

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).

- **Prevalence and Incidence**
- **Traditional Health Beliefs and Practices**
- **Risk Factors and Challenges**
- **Strengths and Protective Factors**
- **Diet**
- **Adherence Factors**
- **Service Interventions**
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Service Interventions

An overview of interventions. *Clinician's Guide: Working with Native Americans Living with HIV*, published by the National Native American AIDS Prevention Center with support from the HIV/AIDS Bureau of the Health Resources and Services Administration, provides a wealth of information. The service interventions listed below are presented in more detail in this book, which is available for downloading at <http://ewebs.realtimesites.net/ds-Southwestern/sout-j-1/ImagesCust/970037646-10-01-2002-10-56-57e.pdf>.

- **Teach and offer a bicultural approach to care.** Be aware of historical aspects and cultural amplifiers that may affect the relationship between you and your patients. When compiling patient histories, find out what tribes your patients are from and where they were raised. Emphasize that traditional and Western medicine may be effective together. Encourage and validate your patients' efforts to access Native-specific resources. Consider collaborating with a traditional healer in your patients' care—but be aware that while some patients may welcome this approach, others may not. Allow patients to make their own choices. (Oropeza, 2002).
- **Create an empowerment narrative.** Assist your patients in dealing with any current issues related to their HIV status by recounting their successes in overcoming past issues. Involve patients in every step of their care and treatment plan. (Oropeza, 2002).
- **Establish peer intervention.** Connect your patients with support groups or other programs where they can meet other HIV-infected individuals. If possible, create these support systems within your clinic in a safe environment where confidentiality will not be breached. (Oropeza, 2002).
- **Teach patients about the structure of the medical care system.** American Indian and Alaska Native patients, like all patients, may be overwhelmed by medical systems that involve complex policies and procedures. Patients who are most familiar with tribal medicine may have particular difficulty accessing needed services, even those provided by the Indian Health Service, and especially if the patient must seek health care outside of the Indian Health Service. Assist your patients in understanding how the medical care system works. Encourage your patients to advocate for themselves and question providers and other authority figures. (Oropeza, 2002).
- **Practice direct communication.** Teach and practice direct communication with your patients. Explain to them that you must ask direct questions to help you better assess and serve their needs, and that it is not your intent to be insensitive or offensive. Validate your patients when they use direct communication. (Oropeza, 2002).
- **Pace the delivery of information.** Provide information to your patients in increments, and confirm that they know and understand the information before proceeding. Being patient and showing acceptance are critical in supporting your patients' adherence to treatment plans. (Oropeza, 2002).

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