services and prevention around these core cultural values would be how to Indigenize them... what that might look like is making sure that public health nurses get trained in those core values... and including family in treatment and discussions around prevention, training family members how to talk to each other about these super sensitive topics and how to ground them in these cultural values.”

— Professor

Main message: Deliver culturally and linguistically responsive health services, including sexual health services

Goal 3

Enhance cultural and linguistic responsiveness of health services

Objective 3.1

Engage Indigenous people in designing and delivering health programming, including clinical and behavioral health services

Strategy 3.1.1

Expand Indigenous-driven health programming, both within and beyond the clinic, to meet people where they are in culturally and linguistically responsive ways

Strategy 3.1.2

Increase recruitment, retention, and training of Indigenous people in the health and social service workforce to promote relationships between health care professionals, practitioners, and Indigenous communities

Objective 3.2

Improve Indigenous people's experiences with health care professionals and with the systems in which they work

Strategy 3.2.1

Train health care professionals on how Indigenous communities conceptualize health and wellness, including how to support sex-positive conversations and provide gender-affirming care in culturally and linguistically responsive ways

Strategy 3.2.3

Increase awareness that relationships are at the core of care and healing across health care and social services

Strategy 3.2.2

Expand clinical training curricula and programs to include education about principles, values, and conceptual frameworks that are critical to providing culturally and linguistically responsive care to Indigenous people



Treatment



Diagnosis



Response



Community

Main message: Deliver culturally and linguistically responsive health services, including sexual health services

Goal 4

Integrate Indigenous philosophies of holistic wellness into all health systems that serve Indigenous people

Objective 4.1

Expand public and private partners' understanding of how to integrate Indigenous philosophies of holistic wellness into health programming, including sexual and behavioral health programming

Strategy 4.1.1

Design and deliver programs that promote sexual health as a part of overall well-being, including spiritual, mental, emotional, and physical well-being

Strategy 4.1.3

Increase recognition that culture and tradition are medicines that support health and well-being

Strategy 4.1.2

Design and deliver programs that integrate behavioral health, including principles of recovery-oriented care

Objective 4.2

Increase access to culture and tradition as medicines to support health and well-being, including behavioral health, among Indigenous people

Strategy 4.2.1

Fund and promote the development and implementation of inclusive traditional ceremonies that emphasize harm reduction practices

Strategy 4.2.2

Engage ceremony leaders, where appropriate, to identify opportunities to integrate harm reduction practices and messaging into ceremonies

Strategy 4.2.3

Fund and promote the integration of traditional medicines and foods into health programming, as desired by Indigenous communities



Treatment



Response



Community

Measuring Progress — Community Indicators

Note: Some of these indicators are composite measures. See [Indicator Table 2: Cultural Responsiveness](#) for information about individual and additional indicators to measure progress.

Indicator 3.1

Increased training and recruitment of Indigenous health and human service professionals in the IHS and other Indigenous health systems

Indicator 3.3

Increased awareness of, and programming that integrates culture, language, ceremony, and Indigenous foods as medicines

Indicator 3.2

Increase in % of health care professionals completing cultural awareness/responsiveness training in the IHS and other organizations that provide care to Indigenous people

Indicator 3.4

Increase in % of Indigenous people who receive culturally responsive care

Partnerships

“Relationships might have a lot of healing to do from over the years...It takes a lot of time to build a relationship with Tribes for all kinds of reasons, but one being just the trust and mistrust, right? Non-Native entities...have to be very patient, and very humble and very thoughtful and just keep trying.”

— Alison Whitemore, LCSW, PRT (Pomo),
Sonoma County Indian Health Project

TOBACCO
Healing and prayer



“[Is] there a systems-wide effort that's happening across this very decentralized set of healthcare facilities for Indigenous peoples that's asking these culturally relevant questions, specifically from the standpoint of the healthcare providers like me who are seeing people in Indigenous healthcare facilities? In my lived experience as a non-Native physician, for Indigenous people to talk to you about things like Sundance, there are individual-level and systems-level factors that contribute to building those spaces for conversation that must be intentional and transparent — living and showing up within tribal communities over time, practicing good clinical medicine within their healthcare facility, being in relationship with people and meeting them where they are at in space and time, existing in healthcare and non-healthcare spaces Together, and working to grow trust over time.”

— Hannah Wenger, MD,
NPAIHB

Main message: Strengthen partnerships to improve systems of care for Indigenous people

Goal 5

Strengthen partnerships within and across Indigenous communities to improve systems of care for Indigenous people

Objective 5.1

Strengthen partnerships within and across Indigenous communities to continue developing culturally and linguistically responsive systems of care for Indigenous people

Strategy 5.1.1

Increase interprofessional collaboration across administration, health care professionals, and other practitioners within Indigenous communities



Response



Community

Main message: Strengthen partnerships to improve systems of care for Indigenous people

Goal 6

Strengthen partnerships between Indigenous communities and public and private entities to improve systems of care for Indigenous people

Objective 6.1

Create partnerships between Indigenous communities and public and private entities

Strategy 6.1.1

Engage Indigenous health communities in meaningful, coordinated, comprehensive approaches to address the syndemic of HIV/STIs/viral hepatitis across the broader health care system, including Indigenous and Non-Indigenous systems

Strategy 6.1.2

Co-create guiding principles and values that honor Indigenous sovereignty and enhance trust between Indigenous communities and private and public partners

Objective 6.2

Develop mechanisms to promote system-wide accountability and sustainability

Strategy 6.2.1

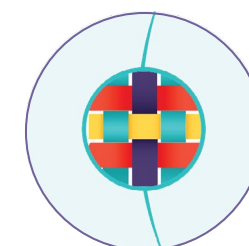
Create mutually agreed-upon approaches to assess the strength of relationships, including processes for ongoing reflective evaluation to ensure that relationships are equitable and sustainable

Strategy 6.2.2

Establish mutually agreed upon systems and processes to evaluate the strength of relationships



Response



System

Measuring Progress — Community Indicators

Note: Some of these indicators are composite measures. See [Indicator Table 3: Partnerships](#) for information about individual and additional indicators to measure progress.

Indicator 6.1

Increase in new partnerships between Indigenous communities/organizations and public and private partners

Indicator 6.2

Improved quality of partnerships with public and private partners (e.g., quality of communication, shared leadership, decision-making, distribution of resources, reciprocity, and collective impact)

Awareness & Stigma

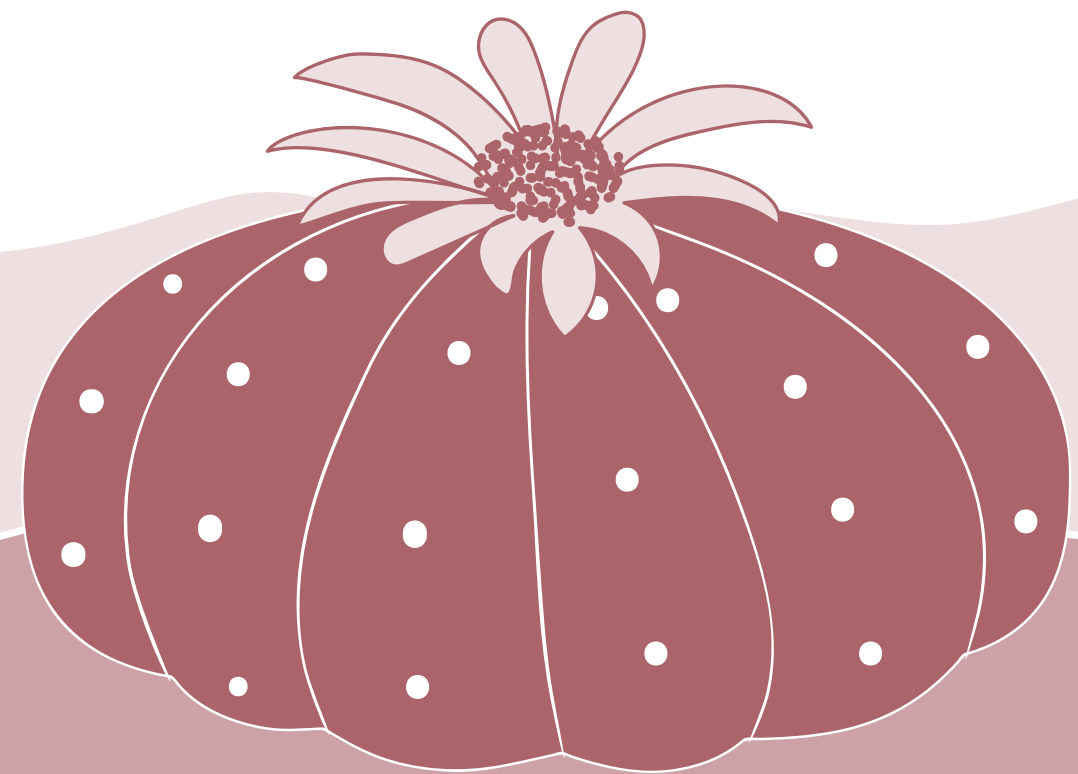
“*[There is a need for] awareness of changes that are being made...just trying to get in [touch] with the local tribal health organizations and letting them know what's available, [so] then they can disperse it to their staff, I think, is the best way...there are so many changes within different organizations all the time [that] it's hard for us to keep up with who to contact to get wording out with changes and upcoming trainings and policy changes... that's been a challenge, but I think that's kind of where you need to go just because different regions operate differently.*”

— Health Care Professional

PEYOTE

Spiritual healing

Community, ceremony, responsibility



“I would love for my Chief to participate in a commercial demonstrating the ease and importance of taking a rapid test, sharing one’s status, and taking PrEP by appealing to our historical tribal values. If taking a rapid test is something everyone is doing it, the stigma is removed. Character, integrity, and honesty are important values of the Tribe. As such, isn’t it important that I be honest with myself, and then I find out my status? Isn’t it also important that I be honest with my partner...and I disclose my status? And finally, isn’t it important, that I try to care for and protect my partner, as well as, myself? In my opinion, a campaign ran from this perspective would be very effective.”

— Shawna Baker,
(Cherokee),
Cherokee Nation Supreme Court,
Cherokee Nation Supreme Court Justice

Main message: Reduce sexual health-related stigma

Goal 7

Increase knowledge and awareness of the relationship between sexual health and overall health and well-being

Objective 7.1

Implement strategies to improve knowledge and awareness of the connection between sexual health and overall health and well-being

Strategy 7.1.1

Increase representation of Indigenous people in all health programming, regardless of community and region

Strategy 7.1.2

Collaborate with school districts and places where youth and elders gather to support culturally and linguistically responsive sex education, including the needs of people who are Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, or Questioning and/or additional sexual orientations and gender identities (2SLGBTQ+)



Prevention



Community

Main message: Reduce sexual health-related stigma

Goal 8

Decrease stigma surrounding sexual health, including HIV/STIs/viral hepatitis

Objective 8.1

Implement strategies that reduce stigma surrounding HIV/viral hepatitis/STIs

Strategy 8.1.1

Implement protocol-based universal screening for HIV/viral hepatitis/STIs, including screening to prevent perinatal transmission of hepatitis B and hepatitis C and routine serologic screening to improve prevention and detection of congenital syphilis

Strategy 8.1.3

Expand public health messaging that acknowledges the impact of colonialism on stigma

Strategy 8.1.2

Normalize conversations around HIV/viral hepatitis/STIs and underscore the availability of treatment and care

Strategy 8.1.5

Include people living with HIV/STI/HCV in program planning and outreach development

Strategy 8.1.4

Implement comprehensive, community-wide education strategies inclusive of all people, including those who identify as 2SLGBTQ+, those with mental health and substance use disorders, those experiencing housing instability, those who are incarcerated or returning citizens, as well as non-beneficiary partners of IHS beneficiaries



Prevention



Treatment



Diagnosis



Response



Community

Main message: Reduce sexual health-related stigma

Goal 9

Enhance knowledge and awareness of how to diagnose, treat, and prevent HIV/STIs/viral hepatitis

Objective 9.1

Implement strategies to improve knowledge and awareness diagnosis, treatment, and prevention of HIV/viral hepatitis/STIs, including pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and human papillomavirus (HPV) vaccination

Strategy 9.1.1

Normalize screening through regular conversations, updated standards of care, and health promotion materials that invite individually and community-driven conversations

Strategy 9.1.2

Deepen understanding of HIV/viral hepatitis/STIs within Indigenous communities through widespread and accessible formats (e.g., posters in health care offices, billboards, TikTok videos, websites, radio announcements)



Prevention



Treatment



Diagnosis



Response



Individual

Measuring Progress — Community Indicators

Note: Some of these indicators are composite measures. See [Indicator Table 4: Awareness and Stigma](#) for information about individual and additional indicators to measure progress.

Indicator 7.1

Increase in culturally and linguistically responsive, destigmatizing sex education and public health messaging developed and implemented by Indigenous communities and organizations

Indicator 9.1

Increase in % of Indigenous persons who report ever being tested for HIV, HCV and other STIs

Indicator 8.1

Decrease in % of Indigenous people living with HIV who report experiencing stigma in the last 12 months, due to HIV status or identity (e.g., people who identify as 2SLGBTQ+, people who use)

Indicator 9.2

Decrease in rates of new diagnoses of HIV, HCV, gonorrhea, chlamydia, and syphilis

Clinical Resources & Services

“I'm going to say [that in] 40 to 50% of places we can't get broadband. Telehealth would be very helpful for some of the follow up...I think that they need the support of the community health workers...especially in areas like Alaska and some parts of Navajo [and] parts of the Great Plains where it's very vast, you really need to educate our community health workers to be able to have these conversations...that supports our providers because our providers don't get to do a lot of that follow up...they see people once a year...we need to find ways to support [providers] either via telehealth or remote, mobile care...and we need to have people working with them [who] are trauma informed and will be effective and a comfort to the people that need to have the treatment.”

— Loretta Christensen, MD, CMO of the IHS,
and member of the Navajo Nation

CEDAR

Purifying negative energy
Life, prayer, healing, and protection



“The hard part is that there's so few services...[but] it's hard for us to get around in the city. Can you imagine trying to get to an HIV testing event, if you don't live in the town or the res that you're getting services from or...if you're trying to go for an HIV test on the res...the hard part is that confidentiality, because...people talk, even if you don't think they do. [Finding] a doctor for HIV care up north is hard. After getting their labs, who do we refer them to?....So, they have an infectious disease [doctor] up there, but it's still hard to connect with.”

— Mo Mike,
Indigenous Peoples Task Force,
Beardy's and Okemasis Cree Nation

Main message: Develop capacity to support diagnosis, treatment, prevention, and response related to HIV/STIs/viral hepatitis

Goal 10
Increase the availability of accessible and sustainable clinical resources and services across IHS, Tribal, and Urban systems

Objective 10.1
Develop and disseminate evidence-based and promising practices that center on Indigenous health and practices

Strategy 10.1.1
Create centralized repositories of resources that are culturally and linguistically responsive to Indigenous communities, including standards of care, standardized forms for sexual history taking, and training available on demand

Strategy 10.1.2
Draw upon existing national and regional networks to support an exchange of knowledge between Indigenous communities

Strategy 10.1.3
Develop evidence-based/ evidence-informed and practice-based programs that are culturally and linguistically responsive to Indigenous communities and disseminated widely



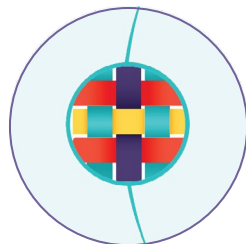
Treatment



Diagnosis



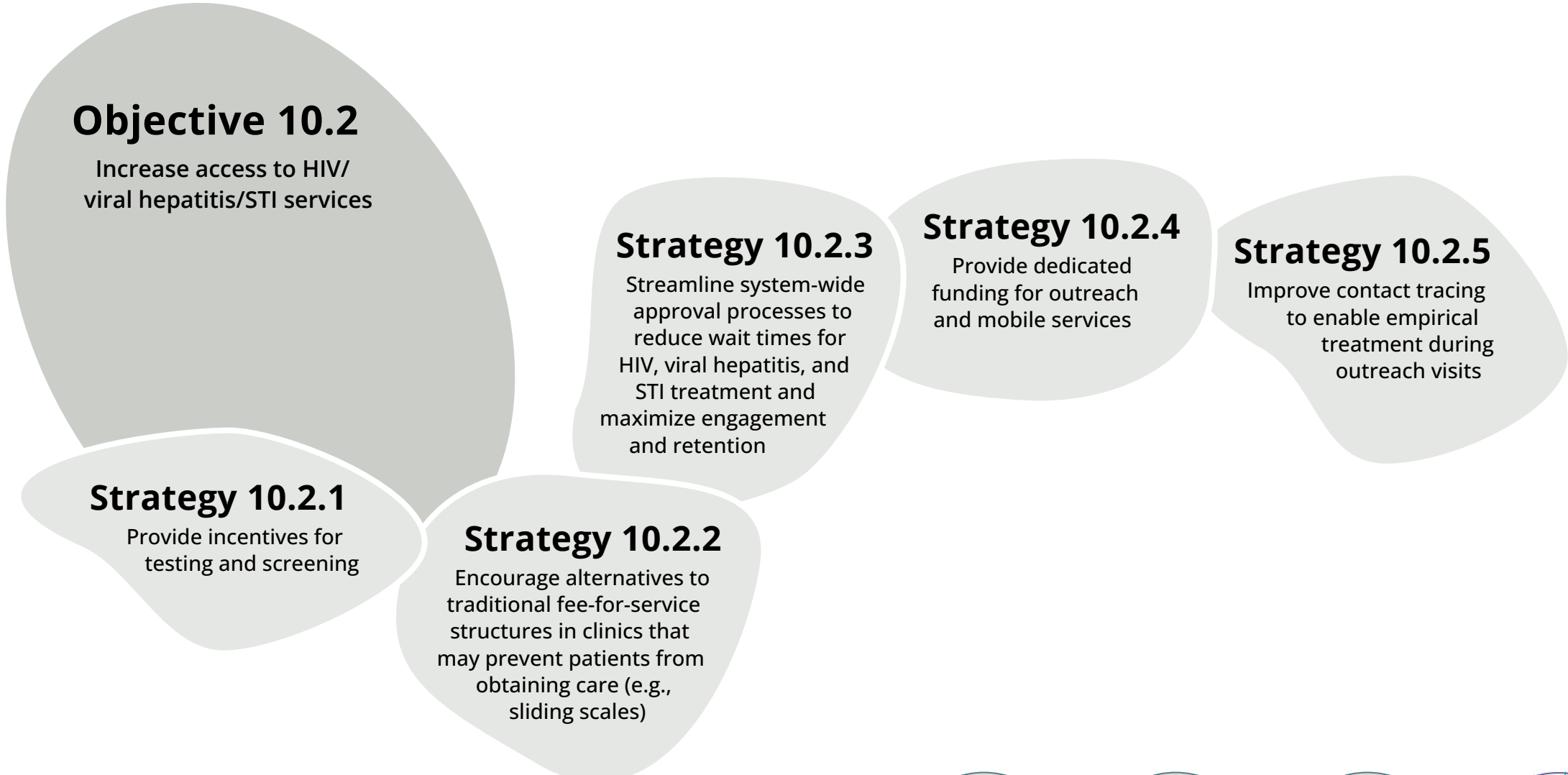
Response



System

Main message: Develop capacity to support diagnosis, treatment, prevention, and response related to HIV/STIs/viral hepatitis

Goal 10
Increase the availability of accessible and sustainable clinical resources and services across IHS, Tribal, and Urban systems



Main message: Develop capacity to support diagnosis, treatment, prevention, and response to HIV/STIs/viral hepatitis

Goal 11
Increase the availability of accessible and sustainable community-centered health systems

Objective 11.1
Support inclusive HIV/viral hepatitis/STI education and services

Strategy 11.1.1
Improve sexual health education for young people, including discussions around gender, sexual orientation, and HIV/viral hepatitis/STI prevention, including PrEP

Strategy 11.1.2
Support outreach and improved responsiveness of services to all people, including those who identify as 2SLGBTQ+, those with mental health and substance use disorders, those experiencing housing instability, and those who are incarcerated or returning citizens

Strategy 11.1.3
Increase access to gender-affirming care



Prevention



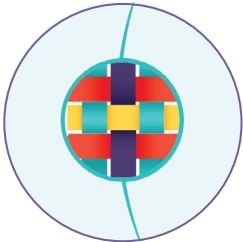
Treatment



Diagnosis



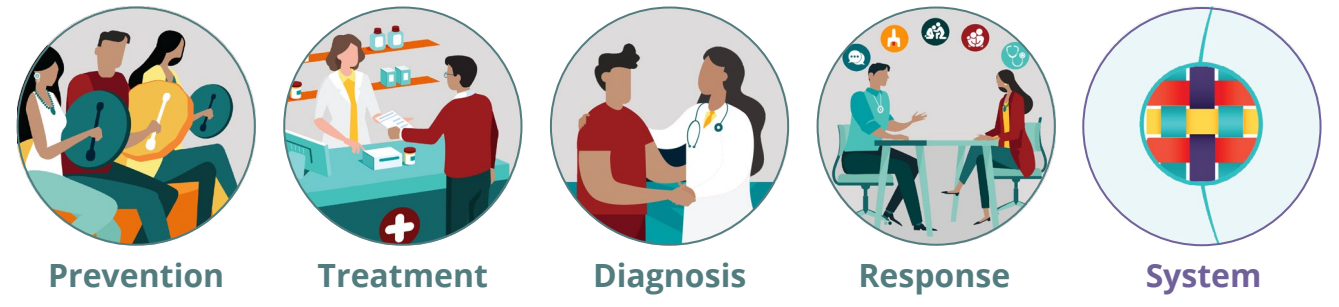
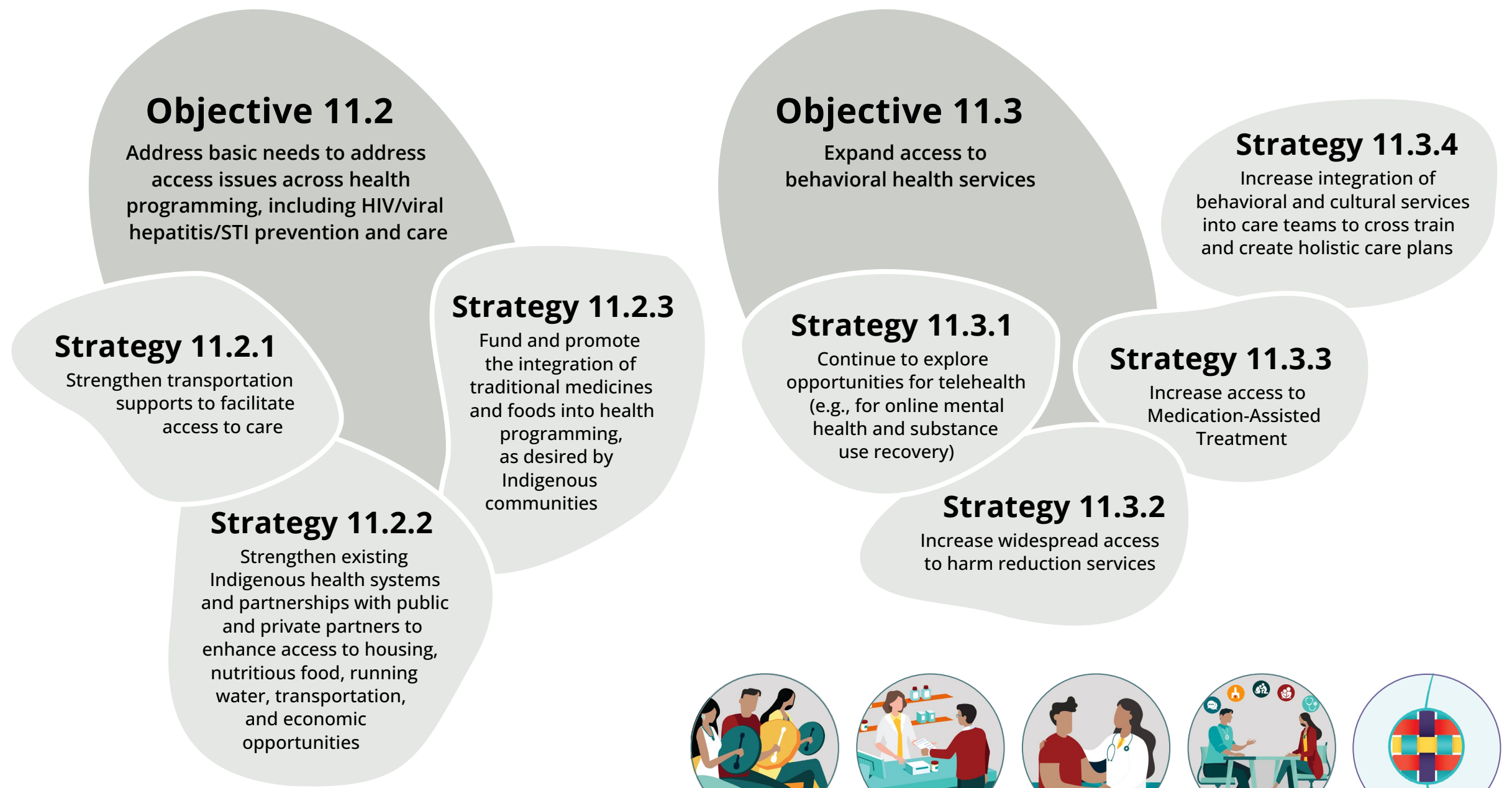
Response



System

Main message: Develop capacity to support diagnosis, treatment, prevention, and response to HIV/STIs/viral hepatitis

Goal 11
 Increase the availability of accessible and sustainable community-centered health systems



Main message: Develop capacity to support diagnosis, treatment, prevention, and response to HIV/STIs/viral hepatitis

Goal 12
Strengthen the workforce across clinical and community-centered health systems

Objective 12.1
Develop health care professional capacity to diagnose, treatment, prevent, and respond to HIV/viral hepatitis/STIs

Strategy 12.1.1
Integrate screening and treatment guidelines into electronic medical records and/or administrative information systems to facilitate access for health care professionals

Strategy 12.1.2
Increase availability of culturally and linguistically responsive training around comprehensive, trauma informed health/medical history taking; provision of gender-affirming care; extragenital testing; and provision of PrEP, PEP, and HIV treatment

Strategy 12.1.3
Continue to develop health care professional capacity to respond to positive HIV/viral hepatitis/STI diagnoses through the provision of culturally and linguistically responsive training and resources



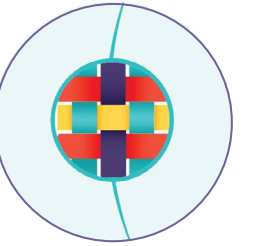
Treatment



Diagnosis



Response



System

Main message: Develop capacity to support diagnosis, treatment, prevention, and response to HIV/STIs/viral hepatitis

Goal 12
Strengthen the workforce across clinical and community-centered health systems



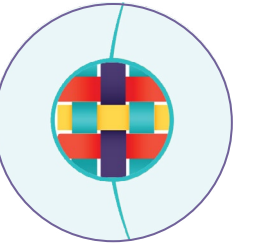
Treatment



Diagnosis



Response



System

Main message: Develop capacity to support diagnosis, treatment, prevention, and response to HIV/STIs/viral hepatitis

Goal 12
Strengthen the workforce across clinical and community-centered health systems

Objective 12.3
Increase availability of HIV/viral hepatitis/STI services

Strategy 12.3.1
Encourage task-shifting among community and public health professionals to deliver routine HIV care

Strategy 12.3.2
Develop capacity within Indigenous communities to increase screening and testing in field settings

Strategy 12.3.3
Increase personnel and infrastructure for core public health functions, including prevention, education, monitoring, and surveillance

Strategy 12.3.4
Increase hiring of public health nurses and other professionals to provide outreach/mobile services



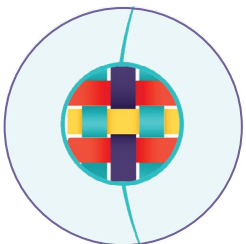
Treatment



Diagnosis



Response



System

Measuring Progress — Community Indicators

Note: Some of these indicators are composite measures. See [Indicator Table 5: Clinical Resources & Services](#) for information about individual and additional indicators to measure progress.

Indicator 10.1

Increase in culturally and linguistically responsive, evidence-based and promising practices

Indicator 11.2

Increase in Indigenous people who report their basic needs are met (e.g., housing, economic opportunities, education, transportation, nutritious food, broadband access, running water)

Indicator 12.2

Increase in the number of health care professionals working in IHS and Indigenous health systems

Indicator 10.2

Increase in % of Indigenous people who are successfully treated for HIV, HCV, and other STIs

Indicator 12.1

Increase in % of Indigenous people who report having a usual place of care

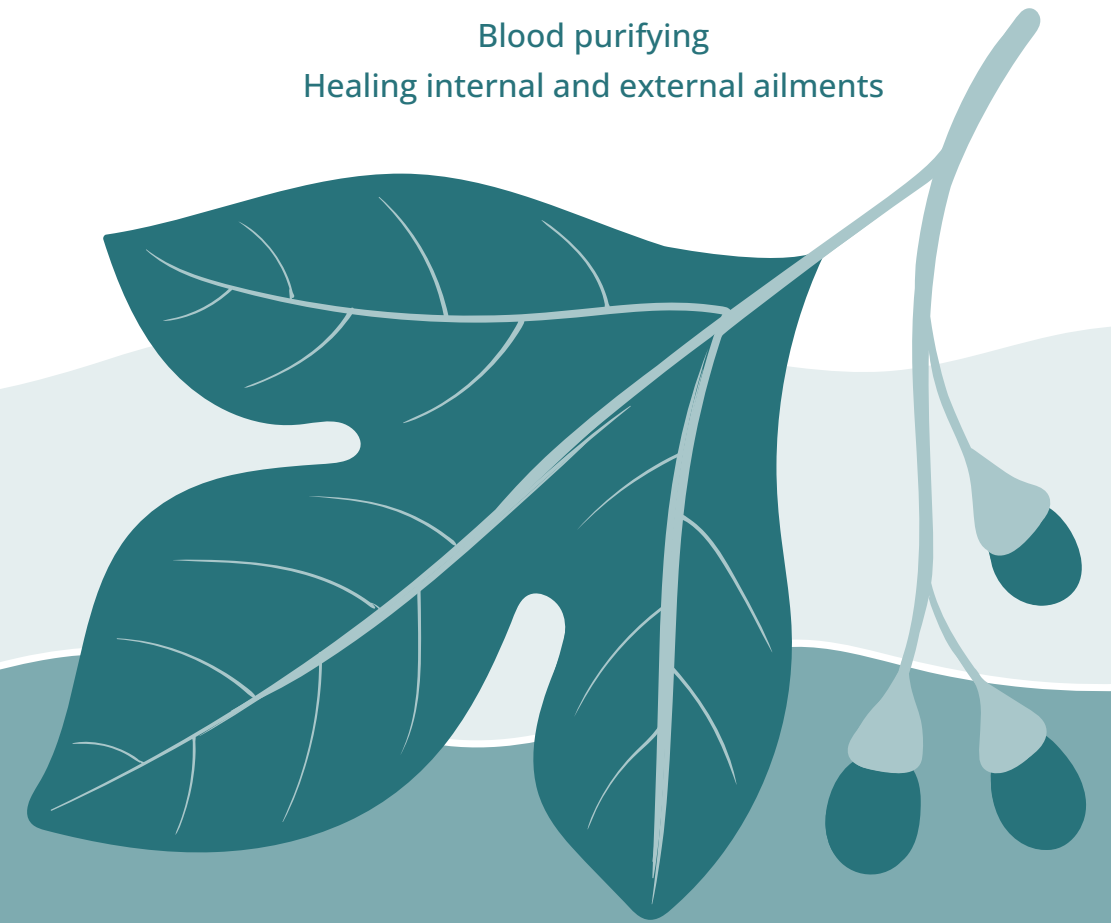
Data Systems

“I feel like data collection is one of the sore spots across our systems, I mean you can't get one hospital here on my reservation to talk to the other hospital, because the [electronic health records] are different...When I think about the Tribal health system, the other reservations in Montana have IHS facilities. They have an IHS facility, where we don't even have an epi person...so our information is not shared.”

— Niki Graham, MPH,
Community Member/Educator/Advocate

SASSAFRAS

Blood purifying
Healing internal and external ailments



“One problem is there isn't a lot of data visibility. It'd be immensely helpful if IHS could do annual summaries of syndemic-related codes or diagnoses. These data could help regional and facility leadership monitor trends and prioritize prevention, diagnosis, and care.”

— Brigg Reilley, MPH,
Advisor to the National IHS HIV/STI/HCV Program

Main message: Improve the knowledge, evidence, and practice base related to Indigenous health and well-being

Goal 13

Strengthen data systems and data sharing processes to address information gaps

Objective 13.1

Enhance information sharing within and between communities

Strategy 13.1.1

Expand public health data support, analysis, and reporting, including an annual syndemic summary

Objective 13.2

Strengthen culturally responsive information gathering and use

Strategy 13.2.1

Promote collection of data and indicators that emphasize strengths-based measures related to decolonization, tradition, and pride

Strategy 13.2.2

Encourage contextually responsive research approaches, including Indigenous-led data collection, community-based participatory research, and collection of qualitative data

Strategy 13.2.5

Develop measures, including a composite syndemic measure

Strategy 13.2.4

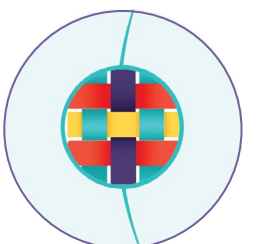
Encourage implementation of evaluation approaches that honor Indigenous ways of being and knowing

Strategy 13.2.3

Increase program evaluation and analysis to identify effective programs, promising practices, and other innovations within Indigenous communities



Response



System

Main message: Improve the knowledge, evidence, and practice base related to Indigenous health and well-being

Goal 14

Increase investments in research and evaluation to improve the knowledge, evidence, and practice base

Objective 14.1

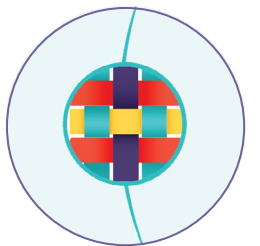
Address workforce gaps by enhancing recruitment and retention efforts

Strategy 14.1.1

Increase hiring of Indigenous epidemiologists, program evaluators, and other data-related positions to lay the foundation for enhanced data collection, analysis, and sharing



Response



System

Measuring Progress — Community Indicators

Note: Some of these indicators are composite measures. See [Indicator Table 6: Data Systems](#) for information about individual and additional indicators to measure progress.

Indicator 13.1

Increased syndemic reporting, monitoring, evaluation, and research efforts within IHS and Indigenous health systems

Indicator 13.2

Increased community capacity for data collection, analysis, use, and stewardship

Promising Programs and Practices

“*Hawai'i Health and Harm Reduction Center has a program called Ke Ola Pono here and they actually work with indigenous communities who are living with HIV and helping them thrive by connecting them to culture, lands, people, our food, and our places that are sacred through workshops. By guiding them through this journey into how our people lived and thrived it will help people reconnect back to themselves. We have a police program...at Hawaii Health and Harm Reduction Center... in cases of unsheltered folks being pursued or asked to leave the area by police...they are supposed to contact counselors or train staff that can actually come out there and help them with that process. Some people may not agree with the groups working with the police, but we definitely see this as...harm reduction...police have no skills in talking to our communities and if we can at least interview the intermediaries between them so that it doesn't turn to violence, harm and hurt, and also additional charges then that could be much safer...I think that's a great harm reduction approach.*”

— Cathy Kapua, BPA,
Kanakanaka Maoli,
Trans Justice Funding Project

GINGER

Healing for aches and inflammation



This section includes a list of programs, training, and additional resources that may support Indigenous communities in achieving the goals and objectives and implementing the strategies presented in the Strategy.

We hope, as members and leaders of our Indigenous communities use these programs and practices, this section will continue to evolve through shared knowledge and wisdom.



Prevention



Treatment



Diagnosis



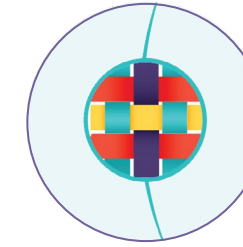
Response



Individual



Community



System

Promising Programs

Pascua Yaqui Tribe HIV/AIDS Prevention Program

The Pascua Yaqui Tribe's HIV, STI, and Hepatitis C prevention provides confidential, educational services to tribal community members including dispensing condoms, transporting members to medical appointments, medication management services, and a tribal syringe exchange program.

I Want the Kit (IWTK)

IWTK provides free gonorrhea and chlamydia test kits, free trichomonas testing for women and HIV in-home test kits to people living in Arizona and Baltimore City, and performs laboratory testing for people living in Alaska, Arizona, Maryland, and Oklahoma.

Eastern Band of Cherokee Indians' Syringe Service Program

The Eastern Band of Cherokee Indians' Syringe Service Program is a community-based program that provides comprehensive harm reduction services for people who use drugs by injection, including providing sterile syringes and clean injection equipment.

Clinical

Alaska ID ECHO

Alaska Infectious Disease (ID) ECHO* works with partners to expand their ECHO to include HIV, PrEP, and STIs, with presentations from subject matter experts and providers to the ECHO team to provide holistic treatment input.

Cherokee Syringe Services Programs

The Cherokee Syringe Services Program offers harm reduction supplies (e.g., syringes, safer injection supplies, and sharps containers) and provides referrals for drug treatment, medical care, and community resources, along with multiple community syringe disposal locations.

*Alaska ID Extension for Community Healthcare Outcomes (ECHO) provides a virtual community to help clinicians and staff serving American Indian and Alaska Native people treat and prevent hepatitis C.

Promising Programs

COPE Program

The COPE program partners with health care teams and community advocates to bridge gaps in the health care system and develops programs that address structural barriers to good health, including food access programs.

California Indian Harm Reduction Workgroup

The California Indian Harm Reduction Workgroup identifies and circulates best practices for harm reduction strategies within California's AI/AN communities, providing funding and technical assistance.

Capacity Development

Indian Country ECHO

Indian Country ECHO provides no cost training, technical assistance, and capacity building services, and facilitates the Indian Country ECHO Collective, all aimed at expanding American Indian and Alaska Native peoples' access to high-quality care, with a focus on HIV/STI/HCV, harm reduction, substance use disorders, and other health conditions.

Native Test/PrEP

Native Test/PrEP is a text message-based system that delivers HIV self-testing, links to PrEP info, and provider resources to clients across the country at no cost and without client eligibility restrictions to promote accessibility.

Promising Programs

The Kua'ana Project

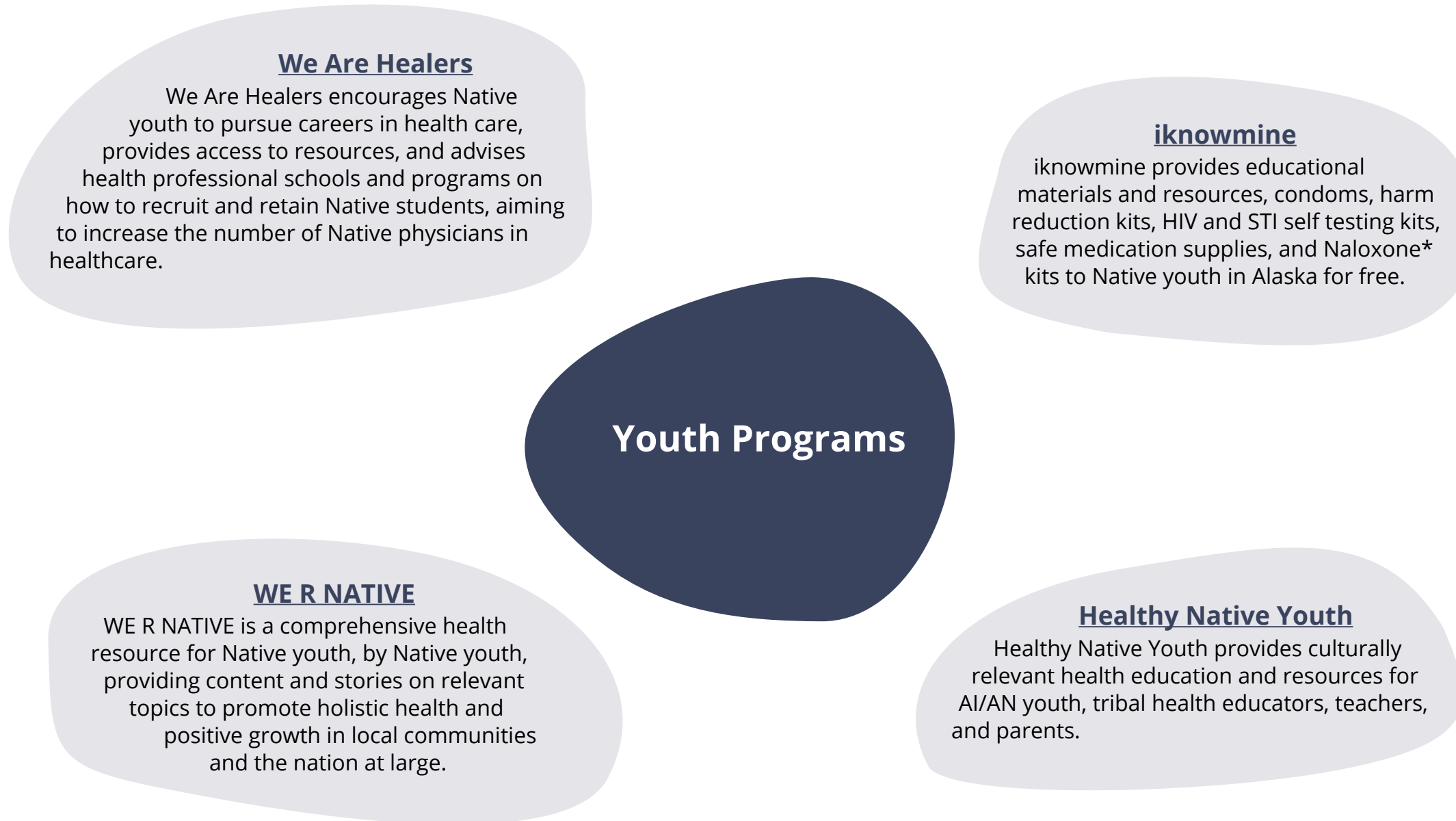
The Kua'ana Project offers support and companionship to local transgender communities, honoring being māhū and transgender without the limitations of Western service delivery.

Advocacy

Paths (Re)Membered

Path Re(Membered) centers the 2SLGBTQ+ community's strengths, resilience, and histories through community engagement, research, and advocacy, to move towards health equity and a liberated 2SLGBTQ+ future.

Promising Programs



*Naloxone, also known as Naloxone HIC or NARCAN®, is a potentially lifesaving medication designed to help reverse the effects of an opioid overdose in minutes.

Connections to HIV, STI, and Viral Hepatitis National Strategic Plans 2021–2025

The following section illustrates how the main messages align with the goals and objectives from the HIV, STI and Viral Hepatitis national strategic plans.

Indigenous HIV/STI/Viral Hepatitis Strategy Main Message	HIV National Strategic Plan	STI National Strategic Plan	Viral Hepatitis National Strategic Plan
Sovereignty	Goal 1, Objective 1.3 Goal 3, Objective 3.2 Goal 4, Objective 4.2 Core Indicators 2 & 6 Disparities Indicator 6d	Goal 1, Objective 1.2 Goal 4, Objective 4.2 Core Indicators 2, 3 & 4 Disparities Indicator 10	Goal 3, Objectives 3.2 & 3.3 Goal 5, Objective 5.2 Core Indicators 1, 2, 3 & 8 Disparities Indicators 9, 12a, 12b & 13a Developmental Indicators 1, 2, 3 & 5
Cultural Responsiveness	Goal 1, Objectives 1.3 & 1.4 Goal 2, Objectives 2.2, 2.3 & 2.4 Goal 3, Objective 3.2, 3.3 & 3.4 Goal 4, Objective 4.1 Core Indicators 2, 3 & 5 Disparities Indicator 6d	Goal 1, Objectives 1.2 & 1.4 Goal 2, Objectives 2.1 & 2.2 Goal 4, Objectives 4.2 & 4.3 Goal 5, Objective 5.1 Core indicators 2, 3 & 4 Disparities indicator 10	Goal 1, Objectives 1.4 & 1.5 Goal 2, Objectives 2.2 & 2.3 Goal 3, Objectives 3.2, 3.3 & 3.4 Goal 5, Objective 5.1 Core indicators 1, 2, 3, 7 & 8 Disparities indicators 9, 12a, 12b & 13a Developmental indicators 1, 2, 3 & 5
Partnerships	Goal 1, Objective 1.4 Goal 2, Objective 2.4 Goal 4, Objectives 4.1 & 4.2	Goal 1, Objective 1.4 Goal 2, Objective 2.2 Goal 5, Objective 5.1	Goal 1, Objective 1.5 Goal 2, Objective 2.3 Goal 5, Objectives 5.1 & 5.2

Indigenous HIV/STI/Viral Hepatitis Strategy Main Message	HIV National Strategic Plan	STI National Strategic Plan	Viral Hepatitis National Strategic Plan
Awareness & Stigma	Goal 1, Objectives 1.1 & 1.2 Goal 2, Objectives 2.2 & 2.3 Goal 3, Objectives 3.1, 3.2 & 3.3 Core indicators 1, 2, 3, 4, 5, 6 & 7 Disparities indicators 6a, 6d, 6f, 6g & 6h	Goal 1, Objectives 1.1 & 1.3 Goal 3, Objectives 3.2 & 3.3 Goal 4, Objective 4.1 Core indicators 1, 2, 3, 4, 5, 6 & 7 Disparities indicators 8, 10 & 14 Developmental indicator 3	Goal 1, Objectives 1.1, 1.2 & 1.3 Goal 2, Objectives 2.1 & 2.4 Goal 3, Objectives 3.1 & 3.2 Core indicators 1, 2, 3, 4, 5, 6, 7 & 8 Disparities indicators 9, 12a, 12b & 13a Developmental indicators 1, 2, 3 & 5
Clinical Resources & Services	Goal 1, Objectives 1.3 & 1.4 Goal 2, Objectives 2.1, 2.2, 2.3 & 2.4 Goal 3, Objectives 3.2, 3.3 & 3.4 Goal 4, Objectives 4.1 & 4.4 Core indicators 1, 2, 3, 4, 5, 6, 7 & 8 Disparities indicators 6a, 6d, 6f, 6g & 6h	Goal 1, Objectives 1.2, 1.3 & 1.4 Goal 2, Objectives 2.1 & 2.2 Goal 3, Objective 3.4 Goal 4, Objectives 4.2 & 4.3 Goal 5, Objective 5.1 Core indicators 1, 2, 3, 4, 5 & 6 Disparities indicators 8 & 10 Developmental indicators 1, 2 & 3	Goal 1, Objectives 1.2, 1.4 & 1.5 Goal 2, Objectives 2.1, 2.2 & 2.3 Goal 3, Objectives 3.2, 3.3 & 3.4 Goal 5, Objectives 5.1 & 5.3 Core indicators 1, 2, 3, 4, 5, 6, 7 & 8 Disparities indicators 9, 12a, 12b & 13a Developmental indicators 1, 2, 3 & 5
Data Systems	Goal 4, Objectives 4.3, 4.4 & 4.5	Goal 3, Objectives 3.1 & 3.4 Goal 5, Objectives 5.2 & 5.3	Goal 4, Objective 4.1, 4.2 & 4.3 Goal 5, Objectives 5.3 & 5.4 Developmental indicator 4
Promising Programs & Practices	Goal 4, Objective 4.4	Goal 3, Objective 3.4	Goal 5, Objective 5.3

Acronyms

AI/AN — American Indian and Alaska Native

AIDS — Acquired immune deficiency syndrome

CMS — Centers for Medicare and Medicaid Services

HCV — Hepatitis C

HIV — Human immunodeficiency virus

HPV — Human papillomavirus

IHS — Indian Health Service

NHOPI — Native Hawaiian and Other Pacific Islander

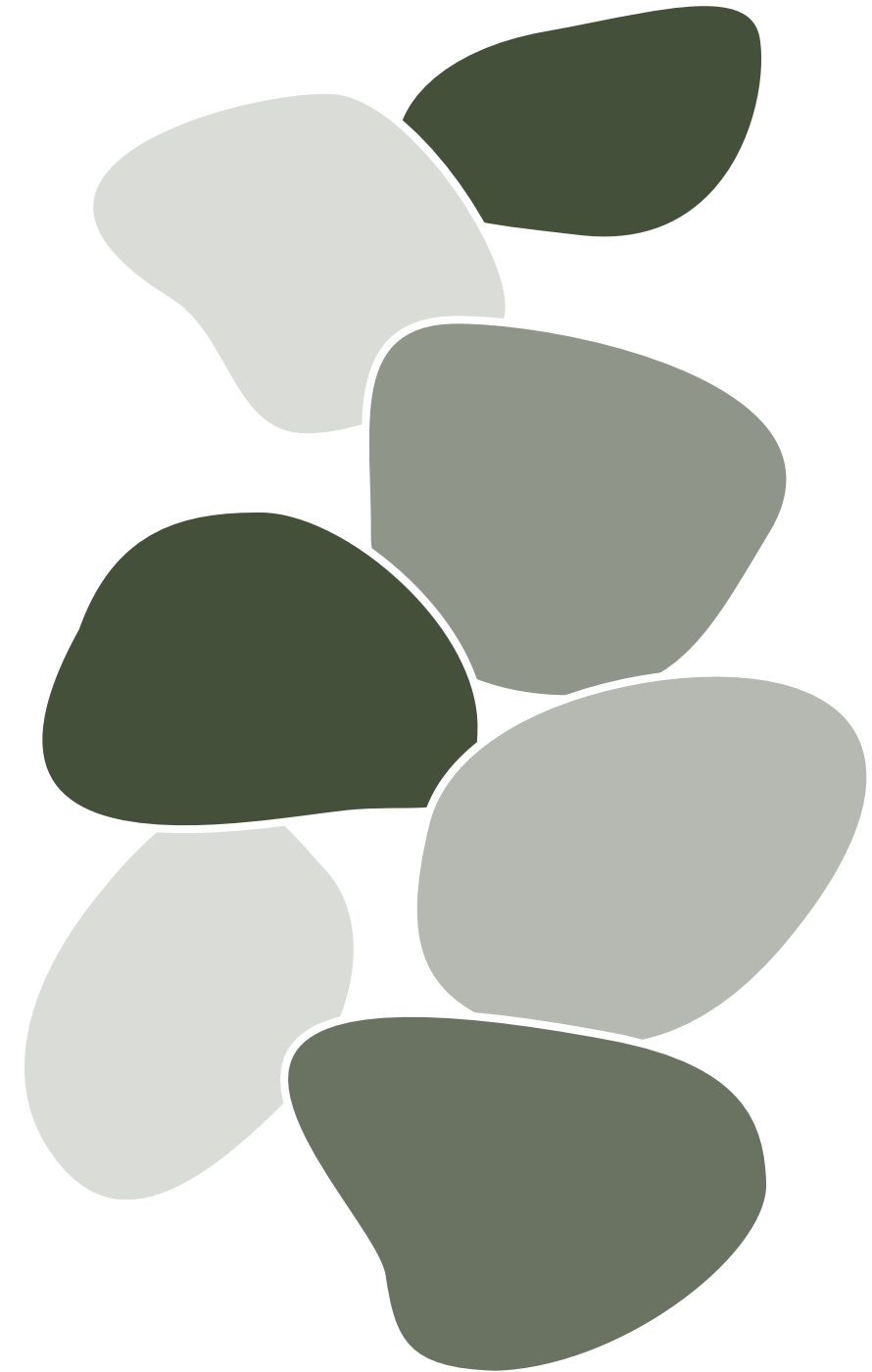
NPAIHB — Northwest Portland Area Indian Health Board

PEP — Post-exposure prophylaxis

PrEP — Pre-exposure prophylaxis

STIs — Sexually transmitted infections

2SLGBTQ+ — Two-spirit, lesbian, gay, bisexual, transgender, queer or questioning and additional sexual orientations and gender identities



Indicator Tables

Created by the Advisory Committee for our community leaders and evaluators, the tables below provide a list of indicators to evaluate and monitor progress towards achieving Strategy goals. Each indicator has a community and/or national level to mark its reach, with bolded indicator numbers marking those presented in our Syndemic Strategy. We encourage our community leaders and evaluators to use and adapt indicators and levels to best meet community's values and priorities.

Indicator Table 1: Sovereignty

Level	Indicator Number	Indicator	Sub-Indicators	Data Source
Community and/or National	1.1	Increase in sustainable federal and state funds disbursed directly to Indigenous communities and organizations	Increase in % of IHS budget transferred to Tribes and Tribal Organizations through through self-determination contracts and self-governance compacts	US Government Accountability Office. 2018. Indian Health Service: Spending Levels and Characteristics of IHS and Three Other Federal Health Care Programs . (30)
			Increase in federal health grant funding awarded to Urban Indigenous health organizations	Indian Health Service. 2022. IHS Awards \$8.3 Million in Grants to Support Urban Indian Health Programs . (31)
			Increase in state funding to non-federally recognized Indigenous communities	Community-driven
			Increase in sustainable federal and state funding streams, such as multi-year grants, increased base funding, and mandatory and advanced appropriations	
Community	2.1	Increased understanding of inherent Indigenous rights among community members and public and private partners including federal, state and local agencies	Not applicable	Community-driven

Indicator Table 2: Cultural Responsiveness

Level	Indicator Number	Indicator	Sub-Indicators	Data Source
Community and/or National	3.1	Increased training and recruitment of Indigenous health and human service professionals in the IHS and other Indigenous health systems	Increase number of Indigenous matriculants to clinical education programs	American Association of Medical Colleges. 2022. Table A-14.3: Race/Ethnicity Responses (Alone and In Combination) of Matriculants to U.S. MD-Granting Medical Schools, 2017-2018 through 2021-2022. (32)
Community and/or National	3.2	Increase in % of professionals completing cultural awareness/ responsiveness training in IHS and other organizations that provide care to Indigenous people	Not applicable	Community-driven
Community	3.3	Increased awareness of, and programming that integrates culture, language, ceremony and Indigenous foods as medicines	Increased awareness of traditional practices, protocols and ceremonies Increase in new cultural and linguistic revitalization programs Increased access to traditional foods and medicines	Community-driven
Community and/or National	3.4	Increase in % of Indigenous people who receive culturally responsive care	Not applicable	Community-driven
National	3.5	Increase in average patient experience/ satisfaction among in Indigenous patients	Not applicable	CMS Office of Minority Health: Racial, Ethnic and Gender Disparities in healthcare in Medicare Advantage, 2021 (33)

Indicator Table 3: Partnerships

Level	Indicator Number	Indicator	Sub-Indicators	Data Source
Community	6.1	Increase in new partnerships between Indigenous communities/organizations and partners	Increase in number of cooperative agreements and grants between HHS agencies (including CDC) and Tribes and Indigenous Organizations	Fiscal Year 2020 CDC Funding Profile for American Indian and Alaska Native Tribes and Tribal Organizations (34)
			Increase in % of states with published plans for partnership with Tribes and Indigenous organizations to address HIV/HCV/STI	Community-driven
Community	6.2	Improved quality of partnerships with local, state, federal agencies and other health sector partners (e.g. in terms of communication, leadership, decision-making, distribution of resources, reciprocity, and collective impact)	Not applicable	Community-driven

Indicator Table 4: Awareness and Stigma

Level	Indicator Number	Indicator	Sub-Indicators	Data Source
Community	7.1	Increase in culturally destigmatizing sex education and public health messaging developed/ implemented by Indigenous communities	Increase in culturally relevant sex education curricula developed/ implemented by Indigenous communities and organizations	Community-driven
			Increase in culturally relevant public health messaging developed/ implemented by Indigenous communities and organizations	
Community and/or National	7.2	Increase in % of Indigenous LGBTQ students who report feeling safe at school	Not applicable	Community-driven
Community	8.1	Decrease in % of Indigenous people living with HIV who report experiencing stigma in the last 12 months, due to HIV status or identity	Decrease in % of Indigenous people living with HIV who report experiencing stigma in the last 12 months, due to HIV status (measured by 11 different survey items)	No current data source in the US. However, survey items and procedures are available from the People Living with HIV Stigma Index (35)
			Decrease in % of Indigenous people living with HIV who experience stigma/discrimination in the last 12 months due to being a key population member (e.g. MSM, female sex worker, PWUD, transgender female)	
Community and/or National	8.2	Increase in protocol-based screening approaches developed/implemented by the IHS and Indigenous operated health systems	Not applicable	Community-driven
Community	8.3	Decrease in average mean score of internalized stigma among Indigenous people living with HIV	Not applicable	No current data source in the US. However, survey items and procedures are available from the People Living with HIV Stigma Index (35)

Level	Indicator Number	Indicator	Sub-Indicators	Data Source
Community	8.4	Decrease in % of Indigenous people who experienced one or more forms of stigma/discrimination in HIV healthcare settings due to HIV status in the last 12 months	Not applicable	No current data source in the US. However, survey items and procedures are available from the People Living with HIV Stigma Index (35)
Community and/or National	9.1	Increase in % of Indigenous persons who report being tested for HIV, HCV or other STI	Increase in % of Indigenous persons who report ever being tested for HIV	CDC: Youth Risk Behavior Surveillance System (YRBSS) (36)
			Increase in % of Indigenous persons who report ever being tested for an STI other than HIV	CDC: Youth Risk Behavior Surveillance System (YRBSS) (36)
Community and/or National	9.2	Decrease in rates of new diagnoses of HIV, HCV, gonorrhea, chlamydia and syphilis	Decrease in rates of new diagnoses of HIV	CDC: HIV Surveillance Report (37)
			Decrease in rates of new diagnoses of HCV	CDC: Viral Hepatitis Surveillance Report (38)
			Decrease in rates of new diagnoses of Gonorrhea	CDC: Tables — Sexually Transmitted Disease Surveillance, 2020 (39)
			Decrease in rates of new diagnoses of Chlamydia	CDC: Tables — Sexually Transmitted Disease Surveillance, 2020 (39)
			Decrease in rates of new diagnoses of Syphilis	CDC: Tables — Sexually Transmitted Disease Surveillance, 2020 (39)
National	9.3	Change in % of Indigenous adults who report talking to an adult about sex and birth control before the age of 18	Not applicable	Community-driven
		Change in % of Indigenous adults who report receiving formal sexual education before the age of 18		Community-driven
		Increase in % of Indigenous persons with HIV infection who know their status		CDC: HIV Surveillance Report (37)

Indicator Table 5: Clinical Resources & Services

Level	Indicator Number	Indicator	Sub-Indicators	Data Source
Community	10.1	Increase evidence-based and promising practices that are culturally responsive to Indigenous communities	Increase in % of IHS budget transferred to Tribes and Tribal Organizations through through self-determination contracts and self-governance compacts	Community-driven
Community and/or National	10.2	Increase in % of Indigenous people who are successfully treated for HIV, HCV, and other STI	Increase in % of Indigenous adults who are linked to care within one month of HIV diagnosis	CDC: HIV Surveillance Supplemental Report - Monitoring Selected National HIV Prevention and Care Objectives By Using HIV Surveillance Data United States and 6 Dependent Areas, 2020 (40)
			Increase in % of Indigenous people who achieve HIV viral suppression	CDC: HIV Surveillance Supplemental Report - Monitoring Selected National HIV Prevention and Care Objectives By Using HIV Surveillance Data United States and 6 Dependent (40)
			Decrease in Indigenous adult chronic HCV prevalence rate	CDC: Viral Hepatitis Surveillance Report (38)
			Decrease in rate of deaths among Indigenous adults with Hepatitis C listed as a cause of death	CDC: Viral Hepatitis Surveillance Report (38)
Community	10.3	Decreased wait times for receiving HIV, viral hepatitis and STI treatment services	Not applicable	Community-driven
Community	10.4	Increase in mobile HIV viral hepatitis and STI treatment services	Not applicable	Community-driven
Community	10.5	Decreased travel times to obtain HIV, viral hepatitis and STI treatment services	Not applicable	Community-driven

Level	Indicator Number	Indicator	Sub-Indicators	Data Source
Community and/or National	11.1	Increase in % of Indigenous people who receive culturally responsive care for diagnosed mental, behavioral, and substance use needs	Increase in % of Indigenous adults who report symptoms of depression, anxiety or both and report receiving counseling from a mental health provider	CDC: National Health Interview Survey, Tables of Summary Health Statistics (41)
			Increase in % of Indigenous adults who report symptoms of depression/ anxiety and that they are taking a prescription medication for it	CDC: National Health Interview Survey, Tables of Summary Health Statistics (41)
			Decrease in number of new HIV diagnoses attributed to Injection Drug Use among Indigenous adults	CDC: HIV Surveillance Report (38)
			Increase in % of Indigenous people receiving substance use related services who need them	CDC: National Health Interview Survey, Tables of Summary Health Statistics (41)
Community and/or National	11.2	Increase in Indigenous people who report their basic needs are met (e.g. housing, economic opportunities, education, transportation, nutritious food, broadband access, running water)	Increase in % of sheltered people experiencing homelessness in the US who are Indigenous	The U.S. Department of Housing and Urban Development: The 2021 Annual Homeless Assessment Report (AHAR) to Congress (42)
			Increase in % sheltered unaccompanied youth experiencing homelessness who are Indigenous	The U.S. Department of Housing and Urban Development: The 2021 Annual Homeless Assessment Report (AHAR) to Congress (42)
			Increase in % of Indigenous Ryan White HIV AIDS Assistance Program who report having stable housing	Health Resources & Services Administration: Ryan White HIV/AIDS Program Compass Dashboard (43)
			Increase in % of Indigenous households who received Supplemental Nutrition Assistance Program (SNAP) benefits: Please rate the importance of indicators of clinical resources and services	U.S. Census Bureau: American Community Survey (44)

Level	Indicator Number	Indicator	Sub-Indicators	Data Source
			Decrease in % of Indigenous households who received benefits from the Temporary Assistance for Needy Families (TANF)/	U.S. Department of Health & Human Services, Office of Family Assistance: Characteristics and Financial Circumstances of TANF Recipients, Fiscal Year 2020 (45)
			Decrease in % of Indigenous families who are considered to be living in poverty	U.S. Census Bureau: American Community Survey (46)
			Increase in % of Indigenous adults (25+) who are a high school graduate and/or who hold a bachelor's degree or higher	U.S. Census Bureau: American Community Survey (47)
Community	11.3	Increased outreach efforts to Indigenous people with substance use disorders, people experiencing homelessness, people with a history of incarceration, people with a history of mental illness, sex workers, and 2SLGBTQ+ people	Not applicable	Community-driven
Community and/or National	12.1	Increase in % of Indigenous respondents who report having a usual place of care	Not applicable	CDC: National Health Interview Survey (41)
Community and/or National	12.2	Increase in the number of health care professionals working in the IHS and Indigenous operated health systems	Decrease in provider vacancy rates in the IHS and other Indigenous operated health systems	Indian Health Service: Recruitment and Retention (48)
			Decrease in number of new HIV diagnoses attributed to Injection Drug Use among Indigenous adults	CDC: HIV Surveillance Report (37)
National	12.3	Increase in % of Indigenous respondents who report having a doctor visit in the last 12 months	Not applicable	CDC: National Health Interview Survey (41)

Indicator Table 6: Data Systems

Level	Indicator Number	Indicator	Sub-Indicators	Data Source
Community and/or National	13.1	Increased syndemic reporting, monitoring, evaluation and research efforts within IHS and Indigenous health systems	Increased syndemic reporting and analysis efforts within the IHS, Indigenous health organizations, and communities	Community-driven
			Increase in number of epidemiologists, researchers and analysts within the IHS and Indigenous health organizations	Community-driven
			Increase in HHS and state funding (including CDC) disbursed to Indigenous organizations for surveillance, epidemiology and laboratory services	CDC: Fiscal Year 2020 CDC Funding Profile for American Indian and Alaska Native Tribes and Tribal Organizations (49)
			Increase in number of research publications on HIV/STI/HCV written by, or in partnership with Indigenous authors	Community-driven
			Increase in number of research publications regarding HIV/STI/HCV and Indigenous populations	Community-driven
Community	13.2	Increased community capacity for data collection, analysis, use and stewardship	Increase in development/ implementation of data governance protocols within communities	Community-driven

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