ABORIGINAL PREVENTION STRATEGIES ON HIV & AIDS

A PAPER FOR DISCUSSION
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Raye St. Denys, Earl Nowegesic and Gwen Medicine.

I also have no conflicts.
PRESENTATION OVERVIEW

- Background of Aboriginal people in Canada
- Overview of the structure of the discussion paper
- Section I: What is the issue
- Section II: What has worked: Aboriginal HIV Prevention Strategies
- Section III: Literature Review & Identified themes. Identified prevention strategies
- Section IV: Where do we go from here?
- Section V: Recommendations
BACKGROUND OF ABORIGINAL PEOPLE IN CANADA

- **Historical treatment of Aboriginal people:**
  - The effects of *colonization, marginalization and oppression* of Aboriginal, particularly Aboriginal women, has resulted in complex health issues affecting Aboriginal people.
  - *Increased HIV rates in Aboriginal women and youth*
  - *Aboriginal Prevention strategies:* Also need to continue to include: MSM, Two-Spirit people, trans peoples, straight men, and Aboriginal families.
OVERVIEW OF THE STRUCTURE OF THIS DISCUSSION PAPER:

Methods:

- Internet search using Google & Google Scholar;
- Review of databases such as Academic Search Elite and EBSCO Host;
- Review of Abstracts from the Canadian Association for HIV Research;
- Grey literature emphasizing Aboriginal Service Organizations was chosen.

Literature Review

- Section I is the a review of the literature and provides a background of Aboriginals peoples understanding of health, social determinants, resilience and ethical practices
SECTION I: WHAT IS THE ISSUE?

Issues:
- Increased HIV infection rates among Aboriginal people.
- Demographics: youth, women, involvement in: the child welfare, sex work and in the criminal justice system, intravenous drug use, history of trauma, history of mental health issues, and/or homelessness.
- Lack of Aboriginal specific prevention programs, yet the literature has identified a need.
- Late diagnosis, lack of early testing, testing too late, accessing services are all contributing factors to increasing HIV rates.

Importance:
- Aboriginal people overall are over-represented in the number of HIV cases.
- The rates of HIV among Aboriginal young women is increasing at an alarming rate.
- The effects of colonization and residential school have intergenerational trauma.

Implications:
- A robust prevention response should have an immediate impact on reducing rates of infection.
- Identify prevention strategies that are culturally, regionally and locally appropriate so that services and programs can be created, developed and implemented.
- By responding to social determinants of health within the Aboriginal population, will inherently include a response to HIV/AIDS that will result in overall improved health for Aboriginal Peoples.
SECTION II: WHAT HAS WORKED?
ABORIGINAL HIV PREVENTION STRATEGIES

Strategies that have worked.

- Engaging youth in a meaningful and are inclusive of their needs;
- Developed for those in rural and remote areas;
- Culturally specific prevention messages that are specific to First Nation, Métis and Inuit youth;
- Targeted towards youth that are reflective of their sexual diversity;
- Inclusive of youth younger than 15 years old.

SECTION III: LITERATURE REVIEW & IDENTIFIED THEMES

**Identified Prevention Strategies**

1. Holistic and culturally appropriate frameworks
2. Arts based approaches
3. Community based prevention
4. Collaboration and partnerships
5. Leadership
6. Harm reduction and/or abstinence based model
Prevention strategies need to include:

1. *Peer education*;
2. Youth strategies;
3. Culturally based prevention strategies;
4. Research agenda;
5. *Engage leaders*;
6. 2 Spirit and MSM people; and
7. Aboriginal people living with HIV.
1. Funding is a priority
2. Evaluation
3. Research regarding Priority Areas
4. Resilience: *Strengths-based and Stories of Resilience*: Further exploration of the stories we are telling about HIV and Aboriginal people living with HIV & AIDS.
Next Steps

- This paper will be submitted to reviewers selected within the SRC
- Aboriginal reviewers comments and edits will be added.
Comments and Feedback
Thank-you!
If you have any questions or comments please feel free to contact:
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References

