"Nobody Really Talks about Any of It" HIV Prevention among American Indians

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Pronouns: she/her/hers

County of San Diego HHSA
Getting to Zero
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UC San Diego
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San Diego Center for AIDS Research
San Diego Primary Infection Resource Consortium
Native American Research Center for Health

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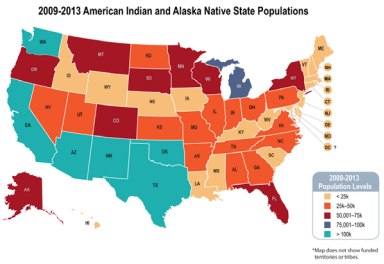
5.2 million American Indians and Alaska Natives (AI/AN) representing 1.7% of the US population



Source: https://www.cdc.gov/tribal/tribes-organizations-health/tribes/state-population.html

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Tribal Diversity

Highly heterogeneous group representing 574 federally recognized tribes where tribal membership is a political designation, and not a racial one

- Different languages, cultures, beliefs, tribal governance structures, population sizes
- United by history of colonization, forced assimilation, violence, racism, and trauma

In 2010, 78% did not live on a reservation or tribal land

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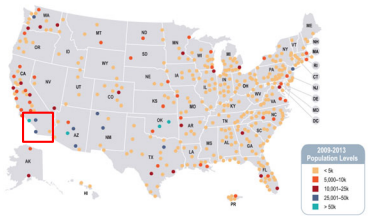
AI/AN Metro Populations

Approx. 1.5 million AI/AN individuals living in metropolitan areas who self-identified as being affiliated with at least one federally recognized tribe

Metropolitan areas with the highest percentage of individuals reporting affiliation with at least one federally recognized tribe

- Phoenix-Mesa-Scottsdale, Arizona (5.78% or 92,960 individuals)
- Tulsa, Oklahoma (4.19% or 67,486 individuals)
- Los Angeles-Long Beach-Anaheim, California (4.10% or 65,936 individuals)

2009-2013 American Indian and Alaska Native Metro Populations



Source: https://www.cdc.gov/tribal/tribes-organizations-health/tribes/metro-populations.html

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Population Characteristics

AI/AN face unique socioeconomic conditions that increase their risk for adverse health outcomes:

- Younger (median age 29 vs. 37.2 years)
- Reside in a female-headed household (11.9% vs. 7.2%)
- Lower high school graduation rates (77% vs. 86%)
- Live below poverty level (28.4% vs. 15.3%)

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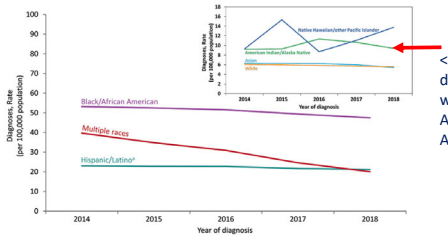
Rates of Diagnoses of HIV Infection among Adults and Adolescents, by Race/Ethnicity in the United States



<1% of new HIV diagnoses in 2018 were among American Indians and Alaska Native (AI/AN)

Source: https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-31/content/diagnoses.html#race

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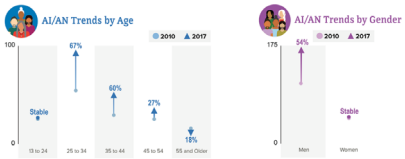
HIV Diagnoses Among AI/AN in the 50 States and the District of Columbia, 2010-2017*



*Changes in populations with fewer HIV diagnoses can lead to a large percentage increase or decrease.
Source: CDC. NCHHSTP AtlasPlus. Accessed April 27, 2020.

24% of AI/AN compared to 16% of general U.S. population living with an HIV infection are unaware of their infection status

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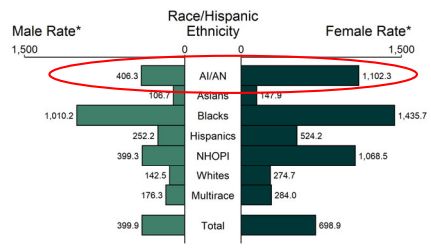
Chlamydia — Rates of Reported Cases by Race/Hispanic Ethnicity and Sex, United States, 2019



* Per 100,000

ACRONYMS: AI/AN = American Indians/Alaska Natives; NHOPI = Native Hawaiians/Other Pacific Islanders

NOTE: Total includes all cases including those with unknown race/Hispanic ethnicity.

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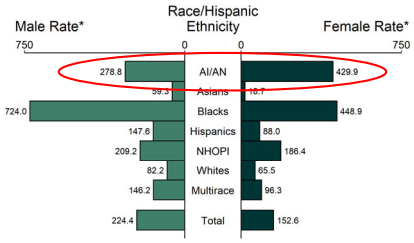
Gonorrhea — Rate of Reported Cases by Race/Hispanic Ethnicity and Sex, United States, 2019



* Per 100,000

ACRONYMS: AI/AN = American Indians/Alaska Natives; NHOPI = Native Hawaiians/Other Pacific Islanders

NOTE: Total includes all cases including those with unknown race/Hispanic ethnicity.

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What Factors Increase HIV Risk among Native Americans?

- Stigma
- Confidentiality
- Alcohol and illicit drug use
- Lack of culturally appropriate programs
- Data limitations

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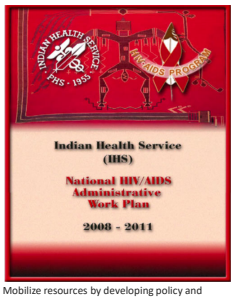
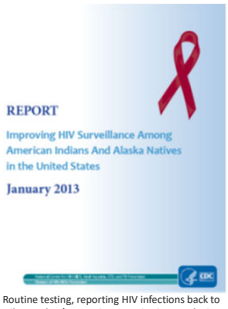


Mobilize resources by developing policy and implementing health programs that integrated HIV prevention and treatment



Routine testing, reporting HIV infections back to tribes and AI/AN serving organizations, reducing racial misidentification, improving data analysis

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Three Southern California Studies

Study 1: Examine travel time to HIV testing facilities

Study 2: Compare HIV testing patterns among cisgender women who underwent voluntary HIV testing

Study 3: Cross-sectional, mixed-methods study to identify local-level HIV/STI prevention priorities among Southern California American Indian Tribes

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Study 1

Motivation
Tribal reservations are often located in rural regions of the U.S. and rural regions have experienced an increase in HIV incidence over the past decade but HIV testing rates remain low.

Goal
Examine geographic accessibility to HIV testing and HIV medical care for American Indian and Alaska Native (AI/AN) population

Setting
San Diego County which is ranked 12th of all US counties with largest AI/AN population

Spatial Analysis
- Identify travel time to reach HIV services at the census tract level (n=627) in San Diego County
- Compare spatial and non-spatial characteristics (i.e., clinic attributes) between regions with vs. without Tribal reservation

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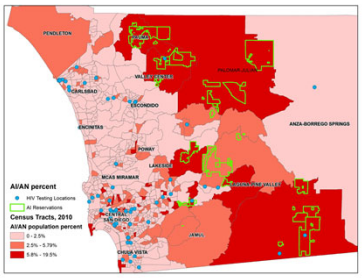
OBJECTIVE:
Where are HIV health care resources? And are these resources insufficiently distributed in places with a high American Indian/Alaska Native (AI/AN) population?

MAIN FINDING:
Census tracts with American Indian (AI) reservations had longer drive time to reach HIV testing & care
HIV testing: 16 mins(12-24) vs. 5 mins(3-8)
HIV care: 40 mins(34-64) vs. 10 mins(6-15)

Clinics near AI reservations:
Less likely to offer free HIV testing
Less likely to have extended business hours
Less likely to offer HIV care within the clinics health care network



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Study 2

Goal

Compare HIV testing patterns among AI/AN and non-AI/AN

Motivation

In 2016 HIV surveillance data, AI/AN cisgender women accounted for 24% of HIV diagnoses among AI/AN, whereas in the general population, women compromised 19% of HIV diagnoses

Individual-level Analysis

Retrospective cohort study of cisgender women participating in a community-based, voluntary and confidential HIV testing program (Good to Go) from 2008-2018

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HIV Testing History and Sexual Risk Profile

	AI/AN women (n=253)	non-AI/AN women (n=4,501)	p-value
Rural residence (vs. Urban)	18%	19%	0.814
Rural residence and had a previous HIV test	11%	33%	0.001
Urban residence and had a previous HIV test	26%	36%	0.009
Always used condoms in past 12mos	16%	14%	0.396
Averaged >1 sexual partner per month	7%	5%	0.182
Any self-reported sexually transmitted infections during lifetime	47%	37%	0.185

AI/AN women and non-AI/AN women had similar sexual risk profiles but history of HIV testing was lower for AI/AN women compared to non-AI/AN women

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Research

Public Health Reports

Assessing New Diagnoses of HIV Among American Indian/Alaska Natives Served by the Indian Health Service, 2005-2014

Brigg Reilley, MPH[1], Dana L. Haberling, MSPH[2], Marissa Person, MSPH[2], Jessica Leston, MPH[1], Jonathan Iralu, MD[3], Rick Haverkate, MPH[4], and Azfar-E-Alam Siddiqi, PhD[5]

- Rates of new HIV diagnoses increased significantly among males (P < .001); among those aged 15-19 (P < .001), 45-49 (P < .001), and 50-54 (P=.012)
- AI/AN aged 20-54, particularly men, may benefit from increased HIV prevention and screening efforts.
- Additional services may benefit patients in regions with higher rates of new diagnoses and in remote settings in which reported HIV numbers are low.

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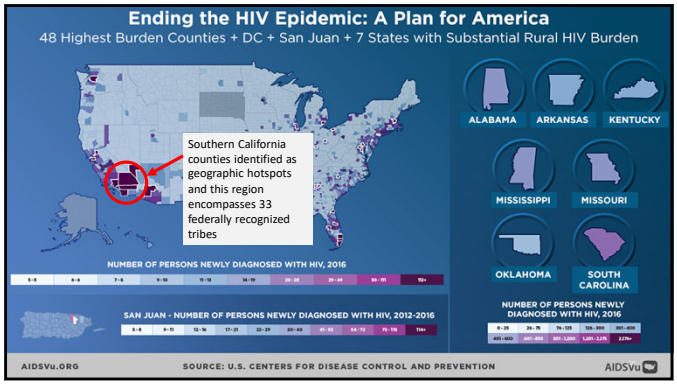

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Addressing HIV/STI Awareness and Prevention through a Community-Based Assessment among Rural American Indians (NIH grant# 1S06GM128703)

- Involves multisite collaboration among UCSD, CSUSM, and Southern California AI Community Partners
- STI and HIV Awareness and Prevention for Native Health (SHAPing Native Health)

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Overarching Goal

Mixed-methods, cross-sectional study to identify local-level priorities within Southern California reservation communities for creating resources and services to address HIV/STI prevention and treatment.

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Study Aims

1. Examine community-level HIV/STI risk perception
2. Identify the feasibility and acceptability of using various platforms to deliver HIV/STI prevention education
3. Assess individual and social/structural conditions affecting HIV/STI-related knowledge, attitudes and behaviors
4. Identify the local-level infrastructure and resources needed to implement HIV/STI prevention efforts

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Study Setting

Southern California Tribes encompassing a population of over 5,000 residents

- Located in regions with high rates of chlamydia and gonorrhea
- Low population density, few transportation options, large distances between tribes and tribal health clinics

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Data

Obtain opinions about what's happening in Southern California American Indian Tribes around HIV/STI awareness and prevention

- Conducting key informant interviews with community leaders, tribal elders, and community members (n=25)
- Conducting focus group discussions with community members (n=7 focus groups)

Obtain personal experiences by

- Conducting anonymous behavioral health questionnaire with Southern California American Indian community members (n=300) to assess HIV/STI-related knowledge, attitudes and behaviors

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International Journal of Environmental Research and Public Health

MDPI

Article

"There Is a Lot of Practice in Not Thinking about That": Structural, Interpersonal, and Individual-Level Barriers to HIV/STI Prevention among Reservation Based American Indians

Richard F Armenta [1,*], Daniel Kellogg [2], Jessica L Montoya [3], Rick Romero [4], Shandiin Armao [4], Daniel Calac [4] and Tommi L Gaines [5]

Int. J. Environ. Res. Public Health **2021**, *18*, 3566. https://doi.org/10.3390/ijerph18073566

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Qualitative Findings

Four main narratives impacting HIV/STI prevention efforts

- Intergenerational/Historical Trauma
- HIV/STI-related Stigma
- Misperception of Risk and Lack of Awareness
- Mistrust and Privacy

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Colonization and Concept of Shame

"And, you know, uh, the - the - the boarding schools did a really good job at, you know, bringing on the rest of the shame that we didn't have, and we didn't even have a word for shame in our language, you know, prior. So I think that's a—the—a huge role in where we're at here, 300 years later, you know."

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Gossip and Being Judge

"I think there's, like, a maybe a stigma with HIV. A lot of people know about it, but they're not really too familiar about it, or if they have it, you won't really know, or you'll hear someone—hey, they might have that, and so, uh, a lot of hearsay. You know, small community, word gets around…, yeah, what's, like, pertaining to each case. I don't know what it could be that, like, kinda prohibits somebody from reaching out, but it's definitely, like, a stigma, being ashamed, not wanting to—I don't know, being judged"

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Misperception of Risk

"I think for the community, it's not on their minds because they don't hear it, they don't see it, they haven't heard HIV/AIDS since the 90s… So, um, some people might be under the impression that it's been cured."

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Privacy and Mistrust

"But, um, I think they're reluctant to come in if they know that they're gonna see somebody they know. So sometimes it's because of our own—our own families may not get the services that they normally would, because I might be checking you in the front desk. Um, that might be a barrier. Or to get my HIV medication from a cousin who works in the pharmacy."

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Other Qualitative Findings

- Disruption to services and resources with COVID-19
  - "too much testing and hoops to jump through just for regular checkups and things."
- General feeling that most younger adults are not taking pandemic seriously.
  - Recurring mention of sex being used as a "distraction" and pandemic stress leading to "bad decisions."
- Adults and kids turning to drugs and alcohol. Lots of talk of substances as "unhealthy distractions," increased usage because people are bored, isolation, and relapses.

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People Are Still Having Sex. So Why Are S.T.D. Rates Dropping?

Public health officials believe many cases are going undetected as clinics close during the pandemic and testing supplies are diverted to coronavirus screening.

The number of reported cases of S.T.Ds has dropped but that may not mean fewer people are having unprotected sex during the pandemic. Bastien Inzaurralde for The New York Times

Home // Global Health Policy // KFF Daily Global Health Policy Report // **October 14, 2020**

COVID-19 Causing Global Disruptions In Routine HIV Testing Services, Data Show

Oct 14, 2020

10/23/2020 IDSA

Routine HIV Screenings Decreased, Patients With Acute HIV Infections Increased In Chicago ERs During COVID

AT A GLANCE

- From Jan. 1 to Aug. 17, 2020, researchers observed a decrease in routine HIV screening and an increase in patients with acute HIV infections seeking treatment in Chicago emergency departments, according to a study presented at IDWeek.
- The data suggest HIV screening should be included in COVID-19 testing programs.
- Medical teams were able to treat the patients and provide antiretroviral drugs without increased resources.

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Implications Across Three Studies

- Structural barriers
  - Limited testing services
  - Sexual behaviors did not explain differences in HIV testing patterns
  - Remoteness, sparse populations, and geographic isolation
- Interpersonal barriers
  - Stigma, privacy concerns, and lack of awareness that are situated within context of historical traumas contributing to contemporary health behaviors associated with HIV risk

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Challenges

- Data Issues
  - Small population sizes (suppression of small numbers)
  - Racial misclassification/collapsing racial categories
- Culturally adapted interventions
  - Strength-based approach
  - Tribal Diversity

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Thank you

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