



HIV among American Indian/Alaska Native (AI/AN) People Living in Washington

HIV data from 1990-2016



**NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD**
Indian Leadership for Indian Health

This data brief summarizes HIV diagnosis and death rates among American Indian/Alaska Native (AI/AN) people living in Washington State. Comparisons are made to Non-AI/AN in Washington, the US, and all AI/AN in the US to understand the extent of disease burden experienced by AI/AN communities in Washington.

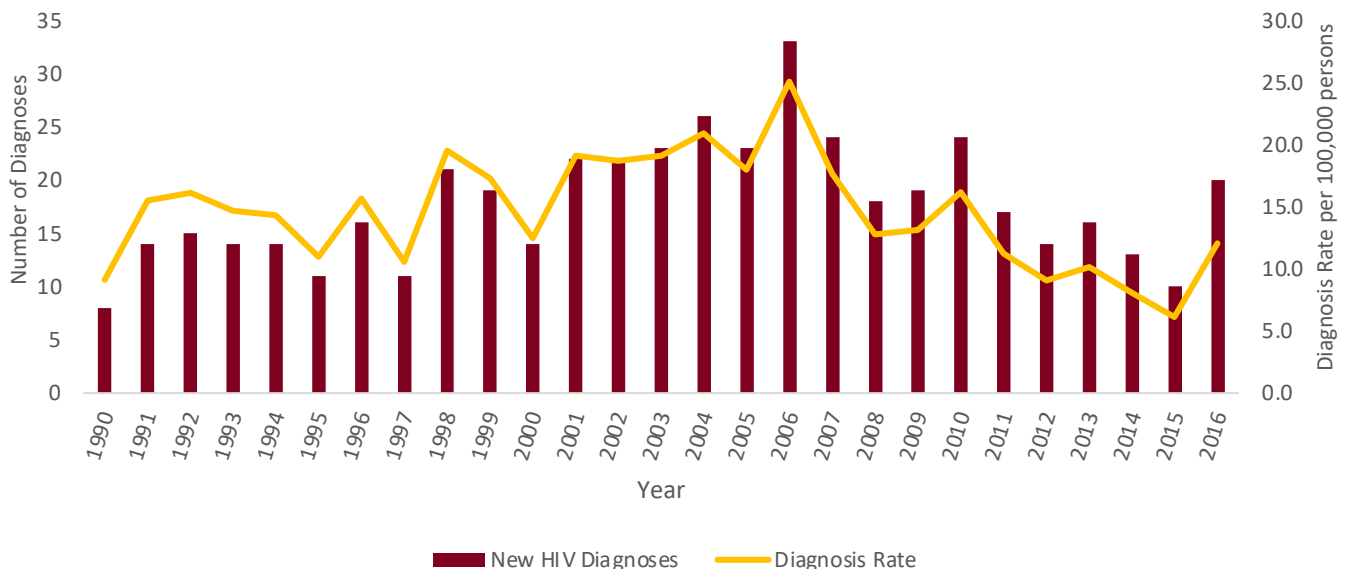
HIV is a virus that impacts the immune system and can be passed from person to person through sexual contact, injection drug use, or from mother to child through pregnancy or breastfeeding. While there is currently no cure for HIV, consistent use of antiretroviral (ARV) medications can suppress HIV viral load within the body, rendering the virus untransmissible to others; reduce risk of severe outcomes caused by the virus; and prevent progression to stage 3 (AIDS).

In an effort to decrease HIV acquisition and improve outcomes for those currently living with HIV, the US Department of Health and Human Services (DHHS) introduced the *Ending the Epidemic* (EHE) initiative in 2019, with an aim to strategically implement various prevention, diagnosis, and treatment technologies to reduce overall morbidity and mortality caused by HIV.¹ Some jurisdictions have adapted the national plan for a more tailored response to the epidemic within their communities. In Washington state, the End AIDS Steering Team has established five goals relating to the EHE initiative:

- Reduce new HIV diagnoses by 50%
- Increase viral suppression for people living with HIV (PLWH) to 80%
- Reduce age-adjusted mortality rates for PLWH by 25%
- Reduce HIV-related health disparities among PLWH
- Improve the quality of life for PLWH^{ii,1}

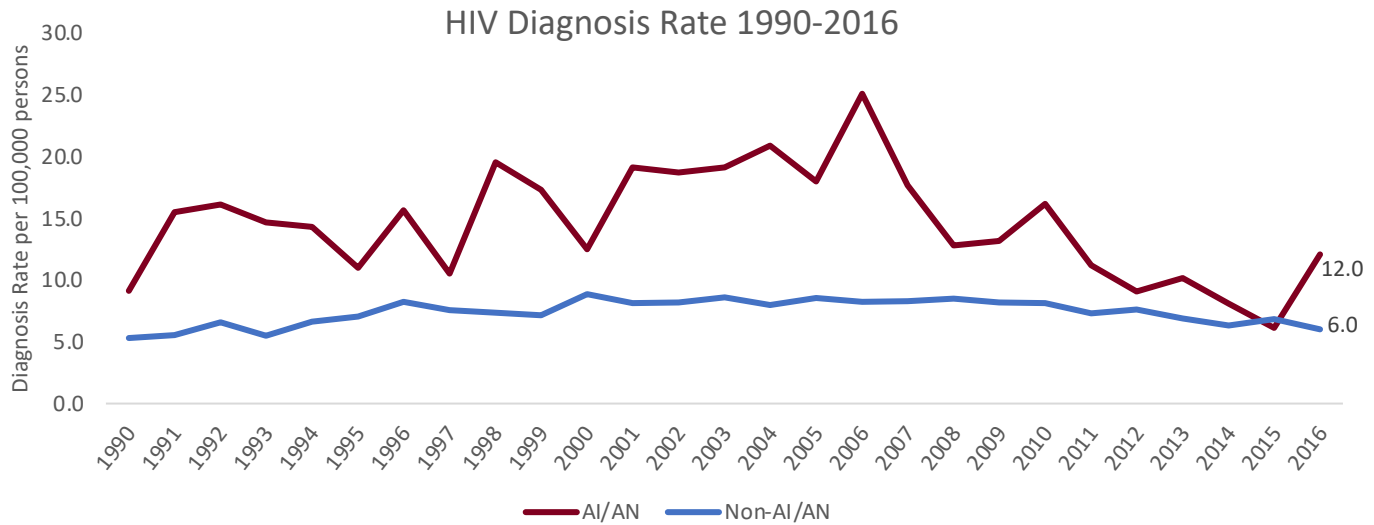
As of 2016, there were 13,312 people living with HIV in Washington, 504 (nearly four percent) of whom were American Indian/Alaska Native. Diagnosis rates among AI/AN varied between 1990 and 2016, with an overall decline in diagnoses over the last ten years. In 2016, however, there was an increase in both the number and rate of new HIV diagnoses.

New HIV Diagnoses of Current Washington Residents, AI/AN

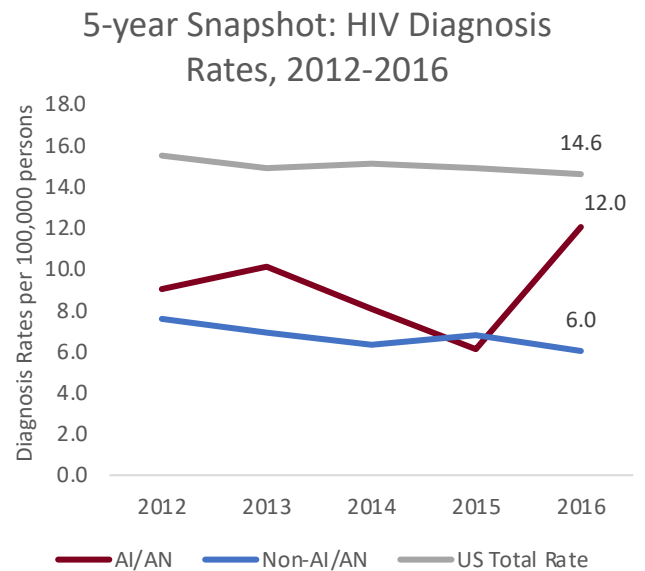


¹For more information about Washington’s response to Ending the HIV Epidemic, please refer to www.endaids.washington.org. 2

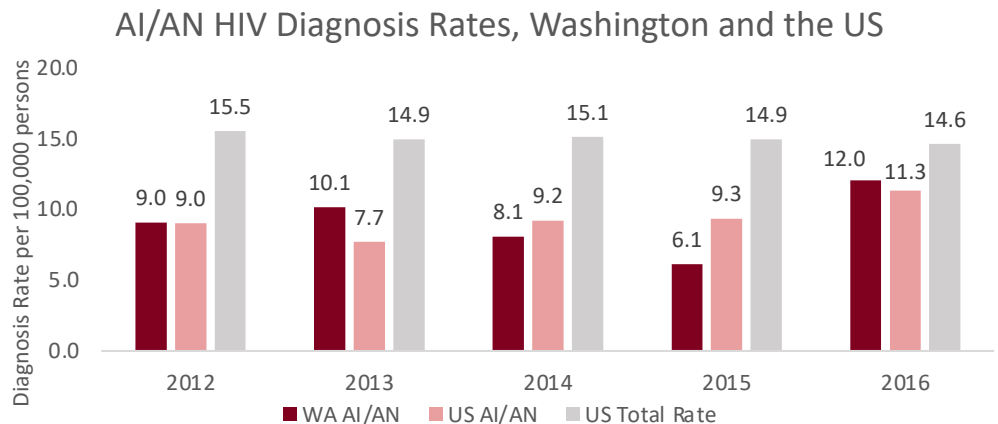
American Indians/Alaska Natives (AI/AN) in Washington have had generally higher rates of new HIV diagnoses than their Non-AI/AN counterparts in the state, even with a decline in diagnoses and rate beginning in 2007. In 2016, the diagnosis rate for AI/ANs increased from a rate of 6.8 per 100,000 in 2015 to 12.0 per 100,000.



While Washington HIV diagnosis rates have consistently been lower than the US HIV diagnosis rate, AI/ANs have had generally higher rates of new HIV diagnoses than their Non-AI/AN counterparts. In 2016, the diagnosis rate for AI/ANs was two times higher than the diagnosis rate for Non-AI/ANs and increased from 2015 to 12.0 per 100,000, nearer to the US rate of 14.6 per 100,000.

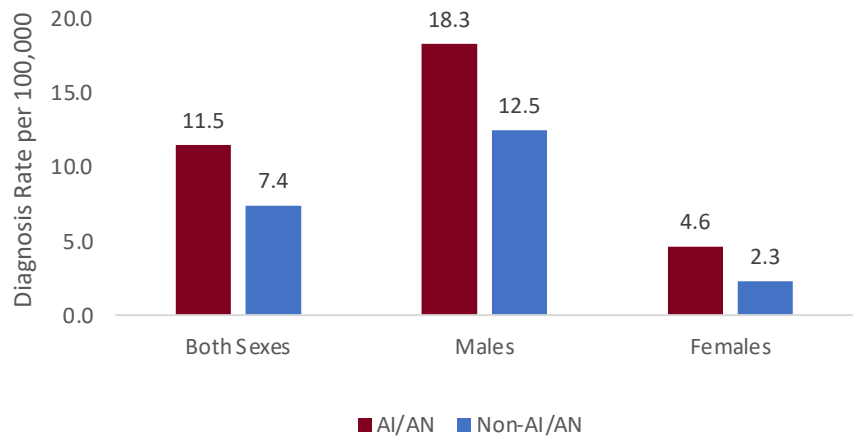



Overall, AI/AN HIV diagnosis rates in Washington have been lower than the US diagnosis rate. With the exception of 2013 and 2016, Washington AI/AN HIV diagnosis rates have been either the same or slightly lower than the US AI/AN diagnosis rate.



The AI/AN HIV diagnosis rate for both males and females between 2007 and 2016 in Washington was 1.6 times higher than their Non-AI/AN counterparts. The male AI/AN diagnosis rate was 1.4 times higher than the male Non-AI/AN diagnosis rate and the female AI/AN diagnosis rate was two times higher than the female Non-AI/AN diagnosis rate. These rates follow national trends, highlighting the disproportionate burden of HIV diagnoses among men.ⁱⁱⁱ

HIV Diagnosis Rates by Sex at Birth 2007-2016





AI/AN Health Promotion

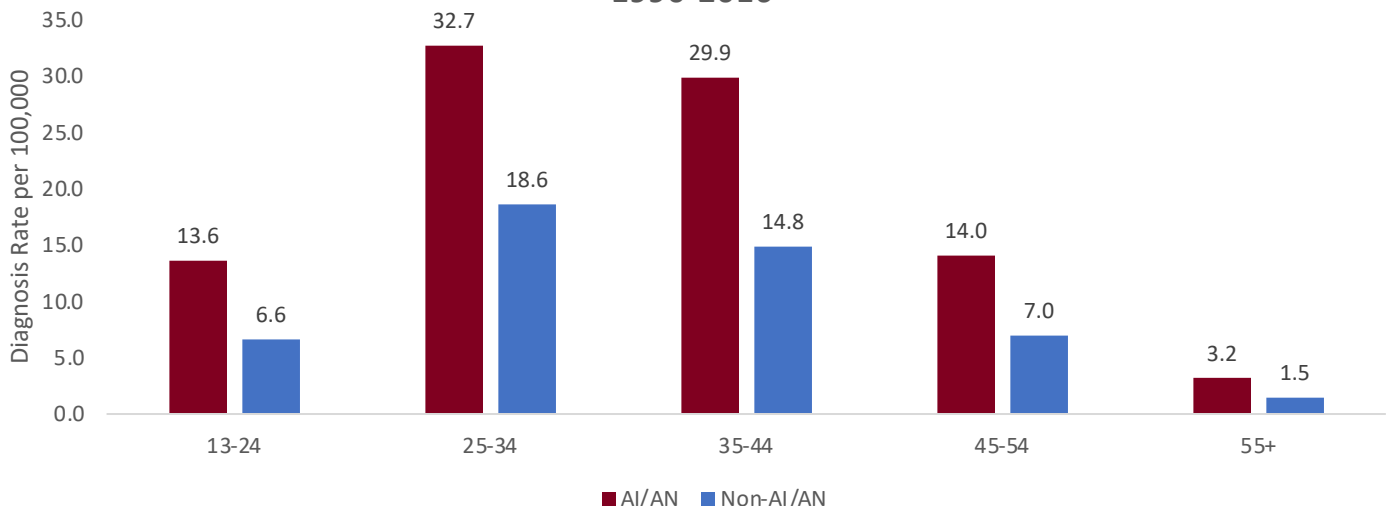
Interested in promoting health messages in AI/AN communities? These health promotion campaigns are available at <http://www.npaihb.org/social-marketing-campaigns/>

Topics include

- Drug and Alcohol Use
- Sexual Assault
- HIV Testing
- Suicide Prevention
- Hepatitis C Testing and Treatment
- Flu and Immunizations

Most HIV diagnoses among AI/AN in Washington occur between the ages of 25 and 44 and the diagnosis rate is highest among those between the ages of 25 and 34. The overall age distribution of HIV diagnoses in Washington is similar between AI/AN and Non-AI/AN, however, the rate is double in almost every age category. Identifying specific ages most at risk of acquiring HIV is important for culturally informed targeted prevention within AI/AN communities in Washington.

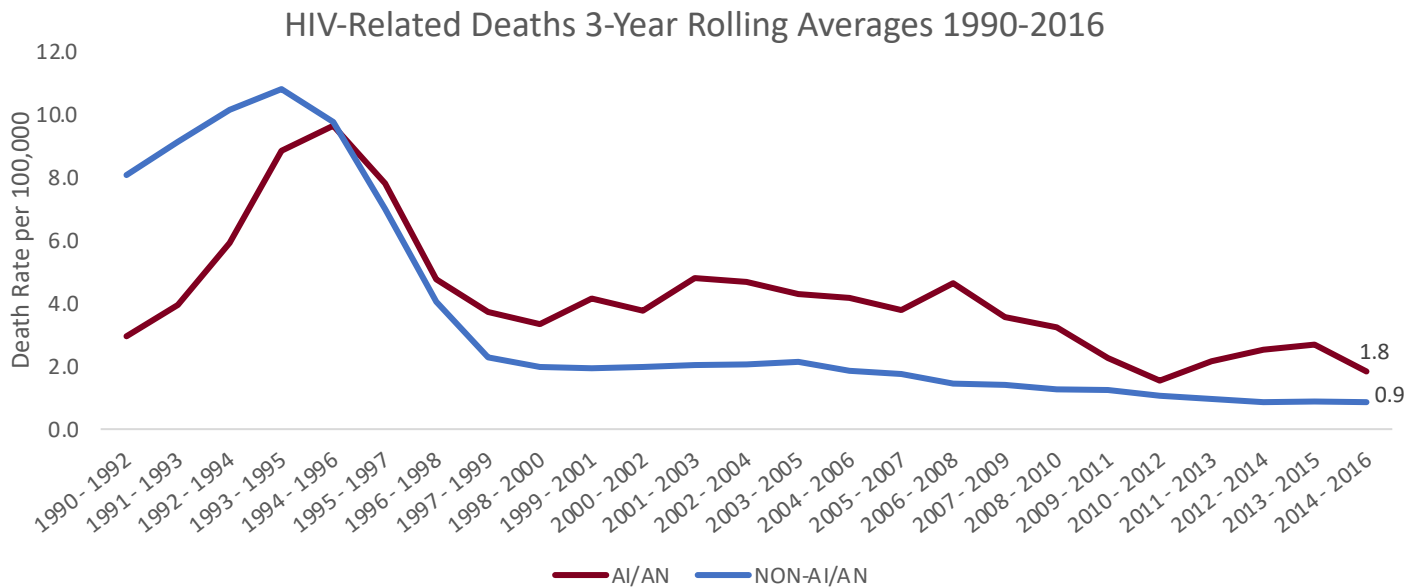
Age at Diagnosis*
1990-2016



*Diagnosis rates for persons under the age of 13 have been suppressed due to the small amount of diagnoses for this age group (cases <5).

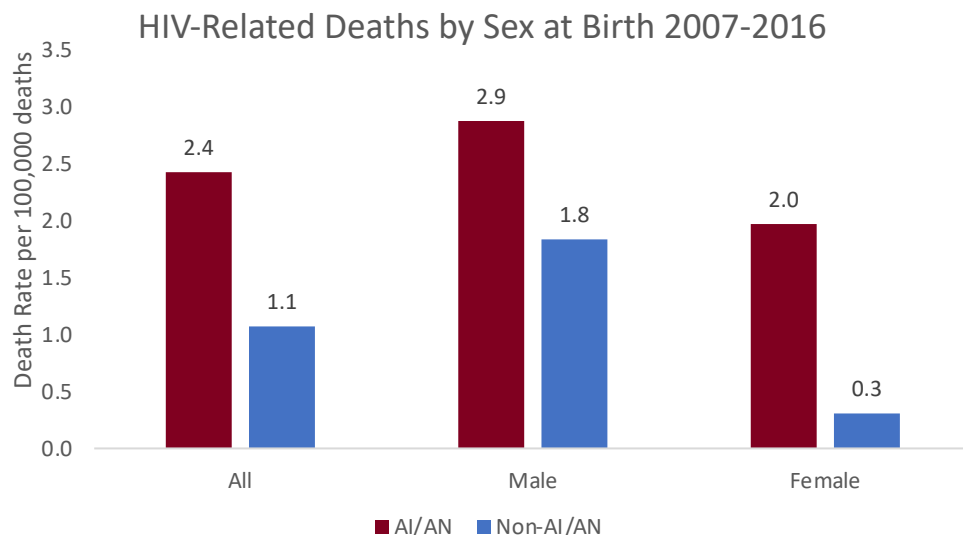
HIV-Related Deaths

HIV-related deaths were most prominent in the early to mid-nineties, illustrating the severity of the disease prior to widespread access to effective antiretroviral medications used to suppress viral load and slow viral progression. And while HIV-related deaths have fallen considerably since the early to mid-nineties for all persons living with HIV, AI/AN HIV death rates are still disproportionately higher than their Non-AI/AN counterparts, with an average rate double the death rate of Non-AI/ANs in 2014-2016. Late diagnosis of HIV, lack of access to quality HIV care and treatment resources, stigma, and higher rates of sexually transmitted infections (known to increase risk for HIV acquisition^{iv}) among AI/ANs can impact the health and wellbeing of AI/ANs living with HIV and can cause poor HIV-related outcomes, including death.



The death rate for AI/AN males is 1.6 times higher than Non-AI/AN, and females have a death rate nearly seven times that of Non-AI/AN females.

Between 2007 and 2016, overall death rates for AI/AN in Washington were double those of their counterparts. However, when examining rates specific to sex at birth, the death rate for AI/AN males is 1.6 times higher than Non-AI/AN and females have a death rate **nearly seven times** that of Non-AI/AN females.



Washington Tribal HIV Resources

Project Red Talon

The goal of Project Red Talon is to promote sexual health and wellness and prevent human immunodeficiency virus (HIV) for AI/AN people of the Pacific Northwest, including improved HIV/STI screening and treatment and community awareness.

Website: www.npaihb.org/project-red-talon

Indian Country ECHO HIV and PrEP Clinics, Technical Assistance, and Capacity Building

Indian Country ECHO is a free service for clinicians and health programs serving American Indian and Alaska Native people. To enhance clinicians' and programs' ability to effectively manage the care of patients with complex conditions, we offer a variety of online ECHO clinics, trainings, and technical assistance.

As Indian Country ECHO-trained clinicians gain new skills, capacity increases to offer enhanced specialized care. Referrals decrease and individuals with complex medical conditions get the care they need where they live, from clinicians they know.

HIV Clinic: <https://www.indiancountryecho.org/program/hiv/>

PrEP Clinic: <https://www.indiancountryecho.org/program/prep/>

E-Learning

HIV learning modules for Indian Country Providers:

<http://www.cardeaservices.org/resourcecenter/hiv-care-and-sexual-health-assessment-for-american-indian-and-alaska-native-patients>

PrEP learning modules for Indian Country Providers:

https://cardea.matrixlms.com/user_catalog_class/show/403465

About the Data

- Counts less than five have been suppressed.
- Crude rates are used for both HIV Diagnoses and HIV-related deaths.
- These data include persons whose last known/reported residence was within the state of Washington and may exclude those who were diagnosed with HIV in Washington but have since moved residence outside of the state.
- Deaths related to HIV may be underreported/underrepresented as HIV status may be unknown/not documented in death-related health records.

Washington Data Sources: Department of Health Office of Infectious Disease HIV Surveillance and Washington state death certificates, corrected for AI/AN racial misclassification

National Data Sources: Centers for Disease Control and Prevention (CDC) WONDER, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) AtlasPlus HIV Deaths includes records with the following ICD codes for HIV as the underlying cause of death: ICD-9 (042, 043, 044), ICD-10 (B20, B21, B22, B23, B24).

The data presented in this brief may not be comparable to information published by state or federal agencies due to differences in how we identify AI/AN individuals.

About this Report

IDEA-NW

The Northwest Portland Area Indian Health Board's IDEA-NW Project aims to address racial misclassification of AI/AN people by identifying incorrect race information in health datasets such as state surveillance systems. The race information is corrected and used to create more accurate health reports for AI/AN communities in order to improve targeted prevention efforts. This report was made using race-corrected HIV surveillance and death certificate information.

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Public Health Improvement and Training

NPAIHB's Public Health Improvement and Training (PHIT) project provides support and technical assistance to tribes seeking to build strong public health capacity, systems, and processes that serve the needs of their communities. PHIT's Washington Tribal Public Health Improvement (WTPHI) project is currently focused on enhancing public health capabilities to address communicable disease. Website: www.npaihb.org/tribal-public-health-improvement-and-training/

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ⁱ<https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>

ⁱⁱ<https://www.nastad.org/maps/ending-hiv-epidemic-jurisdictional-plans>

ⁱⁱⁱCenters for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2010–2016. HIV Surveillance Supplemental Report 2019;24(No. 1). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published February 2019. Accessed [July 7, 2020].

^{iv}Fleming DT, Wasserheit JN. From epidemiological synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection. *Sexually transmitted infections* 1999;75:3-17.



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