

PUBLIC HEALTH AGENCY *of* CANADA
AGENCE DE LA SANTÉ PUBLIQUE *du* CANADA

*Population-Specific HIV/AIDS Status Report:
Aboriginal Peoples*

Summary of Key Findings

HIV/AIDS Policy, Coordination and Programs Division
Centre for Communicable Diseases and Infection Control



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

Report's Purpose

- *Federal Initiative to Address HIV/AIDS in Canada* identifies 8 key populations particularly affected by HIV/AIDS
- Population-Specific Status Reports are part of federal efforts to develop discrete approaches to address HIV/AIDS for key populations
 - People living with HIV/AIDS
 - Aboriginal Peoples
 - Women
 - Youth
 - Gay, Two Spirit, Bisexual, and other Men who have Sex with Men
 - People who inject drugs
 - People in prison
 - People from countries where HIV is endemic

Report's Approach

- Summarize current evidence on the impact of HIV/AIDS among Aboriginal – First Nations, Métis and Inuit – people in Canada
- Defined methodology which includes:
 - Scoping review of grey and academic literature
 - Key word search
 - Standard inclusion/exclusion criteria
 - Collaboration with other departments and governments
- Advice from a National Expert Working Group

Demographic Profile (1)

- 2006 Census: Aboriginal people made up about 3.8% of the Canadian population - nearly 60% self-identified as First Nations, 33% as Métis and 4% as Inuit
 - First Nations and Métis populations primarily lived in Ontario or one of the four western provinces in 2006
 - About half of the Registered Indian population lived on-reserve in 2006
 - In 2006, the majority of First Nations living off-reserve and Métis resided in urban areas
 - More than three-quarters of the Inuit population lived in one of the four Inuit regions in 2006
 - In 2006, about 17% of Inuit lived in urban centres outside the four Inuit regions, mainly Ottawa-Gatineau, Yellowknife, Edmonton, Montreal and Winnipeg

Demographic Profile (2)

- The Aboriginal population is growing faster than the non-Aboriginal population
 - Grew by 45% between 1996 and 2006
- The Aboriginal population is younger than the non-Aboriginal population

Status of the Epidemic (1)

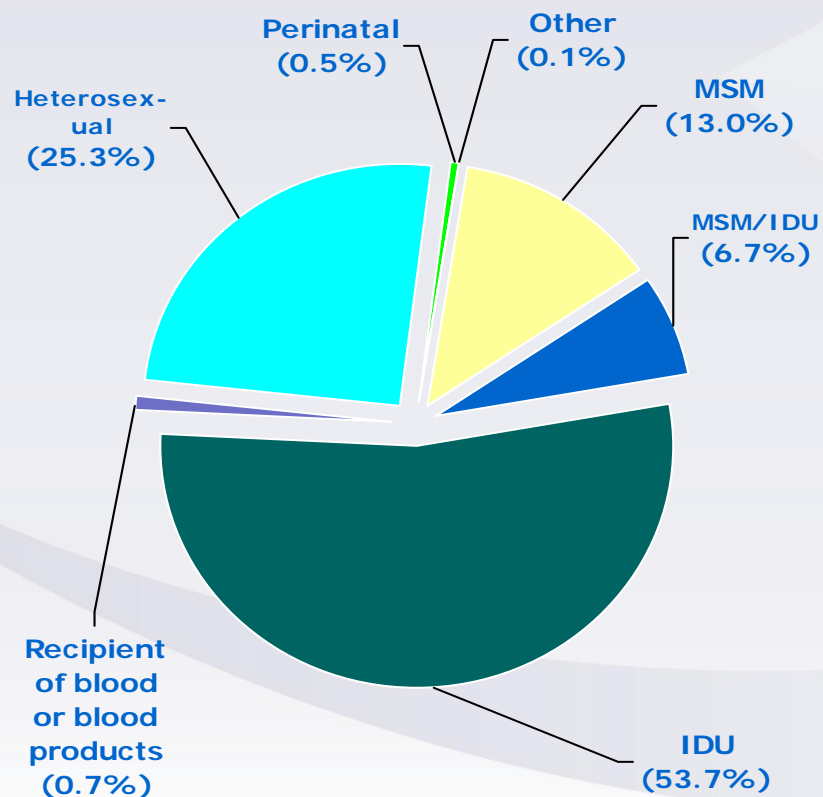
- Aboriginal peoples are over-represented in Canadian HIV and AIDS statistics
 - In 2005, made up an estimated 9% of new HIV infections and 7.5% of prevalent infections
- Overall, the HIV infection rate for Aboriginal people is about 2.8 times higher than among non-Aboriginal people

Status of the Epidemic (2)

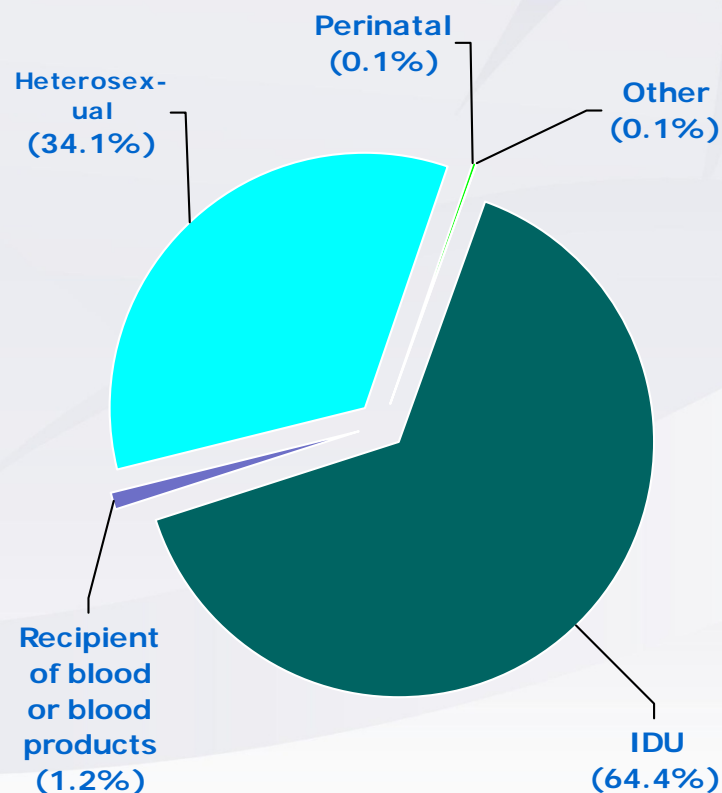
- Aboriginal females make up a larger proportion of HIV and AIDS cases among Aboriginal persons compared to other females
- Aboriginal persons who receive an HIV diagnosis tend to be younger than non-Aboriginal persons
- Of the 605 Aboriginal AIDS cases reported between 1979 and the end of 2006:
 - 73.1% were among First Nations persons
 - 7.3% were among Métis persons
 - 3.6% were among Inuit

Status of the Epidemic (3)

Distribution of exposure categories among positive HIV test reports of Aboriginal males (n=732), 1998 to end of 2006



Distribution of exposure categories among positive HIV test reports of Aboriginal females (n=672), 1998 to end of 2006

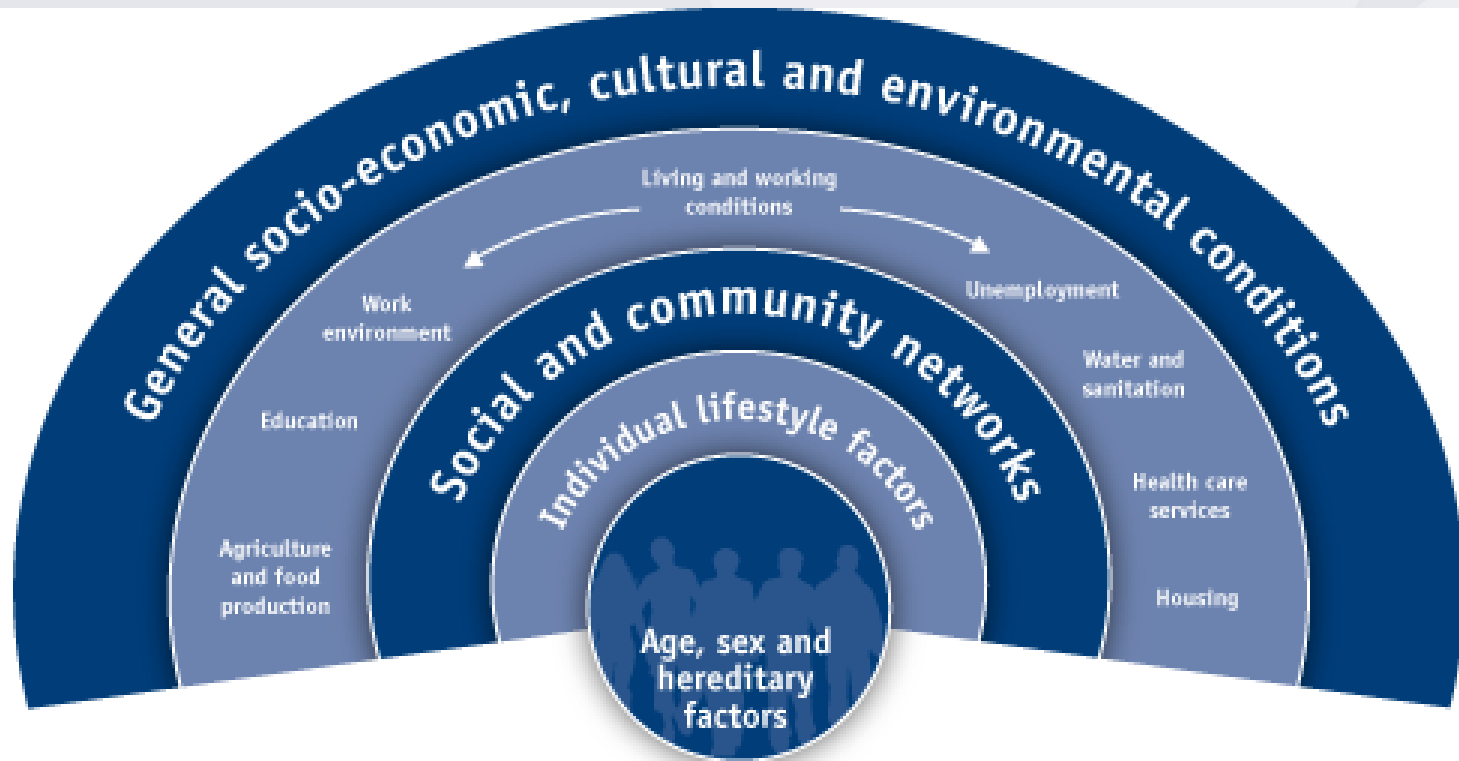


A note on epidemiological data

- Many Canadians, including Aboriginal people, do not routinely test for HIV
- For HIV positive test results, information on ethnicity (e.g. Aboriginal, Black, White, Asian, Latin American) is not reported by all provinces and territories
- PHAC uses statistical modelling and secondary data sources to estimate the number of new infections and the number of people living with HIV/AIDS in Canada
- To complement the data collected through routine surveillance and statistical modelling, PHAC has developed second generation surveillance systems (“Track System” surveys) to capture information specific to key populations

Vulnerability and Resilience to HIV/AIDS

Health Determinants



Social environments and social support networks

- HIV/AIDS among Aboriginal peoples must be seen within a broader historical and social context
- Aboriginal people living with HIV/AIDS may face discrimination as a result of their HIV-positive status
- Stigma towards HIV+ people, homophobia, fear and social isolation also exist in some Aboriginal communities

Income, education and employment

- Aboriginal peoples experience lower levels of income, lower levels of educational attainment and higher unemployment rates
 - People with low incomes or living in poverty are more likely to be at risk for HIV infection
- Aboriginal people living with HIV/AIDS:
 - Are more likely to have an income of less than \$10,000 per year than non-Aboriginal people living with HIV/AIDS
 - May face challenges with finding employment and in the workplace, like other people living with HIV/AIDS

Physical environments

- Geographic isolation of many First Nations, Inuit and Métis communities may increase vulnerability to HIV
- Overrepresentation of Aboriginal peoples in homeless populations increases vulnerability to HIV
- Aboriginal peoples are disproportionately represented in Canadian prison systems
 - HIV and hepatitis C prevalence is higher in Canadian prison systems than in the general population

Personal health practices and coping skills (1)

- Factors that affect vulnerability to HIV:
 - Inconsistent condom use
 - Injection drug use
 - Sex work and survival sex
- These factors are often interlinked and may also be related to traumatic life experiences and housing instability or homelessness

Personal health practices and coping skills (2)

- Evidence suggests that barriers to HIV testing among Aboriginal people include:
 - Perceived lack of anonymity
 - Lack of trust in health professionals
 - Feelings of shame, fear of judgement
 - Fear of test results
- There is need for sensitive, compassionate, non-judgemental care when accessing HIV testing

Gender

- *Gender – the array of socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the sexes on a differential basis*
- Women's susceptibility to HIV is exacerbated by social and economic circumstances
- Many Aboriginal women living with HIV/AIDS report that their children are a source of strength

Supporting resilience

- Culturally relevant HIV prevention programs
- Peer education/support approaches
- Access to Aboriginal AIDS Service Organizations and other culturally relevant services
- Importance of cultural specificity; “pan-Aboriginal” approaches are not as effective
- Importance of cultural and/or spiritual connection for many Aboriginal people living with HIV/AIDS

Current response to HIV/AIDS

- Response to HIV/AIDS among Métis, Inuit and First Nations living off-reserve
 - More than half of projects delivered by Aboriginal organizations
 - Most projects did not target First Nations, Inuit or Métis specifically
- Response to HIV/AIDS among First Nations on-reserve
 - Programs/projects delivered by communities, Aboriginal organizations and government staff
 - Many activities focus on prevention of HIV/AIDS through awareness-raising and information-sharing
- Response to HIV/AIDS among Aboriginal people in prison
 - HIV prevention programming includes individual counselling or education sessions and presentations by community organizations
 - Most programs do not target Aboriginal people in prison specifically

Current HIV/AIDS Research

- 49 research projects on Aboriginal peoples and HIV/AIDS underway between 2006-2008
- General areas of investigation:
 - Risk-taking behaviour – contributing factors and mitigating strategies
 - Barriers to accessing services
 - Strategies for increasing access to programs and services
 - Community research capacity development and research dissemination/knowledge transfer
- A few projects were specific to First Nations and Inuit populations; no projects specifically on Métis populations

Conclusions

- First Nations, Métis and Inuit peoples make up a unique segment of the HIV/AIDS picture in Canada
 - Injection drug use is the main HIV exposure category
 - Compared to the non-Aboriginal population, Aboriginal women and youth are particularly affected by HIV/AIDS
- Data completeness is a challenge
- HIV/AIDS among Aboriginal peoples is linked to a variety of broad factors and determinants of health
- HIV/AIDS approaches need to reflect the diversity of First Nations, Métis and Inuit populations

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