



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

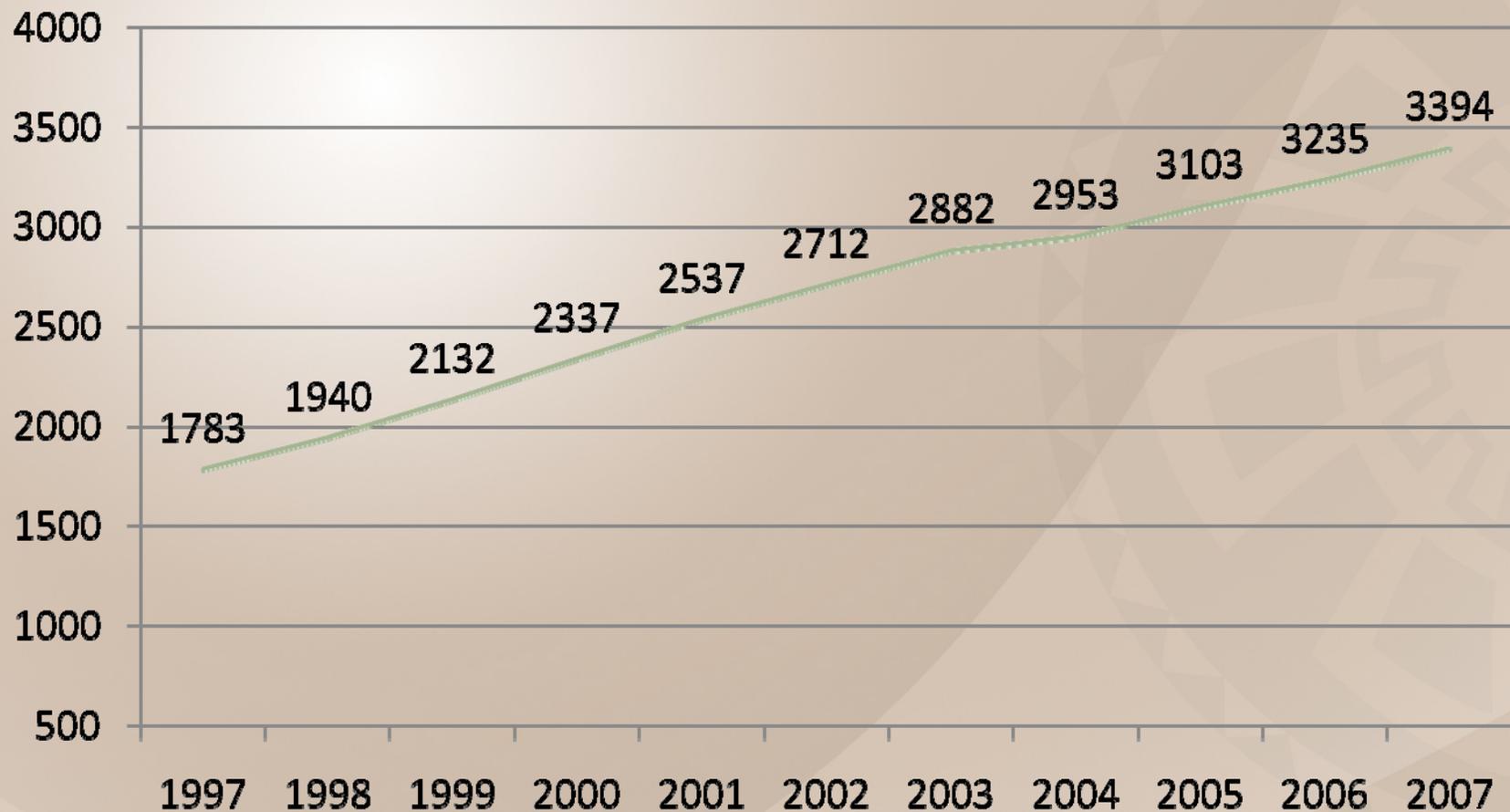
Understanding Risk

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

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At **high risk** for contracting HIV/AIDS

Growth in reported AI/AN AIDS cases, Adult/Adolescents, 1997-2007



AIDS Diagnoses rate, by year of diagnosis, 2006-2009

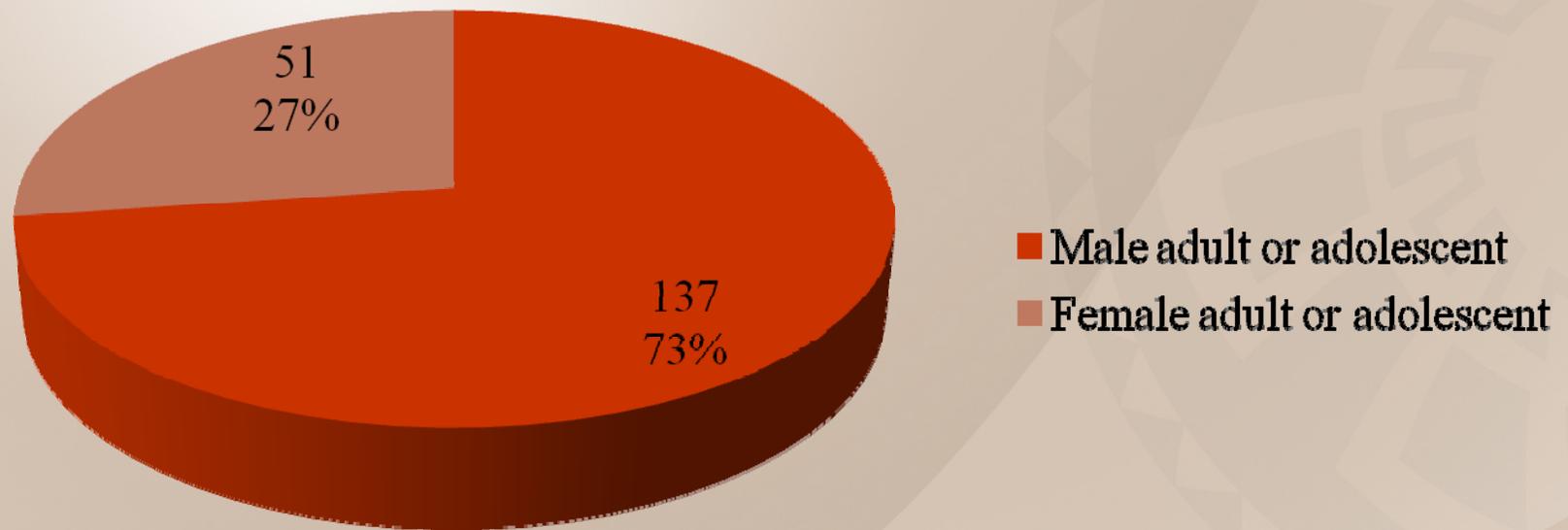
	2006	2007	2008	2009
American Indian/Alaska Native	6.4	6.1	7.6	6.6 
Asian	3.3	3.5	3.7	3.1
Black/African American	47.4	46.5	45.7	44.4
Hispanic/Latino	16.1	15.2	14.3	13.9
Native Hawaiian/Other Pacific Islander	11.7	12.0	9.2	11.2
White	5.3	5.0	4.8	4.7
Multiple Races	16.5	15.3	13.9	15.1

Diagnoses of HIV infection rate, 2006-2009

	2006	2007	2008	2009
American Indian/ Alaska Native	8.8	9.9	10.2	9.8 
Asian	5.5	6.9	6.6	6.4 
Black/African American	65.7	65.7	67.4	66.6 
Hispanic/Latino	25.1	24.8	23.0	22.8
Native Hawaiian/ Pacific Islander	31.4	27.1	20.0	21.0
White	7.4	7.5	7.2	7.2
Multiple Races	21.8	21.9	19.0	16.7

Diagnoses of HIV infection, 2009

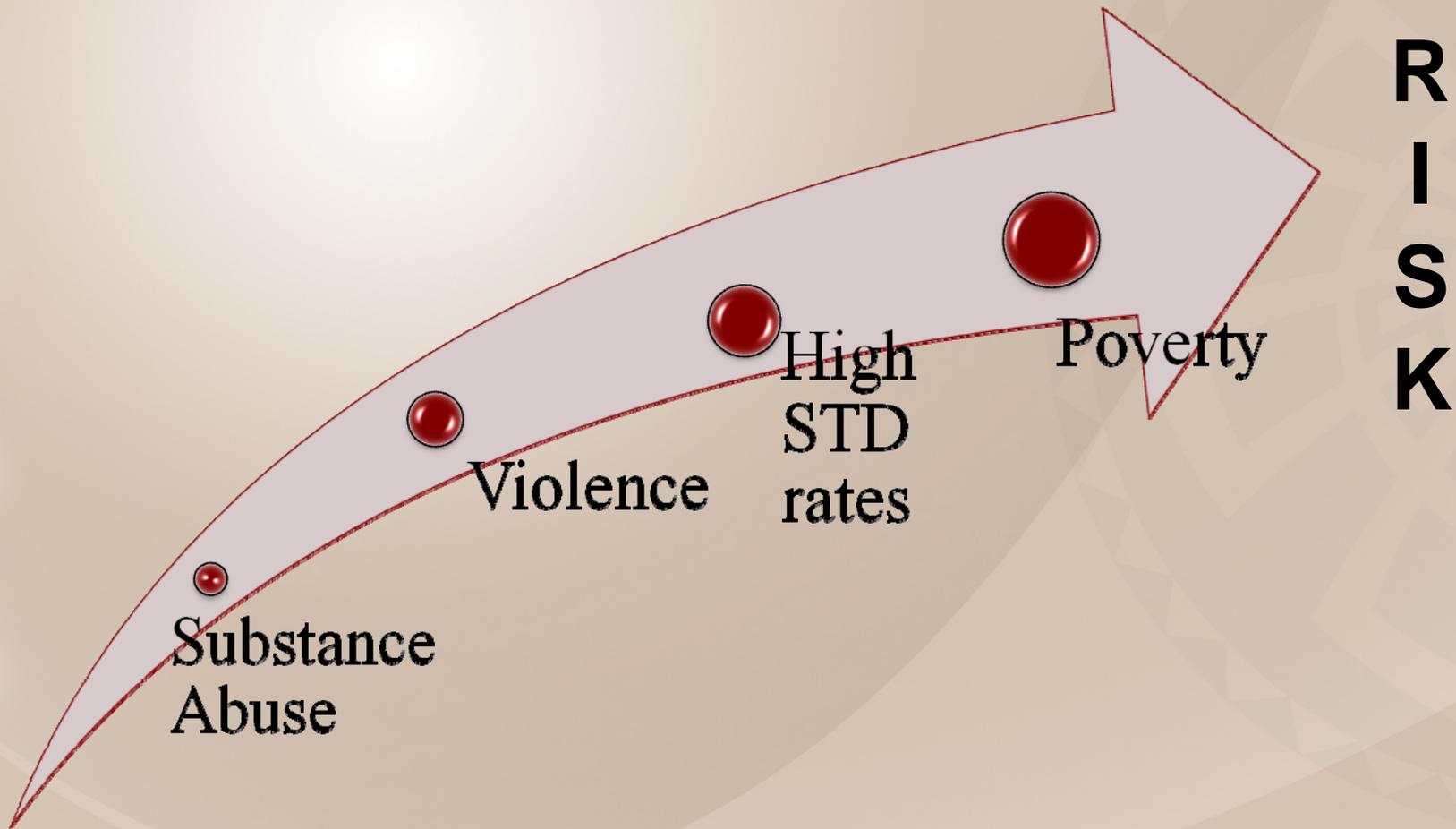
American Indian/Alaska Native



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



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 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 Risks

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)

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- 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

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Thank You



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