TAKING A HOLISTIC APPROACH TO ADDRESSING HIV IN NATIVE COMMUNITIES

Hannabah Blue, CBA Specialist at JSI
Adrian Dominguez, Scientific Director at Urban Indian Health Institute
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Hannabah Blue, CBA@JSI

Adrian Dominguez,
Urban Indian Health Institute
OBJECTIVES

• Describe factors that present HIV prevention challenges in Native and Tribal communities
• Describe the state of HIV in Native American and Tribal communities
• Identify engagement and partnership strategies for High-Impact Prevention activities in Native and Tribal communities
WEBINAR TOPICS

• Context: Appropriate Terms, Tribal Diversity and Views of Wellness
• HIV Diagnoses Among AI/AN
• Overview of HIV in Urban AI/AN
• Urban Indian Health Institute’s work on HIV Prevention, Care & Treatment
• HIV Prevention Challenges
• Strengths and Resiliency Factors
• Community Responses Incorporating Holistic Wellness
POLL:

WHERE ARE YOU JOINING FROM?
What Native communities do you work with, if any?
WHAT ARE APPROPRIATE TERMS?

• **American Indian/Alaska Native (AI/AN):** Federal designation, often within data

• **Indian:** Shortened from American Indian

• **Indian Country:** Legal term referring to the AI/AN land and self-governing tribal communities

• **Indigenous:** Used more globally, but also among younger populations

• **Native American:** Similar to American Indian, but less formal use.

• **Native:** Shorted from Native American. Can also refer to those who are in communities that include multiple tribes
WHAT ARE APPROPRIATE TERMS?

- **Tribal:** Often used to refer to Tribal communities, including communities on reservations
- **Tribes:** The most common term for specific Native groups
- **Two Spirit:** Coined in the 1990s to reclaim roles of additional genders beyond the man and woman binary. Does not take place of, but often includes Native LGBTQ+ populations

*What terms and definitions do you use or prefer?*
TRIBAL DIVERSITY

- 570+ federally recognized tribes
- 200+ languages
# Native American Views of Wellness

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>MODERN</th>
<th>TRADITIONAL</th>
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<tbody>
<tr>
<td>Model</td>
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<tr>
<td>Health</td>
<td>No disease</td>
<td>Balance</td>
</tr>
<tr>
<td>Provider</td>
<td>Physician</td>
<td>Healer</td>
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<tr>
<td>Goal</td>
<td>Cure/manage disease in the individual</td>
<td>Community health</td>
</tr>
<tr>
<td>Values</td>
<td>Confidentiality</td>
<td>Family/community participation</td>
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<tr>
<td>Honours</td>
<td>Physician for curing</td>
<td>Patient for wellness</td>
</tr>
<tr>
<td>Symbol</td>
<td>Serpent and staff</td>
<td>Medicine Wheel/Four Directions</td>
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Credit: Dr. Don Warne (Oglala Lakota)
HIV Diagnoses Among AI/AN
HIV DIAGNOSES AMONG AI/AN 2016

81% Men
19% Women

NATIVE MSM/GBTQ/TWO SPIRIT

- 77% of HIV diagnoses among men attributed to male-to-male sexual contact
- 54% increase in HIV diagnoses among gay and bisexual AI/AN men from 2011 to 2015
- Challenges with stigma, fear, discrimination

HIV TRANSMISSION AMONG NATIVE WOMEN

- HIV diagnoses among AI/AN women (2016)
  - 31% through injection drug use
  - 3 times the HIV diagnosis rate of White women

- Violence and HIV transmission
  - 1.5 times higher risk of acquiring HIV if woman has experienced intimate partner violence
  - Nearly 40% of Native women reported experiencing violence within the past year

CDC. (2013). National Health Interview Survey
HIV CARE CONTINUUM AMONG AI/AN

- Diagnosed: 81%
- Receiving care: 58%
- Retained in care: 45%
- Virally suppressed: 47%

https://www.cdc.gov/hiv/group/racialethnic/ai/ian/index.html
USE OF PRE-EXPOSURE PROPHYLAXIS (PrEP)

• PrEP is not included on the IHS formulary
• Provision of PrEP is up to the clinic
• Post-exposure prophylaxis (PEP) is included on the IHS formulary
• National IHS guidelines released in 2016
• No national estimate of Native use of PrEP

https://www.ihs.gov/hiv/aids/includes/themes/newihstheme/display_objects/documents/prepguidelines102016.pdf
DATA ISSUES

- Misclassification of AI/AN
- Underreporting of AI/AN data
- Disparities between Tribal groups
- Multiple data streams: Tribal, county, state, federal
Overview of HIV in Urban American Indians/Alaska Natives

Adrian E. Dominguez, MS
Scientific Director
Urban Indian Health Institute, Seattle Indian Health Board
Who are urban Indians?
1,289,490
American Indians and Alaska Natives alone or in combination with other races

78%
of American Indians and Alaska Natives live off reservation

71%
of American Indians and Alaska Native live in urban areas

Source: HUD, 2014; US Census, 2010
Reasons for Living in Urban Areas

• Original Inhabitants
  • e.g. the Duwamish in Seattle
• Forced Residents
  • AI/ANs forced to move due to various public policies (e.g. the Termination Era)
• Permanent Residents
  • Locals, professionals, students, employment seekers
• Medium and Short Term Visitors
  • Those who temporarily relocate (e.g. medical services)
Who is the Urban Indian Health Institute?

- One of 12 Tribal Epidemiology Centers (TECs)
- Established in 2000, UIHI serves Urban American Indians and Alaska Natives (AI/AN)
- Supports the Urban Indian Health Network
  - 62 organizations including Urban Indian Health Programs and urban Indian social and health service organizations
- UIHI’s mission is to decolonize data for indigenous people by indigenous people
- Unique features
  - National scope
  - Only TEC integrated into an Urban Indian Health Program, Seattle Indian Health Board
Who is the Urban Indian Health Institute?

• 15 Public Health Professionals
• Over 100 years experience in Public Health
• Epidemiology and Evaluation departments
• 6 trained epidemiologists
• 60 years experience in epidemiology and statistics
• 50 years experience in evaluation
• 80 years experience working with AI/AN population
Urban Indian Health Programs (UIHP)
Urban Indian Health Institute Projects

• HIV/Hepatitis C
• Epidemiology Surveillance
• Diabetes
• Suicide Prevention
• Domestic Violence
• Sexual Violence
• Methamphetamine Use
• Cancer Mortality
• Mortality Linkage

• Good Health and Wellness in Indian Country
• Epidemiology Data Mart
• Demystifying Data
• Red Vision
• Maternal and Child Health
• Elders Health
• Adolescent Health
• Indigenous Foods and Practices
UIHI’s HIV Focus

• Increase screening rates
• Increase ability to capture data
• Assess current capacities of UIHPs and potential TA needs
• Develop cultural competency (racial/ethnic, gender, and sexual orientation)
• Adapting HIV patient education materials for AI/AN that is culturally appropriate
• Increase staff knowledge and ability to implement best practices for HIV/Hep C and STIs
UIHI’s HIV Focus

• Build provider capacity
• Increase use of PrEP
• Promote HIV testing and risk counseling
• Promote patient navigation and medical case management
• Promote adherence assessment and counseling for persons living with HIV/AIDS
• Identify alternative models for delivering HIV care (task shifting, telemedicine, emerging technologies, etc.)
Challenges to HIV Prevention, Care, and Treatment

• STDs
• Lack of awareness of HIV status
• Stigma
• Cultural diversity
• Socioeconomic issues
• Mistrust of health care facilities
• Alcohol and drug use
• Data limitations
• Limited resources for tribal and urban areas
HIV Knowledge, Attitudes, and Beliefs (KAB) Survey

• Demographic information
• Satisfaction with physical health
• Access to healthcare
• Provider understanding of spiritual and cultural needs
• Experience with HIV educational materials
• HIV status
• General HIV KAB
• PrEP KAB
• HIV research KAB
Survey Results: PrEP

Data Source: Urban Indian Health Institute, Seattle Indian Health Board, HIV Knowledge, Attitudes, and Beliefs Survey, 2017
PrEP Patient Education Postcard

• No existing PrEP patient education materials specifically for AI/AN

• Partnered with Project Inform, a national HIV and hepatitis C advocacy and education group, to culturally adapt already-existing patient education material on PrEP
  • Ensured resources are relevant for AI/AN
  • Included AI/AN imagery
  • Focused on risk factors experienced by AI/AN
**What is PrEP?**

Pre-Exposure Prophylaxis (PrEP) is a daily pill that can reduce the risk of contracting HIV by more than:

- 90% for sex
- 70% for shared needles

- PrEP is approved for people 18 and over.
- PrEP is for all genders and sexuals.
- Daily PrEP does not prevent STDs or pregnancy.
- To further reduce risk, combine PrEP with condoms, dental dams, and/or other prevention options.

**Resources**

To find a doctor that prescribes PrEP:
prelocator.org/

To learn more:
cdc.gov/hiv/basics/prep.html

To talk your provider about PrEP:

National Clinician PrEPline: 855-448-7737

**Ask Your Doctor**

If your current doctor is unable to prescribe PrEP, ask for a referral to another doctor or facility.

If taking PrEP, visit your doctor every three months for repeat HIV tests, refills, and follow-up.

See your doctor if you have side effects that become severe or don’t go away.

**Payment**

Some urban Indian health clinics, tribal clinics, and IHS facilities currently do not cover PrEP, so you may be referred to another doctor or facility. Most private insurance and some Medicaid plans cover PrEP.

If PrEP isn’t fully covered for you, patient assistance can help:
uihi.org/projects/hiv-std-and-hepatitis-c-prevention-project/prep-payment-assistance/
UIHI Collaborations and Partnerships

• Build capacity within AI/AN organizations
  • UIHPs: Baltimore, Dallas, Denver, Milwaukee, Oakland, Phoenix, San Jose, Seattle, Wichita
  • UC San Francisco Warmline
  • Mountain West AIDS Education and Training Center (AETC)
  • University of New Mexico IHS HIV Extension for Community Health Outcomes (ECHO)
• Create educational material for AI/AN
• Collect data in a respectful way that is culturally attuned
• Engage American Indians/Alaska Natives (AI/AN) in clinical trials
• Improve data management in electronic health records
• Commemorate National Native HIV Awareness Day
• Provide resources
Recommendations for Addressing HIV in Indian Country

- Funding/Resources
- Access to clinical trials
- Collaboration Driven by indigenous populations
- Inclusion in process
- Assist with building provider capacity
- Technical support
- Trainings
HIV Prevention Challenges
HISTORICAL TRAUMA

Cumulative emotional and psychological wounds that are carried across generations

• Associated with anxiety/affective disorders and substance dependence

https://extension.umn.edu/mental-health/historical-trauma-and-cultural-healing
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3810370/
ADVERSE CHILDHOOD EXPERIENCES (ACEs)

ACEs are associated with high HIV risk behaviors and HIV acquisition

<table>
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<th># of ACES</th>
<th>AI/AN Children</th>
<th>Non-Hispanic White Children</th>
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<tr>
<td>2+</td>
<td>40.3%</td>
<td>21%</td>
</tr>
<tr>
<td>3+</td>
<td>26.8%</td>
<td>11.5%</td>
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<td>4+</td>
<td>16.8%</td>
<td>6.2%</td>
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<tr>
<td>5+</td>
<td>9.9%</td>
<td>3.3%</td>
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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4762720/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4929123/
MENTAL HEALTH

- Severe mental illness associated with increased HIV risk
- High suicide rates
  - Youth
  - Transgender and gender nonconforming Native adults
- High rates of co-occurring mental illness and substance use disorders
- High rates of depression

• Substance dependence or abuse rates higher among AI/AN than any other population group
• AI/AN youth more likely to need alcohol or illicit drug use treatment than persons of other groups by age, gender, poverty level, and rural/urban residence

POVERTY & INADEQUATE HOUSING

• High poverty rates
  — 1 in 4 living in poverty in 2012, nearly double the national average
  — 33.8% of Native American children lived in poverty in 2016

• Inadequate housing
  — 40% of on-reservation housing is considered substandard
  — Less than half of the homes on reservations are connected to public sewer systems, and 16% lack indoor plumbing

HEALTH INSURANCE ACCESS & QUALITY

• Lack of health insurance and access to services
  — 50% AI/AN do not reside near Indian Health Service (IHS) facility
  — In 2016, 19.2% AI/AN lacked health insurance coverage

• Discrimination in health care facilities
  — 1 in 4 report AI/AN experiencing discrimination in a health care setting

SEXUAL RISK

- High teen pregnancy rates
- High rates of unintended pregnancies
- High rates of sexually transmitted diseases (STDs)

https://www.cdc.gov/std/stats16/chlamydia.htm
Figure 4.4. Incidence of acute hepatitis C, by race/ethnicity — United States, 2001–2016

Source: CDC, National Notifiable Diseases Surveillance System (NNDSS)
POLL:

Question: How do you work with Native people?

I have not worked with Native people
I work with Native people on health topics, other than HIV
I work with Native people on HIV prevention
I work with Native people on HIV care and/or treatment
STRENGTHS AND RESILIENCY FACTORS

- Cultural values of holistic health and wellness
- Values around community, family, and youth
- Native pride
- Tribal languages
- Cultural acceptance and reverence of Two Spirit or LGBTQ people
- Support pursuit of complementary care and traditional healing

COMMUNITY RESPONSES
INCORPORATING HOLISTIC WELLNESS

• National Native HIV/AIDS Awareness Day (NNHAAD) March 20, 2019
• Circle of Harmony HIV/AIDS Wellness Conference March 26-28, 2019
• National Native HIV Leadership Network
• Work with Native Youth: We R Native and Healthy Native Youth
• Social Media Campaigns
• 2018 Tipi Project Winter: Waníyetu Wakáغا Wipáňapi
Questions?
Resources

• 2018 National Indian Health Board Fact Sheet: https://www.nihb.org/public_health/proj_hiv.php
• Indian Health Service PrEP Guidelines: https://www.ihs.gov/hivaids/includes/themes/newihstheme/display_objects/documents/pr epguidelines102016.pdf
• POZ Article, Quest for Healing Native Americans: https://www.poz.com/article/quest-for-healing-native-americans
Resources

• Circle of Harmony HIV/AIDS Wellness Conference: http://www.aaihbcircleofharmony.org
• We R Native:  weRnative.org
• Healthy Native Youth: www.HealthyNativeYouth.org
• Tipi Project: https://prepahhontoz.com/tipi-project
Thank you!

Hannabah Blue: hannabah_blue@jsi.com
Adrian Dominguez: adriand@uihi.org

www.cba.jsi.com