American Indians/Alaska Natives & HIV/AIDS

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Demographics

• Population
  – Over 562 federally recognized tribes and 100 state recognized tribes
  – 5.2 million people classify themselves as AI/AN alone or mixed
    • 2.9 million people classify themselves as AI/AN
General Information

• We live everywhere
  – Urban, rural, reservation, Pueblo, village, rancheria
  – 64.1% live outside tribal area

• We travel to and from tribal areas for
  – Ceremonies, family, funerals, weddings, medical, etc…
Understanding Differences

• We are NOT ONE PEOPLE-
  – Although our experiences with the outside world have helped to create a pan-Indian identity- we are NOT One

• Each tribe has its own-
  – Language, customs, beliefs, histories, etc.

• Each AI/AN is different-
  – Single, married, children, caregiver, employed, gay, straight, bi-sexual
Understanding Risk

• AI/ANs represent less than 1% of HIV/AIDS diagnosis yet they are

...  

At **high risk** for contracting HIV/AIDS
Growth in reported AI/AN AIDS cases, Adult/Adolescents, 1997-2007

1997: 1783
1998: 1940
1999: 2132
2000: 2337
2001: 2537
2002: 2712
2003: 2882
2004: 2953
2005: 3103
2006: 3235
2007: 3394
## AIDS Diagnoses rate, by year of diagnosis, 2006-2009

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
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<td>Multiple Races</td>
<td>16.5</td>
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# Diagnoses of HIV infection rate, 2006-2009

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Diagnoses of HIV infection, 2009

American Indian/Alaska Native

- Male adult or adolescent: 137 (73%)
- Female adult or adolescent: 51 (27%)
Surveillance Concerns

- Systemic collection, analysis, interpretation and dissemination of health data
  - Fraught with PROBLEMS
    - Capacity for and coordination of health surveillance
    - Lack of trust between tribes, states, local governments
    - Data lacks standardization
    - Racial misclassification
Community at Risk

- Substance Abuse
- Violence
- High STD rates
- Poverty
American Indian/Alaska Native Risks

- Biological co-factors
- Economic co-factors
- Social co-factors
- Behavioral co-factors
American Indian/Alaska Native Risks

Biological co-factor

- Chlamydia, gonorrhea, Syphilis rates among AI/ANs high
  - Chlamydia 4 x higher than US rate
  - Gonorrhea 4.2 x higher than whites
  - Syphilis rates have been increasing in last 6 years
    - 1 x higher than whites
American Indian/Alaska Native Women & STDs

- In 2007

  - Chlamydia for AI/AN women 4x AI/AN men
    - (per 100,000 cases) 1,158 v. 293 cases
  - Gonorrhea for AI/AN women 2x AI/AN men
    - (per 100,000 cases) 143 v. 69 cases
Poverty

- Greater risk for HIV infection
- Greater onset of AIDS
- Hinders accessing health care
- Hinders obtaining quality care, services, treatment
American Indian/Alaska Native Poverty

Economic co-factors

– AI/AN who worked full-time earnings low
  • AI/AN men $28,900 v. All men $37,100
  • AI/AN women $22,800 v. All women $27,200

– A higher rate of AIs live in poverty
  • AI/AN 25.7% v. 12.4% live in poverty
American Indian/Alaska Native Native
Risks

Social co-factors

- Mistrust- Privacy
- Stigma/Discrimination
- Denial- Homophobia
- Sexual communication-cultural taboo
- Historical Unresolved Grief/Intergenerational Trauma
American Indian/Alaska Native Social co-factor Risk

Violence

– AI/ANs experience 2x rate of violence than other US populations

– AI/AN females experience 2.5x rate of violent victimization than all US women

– 1 in 3 AI/AN females have been raped or attempted rape
Substance use & HIV transmission

- BOTH linked to high risk behaviors
  - Decreased inhibition
  - Alters perceptions
  - Interferes with body’s use of vitamins/minerals used to maintain a health immune system

- Sexual contact among drug users
  - Multiple partners
  - Unprotected sex
  - Exchange sex for drugs
  - Needle sharing
American Indian/Alaska Native Native Risk

Behavioral co-factors

- Alcohol use and misuse
  - In 2002-2005, AI/AN v. other racial groups were more likely to have a past yr alcohol use disorder (10.7 v. 7.6)

- Drug use and misuse
  - In 2008, the rate of substance dependence or abuse for AI/ANs (12 yrs and older) was the highest
    - 11.1% v. 9% for whites
Risk Co-Factors = Barriers to Care
Keep in Mind

- Public Health Capacity in Indian Country

ACCESS to care and services

- The average distance reported is **123 miles, one way**
- 59% of Tribal Health Organizations reported a distance of 50 miles or greater to access their services
Indian Health Service

- 12 Area Offices and 163 IHS and tribally managed service units- Serve 565 federally recognized tribes and 2 mil AI/ANs residing on or near reservations
- There are 34 urban programs, serving 600,000 AI/ANs
- Per capita personal health care expenditures
  - IHS $2741 v. US $6909
- Human Resources
  - 900 Physicians
  - 2,700 Nurses
  - 300 Dentists
Special Populations & Concerns

Youth Concerns

• Globally, 45% of new infection in 2007 were among youth 15-24 yr olds
  – US, epidemic remains concentrated among minority youth and young MSM
  – Need to include them in biomedical research
  – Neurodevelopmental consideration
  – Homeless, runaway, in foster care, victims of abuse, incarcerated, substance using or mentally ill are all at increased risk for HIV infection
AI/AN Youth

Foster Care
- AI/AN children are 3 x more likely to be placed in the foster care system
- AI/AN overrepresented in state foster care system at 1.6 x

Homelessness
- Black and Native American youth from low-income and working class families overrepresented on the street
AI/AN Youth

Incarceration

- From 1994 - 2001, almost 3,000 youth were committed to the Federal Bureau of Prisons for crimes committed before the age of 18. Among those committed as delinquents (70%) were AIs.
- Proportionally, AI youth have the highest rate of overrepresentation in the juvenile justice system.
AI/AN Youth

Substance use

- AI/AN adolescents, report higher lifetime and past year use of illicit drugs than any racial/ethnic group
- Between 2006-08, AI/AN aged 12 yrs and older were 3 x more to use meth than other races
  - 1.4% v. 0.54%
AI/AN Youth

Mental Illness Considerations

- Highest rate of suicide among 15-24 yr olds in the US
  - 34 v. 11 Overall US population (per 100,000)
- Suicide, 2nd leading cause of death for AI youth 15-24 yrs old for the past 20 YEARS
- Study of AI youth 10-12 yrs - 23% had one mental disorder
AI/AN Youth

Victims of Abuse

- AI/AN and mixed-race children had the highest rates of **victimization**
- High levels of trauma exposure among AI/AN youth linked to **PTSD**
- AI Urban youth “physically forced to have unwanted sex”
  - AI 16.4% v. 6.6% White
AI/AN Youth

Sex

– AI youth begin having sex at an earlier age than other races - Have more sex partners
– AI urban youth who had sexual intercourse for the first time before age 13 yrs
  • 12.4% v. 4.4 White
– Urban AI (18-44 yrs) first sex non-voluntary
  • 17% v. 8% White
AI/AN Youth

Youth under age of 25 years diagnosed with AIDS

• AI 7% v. 3.5% for national population
Special Population & Concerns

• Transgender Concerns
  – Especially vulnerable group for a number of poor health outcomes, including HIV infection
  – High rates of sex work, homelessness, and use of drugs
  – A number of transgenders have been identified throughout Indian Country in both reservation and urban areas
American Indians/Alaska Natives and Los Angeles

- CDC Goal 1: Community Planning supports broad-based community participation in HIV planning
- CDC’s Advancing HIV Prevention: New Strategies
- Population at elevated risk
American Indians/Alaska Natives and Los Angeles

• LA Priority Population
  – Transgenders/Two-Spirits
  – Women
  – Youth (12-24 years old)

• Become familiar with YOUR own surveillance

• Utilize YOUR resources
Recommendation

• Use this presentation as part of a journey into Cultural Competency

  – lessens misunderstanding
  – provides better health care and services
  – creates more successful health education, prevention, intervention, treatment, and care programs
Works Cited

Works Cited

• Inclusion of Adolescents and Young Adults in Biomedical HIV Prevention Research, Special JAIDS 54 (July 1, 2010) supplement 1.
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• Urban Indian Health Institute, *Urban American Indian and Alaska Native Youth: An Analysis of Select National Data Sources*, March 2009
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