

Addressing HIV in American Indian and Alaska Native Communities

THE ISSUE

National Indian Health Board



The HIV epidemic has impacted American Indian and Alaska Native (AI/AN) communities since its inception, but the impact has not always been nationally visible. Tribes face many unique challenges in improving HIV health outcomes. Some of the overarching systems-based and service delivery challenges include:

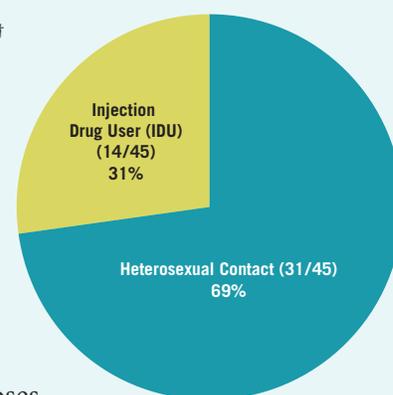
- Low national awareness and prioritization of AI/AN issues and needs related to HIV
- Limited HIV prevention and treatment resources
- Common experiences of stigma and shame related to HIV among AI/AN peoples
- Low levels of education around risk factors for an HIV and STI infection within AI/AN communities
- Racial misclassification on state and national surveillance systems leading to an underestimation of disease burden
- High rates of sexually transmitted infections (STIs) such as syphilis, gonorrhea, and chlamydia
- Lack of consideration of HIV prevention and treatment needs among decision makers in AI/AN communities
- Low rates of STI and HIV testing among AI/AN individuals

THE STATISTICS

American Indians and Alaska Natives (AI/AN) comprise 2% of the total U.S. population, yet ranked fourth in the rate of HIV diagnoses in 2016 among reported groups, according to the Centers for Disease Control and Prevention (CDC). HIV has disproportionately affected AI/AN communities, evidenced by statistics such as:

- 54% increase in HIV diagnoses among gay and bisexual AI/AN men from 2011 to 2015 — the highest increase in the country among reported groups †
- Roughly 31% of new HIV diagnoses among AI/AN women in 2016 had injection drug use as the mode of transmission, compared to 12% among all women †
- 19% of AI/ANs living with HIV in 2015 were undiagnosed, compared to 13% nationwide †
- AI/ANs have one of the lowest survival rates after an AIDS diagnosis among all groups, and one of the lowest rates of viral suppression in the country †
- Among the IHS user population, the average annual rate of new HIV diagnoses among AI/ANs from 2005 to 2014 was at 15.1 per 100,000 °

From 2011 to 2015, HIV diagnoses *



Females (N=45) *

* Centers for Disease Control and Prevention. HIV Surveillance Report, 2016; vol. 28. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published November 2017

† Centers for Disease Control and Prevention. (2018). HIV Among American Indians and Alaska Natives in the United States. Retrieved from <https://www.cdc.gov/hiv/group/raciaethnic/aian/index.html>

° Reilley, B., Haberling, D. L., Person, M., Leston, J., Iralu, J., Haverkate, R., & Siddiqi, A. (2018). Assessing New Diagnoses of HIV Among American Indian/Alaska Natives Served by the Indian Health Service, 2005-2014. *Public Health Reports*, 133(2), 163-168. doi:10.1177/0033354917753118

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THE SOCIAL DETERMINANTS OF HEALTH

National Indian
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The social determinants of health represent the social and physical conditions in which people are born, live, learn, work, and play, that have measurable and lasting effects on health outcomes. These conditions affect the HIV prevention and treatment landscape. Among AI/ANs, some of the social determinants that play a role in HIV related health outcomes include:

- **Lack of health insurance:** In 2016, 19.2% of AI/AN people lacked health insurance coverage, compared to 8.6% nationally. Limited access to health services can increase risk for an undiagnosed or untreated HIV infection. *
- **Higher rates of poverty:** In 2016, 26.2% of AI/AN people were living in poverty, compared to a national average of 14%. Poverty is associated with lower health outcomes overall, including for HIV. *
- **High rates of exposure to violence and crime:** Roughly 80% of AI/AN women and men were reported to experience violence in their lifetime, and nearly 40% of Native women reported experiencing violence within the past year. †
- **Historical and intergenerational trauma:** Trauma has significant impacts on one's mental, physical, emotional, and

spiritual health, and these impacts are felt across generations. Among AI/AN

people, experiences of trauma brought on by federal policies and practices such as

forced assimilation and removal, persecution of cultural and linguistic practices, and loss of ancestral ceremonial lands have had lasting, tangible effects on AI/AN health outcomes represented by higher rates of adverse childhood experiences, drug dependence and addiction, suicide, and behavioral health issues. These conditions are contributing factors to sexual risk-taking behaviors.



WHAT YOU CAN DO TO ADDRESS HIV

- CDC recommends all persons between 13 and 64 years of age to be tested at least once for an HIV infection. Individuals at higher risk are encouraged to get tested more frequently. Check the CDC HIV/AIDS website for more detailed information around HIV testing. <https://www.cdc.gov/hiv/basics/testing.html>
- Learn more about pre-exposure prophylaxis (PrEP) and its important role in HIV prevention
- Speak with your provider about getting tested for STIs such as syphilis, chlamydia, and gonorrhea
- Help a friend, family member, or partner get tested for HIV and STIs
- Help someone you know who is HIV-positive get linked to medical care
- Use condoms and dental dams to help reduce the risk of an HIV and/or STI infection
- Educate your friends, family, and partners on behaviors that can reduce the risk of an HIV infection
- Get educated on the risk factors for an HIV and/or STI infection
- Learn more about safer sex practices, such as using condoms, that reduce the risk of an HIV infection
- Speak with your Tribal leaders around how to expand HIV prevention and treatment services in your Tribal communities
- Speak out against HIV stigma in your communities
- Advocate for the implementation of syringe services to reduce the risk of an HIV or Hepatitis C infection among people who inject drugs
- Volunteer at your local Tribal clinic to assist in delivering HIV screenings
- Volunteer at community HIV screenings, outreach, and education events
- Learn more about the impact of HIV in your communities and get involved in efforts to identify potential solutions
- If you are pregnant, get tested for HIV and STIs at least once. Pregnant women at higher risk should get tested again during the third trimester

FOR MORE INFORMATION:

Visit the IHS HIV/AIDS website at <https://www.ihs.gov/hiv aids>

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* United States Census Bureau. (2017). American Indian and Alaska Native Facts for Features. Retrieved from <https://www.census.gov/newsroom/facts-for-features/2017/aian-month.html>

† National Institute of Justice. (2016). Violence Against American Indian and Alaska Native Women and Men – 2010 Findings from the National Intimate Partner and Sexual Violence Survey. Retrieved from <https://nij.gov/publications/pages/publication-detail.aspx?ncjnumber=249736>