RESOLUTION OF THE GOVERNING BODY OF THE THREE AFFILIATED TRIBES OF THE FORT BERTHOLD RESERVATION

- WHEREAS, This Nation, having accepted the Indian Reorganization Act of June 18, 1934, and the authority under said Act; and,
- WHEREAS, The Constitution of the Three Affiliated Tribes generally authorizes and empowers the Tribal Business Council to engage in activities on behalf of and in the interest of the welfare and benefit of the Tribes and of the enrolled members; and,
- WHEREAS, The Tribal Business Council is concerned with the prevention of HIV/AIDS throughout the North Dakota Native American population; and
- WHEREAS, The Native American population currently accounts for 5% of the North Dakota population; they also account for 10% of the HIV/AIDS cases within the State; and
- WHEREAS, The proposed study is funded by the North Dakota Department of Health and will survey 100 households randomly from each of the five North Dakota Indian reservations. The effort will be coordinated through tribal housing offices and will employ local area UND students to conduct the collection of confidential surveys; and
- WHEREAS, The targeted population will be individuals between the ages of 18 and 44, male and female, living within the reservation/Indian areas and each participant will receive incentive coupons (value \$9.99) to be redeemed at a local grocer or gas station; and
- WHEREAS, The information collected for this survey will be done anonymously; the data will be stored at the UND School of Medicine and Health Sciences within a locked file cabinet and will be destroyed once the data is secured. A copy of the report prepared for the North Dakota Department of Health will be provided to the Tribal Council for its use and information; and
- NOW THEREFORE, BE IT RESOLVED, that the University of North Dakota Center for Rural Health shall be allowed to conduct a survey of enrolled members living within the exterior boundaries of the Fort Berthold Indian Reservation, funded by the North Dakota Department of Health, to provide data that can be used in the prevention of an HIV/AIDS epidemic on the Fort Berthold Reservation provided that the Tribe shall receive notice and opportunity to share input for the development of the final

UNIVERSITY OF

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NORTH

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June 1, 2001

Tex Hall, Chairman Three Affiliated Tribes PO Box 400 Newton, ND 58763 CENTER FOR RURAL HEALTH
P.O. BOX 9037
GRA
ORKS, NORTH DAKOTA 58202-9037

(701) 777-3848 FAX: (701) 777-2389

Dear Chairman Hall:

My name is Leander Russell McDonald. I'm employed as a research analyst at the University of North Dakota Center for Rural Health. My mom is Vina Wells McDonald, from the Three Affiliated Tribes and my dad is Tony McDonald from the Spirit Lake Dakota Nation. I am writing to request permission to conduct an HIV/AIDS Needs Assessment on your reservation or Indian Area. The data gathered would be used to guide prevention activities for the four reservations and the Trenton Indian Area.

The project has been funded by the North Dakota Department of Health and entails surveying 100 households from each of the five Indian areas. Since the majority of Indian housing is under HUD, we would work with tribal housing offices to obtain a list of randomly selected homes to survey. The population we are targeting are those between the ages of 18 and 44 both male and female living within reservation/Indian areas.

Confidentiality is of the utmost priority with efforts being taken to ensure privacy of the participants. We hope to employ UND students from your local areas as data collectors for the project. All 100 participating households, will receive an incentive of \$9.99 to be redeemed at a local grocer or gas station. (Tax regulations from our accounting office would require us to get tax information on everyone receiving money over the amount of \$10.00, therefore we had to go with the \$9.99 to ensure the privacy of those completing the survey).

Although Native Americans currently account for 5% of the North Dakota population, they account for 10% of the HIV/AIDS cases within the state. It is imperative to all of our nations to participate and put forth prevention efforts to help curb this epidemic before it gets too out of hand. Data needed to give direction to prevention efforts is lacking, therefore we are asking your tribe to participate in this greatly needed effort to gather data.

Please find enclosed a copy of the survey instrument and a draft letter of cooperation granting us permission for the project. If this proves sufficient, please place on your letterhead, sign and return in the self-addressed stamped envelope. Thank you for your consideration and if you have any questions, please feel free to call me at 1-800-896-7628 or 701-777-3720.

Sincerely.

SER. Meldle

Leander R. McDonald



TRIBAL BUSINESS COUNCIL (701) 627-4781 Fax (701) 627-3805

Mandan, Hidatsa, & Arikara Nation

Three Affiliated Tribes • Fort Berthold Indian Reservation HC3 Box 2 • New Town, North Dakota 58763-9402

June 28, 2001

Mr. Leander R. McDonald University of North Dakota Center for Rural Health P O Box 9037 Grand Forks, North Dakota 58202-9037

Dear Mr. McDonald:

The Three Affiliated Tribes does hereby give consent for you to conduct the North Dakota Native American HIV/AIDS Needs Assessment within our reservation boundaries. The needs assessment regarding the knowledge, attitudes, behavior and beliefs regarding HIV/AIDS among North Dakota Native Americans would be useful data for our tribe. The information will help us to better understand the needs of the people within the high-risk ages of 18 to 44 years of age. The final report prepared for the North Dakota Health Department will also be provided to our Tribal Council for our information and use.

Confidentiality is of the utmost importance to our enrolled members. Therefore, the participants will be asked not to identify themselves in any way with their responses being sealed in plain envelopes before dropping in a secured, locked box. The data collector will not have access to the key for this box. Mr. McDonald will have the key to this locked box. No other person will be able to retrieve the questionnaires. All participants are free to decline answering any question that they wish and may stop at any time for any reason.

All survey forms will be sent to and stored at the UND School of Medicine and Health Sciences. Data will be entered into a computer file (again, no names or personal identifiers) and stored in a secure location. The survey forms will immediately be destroyed after the data have been secured. All participants will receive an incentive coupon of \$9.99 to be redeemed at a local grocer or gas station for completing a survey. UND students from the Three Affiliated Tribes will be employed as data collectors for the project.

Sincerely,

Tex G. Hall, Chairman

NORTH DAKOTA NATIVE AMERICAN HIV/AIDS PREVENTION NEEDS ASSESSMENT

DEMOGRAPHICS.

1.	Are you male or female?Male	Female
2.	What is your age?Yrs	
3.	What is your present marital status?	Single (never married)
	_	Married
		Common law married/living as married?
		Living with a sexual partner of the same sex?
		Living with a sexual partner of the opposite sex?
		Separated?
		Divorced?
		Widowed?
		Other? (Specify:
		Don't know/Unsure
4.	What is your highest level of education?	
		no formal schooling
		eighth grade or less
		less than high school graduation
		GED (high school equivalency)
		high school graduation
		Trade or technical training
		some college
	·	college graduation a graduate degree(eg MD, MA, JD)
	· -	a graduate degree(eg MD, MA, JD)
5.	How long have you been living at your o	current address?
		21 years & over
		11-20 years
		5-10 years
		3-4 years
		1-2 years
		Less than 1 year
б. ^ч	What do you think your household incor	ne was for the past year?
		Under \$5,000
		\$5,000-\$6,999
	<u> </u>	\$7,000-\$9,999
		\$10,000-\$14,999
		_\$15,000-\$19,999
		\$20,000-\$24,999
		\$25,000-\$34,999
		\$35,000-\$49,999
		\$50,000 or more

SEXUAL ACTIVITY. The following questions ask about your personal sexual experiences. If a question does not apply to you, skip it and continue. 7. Have you ever had sexual intercourse? Yes ____No (If no, skip to question #14) 8. At what age did you have your first sexual encounter? DAYS DK/UNSURE REFUSED

9. How many days in the last 30 days did you have sex (vaginal, oral, and/or anal)? 10. Of these times, how many times did you use a condom? TIMES DK/UNSURE REFUSED 11. During this 30 day period, how many different people did you have sex with? PEOPLE DK/UNSURE REFUSED 12. How many of your sex partners were female? **PARTNERS** DK/UNSURE **REFUSED** 13. How many of your sex partners were male? **PARTNERS** DK/UNSURE ✓ RÉFUSED

ALCOHOL/DRUG USE

14. Have you ever used any of the following drugs in the last 30 days? (Check all that apply)
Alcohol
Marijuana/Hashish
Crack
Cocaine
Heroin by itself
Heroin & Cocaine mixed together (e.g. speedball)
Nonprescription methadone
Other opiates (e.g. Demerol, codeine, dilaudid)
Amphetamines (e.g. speed, uppers, bennies)
Other drugs (drug used most recently, specify only one drug)

HEALTH

15. For each of the following, you had?	how many times have you been told by a doctor or a nurse that
	Hepatitis B
	Gonorrhea (GC, clap, dose)
	Syphilis (syph)
	Genital warts (HPV-human papilloma virus)
	Chlamydia (nongonoccoccal urethritis (NGU)
	Genital herpes (herpes)
Females only:	Genium nerpes (nerpes)
,	Trichomonas (trich)
	Vaginal candidiasis (yeast infection)
HIV TESTING	
16 Have you had a blood tost	for IIIV (4) - AIDC : NO
16. Have you had a blood test	for HIV (the AIDS virus)?
1 esNo (II	no, skip to question #20)
17 Hayy many of the as time	
17. How many of those times of	
	TIMES
	DK/UNSURE
	REFUSED
18. When was the last time you	were tested? Tell me the month and year.
	MONTH
	YEAR
19. Did you get your test resultYesNo	s that last time?
HIV STATUS .	
20 Have your results at 11.4	···
YesNo	at you were infected with the AIDS virus (HIV)?
21 If wes in what year were yo	su first told you were infect to the target to
21. If yes, in what year were ye	ou first told you were infected with the AIDS virus?
	YEAR
22. If yes, do you know where in North Dakota	you were infected?
Out of state	
Don't know	
Bon t know	
AIDS STATUS	
23. Have you ever been told yo	u have AIDS?
YesNo	a nato 11120.
24. In what year were you told YEAR	you had AIDS?

25. If yes, do you know where you were infected?In North DakotaOut of state
Don't know
HEMOPHELIA STATUS
26. In the past year, have you received a blood transfusion? YesNo
27. Have you ever been advised that you have hemophilia (A bleeding disorder)? YesNo
KNOWLEDGE/PREVENTION
28. Which statement best describes your chance of getting AIDS? No chance = 0% Some chance = 25% Half chance = 50% High chance = 75% Sure chance = 100%
29. In the last 30 days, about what percent of the time when having sex, did you use a condom?
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%question not applicable
30. Has anyone in the community ever given you information and/or risk reduction supplies (e.g., bleach, condoms) about AIDS and AIDS prevention? YesNo (If no, skip to question #33)
31. If yes, in the past 30 days, have you been given(Circle each that you received)
 A. Information about AIDS prevention (e.g. pamphlets, fact sheets)? B. Bleach? C. Other materials (e.g. clean cookers/cotton)? D. Clean needle by a prevention or community worker? E. Condoms, other latex protection, or related information?
E. Condoms, other latex protection, or related information?F. Referral to drug treatment program?
G. Referral to needle exchange program?
H. Referral for HIV antibody testing and/or other health related services or social services?
32. Do you remember what type of program it was? (Check one) I.H.S. Tribal Health CHRs Chemical Dependency Program
HIV/AIDS Prevention Program
Other (please specify)

 A. Cut back on you IV B. Cut back on your needles C. Cleaned your needles D. Cut back the number E. Used a condom or la F. Changed sexual prac partners? 	edle sharing? s with bleach of your sexu tex protection	al partners more ofte	s? en?	an redu	cing the	number o	f sexual
34. CONTEXTS:							
When you think of your own check the appropriate box for	personal sext each categor	ıal experie y)	ences, how do	the foll	owing se	em to rela	ate? (Please
	Always	Often	Sometimes	Se	ldom	Never	Not
Jse of condoms							Applicable
Same partner							
Talk about safety				-			
You in control							
Alcohol present							
Jse of drugs							
Shared needles							
Fear of STDs							
Fear of pregnancy							
now partner's HIV status							
35. Please rate each of the fol (Please check the appropriate	lowing in ten	ms of how category)	effective the		be in pre		AIDS.
Abstain From Sex							
Non Penetrative Sex/Thigh Se	X						
Always Use Condoms							
Limit Number of Sex Partners				ļ			
Have Only One Sex Partner							
Avoid Sex Workers (Prostitute	es)						
Have Sex With a Virgin							
User Sterilized Needles	1 T						
Require Partner to Take Blood	l l est						
36. Do you have any advice/s your area?	uggestions fo	r providin	g HIV/AIDS	informa	tion to re	eservation	residents in

comprehensive report taken from individuals within the exterior boundaries of the Fort Berthold Indian Reservation, and further provided that the Tribe shall have a proprietary interest in any funds generated from the use of the data compiled as a result of the surveys.

CERTIFICATION

I, the undersigned, as Secretary of the Tribal Business Council of the Three				
Affiliated Tribes of the Fort Berthold Reservation, hereby certify that the Tribal Business				
Council is composed of seven (7) members of whom five (5) constitutes a quorum,				
were present at a Require Meeting thereof duly called, noticed, convened, and held				
were present at a Request Meeting thereof duly called, noticed, convened, and held on the day of				
adopted at such meeting by the affirmative vote of members, members				
opposed, members abstained, members not voting, and that said				
Resolution has not been rescinded or amended in any way.				
Chairman [Voting [] Not Voting.				
Marin Osled				
Secretary, Tribal Business Council				
ATTEST:				
Chairman, Three Affiliated Tribes				