



CALL TO ACTION: INVESTING IN BIPOC LEADERSHIP

# Outreach, Linkage to Care, and Support for Native and Indigenous Communities

# Agenda

- Brief Overview of Syndemics in Native and Indigenous Communities
- Presentations
  - Connie Bieb Olikong, Program Manager, Communicable Disease Unit, Ministry of Health & Human Services, Republic of Palau
  - Jordan Laducer-Dix, Special Populations Coordinator, Community Engagement Unit, North Dakota Health & Human Services
  - Claire S. Erickson, Hepatitis C Epidemiologist, North Dakota Health & Human Services
- Q&A and Discussion
- Wrap Up



# Terms

- Native and Indigenous
  - American Indian, Alaska Native, Native Hawaiian, Pacific Islander
- US states (including Washington, D.C., Puerto Rico and U.S. Virgin Islands)
- Six US territories
  - American Samoa
  - Guam
  - Marshall Islands
  - Federated States of Micronesia
  - Northern Mariana Islands
  - Palau

# Social Determinants of Health



**Health and Well-being:**  
 Mortlity, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



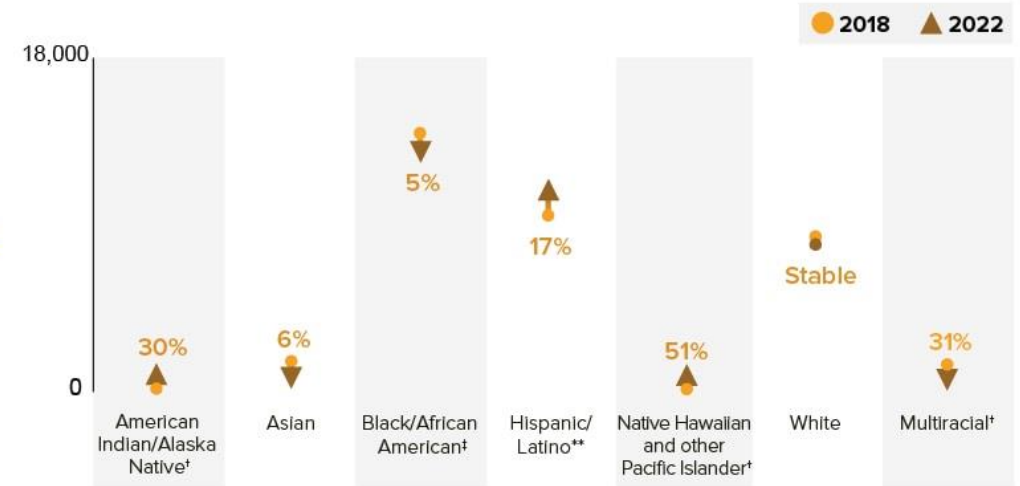
# HIV

- Increase in HIV diagnoses
- Lower rates of knowledge of HIV status compared to other racial and ethnic groups

Trends in HIV diagnoses in the US and 6 territories and freely associated states by race and ethnicity, 2018-2022\*



## Trends by Race and Ethnicity



\*Among people aged 13 and older.

† Changes in subpopulations with fewer HIV diagnoses can lead to a large percentage increase or decrease.

‡ *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

\*\* Hispanic/Latino people can be of any race.

Source: CDC. Diagnoses, deaths, and prevalence of HIV in the United States and 6 territories and freely associated states, 2022. *HIV Surveillance Report*, 2022;35.

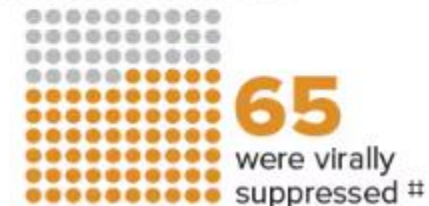
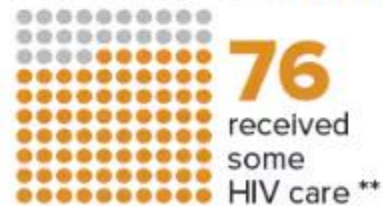
Source: CDC



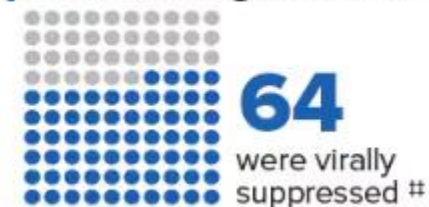
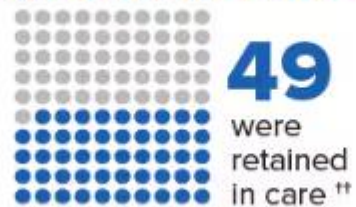
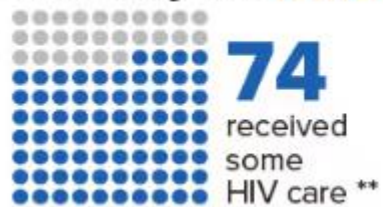
# HIV Care Continuum

HIV care continuum among people with diagnosed HIV in 48 states and the District of Columbia by race and ethnicity, 2022\*

For every 100 **American Indian/Alaska Native people** with diagnosed HIV:



For every 100 **Native Hawaiian and other Pacific Islander people** with diagnosed HIV:



Source: CDC





## Health Equity Takeaways from the 2022 Viral Hepatitis Surveillance Report

Variations of disease rates by race or ethnicity may reflect systemic cultural, behavioral, environmental, and social factors.



### Rate of acute hepatitis B is highest in non-Hispanic Black populations

The rate of acute hepatitis B among non-Hispanic Black persons increased by 11.1% during 2021–2022 and was 1.7 times as high as the rate among non-Hispanic White persons.



### Rate of hepatitis B-related deaths is highest in non-Hispanic Asian/Pacific Islander (A/PI) populations

The rates of reported hepatitis B-related deaths among non-Hispanic A/PI persons and non-Hispanic Black persons were 8.5 times and 2.6 times as high as the rate among non-Hispanic White persons, respectively.



### Rate of acute hepatitis C is highest in non-Hispanic American Indian/Alaska Native (AI/AN) populations

Although the rate of acute hepatitis C among non-Hispanic White persons decreased during 2021–2022, the rate among non-Hispanic AI/AN persons increased by 7.4% and was 1.9 times as high as the rate among non-Hispanic White persons.



### Rate of hepatitis C-related deaths is highest in non-Hispanic American Indian/Alaska Native (AI/AN) and non-Hispanic Black persons

The rates of reported hepatitis C-related deaths among non-Hispanic AI/AN persons and non-Hispanic Black persons were 3.3 times and 1.7 times as high as the rate among non-Hispanic White persons, respectively.

# Hepatitis

- In 2022, the rate of newly reported chronic hepatitis B was highest among non-Hispanic A/PI persons.
- In 2022, the rates of newly reported chronic hepatitis C were highest among persons aged 30–39 years, males, non-Hispanic American Indian/Alaska Native persons and those living in rural areas.

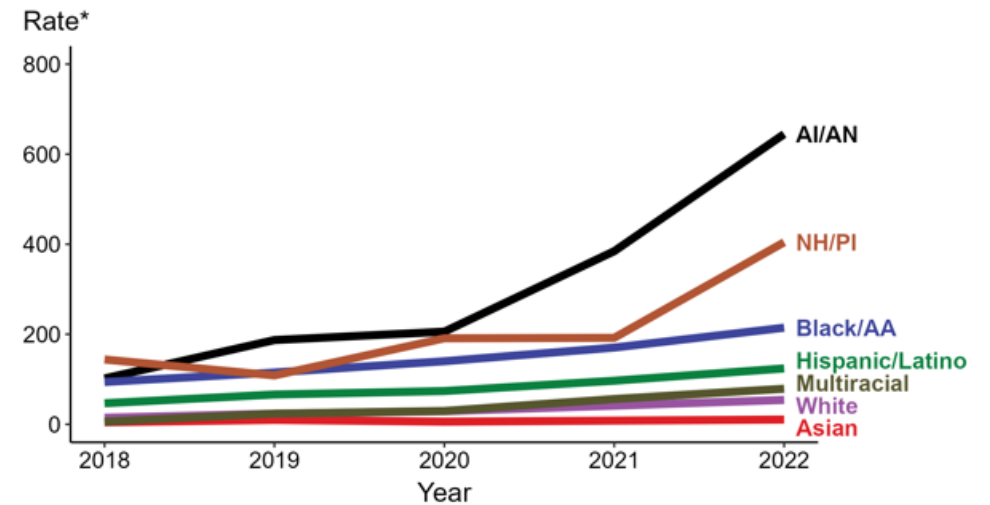
Source: CDC



# STIs

- **Chlamydia and Gonorrhea:** Non-Hispanic American Indian or Alaska Native persons were overrepresented among cases relative to their proportion of the population. (2022)
- **Primary and Secondary Syphilis:** Non-Hispanic American Indian or Alaska Native persons had a burden of 4.0 times what would be expected based on their proportion of the population. (2022)

**Congenital Syphilis — Rates of Reported Cases by Year of Birth, Race/Hispanic Ethnicity of Mother, United States, 2018–2022**



\* Per 100,000 live births

ACRONYMS: AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander





# Overdose Deaths- 2022, 30 Jurisdictions

- American Indian/Alaska Native, non-Hispanic people had the highest overdose death rates.

Demographic Characteristic	Number of deaths	Percent of deaths	Rate per 100,000 persons
<b>Sex</b>			
Male	36,237	70.5%	49.3
Female	15,197	29.5%	20.7
<b>Race/Ethnicity</b>			
American Indian/Alaska Native, non-Hispanic	880	1.7%	69.1
Asian, non-Hispanic	260	0.5%	3.6
Black, non-Hispanic	10,988	21.5%	54.0
Multi-race, non-Hispanic	510	1.0%	19.6
Native Hawaiian/Pacific Islander, non-Hispanic	24	<0.1%	11.5
White, non-Hispanic	33,826	66.2%	34.6
Hispanic	4,646	9.1%	28.2

Source: CDC's State Unintentional Drug Overdose Reporting System (SUDORS), 2022





**“Outreach, Linkage to Care, and Support for Indigenous Communities”  
NASTAD National HIV and Hepatitis Technical Assistance Meeting  
October 16, 2024**

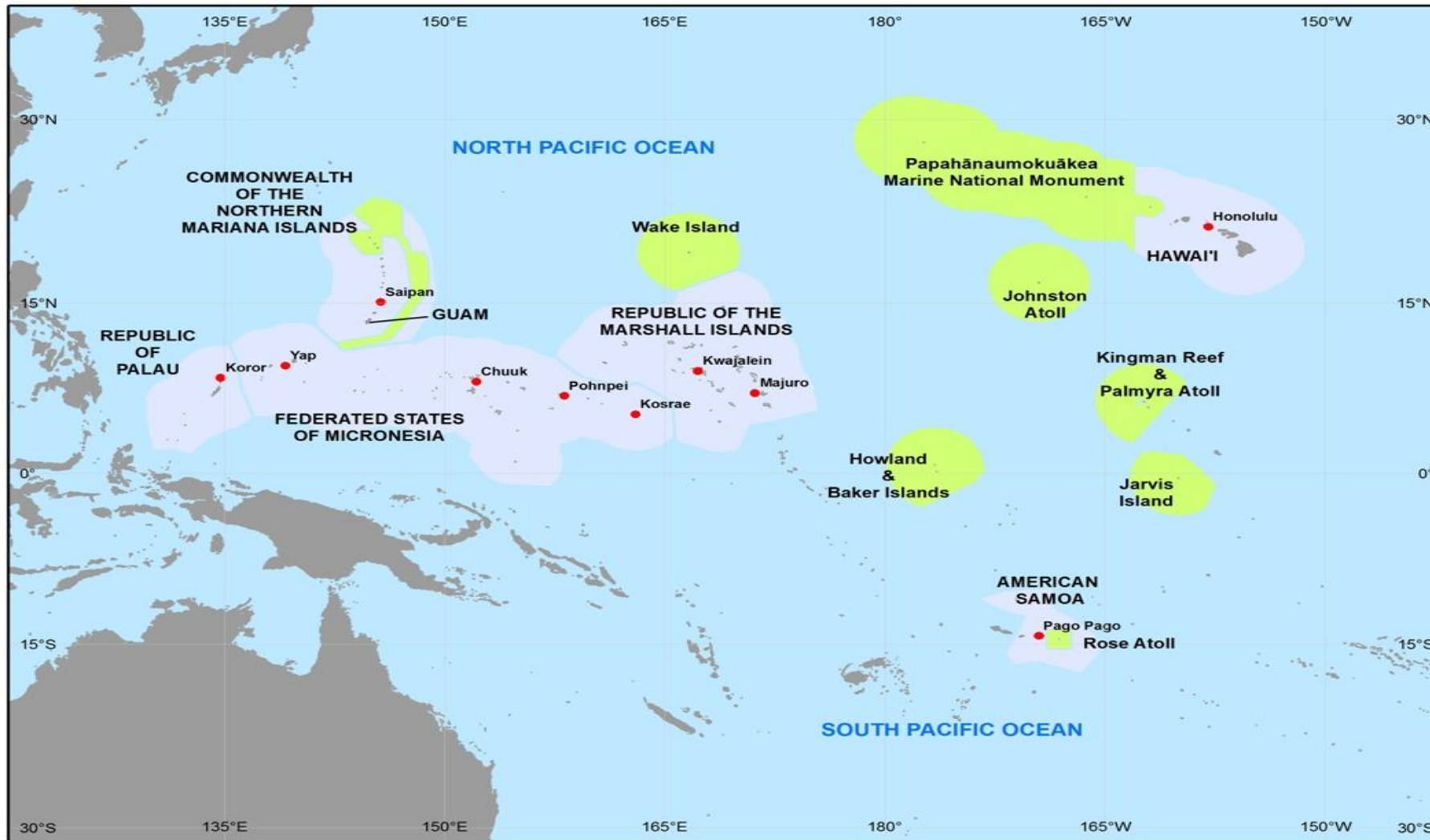
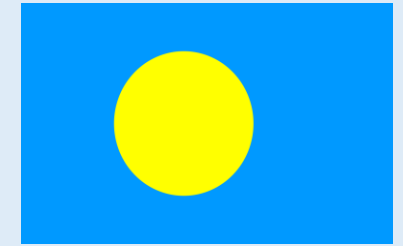
**CONNIE BIEB OLIKONG**

**Program Manager**

**Communicable Disease Unit, Palau Ministry of Health & Human Services**



# Republic of Palau



- Palau, officially the Republic of Palau is an island country in the Micronesian sub-region of Oceania in the western Pacific
- Palau an archipelago lies in the southwest corner of Micronesia with Guam to the northeast, Papua New Guinea to the south and the Philippines to the west
- Palau is composed of 12 inhabited islands and more than 700 islets

# Republic of Palau

- Population: 17, 695 (2024 estimate)
  - Palauans – 70.6%
  - Filipinos – 18%
  - Bangaldeshi – 3.7%
  - Others – 7.5% (US, Australia, Asian Countries, other Pacific Island Countries)
  - 70% of the population lives in the central island of Koror
- Palau has been subject to waves of colonization from Spain, Germany, Japan and the United States
- Palau became and Independent Nation in 1994 after being part of the United Nation Trust Territory of the Pacific Islands (TTPI) administered by the United States for 50 years after the WWII
- It is a Independent/Sovereign Nation in free association with the United States under the Compact of Free Association (COFA)
  - Palau relies on financial aids from the United States under COFA which gives the US responsibility for Palau’s defense
  - Citizens of Palau are classified as “Non-Immigrant Aliens” in the US; with this status Palauans can legally enter, reside, work or attend schools in the US and its territories and possessions without visa requirements.

# Palau's Healthcare System

- Ministry of Health & Human Services
  - Bureau of Public Health & Human Services
  - Bureau of Hospital & Clinical Services
- Belau National Hospital (BNH) is the only hospital in the country and it is owned by the government of the ROP; it is the main health facility located in Koror
- There are six super Community Health Centers (CHCs) located throughout the country and four satellite dispensaries serving the hard-to-reach outlying islands.
- There are three private clinics in central Koror and there's a small military clinic at the US Civic Action Team residence/camp with one medic providing limited free services
- Palau instituted National Health Insurance in 2010 and some private insurances are available. Over 90% of the population has health insurance
- All diagnostic, care, treatment, management and services related to communicable diseases are free of charge to anyone as stated in the Palau Constitution

# Communicable Disease Unit (CDU) – BPHHS

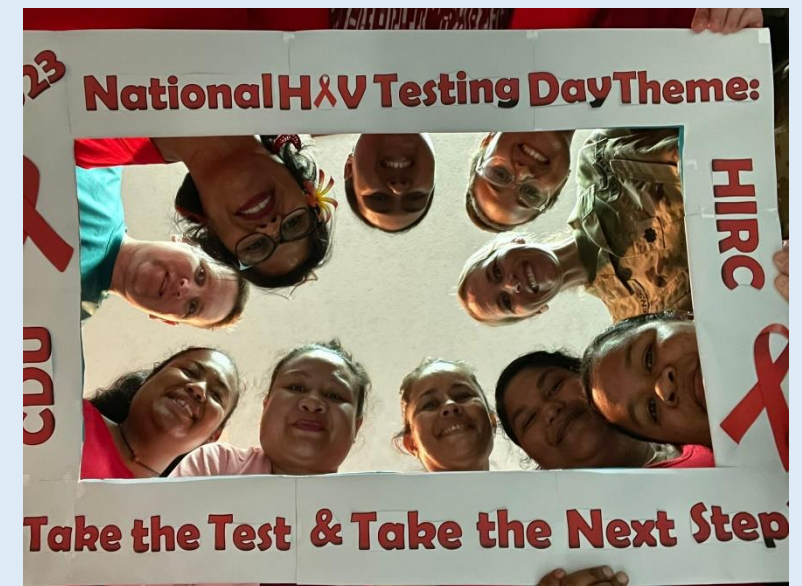
- Our mission is to Find, Treat and Prevent further spread of communicable diseases in Palau
- CDU main focus is disease prevention, investigation, care and management
  - HIV, Hepatitis, Hansen’s Disease, Sexually Transmitted Infections, TB, COVID, other respiratory diseases, neglected tropical diseases, and other communicable diseases
- MHHS has 32 diseases listed on the Reportable Disease Surveillance System including vector-borne illness
- CDU works closely with internal and external partners to make our services available and accessible to the community – we “take health to the community” to reach the unreached.



# Our Approach – REACHING the UNREACHED

- ✓ Facilitate collaboration, coordination and communication with relevant partners within and outside the health arena
- ✓ Continue to improve and strengthen partnership and enhance service delivery to communities and reaching the most at-risk populations
- ✓ Increase outreach and awareness activities of communicable diseases
- ✓ Continue to strengthen partnership with external partners – the US Civic Action Team, US Oceania Engagement Team, Koa Moana, US Marine Corps Engagement Detachment and many others
- ✓ Strengthen efforts of making services available and accessible at both health and non-health settings

Integration of Services



# Program Collaboration & Service Integration

- We are integrated and PCSIfied
  - Integration of services/screening – holistic approach – syndemic approach
- Integrated screening – health settings, non-health settings, including prenatal clinics
  - Integrated screening offered at partner services and contact investigation
- How do we do it:
  - Screening SOP and screening panel flow illustrates services integration
  - Screening/intake form is integrated
  - Personnel/human resources is integrated
    - Staff are cross trained to provide services both at health-settings and non-health settings to ensure that services are accessible and available all the time
  - Regular monitoring & evaluation process in place to ensure that integration of service is in place
    - Monthly program surveillance report
    - Monthly QA/QI and case management meeting
- Increased prevention activities such as screening efforts, condom distribution, partner services, care and treatment, etc.
- Why we do it:
  - Patient-centered-care approach
  - Normalize and de-stigmatize communicable diseases specifically HIV
  - Convenient, easy and we don't spend much resources
  - Leverage resources - "Rich cousins" shares resources with the "poor cousins"

**COMMUNICABLE DISEASE UNIT**  
Evening Special with CAT Doctor and Partners from the US MCED

When: 04/09/2024 (Tuesday)  
Where: Health Information Resource Center (Former Peace Corps Office in Medalaii)  
Time: 5pm-8pm

Free screening and education on:  
• Blood pressure check  
• Blood sugar check  
• Chlamydia  
• Gonorrhea  
• Syphilis  
• HIV  
• Tuberculosis (TB)  
• Hepatitis B&C  
• Hansen's Disease

**FREE SCREENING = FREE AIRTIME**

For more information: Call 488-1757/6500 or Check our FB Page: Palau Communicable Disease Unit

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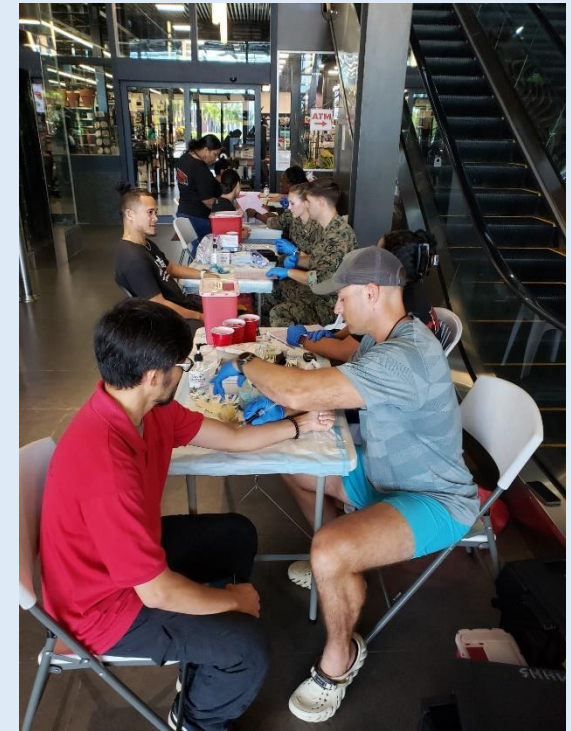




In partnership with US Marine Corps Engagement Detachment Platoon, the US Task Force Koa Moana, the US Civic Action Team, and the Oceania Engagement Team; we **“Take Health to the Community”** by conducting an integrated screening of HIV, Viral Hepatitis, Hansen’s Disease, STIs, Tuberculosis, blood pressure and blood sugar to the community at least twice monthly to different places and groups in the community. All screening and services are offered FREE to the community. We also give incentives to those who complete screening. Anyone identified to have any infection is navigated for further evaluation at our clinic and is provided FREE care and treatment.

## Our Assets, Resources, Success..

Outreach Activities include Movie Nights, Evening Clinics, screening at big shopping centers, parks, festivals, different communities, outer islands, etc.



Through these partnerships, we leverage resources, we engage with communities, we bring all our services, and we build strong connections with the community. Doing this has normalized HIV/STIs in the community making it easier for those who are disproportionately affected populations to access services





Outreach at one of the biggest shopping center. 56 clients screened: 2 CT +, 7 LTBI, 2 HBV; 7 referred for further evaluation on B/P & blood sugar; 7 referred to BCCS



Outreach at National Condom Day: 32 participants, 28 screened, no new infection reported; however, 1 TG and 5 MSM were among those participants who were screened. 50% were young people of 25 years of age and below



*OUTREACH – conducted at least twice per month to different communities, populations, etc.*



**Communicable Disease Unit**  
 In partnership with Koa Moana and Oceania Engagement Team

Free screening / Education on:

- Blood pressure & sugar check
- Chlamydia
- Gonorrhea
- Syphilis
- HIV
- Tuberculosis
- Hepatitis B&C
- Hansen's Disease

When : Aug. 23, 2024  
 Friday  
 Where: WCTC Shopping Center  
 Time: 9am - 12:30pm

**FREE TESTING = FREE**

For more information: Call 488-1757/6500 or check our FB page: PALAU COMMUNICABLE DISEASE UNIT

Nothing is more precious than the Collaborative Agreement 2021-2024. It is a privilege and responsibility of the authors and is not intended to be a replacement for the official work of the Center for Disease Control and Prevention.





# Intervention/Navigation/Linkage to Care

- Patient Centered-Care Approach
  - Screening and diagnosis
  - Navigation and linkage to care
  - Referrals to other health and human services
  - Care, treatment and management
  - Accessibility and availability of services
    - Time and schedule



# Migrant and Targeted Populations

- Migrant workers are required to complete physical examination prior to receiving their work visas to start working. They are also required to do annual physical exam as part of their work visas renewal
  - Encountered some challenges and barriers
  - They are lost through the gaps until they're sick, they seek medical attention and this is how they are captured and linked back
- We see an increase of migrant workers accessing integrated screening at outreach activities – free, accessible and available to them at where they are
  - Tracking an increase of TB disease, TB infection, Hepatitis B and other STIs among migrant workers specifically Bangladeshis and Filipinos
  - Navigated and linked to care – new identified to have infection and those who have been lost to follow up

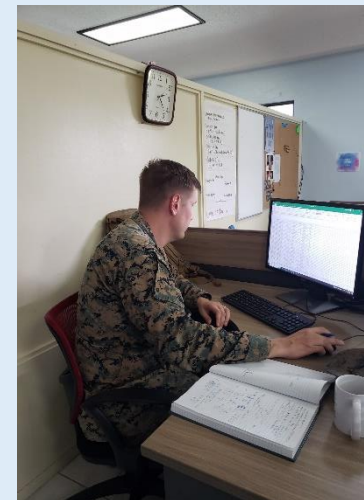




# Hepatitis B

- Integrated with other communicable disease screening and services
- Hepatitis B Program was not operational and structured before 2018
- In 2018, CDU developed a PCSI/integrated screening panel to include Hepatitis B and C
- In 2006, the WHO reported that ~20% burden of HBV in Palau
- Since the report from WHO, Palau had never done another study to see if we are still with the same burden of disease or has it increased or decreased. Our surveillance and RDSS were not reliable in reporting viral hepatitis.
- With the burden reported in 2006, no reliable HBV reporting or HBV surveillance system in place. Hepatitis B Vaccine rate is reported to be high – but when we started these outreach/prevention efforts, we started to see young ones who received the HBV vaccine to be susceptible, their immunity had waned over time versus those at 40 years old and over who seems to have higher antibody and are immune to HBV. And small number of those at 16-35 years of age are reported to have Hepatitis B infection – we wanted to find out why
  - ***This did not make sense! We reached out to experts and shared with CDC, but response received was even if the immunity is waned, it is not a problem, and CDC does not recommend booster***

In partnership with the Oceania Engagement Team (OET) and the Koa Moana they started the work to see our surveillance – reviewed all data collected, crunch them and tell us what's going on. In 2023 – OET started chart review, developed Hepatitis B Screening Tracker and did the first preliminary analysis



June 2024 – Koa Moana SMEE – started to put all data collected together, analyzing data and telling us what's going on

# Hepatitis B

- CDU worked closely with these partners Koa Moana and others to help us build robust surveillance system and HBV Program
- Koa Moana SMEE Epidemiologist crunched out the numbers and provided preliminary summary of part 1 of this work
- There are currently 8267 Palauans under the age of 35
  - 4692 are between the age of 16 to 35
  - A recent sample looked at the national vaccination database, case studies, and laboratory results to determine the vaccination rate and efficacy for that population for Hepatitis B.
- Amongst those aged 16 to 35 in Palau, nearly half (49.81%) are fully and properly vaccinated.
  - 26.51% are partially vaccinated, while 23.6% have no vaccines.
- These numbers drastically improve with the populations aged below 15; and current Palauan rates of one year olds fully vaccinated is 95%
- Those fully vaccinated were likely to have received their full series of vaccines before the age of one.
- Roughly 55% of Palauans aged 16 to 35 showed present antibodies to Hepatitis B.
- 45.5% of the sample group with no vaccinations showed antibodies present; however, 65.7% of the group that was at least partially vaccinated had antibodies present
- While the rate of Hepatitis B infection was roughly the same in the vaccinated vs. unvaccinated population, the rate of chronic illness was drastically different
  - Liver cancer is within the top 10 cause of death related to cancer in Palau
  - Now we are looking and connecting the dots between chronic hepatitis and liver cancer as we see “some” but no clear data of how much

# Hepatitis B

- Continue the epi work and further analysis of data available – work with experts, epidemiologists to further analysis and findings
- PIHOA Fellow – Data for Decision Making Project is to develop Hepatitis B Epi Profile – building from the information available from the Koa Moana’s work
- Hepatitis B burden in Palau is higher compared to other places especially the US, we see same burden of disease within the Asian Region (Taiwan, Philippines, etc.)
- What we see in the community is they believe that Hepatitis B is genetic as children are born with the virus – they do not understand that it is an infectious disease that is transmitted through blood and other body fluids which is why it is transmitted from mothers to their unborn babies.
- Hepatitis B is not stigmatized like HIV; but they do transmits the same
- CDU is continuously raising community awareness to educate the community and families of those infected how Hepatitis B is transmitted and how can it be prevented
- Increased integrated screening of Hepatitis B, C and other communicable diseases
- At a recent outreach activity at end of September, there was a group of community who participated, 62 out of the 80 participants screened had lower antibodies against HBV and some has no antibodies. These 62 participants were mostly high school students aged 15 to 18 years of age and records show that they completed B3 series of Hepatitis B Vaccine – this is what we see in this younger population
  - 87% of high school students reported to be sexually active and 63% of this number reported to having sex without a condom – 10% reported to have multiple sex partners (2023)
- Based on our findings, our next step is to include Hepatitis B screening in the annual school health screening project



# Acknowledgements

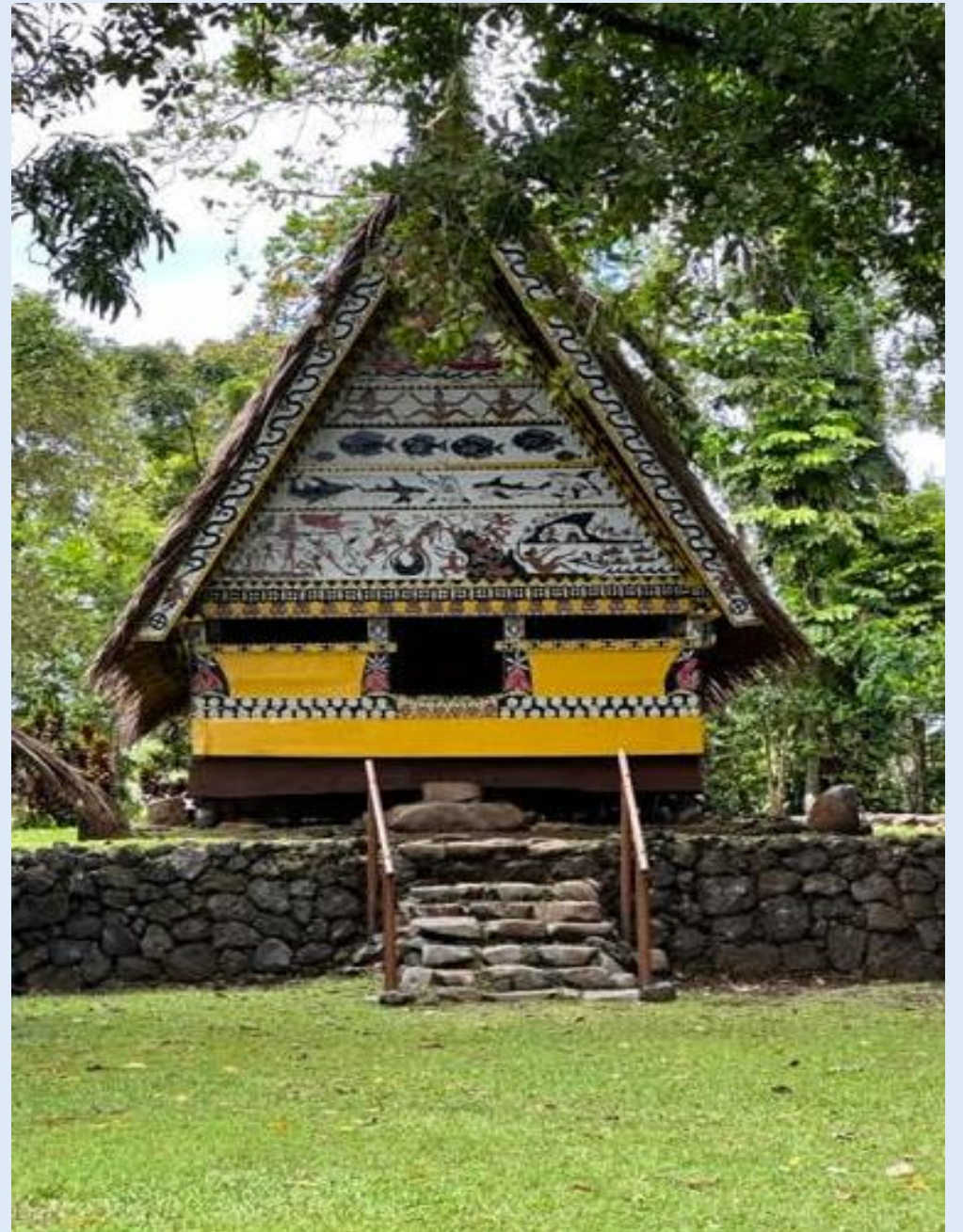
- External Partners
  - Koa Moana
  - Oceania Engagement Team
  - Civic Action Team (CAT)
  - US Marine Corps Engagement Detachment (MCED)
- World Health Organization
- CDC
- Sing-Kong Hospital
- Palau Ministry of Health & Human Services
- Communicable Disease Unit (CDU) Team



**Mesulang!!  
Thank you!**

Connie B. Olikong

[connie.olikong@palauhealth.org](mailto:connie.olikong@palauhealth.org)







# Enhancing Linkage to Care Among Diverse North Dakota Populations

Jorden Laducer, Community Engagement Special Populations Coordinator

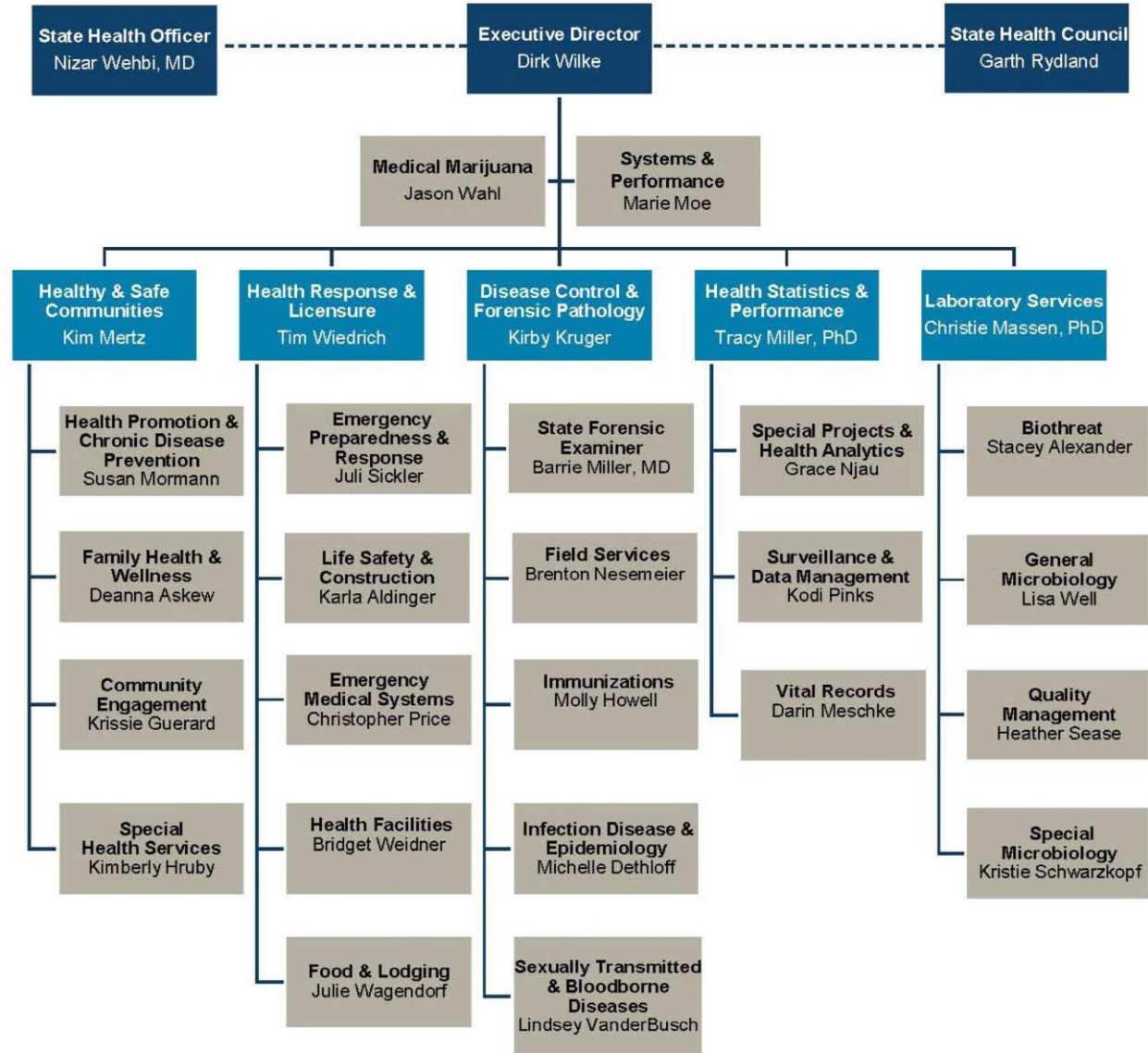
Claire Erickson, Hepatitis C Surveillance Epidemiologist



Health & Human Services



# Public Health Division



STRATEGIC MAP 2022-2024

**Mission**  
 Improve the length and quality of life for all North Dakotans

Improve Health Equity

Use Evidence-based Practices and Make Data-Driven Decisions

GOALS

Create Healthy and Vibrant Communities

Enhance and Improve Systems of Care

Strengthen Population-based Health Interventions

Promote Public Health Readiness and Response

OBJECTIVES

Reduce the risk of infectious disease

Improve access to care in underserved and rural areas

Prevent and reduce tobacco and other substance misuse

Ensure effective communication systems

Prevent and reduce chronic diseases

Enhance health care through technology

Prevent violence, intentional and unintentional injury

Maintain systems to sustain medical and emergency services

Promote safe and sanitary food establishments

Ensure access to equitable health and preventive services

Reduce the risk of vaccine preventable diseases

Ensure capacity to detect and respond to hazardous threats

Support communities in building resiliency

Enhance quality and safety through regulation and education

Reduce adverse health outcomes through early detection

Promote community driven wellness

Promote health in all policies

Promote healthy weight across the lifespan

Increase healthy lifestyles and behaviors

Foster system-level partnerships across continuums of care

# Our Vision

North Dakota is the healthiest state in the nation.

# Our Mission

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

# Our Strategic Priorities

Support the advancement of strong, stable, healthy families and communities.

Advance the foundations of well-being through access to high-quality services and supports closer to home.

Optimize disaster and epidemic response and recovery.

Advance excellence in agency infrastructure and operations.

Deliver best-in-class, customer-centered experiences.

Foster a culture of excellence where every team member has a voice, adds value and is empowered to make a difference.



# Our Guiding Principles

**Continuous improvement and innovation:** We embrace continuous improvement and innovation as ways to streamline the delivery of services, drive efficiencies and promote best-in-class, customer-centered experiences.

**Responsible stewardship:** Our organizational effectiveness and impact is enhanced by our strategic and efficient management of agency funding, assets and resources.

**Transparent and open communication:** We prioritize transparent and open communication to facilitate trust, organizational and stakeholder awareness, collaboration and unity.

**Engaged collaboration:** We bring a spirit of teamwork and accountability to every interaction, using our combined strengths to drive solutions and success.

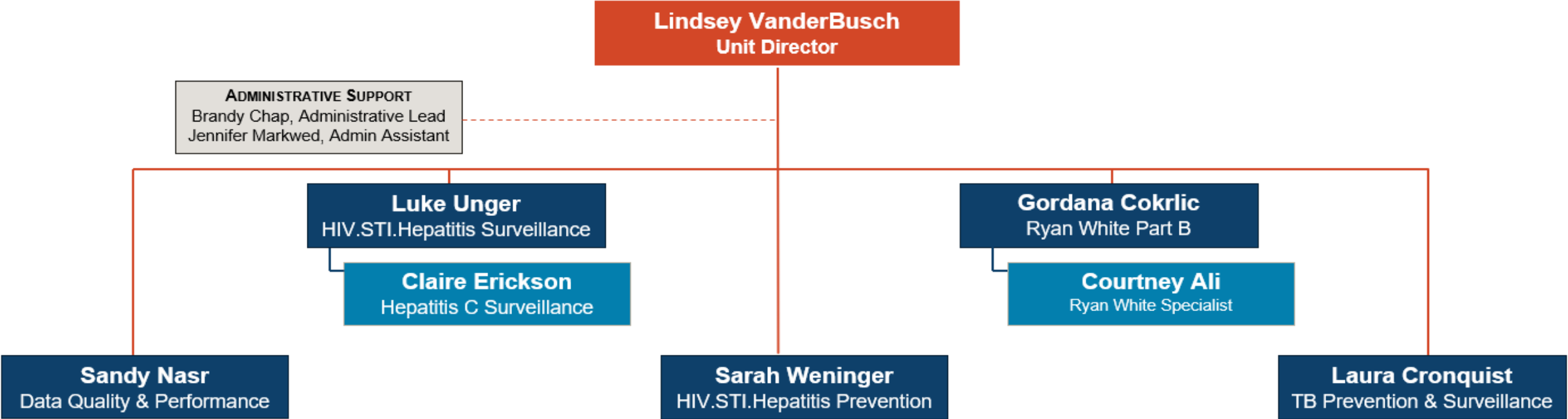
**Data-centered decisions:** Our decisions are grounded in data; we use facts and metrics to inform and guide our actions and evaluate outcomes.

# Community Engagement Unit

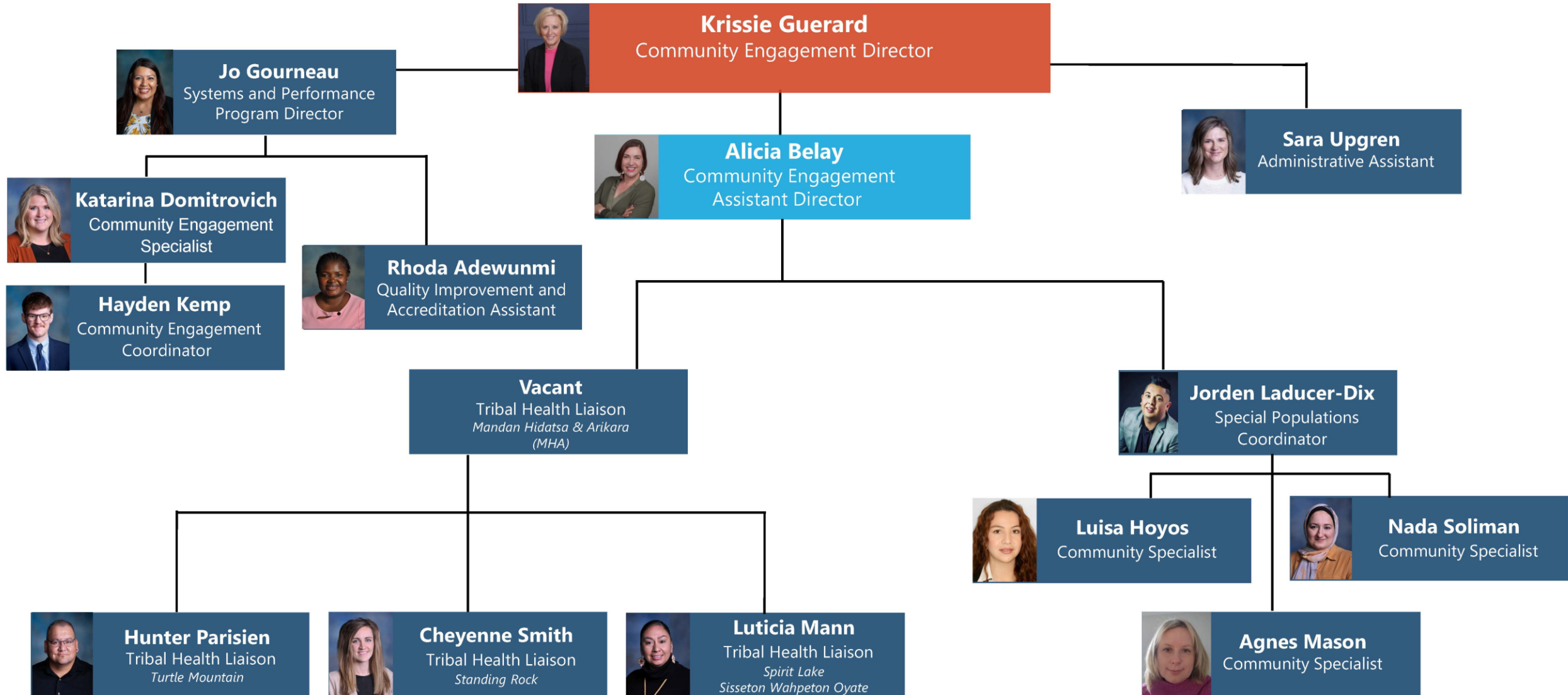
The mission of the Community Engagement (CE) Unit is to understand and reduce health disparities among all North Dakotans. The primary goal is to work alongside North Dakota communities in addressing health-related needs to reduce disease rates by providing opportunities for interventions and improving access to health care. This will ensure that all North Dakotans have the ability to reach their optimal health.



**SEXUALLY TRANSMITTED & BLOODBORNE DISEASES  
ORGANIZATIONAL CHART**



# Healthy and Safe Communities (HSC) Section Community Engagement Unit



# North Dakota American Indian Population

- About 39,000 Indigenous people live in North Dakota
  - Largest minority population in ND (5.4%)
- Rural counties: 70.5% of AI/AN population
- Urban counties: 29.5% of AI/AN population



# Tribal Sovereignty

More than 300 treaties and over two centuries of federal laws recognize Indian tribes as domestic, dependent nations with degrees of sovereignty existing within the confines of the United States.

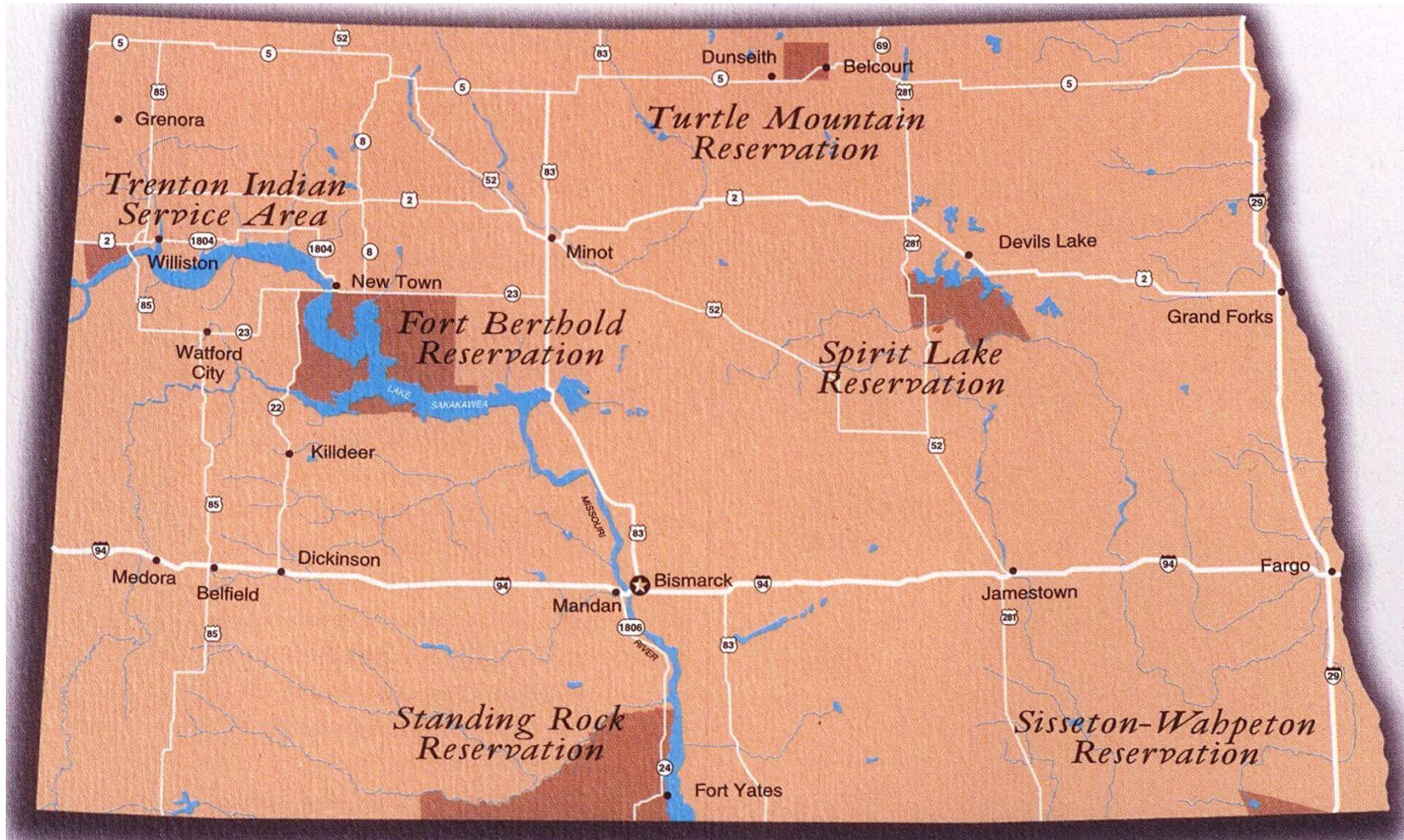
# ND Tribal Areas



*Aerial View of the Standing Rock Native American Reservation in North and South Dakota*

- Mandan, Hidatsa and Arikara Nation (MHA)
  - Also called the *Three Affiliated Tribes*
- Standing Rock Sioux
- Spirit Lake Nation
- Sisseton-Wahpeton Oyate Nation
- Turtle Mountain Band of Chippewa Indians
  - Tribal Community: Trenton Indian Service Area





# ND Tribal Areas



# ND Tribal Areas - History

## MHA Nation

- Established in 1864
- Reservation boundaries established in 1870

## Spirit Lake Nation

- Established in 1867
- Reservation boundaries established in 1867

## Standing Rock Nation

- Established 1873
- Reservation boundaries established in 1889

## Sisseton Wahpeton-Oyate Nation

- Established in 1867
- Reservation boundaries established in 1867

## Turtle Mountain Band of Chippewa

- Established in 1910
- Reservation boundaries established in 1975

## Trenton Indian Service Area

- Established in 1975

# Tribal Partnerships



- Organizational
- Urban
- Tribal

# Making Tribal Partnerships Possible

- Communication
- Cultural Awareness
- Respect and Understanding



# Tribal Projects



- Tribal Health Directors
- ND HHS Medicaid
- Community Action Partnership (CAP)
- American Indian Public Health Resource Center (AIPHRC) with Tribal Health Liaisons, giving updates and sharing of upcoming events and initiatives
- American Health Association (AHA)



# Tribal Projects



- Native American Training Institute (NATI)
- Feedback to ND Medicaid Tribal Liaison regarding ND Medicaid 101 training
- Data Use Agreement with Tribes and ND HHS
- Local Field Epidemiologists
- Systems of Care – ND HHS Behavioral Health

# ND American Indian Health Disparities

## American Indian Data

- AI/AN is ND's largest minority population
- Second highest mortality rate of all races
  - Diabetes
  - Cancer
  - Heart disease
  - Chronic Obstructive Pulmonary Disorder (COPD)
  - Liver Disease
  - Accidents

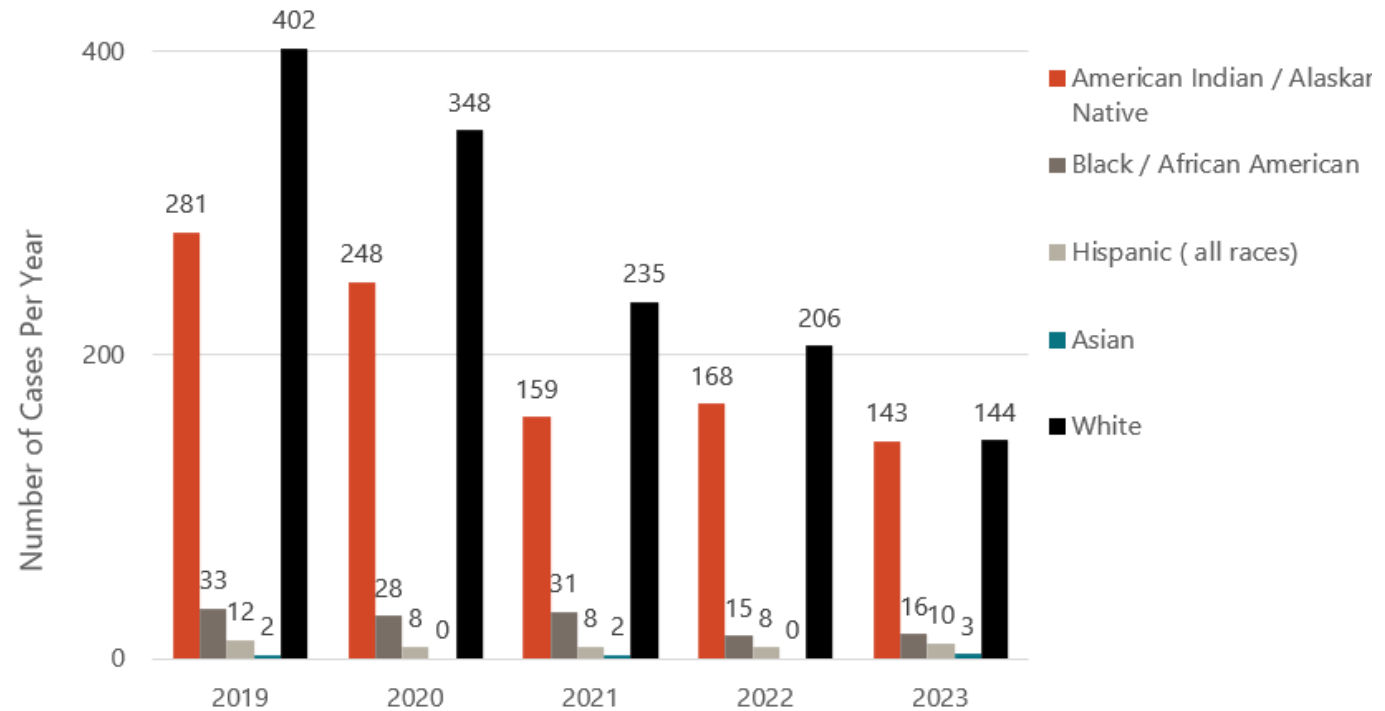
Race	Population	Percent of Total Population
White	656,584	88.3%
AI/AN	39,103	5.26%
Black	24,349	3.27%
Asian	12,313	1.66%
Native Hawaiian and Other Pacific Islander	1,194	0.16%
Other	10,002	1.35%
<b>Total</b>	<b>773,344</b>	<b>100%</b>

# ND Sexually Transmitted and Bloodborne Diseases

## Inequity among minority populations

- HCV 2023 Incident Case Count for AI/AN and self-identified Whites was equal for the first time in 2023
- Almost half of incident Syphilis cases identified as AI/AN (2023)
- Case rate of HIV/AIDS is over 10x for Black communities in ND (2023)

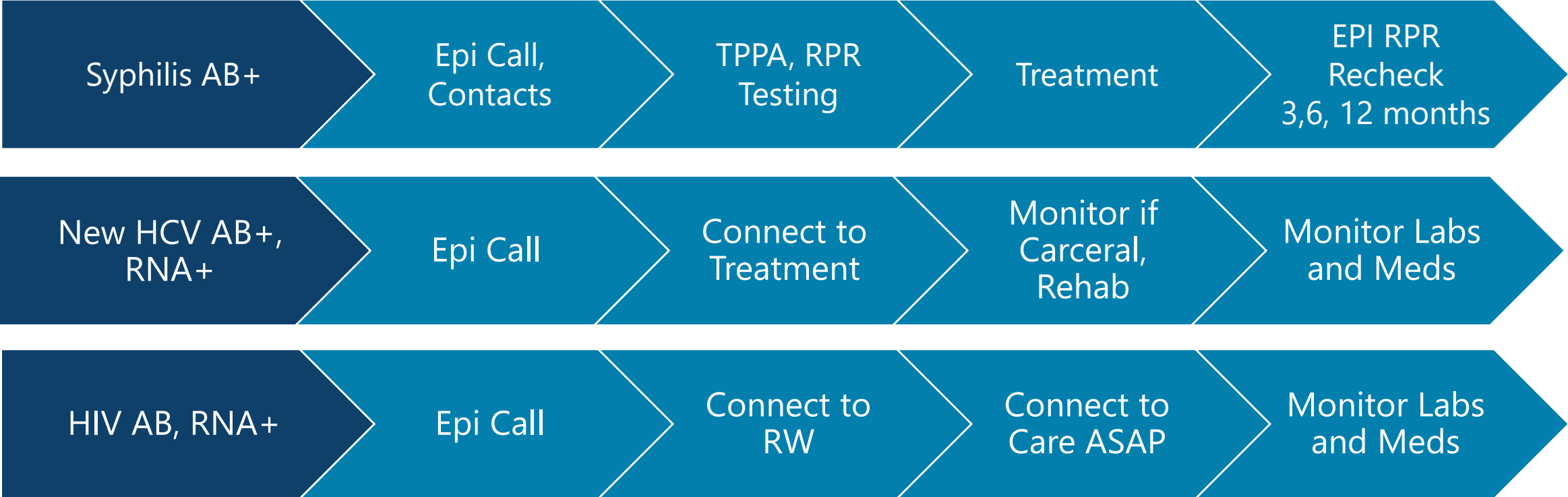
Viral HCV Case Incidence Case Count By Race, North Dakota



Source: NDHHS Sexually Transmitted and Bloodborne Diseases Unit

# Current Process: Who Gets The Call?

## Field Epi Process



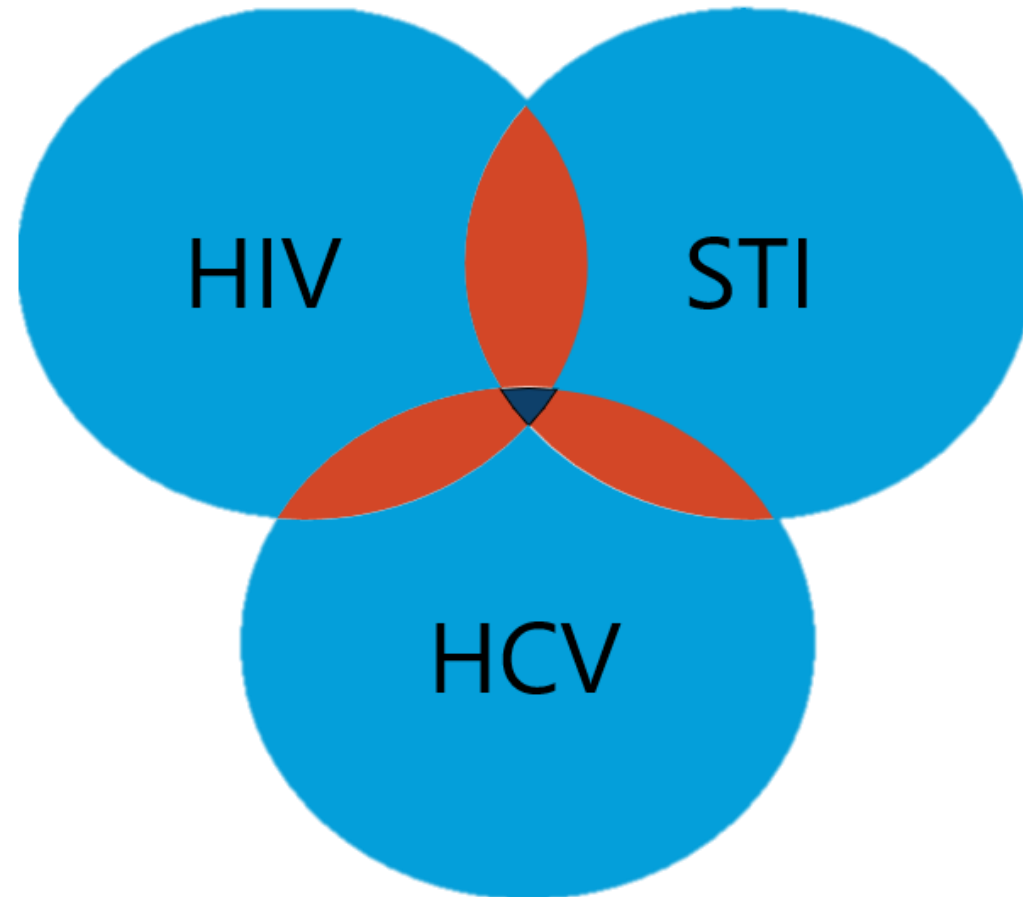


# North Dakota Field Epi Process

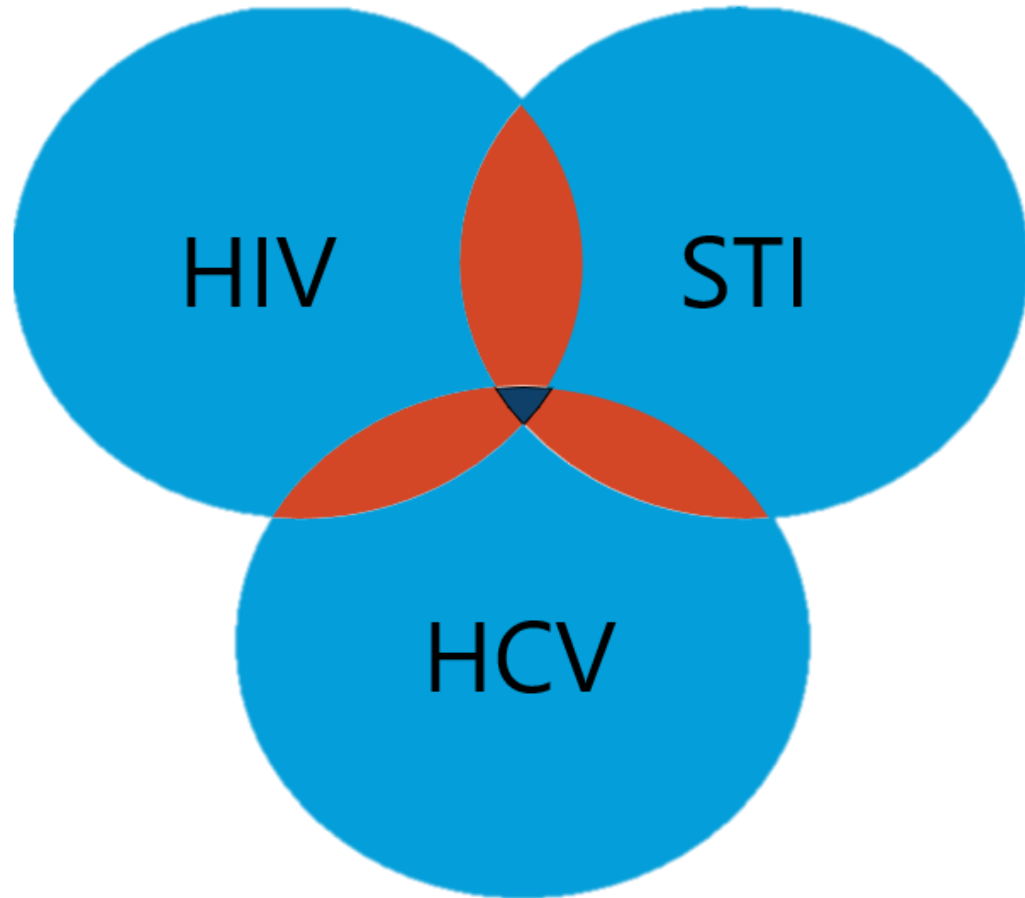
## Current Process



# Syndemic Approaches and Linkage to Care



# Syndemic Approaches and Linkage to Care

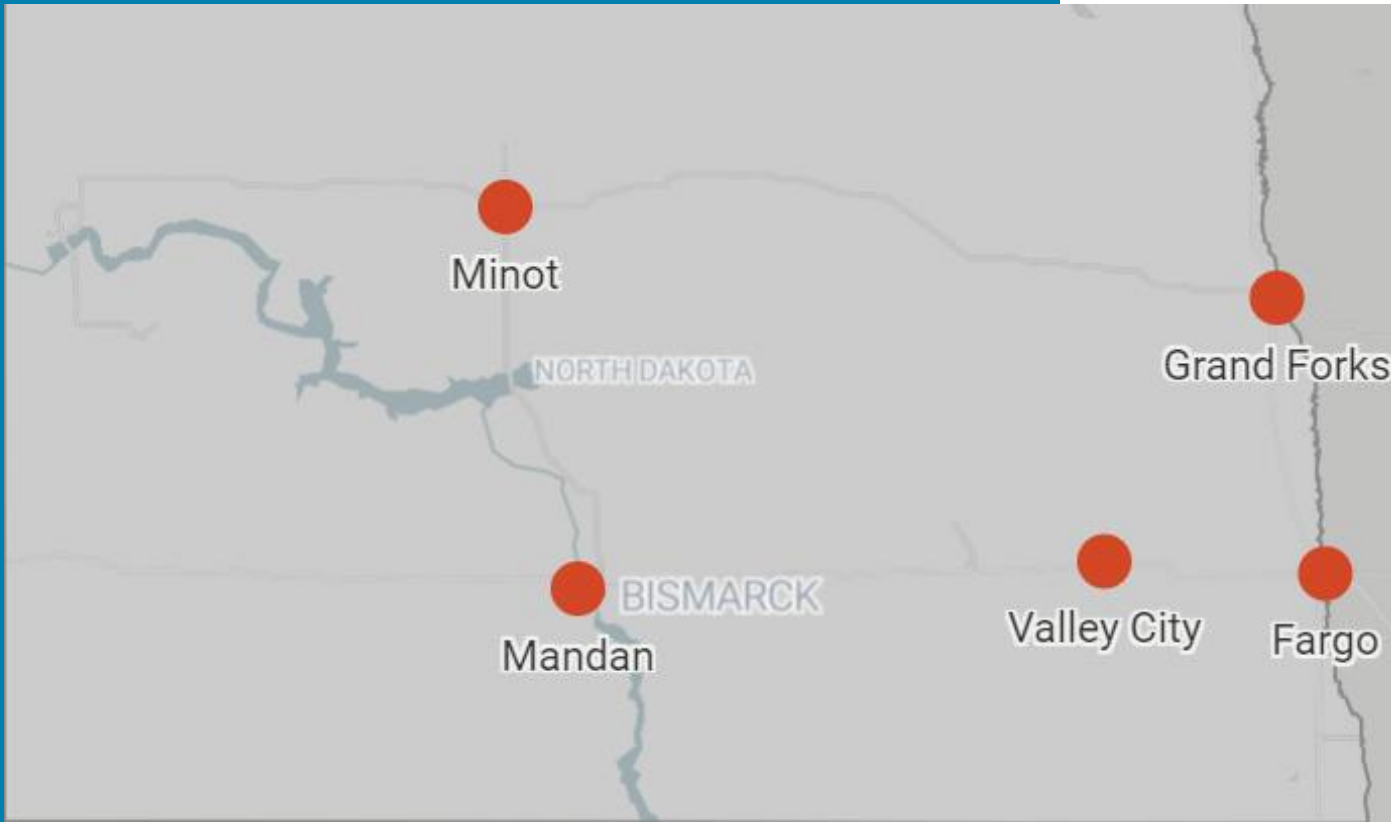


## Syndemic Drivers

- Structural/Contextual
- Emotional/Spiritual
- Physical/Environmental
- Biological/Mental



# State Strengths - Linkage to Care



- 6 Syringe Service Programs associated with Local Public Health Units (1 in development)
- 25 Counseling, Treatment, Referral (CTR) sites that offer rapid HIV, HCV, STI testing and referral
- Binx Boxes - free at-home STI tests for people with ND addresses

# Advisory Boards – Community Engagement Unit

## New American/Foreign Born/Immigrant (NFI)



- The NFI Advisory Board members represent a diverse cross-section of individuals and organizations with a tie to NFI communities

## BeYOU (LGBTQ2S+)



- 18+
- Ally, provider and/or members of the LGBTQ2S+ community

## Youth (YAB)



- 15-21 years of age
- Provide insight ensuring youth perspectives are incorporated in planning and decisions for the state, as well as forming community partnerships

## Tribal Health



- Led by North Dakota State University American Indian Public Health Resource Center

# Health Equity Ambassador Program

- Three North Dakota universities and one Tribal college
- Two student ambassadors to one faculty supervisor
- Two events organized and implemented each semester
  - Address COVID-19 disparities and health equity
  - Customized to student passions

## Ambassador Testimony



"Not all individuals have a car or money to go to a blood donation site. It was great to host an event that benefited the community (with a huge blood shortage) and individuals on campus to have an easy and convenient opportunity to donate blood if they so wished."

-Shaena Richard, *Health Equity Ambassador*

# Health Equity Training

## Health Equity Training Series



Person-First and Inclusive Language  
Ruth Nwatu

NORTH  
Dakota | Health & Human Services  
Be Legendary.



- In 2023, Community Engagement staff gave over 100 trainings and presentations in the state.
- Topics:
  - Health Equity
  - Bias
  - Effective Communication
  - Person-First and Inclusive Language
  - American Indian
  - LGBTQ2S+
  - New American/Foreign Born/Immigrant
  - Persons Living with Disabilities and Older Adults
  - National Standards for Culturally and Linguistically Appropriate Services (CLAS)

[https://www.train.org/cdctrain/training\\_plan/6690](https://www.train.org/cdctrain/training_plan/6690)



# Local Public Health – Health Equity Strategic Planning

North Dakota's 28 Local Public Health Units (LPHUs) created data-driven Health Equity Strategic Plans for the communities they serve:

- LPHUs cover services to the 53 counties of North Dakota
- OT21-2103 allowed implementation of activities from these plans
- Social vulnerability indexes were sent to each LPHU
  - LPHUs worked with Immunization and Community Engagement Teams

# North Dakota Community Apps



- North Dakota's population is 48% rural
- Living Local
  - **83** live apps in rural communities
  - Population of communities with Living Local App: **103,268**
    - 1/3 rural ND population
- Native Reach App
  - Spirit Lake
  - Turtle Mountain Band of Chippewa Indians
  - **27** apps in **17** states



# Grant Opportunities

- Tribal
  - \$80,000 provided in grant opportunities with North Dakota's five Tribal Nations
  - Mini-grant opportunities for rural and urban Tribal organizations
- New American/Foreign Born/Immigrant
  - COVID-19 testing and vaccination events
  - Addressing isolation from COVID-19 in youth
- Assisting in COVID-19 testing and vaccination events statewide
- Preventative health in the aftermath of COVID-19
- 1,741 partnership collaborations\* in 31 months of grant
  - Utilized 937 existing
  - Expanded 431
  - Created 495

\*Could have repeats from quarter to quarter, partnership categorization was subjective, could have duplicates of partnerships among individuals; as of December 2023.





# Thank you!

[www.hhs.nd.gov/health/engagement](http://www.hhs.nd.gov/health/engagement)

[www.hhs.nd.gov/health/diseases-conditions-and-immunization](http://www.hhs.nd.gov/health/diseases-conditions-and-immunization)

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Be Legendary.

Health & Human Services



# Q&A/Discussion



## Wrap Up

- Krupa Mehta, Senior Manager, Prevention [kmehta@nastad.org](mailto:kmehta@nastad.org)
- Request technical assistance from NASTAD at [nastad.org](https://nastad.org)
- Session evaluation

