

HIV and Native Communities: the Impact of History and Culture



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March 28, 2008

Sovereignty

- There are approximately 561 federally recognized tribes
- Federally recognized tribes are considered sovereign nations
- Tribes can be formally recognized at the State level
- Some tribes have no federal or state status

History

- Decline of Native populations by 90% after colonization due to disease and war
- Relocation policy resulted in massive displacement and break up of communities
 - From traditional lands to reservations
 - From reservations to urban areas
 - Continued displacement and relocation today

Historical T rauma

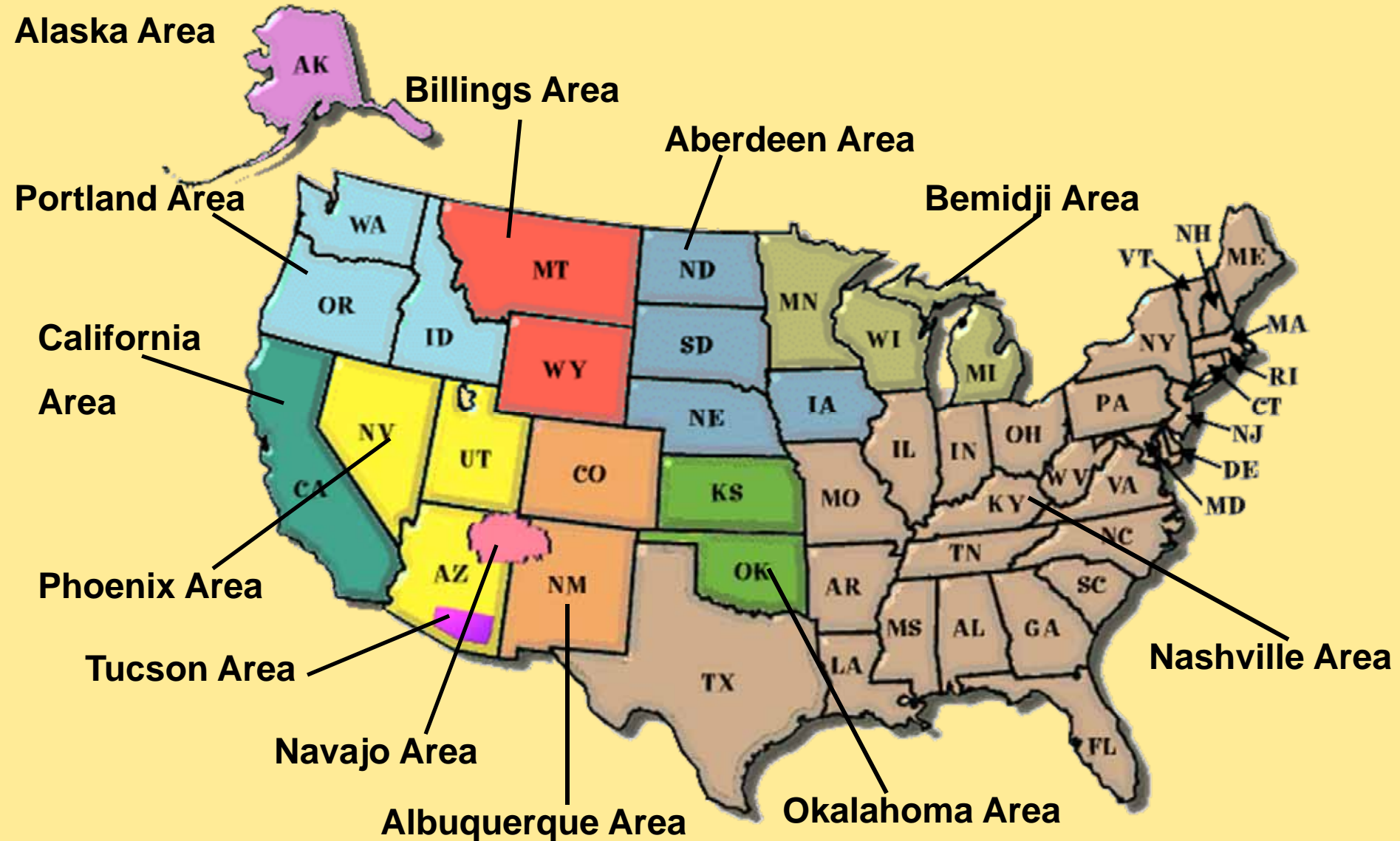
Loss of Native language and culture

- American Indian Religious Freedom Act of 1978, Native religious ceremonies were not protected
- Removal with force of children from their families and communities to be sent to boarding schools

Indian Health Care

- US Constitution and treaties with Tribes establish provision of medical services
- Indian Self-Determination and Education Assistance Act P.L. 93-638 allows AI/AN control over their health systems
- Some tribes chose to direct service from the Indian Health Service
- Native people have the lowest per capita health care spending of those covered by the US government

IHS Administrative Regions



“The responsibility for the provision of health care, arising from treaties and laws that recognize this responsibility as an exchange for the cession of millions of acres of Indian land does not end at the borders of an Indian reservation. Rather, government relocation policies which designated certain urban areas as relocation centers for Indians, have in many instances forced Indian people who did not [want] to leave their reservations to relocate in urban areas, and the responsibility for the provision of health care services follows them there.”

Senate Report 100-508, Indian Health Care Amendments
of 1987, Sept. 14, 1988, p. 25

Reservation-based Populations

- IHS or tribal clinics
- Often rural and isolated
- Lack of infrastructure
- Inadequate services
- Lack of HIV care
- Concerns about confidentiality
- Preservation of tradition and culture



Urban Populations

- Over half of Native people (56%) in the US live off of reservations
- Urban Indian Health Centers
- Diverse tribal representations
- May or may not observe traditional practices
- Frequent travel between cities and reservations
- Limited culturally appropriate interventions or services

S trengths

- Holistic view of health
- Spirituality
- Family and elders
- Self-determination
- Community strength
- Healing traditions



Barriers

- Historical trauma, intergenerational grief
- Lack of trust
- Taboos about discussing sex
- Low perception of risk
- Stigma and lack of awareness



HIV and Native People

- American Indians and Alaska Natives
 - have the third highest rate of HIV infection
 - have the shortest time between diagnosis and death
- Women accounted for 29% of the HIV/AIDS diagnoses among AI/AN in 2005
- Injection drug use accounted for 29% of diagnoses

Challenges to Addressing HIV

- No direct funding
- Racial misclassification, underreporting
- Lack of Native-specific, evidence-based prevention models
- High turnover among health professionals
- High rates of STDs
- High rates of substance use
- Extreme poverty

Developing HIV Interventions

- Community and cultural knowledge as important as medical, public health knowledge
- Connection to culture, tradition, family, Native identity is a protective factor for HIV risk behaviors
- Evaluation needed to develop culturally specific best practices

"Behold all these things... Something sacred we have"

wisdom TO KNOW WHEN YOU'RE READY
courage TO MAKE THE RIGHT DECISIONS
respect FOR YOUR WORTH

humility TO UNDERSTAND
generosity TO GIVE OTHERS TIME
love FOR YOURSELF

truth IS LIFE
knowledge IS POWER
culture IS KEY



PROTECT YOURSELF, PROTECT YOUR NATION ~ HIV & STD AWARENESS

At vero eos et accusam et justo duo dolores et ea rebum. Stet elitia Kasd gubergren, no sea takimata. Aaetus est Lorem ipsum dolor sit amet.

Clinical Interactions

AI/AN patients:

- May not feel comfortable with close physical distance or casual touch
- May not make direct eye contact
- May be uncomfortable discussing sexual issues with opposite sex
- May control emotional expression

Providers:

- Should avoid making assumptions about culture
- Should ask for permission before touching
- Should avoid speaking quickly, loudly or with aggression
- Should address HIV from a holistic point of view

Working with Communities

- **Get to know the community**
 - Visit service delivery, social gathering locations
 - Meet people
 - Attend community events
 - Read local papers, listen to tribal radio station
- **Get to know the systems**
 - How are the tribal and IHS health systems structured?
 - How are tribal decisions made?
 - Who are the key points of communication?

T raining Needs

- Tribal, IHS and Urban Indian Health clinics are chronically understaffed and in many cases under-trained
- Tribal programs often fill in gaps in care and also need training on HIV
- Training on rapid HIV testing, CRTS, viral hepatitis needed

More Information

- National Native American AIDS Prevention Center: www.nnaapc.org
- Center for the Study of American Ethnicity, Colorado State University, Advancing HIV Prevention in Native Communities: <http://www.happ.colostate.edu/>

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