

## POPULATION FACT SHEET: AUGUST 2012

### AMERICAN INDIANS AND ALASKA NATIVES

American Indians and Alaska Natives (AI/ANs) represent approximately 0.9 percent\* of the U.S. population and encompass hundreds of diverse tribes and cultures.<sup>1</sup> Although they represent a small proportion of the U.S. population, AI/ANs are disproportionately affected by HIV/AIDS; the AI/AN AIDS rate is 40 percent higher than that among Whites.<sup>2</sup> Approximately 60 percent of the Nation's AI/AN populations live in 11 States, with the highest numbers in California, Oklahoma, and Arizona.<sup>3</sup> Historically, AI/AN populations have suffered high rates of a range of health problems and must contend with multiple barriers to care, including geographic isolation and poverty.<sup>4</sup>

#### SURVEILLANCE

Among AI/ANs, an estimated 225 new HIV infections occurred in 2010,<sup>5</sup> while another estimated 3,722 AI/ANs were living with AIDS that same year.<sup>6</sup> The rate of HIV deaths is higher among AI/ANs than Asians, Native Hawaiians/Other Pacific Islanders, and Whites.<sup>7</sup>

#### Men

- Of estimated HIV diagnoses among AI/AN men in 2010, 73 percent were infected through male-to-male sexual contact. Approximately 12 percent were infected through heterosexual contact and another 12 percent through a combination of male-to-male sexual contact and injection drug use (IDU). IDU was the transmission category in slightly under 4 percent of cases.<sup>8</sup>
- The estimated rate (the number of people living with HIV per 100,000 population) among adult and adolescent AI/AN

\* Unless otherwise noted, HIV estimates and diagnoses are gleaned from data provided by 46 U.S. States (Hawaii, Maryland, Massachusetts, Vermont are not included) and 5 U.S. dependent areas (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands).

U.S. dependent areas, however, are not included in reference to HIV among specific racial and ethnic groups, since the U.S. Census Bureau does not collect demographic information from all dependent areas.

AIDS surveillance data are based on reports submitted by all 50 States, the District of Columbia, and 6 U.S. dependent areas (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, Republic of Palau, and the U.S. Virgin Islands).

men diagnosed with HIV in 2010 was 18.1, higher than for Asians (13.7) and Whites (15.3) but much lower than for Blacks (116.0) and Hispanics/Latinos (44.7).<sup>9</sup>

#### Women

- Approximately 75 percent of estimated HIV diagnoses among AI/AN women were attributed to high-risk heterosexual contact in 2010.<sup>10</sup>
- In 2010, AI/AN women had significantly higher HIV infection rates compared to White, Asian, and Native Hawaiian/Other Pacific Islander women.<sup>11</sup>

#### CRITICAL ISSUES

AI/ANs have disproportionately high rates of death from suicide and unintentional accidents.<sup>12</sup> AI/ANs are also at high risk for mental health problems, domestic violence, alcoholism, and substance abuse. These issues, along with cultural differences, geographic isolation, poverty, and frequent relocation, create significant barriers to HIV care.<sup>13</sup>

According to the Bureau of Indian Affairs, AI/ANs have the highest rate of methamphetamine use of any racial and ethnic group in the country. In recent years, it has begun to replace alcohol as the primary drug abused among all AI/ANs. In many tribal communities, the rate of violent crime has risen 10 to 20 times the national average due to the rise in drug trafficking throughout Indian Country.<sup>14</sup>

AI/ANs have high rates of various health conditions that may complicate treatment of HIV disease, including hepatitis, tuberculosis, pneumonia, influenza, depression, diabetes, and heart disease. Research suggests that AI/AN women face alarmingly high rates of health problems and have higher rates of health and access challenges than women in other racial and ethnic groups.<sup>15</sup>

Most Indian Health Service (IHS) providers are located near tribal lands in rural areas; however, an estimated 67 percent of AI/ANs live in metropolitan areas. Many urban AI/ANs are poor and uninsured. Urban AI/ANs also suffer high rates of chronic ailments and lack access to health care facilities and providers.<sup>16</sup> Frequent travel to visit family and friends and to

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participate in ceremonies and religious events can sometimes further compromise adherence and access to health care.

#### HIGHLIGHTS OF THE HIV/AIDS BUREAU'S RESPONSE

In 2010, 2,933 American Indian/Alaska Natives accounted for .6 percent of all clients served by the Ryan White HIV/AIDS Program.\* AI/ANs may access Ryan White HIV/AIDS Program services even if they are eligible for care from other sources, such as IHS, tribal, or urban Indian health programs and services. Information about IHS facilities' eligibility for Program grants is available at <http://hab.hrsa.gov/manageyourgrant/pinspals/indiansnatives0701.html>.

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau supports innovative research to bolster and develop community-based health care networks that reduce barriers to early HIV identification and ensure entry to

high-quality primary health care among AI/AN populations. HRSA is gleaning best practices concerning the engagement of hard-to-reach populations into care for inclusion in an upcoming training manual, curriculum, and Webinar.

The Ryan White HIV/AIDS Program works with organizations like the National Minority AIDS Council, HealthHIV, and National Native American AIDS Prevention Center to support the development of culturally competent and effective HIV care practices targeting AI/ANs. HRSA publishes materials on cultural, spiritual, and traditional medicine practices of AI/ANs that facilitate engagement into HIV care, including *Native American Community Consultation: Access to HIV/AIDS Care Issues*. HRSA also has developed a manual on building cross-cultural competence, which may be viewed here: [www.aidsetc.org/aidsetc?page=et-04-01](http://www.aidsetc.org/aidsetc?page=et-04-01).

HRSA provides comprehensive training to clinicians and other providers delivering HIV care to AI/ANs, ensuring that they have access to state-of-the-art care. Additional support to increase the capacity of grantees and providers delivering HIV care to AI/ANs is accessible through the Minority AIDS Initiative.

\* U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). 2010 *Ryan White HIV/AIDS Program Services Report*.

#### NOTES

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This publication lists non-Federal resources to provide additional information. The views and content in those resources have not been formally approved by the U.S. Department of Health and Human Services (HHS). Listing of the resources is not an endorsement by HHS or its components.