

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**
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- **Diet**
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Strengths and Protective Factors

- American Indian and Alaska Native communities, although diverse in many ways, **share a sense of pride, self-determination, spirituality, and resiliency** that has helped them fight HIV infection in their communities. (Rowell and Bouey, 2002).
- Some gay, lesbian, bisexual, and transgendered American Indians and Alaska Natives identify themselves as *two spirit*. This fairly new term originated from the efforts of American Indians and Alaska Natives with alternative gender roles and sexualities to distinguish themselves from mainstream gay and lesbian culture. **The term *two spirit* provides a way for American Indians and Alaska Natives to reclaim and honor the historical roles and traditions of individuals with alternative gender roles and sexualities.** (Oropeza, 2002).

Adaptability

- **New solutions, ideas, and creativity evolve** within the ceremonial life of the community. (MSH, 2003).

Community Strength

- Community organizing, networking, and a sense of tribal purpose and solidarity lead to **strong community-level organizations that encourage healthy behaviors** and support access to and utilization of preventive, healing, and other health services, as appropriate. (MSH, 2003).

Mobilizing and Building on Community Strengths: The Healthy Nations Initiative

“Since 1993, 14 American Indian and Alaska Native communities have worked diligently to reduce the harm due to substance abuse in their communities. Funded by the Robert Wood Johnson Foundation’s Healthy Nations Initiative I, these communities implemented creative strategies that span the continuum from community-wide prevention, early identification and treatment to aftercare. Drawing upon the unique strengths of their own cultural traditions to find solutions to local substance abuse problems, these efforts have identified important and useful lessons. Characteristics that appear to increase the likelihood of success” include:

- A culture-focused approach. “Culture became ‘the program’ for the most effective grantees instead of culture as an ‘add on.’”
- Community ownership and “buy-in.” “Effective programs stressed that community members should be involved at all levels of the planning and implementation and incorporated the perspective of ‘doing with’ the community instead of ‘doing for’ the community.”
- Effective collaboration. “Programs that established effective collaborative linkages across service organizations and successfully combined resources and talents were more effective.” (Noe et al., 2003).

For more information on this initiative and the programs of the 14 grantees, visit the Healthy Nations Initiative web site at <http://www.uchsc.edu/ai/hni/>.

Connection with the Past

- By **revitalizing old practices and making the community aware of them**, American Indians and Alaska Natives have established (or reestablished) constructive activities promoting health and healing. (MSH, 2003).

Family and Elders

- Family, including **traditional kinship and extended-family structures** within the community, is of paramount importance among and within all American Indian and Alaska Native groups. (MSH, 2003).
- **The presence of elders is critical to the provision of culturally competent services for American Indians and Alaska Natives.** Elders can provide specific advice and emotional support and can guide the approach to counseling or other forms of intervention and prevention from an American Indian and Alaska Native perspective. (MSH, 2003).

Holistic Thinking

- **Holistic thinking is a strength** of the American Indian and Alaska Native community and should be used to identify effective action. (Office of Minority Health, 2002).

Recommendation

Providers can obtain better results for American Indian and Alaska Native patients by taking a holistic approach to health and addressing physical, emotional, mental, and spiritual needs in the care and treatment plan. (Oropeza, 2002).

Identification with Culture

- **Indian youth who have a greater identification with their Native culture** may demonstrate less drug and alcohol use and other unhealthful behaviors. (MSH, 2003).

Abstinence from Alcohol

- A handful of studies has shown that American Indians, more so than any other ethnic groups in the US, have a **tendency to give up alcohol during the middle years of adulthood.** (May and Gossage, 2001).

Abstinence Days Far Outnumber Drinking Days

“An over-emphasis on drinking among American Indians, while ignoring the abstinence measures, has been common in the past among journalists, academics, and others. That is, even though males (and to some extent females) [of Northern Plains and Rocky Mountain tribes] may drink substantial quantities when they do drink, on most days no drinking occurs at all. Similarly, approximately 35% of the adults are complete abstainers. Therefore, abstinence days in each month and year far outnumber drinking days. If the point prevalence of drinking is taken as any day, particularly a weekday, the modal pattern of drinking among American Indians is abstinence. This is not intended to minimize the fact that heavy drinking causes a tremendous number of problems ranging from adverse social consequences, morbidity, and mortality. It is, however, intended to emphasize the clearly documented strengths rather than the weaknesses exhibited in this population. The modal category on most of the frequency of drinking variables is zero drinks for both males and females.” (May and Gossage, 2001).

- Studies of drinking epidemiology among the Navajo have shown that **a low percentage of Navajo adults drink**—only 30% to 52% of the adult population. Further, more males than females drink (64% for males, 40% for females). (May and Gossage, 2001).
- In general, **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).

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