

HIV/AIDS among Native Americans in California

Statistics

- In 2005, Native Americans made up 0.4% of all newly reported AIDS cases in CA (1).
- Through 2004, 605 AIDS cases and 215 HIV cases have been reported for American Indians and Alaska Natives (AI/AN) (2).
- Thirty-one AIDS cases have been reported for Native Hawaiians through 2004 (2).
- As of December 31, 2004, 272 AI/ANs were reported living with AIDS (2).
- Through 2004, 333 AI/ANs with AIDS have died, and fewer than 5 AI/ANs with HIV have died since HIV reporting was implemented in California in 2002 (2).

Primary Mode of Transmission

- Among the AI/AN AIDS cases reported through 2004, male-to-male sexual contact represented the largest transmission category among males (60%), and injection drug use was the leading risk factor among females (53%) (2).

Risk factors

There are multiple risk factors that contribute to high rates of HIV. Of these, two health risk factors, substance abuse and sexually transmitted diseases, and one general risk factor, poverty, is highlighted, since all three are universally prominent in most AI and AN and communities.

- American Indians and Alaska Natives have the third highest rates of chlamydia, gonorrhea, and syphilis in California. AI/AN females have a considerably higher rate of chlamydia, with the rate being 3 times greater than that of AI/AN males (3).
- Substance abuse increases the likelihood of engaging in risk behaviors. California was among the states with the highest number of AI/AN admissions to substance abuse treatment centers in 2002 (4). Among those receiving treatment for substance abuse in California, AI/ANs represented approximately 3% of all admissions in 2002 (5).
- Poverty increases an individual's vulnerability to HIV infection. Approximately 22% of AI/ANs in California live below the poverty level, compared to 14% of the state's general population (6). Consequently, access to healthcare, HIV testing and prevention services, and education is limited.

Surveillance

- California implemented non-names code based HIV reporting in July 2002. The Centers for Disease Control and Prevention (CDC) deems code based reporting systems unacceptable; thus, California's HIV data is not included in the CDC's national HIV/AIDS surveillance report (7).
 - Because HIV reporting is relatively new in California, the data does not accurately reflect the current burden of HIV disease. The data only captures HIV cases from July 2002.
 - California may replace its current HIV reporting method with confidential name based reporting. Senator Nell Soto introduced Senate Bill No. 945 in February 2005, which would mandate HIV case reporting by name (8).
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Ryan White CARE Act

- Among the clients served by California's AIDS Drug Assistance Programs, 0% were American Indian/Alaska Native (9). Approximately 1% of all clients receiving other Title II services in 2001 were AI/AN (10).
- California's current HIV reporting method threatens future Ryan White CARE Act funds that the state receives from the federal government. The funding will become dependent not only on AIDS case data, but also on HIV case data submitted to the CDC. The federal government is expected to incorporate HIV case data into the funding formulae no later than fiscal year 2007 (11).

Additional Resources

- California Office of AIDS: <http://www.dhs.ca.gov/ps/ooa/default.htm>.
- STD Control Branch, California: <http://www.dhs.ca.gov/ps/dcdc/STD/stdindex.htm>.
- National Native American AIDS Prevention Center: www.nnaapc.org; 303-542-2036.

References

1. Kaiser State Health Facts. 50 State Comparisons: Distribution of new AIDS cases by race/ethnicity. Available at: <http://www.statehealthfacts.kff.org>. Accessed March 16, 2007.
2. California Department of Health Services. Native American HIV/AIDS dataset, 2004. Office of AIDS, HIV/AIDS Case Registry Section.
3. California Department of Health Services. Chlamydia, Gonorrhea, and Syphilis data tables, 2000-2004. Sexually Transmitted Disease Control Branch.
4. Substance Abuse and Mental Health Services Administration. Substance abuse treatment admissions among American Indians and Alaska Natives: 2002. Office of Applied Studies, The DASIS Report, 2005.
5. California Department of Alcohol and Drug Programs. Fact sheet: Facts and figures on alcohol and other drugs. Office of Applied Research and Analysis, 2005.
6. US Census Bureau. Profile of Selected Economic Characteristics: 2000. Available at: http://factfinder.census.gov/servlet/QTable?_bm=y&context=qt®=DEC_2000_SFAIAN_DP3:001|01A&qr_name=DEC_2000_SFAIAN_DP3&-ds_name=DEC_2000_SFAIAN&-CONTEXT=qt&-tree_id=406&geo_id=04000US02&-search_results=01000US&-format=&-lang=en.. Accessed October 19, 2005.
7. Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report, 2003 (Vol. 15). Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2004.
8. Senate Bill No. 945, 2005. Available at: http://www.leginfo.ca.gov/pub/bill/sen/sb_09010950/sb_945_bill_20050222_introduced.pdf. Accessed October 20, 2005.
9. NASTAD & Kaiser Family Foundation. National ADAP Monitoring Project: Annual Report, 2005. Available at <http://www.kff.org/hiv/aids/upload/National-ADAP-Monitoring-Project-Annual-Report-2005.pdf>. Accessed October 20, 2005.
10. Health Resources and Services Administration. Demographic Characteristics of Clients Receiving Services Funded by Ryan White Care Act Title II Programs 2001 Report. HIV/AIDS Bureau. Available at: http://hab.hrsa.gov/data/hab2001/new_reports.cfm. Accessed October 25, 2005.
11. California Performance Review. HHS14 make California's HIV reporting system consistent with its AIDS reporting system, and improve AIDS reporting. Available at: <http://cpr.ca.gov/report/cprprt/issrec/hhs/hhs14.htm>. Accessed October 19, 2005.