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HIV amongst Canadian First Nation communities: Prevention theories and program recommendations

Introduction

Despite the global rates of Human Immunodeficiency Virus (HIV) incidence and associated mortality falling, HIV remains to be a major public health concern in 2019 as many socioeconomic and cultural barriers prevent many vulnerable populations from accessing appropriate prevention, screening and treatment infrastructures that have been the reason for the global downward trend of HIV. In Canada, one such vulnerable population is the First Nation community. In a 2016 report by the Public Health Agency of Canada and the Indigenous Services Canada, the rate of newly diagnosed HIV was three times higher in First Nations living on-reserve than the overall Canadian population[1]. Injection drug use is reported to be the main category of exposure to HIV for both First Nation males and females, followed by heterosexual contact and maternal transmission [2]. As the rate of HIV-related morbidity and mortality increases in this population, one of the major barriers still remains to be, while government-funded services and supports exist for HIV treatment, care and support, a lack of culturally relevant programs and services in these communities. Decreasing the prevalence and incidence of HIV is thus a multi-faceted challenge and requires reforms that include collaboration between First Nation councils and provincial/federal-level government programs to establish culturally appropriate HIV education and training, more encompassing and versatile HIV screening, as well as collaboration with needle exchange programs.

<u>Recommendation 1: HIV prevention education and training</u>

HIV prevention strategies for the general population are not effective for First Nations. Lack of access to culturally-appropriate health care and services lead to the higher AIDS morbidity among indigenous people. Many First Nations have several risk behaviors (e.g. unprotected sex, injection drug use, participation in sex work) that contribute to increased risk of HIV infection which might be due to lack of knowledge in HIV[2]. We recommend establishing a culturally-appropriate, community-based committee on HIV prevention education and training, which could involve the elderly people in the community and peers living with HIV to share their experience and skills. We advise utilizing traditional teaching methods such as forums to deliver prevention messages in their native language and using peer education to help First Nations be

[1] Bourgeois AC, Edmunds M, Awan A, Jonah L, Varsaneux O, Siu W. HIV in Canada—Surveillance Report, 2016. Can Commun Dis Rep. 2017;43(12):248-56. https://doi.org/10.14745/ccdr.v43i12a01

[2] Public Health Agency of Canada. (2010). *Population-specific HIV/AIDS status report: Aboriginal peoples*. Public Health Agency of Canada.

aware of the HIV infection-related behaviors and learn strategies to cope with the problem. The committee could develop educational materials such as booklets and posters to encourage people to learn about HIV-related knowledge. Among First Nations, the fear of stigma associated with AIDS can be a barrier to accessing health care. Thus, we recommend the committee to work on eradicating the stigma of HIV/AIDS by creating a culturally safe space for HIV-positive people and educating the public of the HIV-related knowledge. Similar to already existing successful programs, such as the Ontario First Nations HIV/AIDS Education Circle with mission statements of creating an environment where those affected by HIV can live and learn in a positive manner, such methods of population-specific and culturally-sensitive learning is crucial to progress in a positive direction[3]. We argue for incorporating structural factors of risk, including the legacy of colonialism, in HIV prevention programs for all youth. This may help to eradicate the stigma and self-blame that negatively impact on Aboriginal youth while allowing other youth populations to distance themselves from the disease.

Recommendation 2: Expanding access to syringe service programs (SSP)

Sharing needles, syringes and other injection equipment increase the risk of HIV infection among people who inject drugs (PWUD). Injection drug use is the main source of HIV infection among men and women in First Nation communities. We advise the government to expand access to community-based syringe service programs (SSP) in First Nations communities. The programs provide comprehensive services such as providing access to sterile needle and syringe, supervised injection facilities, safe disposal of syringes and anonymous HIV testing and linkage to treatment[4].Thus, they can play a role in preventing HIV infection among PWUD. SSPs are not aimed to reduce injection drug use but to prevent transmission by sharing injection equipment. Previous interventions in other regions showed that syringe sharing was low (13%) among PWUD who got sterile needles and syringes from SSP compared to those who didn't get from the sterile sources (41%)[5]. Access to the community-based SSP program among First Nations is expected to reduce HIV infection by reducing sharing injection equipment.

Recommendation 3: Providing more extensive HIV-screening training for healthcare professionals

As routine health examinations are not as systematic or maintained as with other populations, it is crucial to catch those who are present for their medical appointments and encourage HIV screening. Healthcare barriers to HIV screening include a perceived lack of anonymity as well as racial discrimination from health professionals, stemming from a more deeply-ingrained lack of

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[3] Ontario First Nations HIV/AIDS Education Circle. Mission Statement. https://www.ofnhaec.ca/

[4] Dell, Colleen Anne, and Tara Lyons. *Harm reduction policies and programs for persons of Aboriginal descent*. Ottawa: Canadian Centre on Substance Abuse, 2007.

[5] HIV and Injection Drug Use- Syringe Services Programs for HIV prevention- CDC https://www.cdc.gov/vitalsigns/hiv-drug-use/index.html

trust in health care professionals[6]. In order to combat this, we recommend that there be a more comprehensive training program for all healthcare professionals practicing in First Nation communities, instituted by provincial-level First Nation Health and Social Service Commissions. Several of these commissions already have established HIV/AIDS strategies, programs and groups, therefore it is clearly recognized that HIV is an important issue[7]. Objectives of this training would include emphasis on assurance of confidentiality between the patient and doctor in a completely non-judgmental environment. Further, one vulnerable subset of the First Nation population is pregnant women; lack of awareness of HIV status and uneven HIV testing among pregnant women are major barriers to the prevention of perinatal HIV transmission[7]. Thus, it is important also to incorporate a strong emphasis by the physician to recommend HIV testing in all pregnant women in order to reduce perinatal transmission as much as possible.

Conclusions

Though the problem of HIV in First Nation communities in Canada is certainly not one with simple solutions, immediate action is required to alleviate the burden of this disease on an already-vulnerable population suffering from other systemic injustices. Improved sexual educational programs with cultural sensitivity, introduction of syringe service programs into First Nation communities as well as greater alignment of healthcare professional training objectives with provincial-level First Nation health needs are three recommendations that are suggested here in response to this rising epidemic.

[6] Public Health Agency of Canada. (2010). *Population-specific HIV/AIDS status report: Aboriginal peoples*. Public Health Agency of Canada.