

# Reaching Out to the

# AMERICAN INDIAN/ ALASKAN NATIVE

# Communities



**AIDS**  
EDUCATION  
AND  
TRAINING  
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*Addressing the  
HIV/AIDS  
Educational Needs  
of the New York  
and New Jersey  
Health Care Communities*

## A New York Perspective on American Indians and HIV/AIDS

Judy K. Shaw, PhD, ANP-c

In 2000, the US census reported that about 82,000 American Indians (AI) were living in New York State. According to the Native American Indian Resources, some live on one of ten reservations and are members of the Six Nations Confederacy, but almost one-half (46%) live in New York City. According to the State Department of Health as of December 2006, HIV/AIDS prevalence rates were greatest among men (489/100,000) and women in NYC (174/100,000), followed by men (113/100,000) and women (56/100,000) in other regions of the state.

Nationally, HIV infection rates among American Indians/Alaskan Natives (AI/AN) are reported as less than one percent of the total cases reported to the CDC (data is reported from the 33 states with mandatory reporting, 2005). The AI/AN communities rank third in HIV infection rates among racial groups after African Americans and Hispanics. AI/AN in the US have had a greater prevalence of HIV/AIDS compared to whites since 1995.

Numerous risk factors have been identified that place AI/AN at risk for HIV/AIDS:

- Substance abuse: Recreational drug (use rate =13.7%) and Alcohol use (use rate =37.2%). (SAMHSA)
- Unprotected sex: AIs have the second highest rate of

Chlamydia and Gonorrhea and the third highest rate of syphilis reported by CDC in the US.

- Socioeconomic status: An estimated 24% of AIs live in poverty, twice the national average for other races. This is a concern because a link appears between poverty, educational level, and HIV/AIDS. (CDC)
- Cultural risks: AI/AN have many diverse customs and languages that are not incorporated into HIV prevention programs. (CDC)

Recommendations for HIV prevention include increased HIV testing, capacity building to increase the number of native staff and providers, reduction of risk behaviors through education, and development of culturally tailored prevention programs for AI/AN communities. ■

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## HIV in the Native Community: A Call to Raise Awareness and Action

Judith Lightfoot, DO, FACOI

American Indians are less likely than any other population to get tested for HIV/AIDS. Therefore, it is important to reach out to the American Indian/Alaskan Native (AI/AN) communities not just on National Native HIV/AIDS Awareness Day, but every day.

61% of transmission in American Indian men is through men who have sex with men (MSM), followed by 15% through injection drug use (IDU), 13% through dual risk factors of MSM and IDU and 10% through heterosexual contact. For American Indian women, heterosexual contact is the predominate mode of transmission at 68%; IDU accounts for 29% of transmission risk factors.

Modes and rates of HIV transmission need to be discussed at tribal and community meetings, as well as in the medical provider's office. The AI/AN community needs to talk about HIV/AIDS. In order to aggressively address this issue, stigma must be conquered in the

community starting with the leadership. Parents and children must be educated from a peer to peer perspective. The bottom line for all groups, including the AI/AN communities, is to get smart: learn how to eliminate or reduce risk of spreading this disease, get tested, and get treatment. The priority for health care providers, and our health care system, is to give people access to learning, testing, and care. ■

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