

American Indians and Alaska Natives and HIV/AIDS

In 1981, a new infectious disease, AIDS (or acquired immunodeficiency syndrome), was identified in the US. Several years later, the causative agent of AIDS—human immunodeficiency virus (HIV)—was discovered. This discovery coincided with the growing recognition that AIDS in the US was part of a global infectious disease pandemic.

Currently, HIV/AIDS has been reported in virtually every racial and ethnic population, every age group, and every socioeconomic group in every state and most large cities in the US. HIV/AIDS remains a significant cause of illness, disability, and death in the US, despite declines in 1996 and 1997. (US DHHS, 2000). In 2001, an estimated 29,723 AIDS cases were diagnosed among minority racial or ethnic groups, which accounted for more than 70% of all AIDS cases diagnosed that year in the US. (CDC, 2002).

“American Indians and Alaska Natives represent a unique population within the US, not only because of their oppression suffered in the development of this country but also because of their ongoing struggle to gain recognition in the HIV/AIDS epidemic. American Indians and Alaska Natives are not so unique, however, that they are protected from the same behaviors that put all people at risk for HIV infection.” (Rowell and Bouey, 2002).

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Risk Factors and Challenges

Exposure Factors

- In 2000, the **leading HIV exposure categories** for American Indian and Alaska Native men were men who have sex with men (MSM) (51%), MSM and injection drug use (IDU) (13%), and heterosexual IDU (12%). Among women, the primary exposure risk was heterosexual contacts (41%), followed by IDU (32%). These statistics do not include data from California, which has the largest American Indian and Alaska Native population of all 50 states. (Rowell and Bouey, 2002).
- One study of Alaska Native drug users found that **alcohol use was the factor that put them at greatest risk for HIV**. Many individuals reported blacking out while drinking and later learned that they had had unprotected sex with complete strangers or with persons they would not otherwise have accepted as partners. (Rowell and Bouey, 2002).

HIV Risk Factor: Alcohol and Illicit Drug Use

Alcohol and illicit drug use are associated with many of this country's most serious problems, including violence, injury, and HIV infection. (US DHHS, 2000).

Fear of Lack of Confidentiality

- Confidentiality can be difficult to maintain in American Indian and Alaska Native communities, especially in rural areas and in places where relatives, friends, or acquaintances may be employed at the local clinic and have access to confidential patient information. **Lack of confidentiality at local clinics can be a barrier to prevention activities** such as seeking counseling and testing for HIV, obtaining drug treatment, or purchasing condoms in local stores. (Rowell and Bouey, 2002; Oropeza, 2002).

Modesty

- **Most American Indians and Alaska Natives are modest about their bodies and are uncomfortable discussing their bodies or performing self-examinations.** Consequently, an individual may not notice or wish to discuss personal bodily changes. This same modesty may extend to discussing sex and sexual behaviors. (Oropeza, 2002). Modesty may not be less of an issue when care is being given by a same-sex provider.

Recommendation

Learn how to discuss the body, sex, and sexuality in a nonoffensive manner. For example, in encouraging your patients to conduct physical self-examinations, suggest that they examine themselves in the shower, since a shower already involves touching one's body. (Oropeza, 2002).

- Most American Indian women prefer to be examined by female physicians or nurse practitioners. However, **very few health facilities in Indian communities are staffed by female physicians and nurse practitioners.** (Glanz, 2003).

Sexually Transmitted Diseases

- In states with American Indian and Alaska Native populations exceeding 20,000, **gonorrhea and syphilis rates are twice as high** among those populations as among other ethnic groups. (Rowell and Bouey, 2002).
- In 1997, the **rates of primary and secondary syphilis** per 100,000 population were 2.3 for male and 1.8 for female American Indians and Alaska Natives, compared with 0.6 for male and 0.5 for female whites. The highest rates were among males aged 25 to 29 years (6.3 per 100,000) and females aged 20 to 24 years (5.2 per 100,000). (Maldonado, 1999).
- In 1997, the **rates of gonorrhea** per 100,000 population were 67.0 among American Indian and Alaska Native males, compared with 19.5 among white males, and 131.4 among American Indian and Alaska Native females, compared with 32.3 among white females. The highest rates were for males aged 20 to 24 (224.6 per 100,000) and among females aged 15 to 19 (554 per 100,000). (Maldonado, 1999).

Note

These rates do not take into account great variations among regions and tribal groups.

Stigma

- American Indian and Alaska Native people and communities are likely to exhibit the same type of **homophobia** prevalent in mainstream society. (Oropeza, 2002).

Transportation (Cost and Difficulty)

- In urban areas, **clients may lack cars or money for public transportation**, and public transit systems may be poor. In rural areas, transportation systems may be completely lacking, and receiving rides from other individuals may raise problems of confidentiality. (Bouey and Duran, 2000).

Access to Health Care

- **Health insurance.** Only one in three American Indians and Alaska Natives has private health insurance, compared with approximately one in five in the general population. (Smedley et al., 2003).
- American Indians and Alaska Natives have **less health insurance coverage** than do other Americans, even those with incomes below the poverty level. (Indian Health Service, 2002a).
- For those with access to an Indian Health Service facility, services are provided without cost to the extent funds are available. Sometimes, however, this means that care must be rationed, and patients with less urgent problems often find their **medical care postponed or never provided.** (Indian Health Service, 2002a).
- Forty-four percent of American Indians and Alaska Natives have **no access to Indian Health Service services.** (Indian Health Service, 2002a).

- The **shortage of health care professionals** working in American Indian and Alaska Native communities (fewer than 90 doctors for every 100,000 American Indians and Alaska Natives, compared with 229 per 100,000 nationally) makes health care access a challenging issue for this population. (ICC, 2001).
- **Circular migration.** Many American Indians and Alaska Natives migrate daily, weekly, or several times a year from reservations or rural areas to urban areas. This may either facilitate or impede access to needed preventive care or long-term treatment. It may also mean that disease is carried from urban areas to reservations, possibly contributing to the epidemic proportions of infectious diseases such as HIV/AIDS on reservations. (Oropeza, 2002).

Environment

- Of the more than 2 million American Indians and Alaska Natives residing in the US, **1.3 million reside in urban areas** (58%). (Indian Health Service, 2002c).

Pertinent Fact

Residents in urban settings are at **increased risk for exposure to hazards** that include toxic waste; air pollution; a higher concentration of crime and violence; and older, poorly maintained buildings with inadequate heating, lead paint, and cockroach allergens. Researchers believe that exposure to violence may increase feelings of alienation, powerlessness, and hopelessness. Individuals who live under these conditions may see limited benefit in adopting health-promoting behavioral changes. (HRSA, 2003a).

- A safe and adequate **water supply and waste disposal facilities are lacking** in approximately 7.5% of American Indian and Alaska Native homes, compared with 1% of homes in the US general population. (Indian Health Service, 2002b).

Substance Abuse

Alcohol and Illicit Drug Use

Alcohol and illicit drug use are associated with many of this country's most serious problems, including violence, injury, and HIV infection. Alcohol and illicit drug use are also associated with child and spousal abuse, sexually transmitted diseases (including HIV infection), teen pregnancy, school failure, motor vehicle crashes, and homelessness. Long-term heavy drinking can lead to heart disease, cancer, alcohol-related liver disease, and pancreatitis. Alcohol use during pregnancy is known to cause fetal alcohol syndrome, a leading cause of preventable mental retardation. (US DHHS, 2000).

Historical Trauma and Its Response

“Historical trauma (HT) is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences; the historical trauma response (HTR) is the constellation of features in reaction to this trauma. The HTR often includes depression, self-destructive behavior, suicidal thoughts and gestures, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions. It may include substance abuse, often an attempt to avoid painful feelings through self-medication. Historical unresolved grief is the associated affect that accompanies HTR; this grief may be considered fixated, impaired, delayed, and/or disenfranchised.” (Brave Heart, 2003).

Pertinent Fact

Patterns of substance use vary widely from group to group, and research has been conducted with only a limited number of American Indian and Alaska Native nations.

- A study of enrolled members of four tribes (on reservations) in the northern US (Northern Plains and Rocky Mountain states) found that **most drinkers are binge drinkers, and on any typical day, abstinence is the modal pattern.** Males begin regular drinking at an earlier age than do females (17 versus 18.1 years), and more males than females drink alcohol—in the 12 months prior to the study, 70.7% of males and 60.4% of females had consumed at least one drink. (These percentages are virtually identical to the male and female alcohol consumption rates of the overall US population.) Most participants in the study drink infrequently, and the older population (40+) has a high rate of abstinence. **Drinking is primarily a social experience and is rarely done in isolation.** (May and Gossage, 2001).

Recommendation

“One useful treatment approach for American Indian and Alaska Native substance abusers may be the **Medicine Wheel**. The Medicine Wheel model differs from community to community and from family to family, and may be unfamiliar to some American Indian and Alaska Native communities. It is a useful tool that helps address the individual in a holistic manner with a focus on balance of the spiritual, physical, mental/emotional, and social/cultural aspects of the whole person. The Medicine Wheel is a simple, elegant circle with a cross bar in the center and may be enhanced by creative local artists. At each of the four directions—north, south, east, and west—an element of a balanced life is assigned. This differs from community to community, but the variations in assignments of the elements of balance to one of the four directions make no difference. The Medicine Wheel is another creative, rich approach that is the hallmark of a healthy, balanced American Indian and Alaska Native approach to life.” (Gray and Nye, 2001).

To learn more about the Medicine Wheel, go to
[http://www.uchsc.edu/ai/ncaianmhr/journal/10\(2\).pdf](http://www.uchsc.edu/ai/ncaianmhr/journal/10(2).pdf), pages 77–78.

Another source of information on using the Medicine Wheel in your practice is “The Medicine Wheel: Understanding ‘Problem’ Patients in Primary Care,” by Louis T. Montour, at
<http://www.kaiserpermanente.org/medicine/permjournal/winter00pj/wheel.html>.

- The same study (see previous bullet) showed that **the number of drinking days per month is 4.7 for males and 2.1 for females**. On those days when drinking occurs, males consume an average of 5.7 drinks and females an average of 3.1. Male drinkers in this sample who are under age 40 report consuming an average of 9 to 10 drinks per occasion, whereas female drinkers under 40 report consuming 4.5 to 5.7 drinks. **Prevalence and heavy drinking are highest among those under 30 years of age**. (May and Gossage, 2001).

No Stereotyping!

Risk factors present in particular individuals, tribes, or regions cannot be generalized to other American Indians and Alaska Natives. For example, southwestern tribes and the Plains tribes of Oklahoma appear to have lower prevalence rates of drinking than do Northern Plains tribes. (May and Gossage, 2001).

- **Binge drinking**, generally in social groups and gatherings, is common, particularly among Plains Indians. Binges are described as sporadic and heavy drinking events, clustering on weekends and special occasions. (May and Gossage, 2001).

Recommendation

“It is crucial to examine historical experiences of the American Indian and Alaska Native client’s nation, village, and family in order to understand the possible use of substances to self-medicate and soothe psychological pain and grief. All types of traumatic experiences may be related to substance abuse, and trauma and its aftermath (anger, grief, and depression) must be addressed when developing treatment approaches for American Indian and Alaska Native substance abusers. One traditional American Indian and Alaska Native approach [is the Medicine Wheel].” (Gray and Nye, 2001).

- **Death rates among American Indians and Alaska Natives due to alcoholism** are seven times higher than in the general population. Many individuals diagnosed with chemical abuse illness also have an associated mental health diagnosis such as depression. (Indian Health Service, 2001a).
- **Methamphetamine abuse**. In recent years, use of methamphetamines has been on the rise in many American Indian communities. This extremely dangerous behavior is identified primarily in youth and contributes significantly to many violent events. (Indian Health Service, 2001a).

Urban Life

- Indians living in urban areas share the same health problems as the general Indian population; in addition, their health problems are exacerbated in terms of mental and physical hardships because of the **lack of family and traditional cultural environment**. (Indian Health Service, 2001k).
- **Indian youth living in urban areas are at greater risk** for serious mental health and substance abuse problems, suicide, gang activity, teen pregnancy, abuse, and neglect. (Indian Health Service, 2001k).

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