

Addressing HIV Among Indigenous Peoples Living in Saskatchewan

Earl Nowgesic, RN, PhD

Assistant Professor

Interim Director, Waakebiness-Bryce Institute for Indigenous Health

Dalla Lana School of Public Health, University of Toronto

Toronto, Ontario

Prairie HIV/HCV Benchmark Meeting

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Waakebiness-Bryce Institute for Indigenous Health



Presentation Objectives

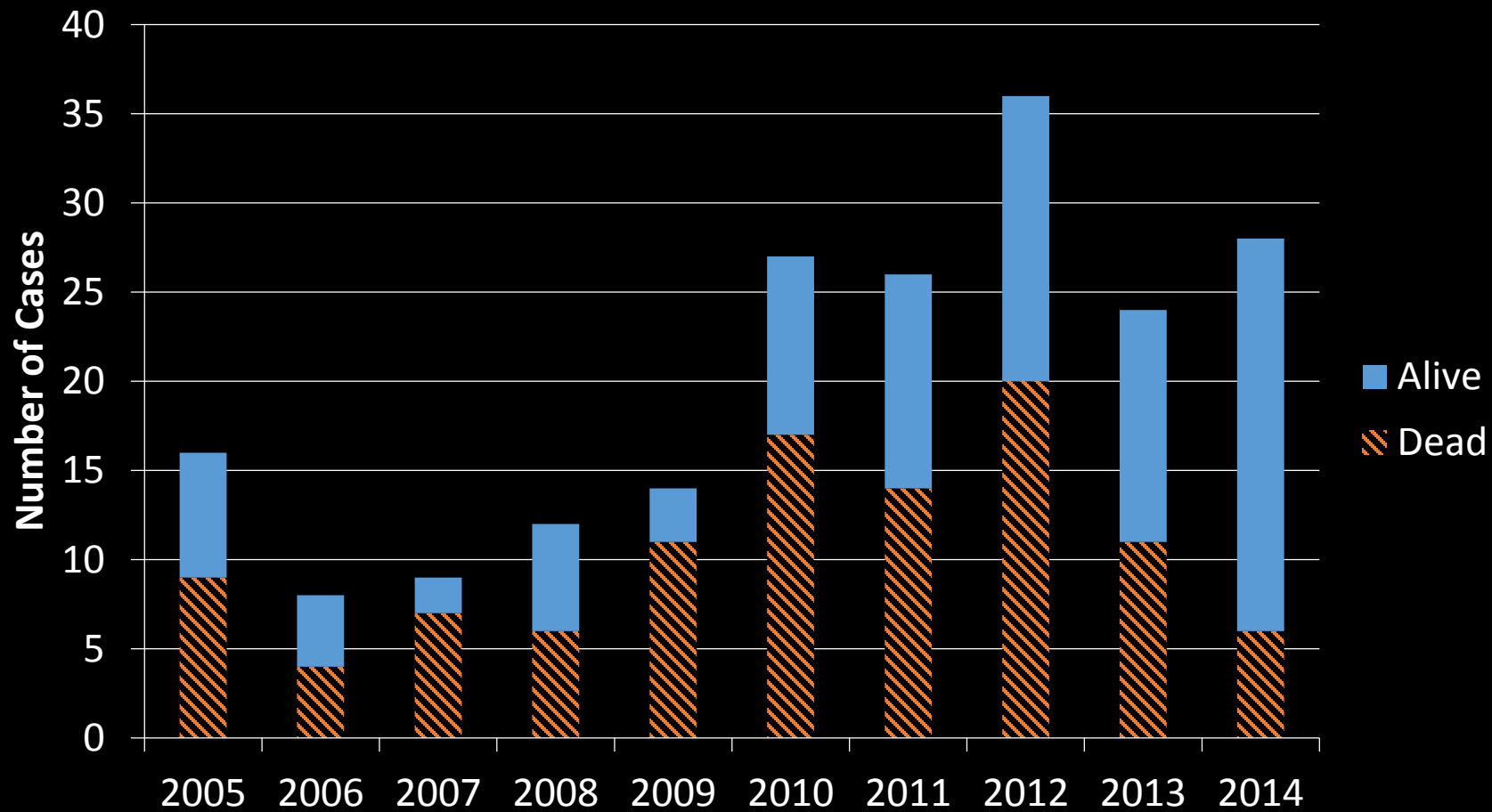
1. To describe the HIV epidemic in Saskatchewan.
2. To identify considerations when addressing HIV prevention, care, treatment and support among Indigenous Peoples.
3. To discuss the findings and recommendations from the Indigenous Red Ribbon Storytelling Study, 2013-2015.
4. To highlight the Saskatchewan Indigenous Strategy on HIV and AIDS, 2014-2019.

Burden of HIV in Saskatchewan

- In Saskatchewan, the HIV diagnosis rate was 1.7 times the national average in 2014
 - Saskatchewan: 9.8 per 100,000
 - Canada: 5.8 per 100,000
- In 2014, 71% (79/112) of newly diagnosed HIV cases were of Aboriginal ethnicity

(Public Health Agency of Canada, 2015; Saskatchewan Ministry of Health 2015)

AIDS Cases in Saskatchewan (Life Status by Year of Diagnosis, 2005-2014)



(Saskatchewan Ministry of Health , 2015)

Health Care for Indigenous Peoples

- Time between diagnosis and first viral load test among HIV infected persons (Plitt et al., 2009)
 - Aboriginal persons had longer median time to care at 38 days in comparison to non-Aboriginal groups (i.e. Caucasian, 27 days; Asian, 22 days; African-Caribbean, 20 days; and others, 19 days)
 - Longer time to care for Aboriginal Peoples Living With HIV (APLWH) in comparison to Caucasian PLWH (AHR=0.82, 95% CI [0.68, 1.01])
- Decreased baseline HIV drug resistance testing (AOR=0.55, 95% CI [0.33, 0.91]) (Eyawo et al., 2011)

The Importance of Antiretroviral Therapy Among Indigenous Peoples Living With HIV

- HIV can be effectively managed by antiretroviral (ARV) therapy (Hogg et al., 1997; Palella et al., 1998; Walensky et al., 2006)
- Timely ARV therapy along with current prevention efforts can decrease HIV transmission (Attia, Egger, Muller, Zwahlen, & Low, 2009; Castilla et al., 2005; Cohen et al., 2011; Das et al., 2010; Donnell et al., 2010; Montaner et al., 2010)
- High burden of HIV-specific morbidity and mortality among Indigenous populations in Canada (Public Health Agency of Canada, 2012c)
- HIV drug resistance is associated with sub-optimal ARV therapy and non-adherence to ARV therapy (Little et al., 2002; Public Health Agency of Canada, 2012a; Wainberg & Friedland, 1998).

HIV Drug Resistance in Canada

(Public Health Agency of Canada, 2012a)

- In Canada, from 1999 to 2008, 9.8% of newly diagnosed, treatment-naïve people were HIV drug-resistant
- “Some of the increase observed for the time period 2004-2008 [in Canada] was likely due to an increase primarily in the province of Saskatchewan during each of those years”
(p. 18)
- In Saskatchewan, there was an increased trend in HIV drug resistance from 1999 to 2008 ($p < 0.0001$).
 - Overall transmitted drug resistance was estimated at 15.1%

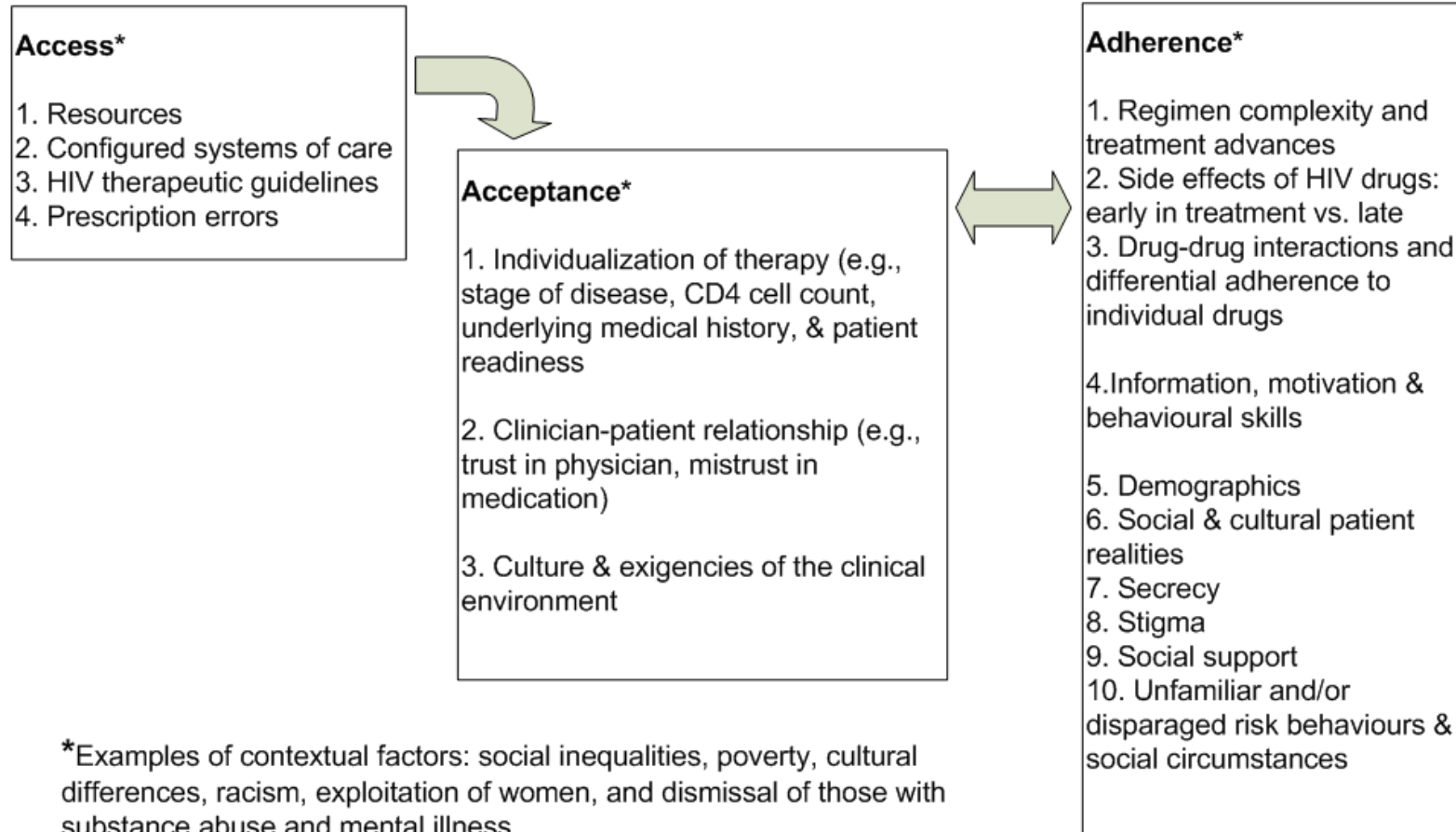
Indigenous Red Ribbon Storytelling Study, 2013-2015

(Nowgesic, 2015)

- Partnership among 11 groups in Saskatchewan
- Research question: How do Indigenous Peoples Living With HIV (IPLWH) construct and understand their experiences pertaining to antiretroviral (ARV) therapy?
- 20 study participants
 - IPLWH (14 First Nations and 6 Metis)
 - Average age range 30 to 39 years
 - 12 females and 8 males
 - All (20) lived off reserve (16 in Saskatoon and 4 in Prince Albert)
 - Most (17) identified as heterosexual
 - Most (14) had taken or were taking ARV therapy
 - Most reported substance use disorders
 - Drug use disorder (19) and/or alcohol use disorder (13)
 - Most (11) injected street drugs
 - Most (17) had Hepatitis C virus infection

HIV Drug Therapy: The Interstices between Access, Acceptance and Adherence

(adapted from Friedland, 2006)



Indigenous Red Ribbon Storytelling Study: Findings - Themes

(Nowgesic, 2015)

- The value of trust
- The relevance of culture
- The notion of holistic health care
- The importance of family and friends
- The value placed on respect

Indigenous Culture: Mobilizing as a Nation

(Nowgesic, 2015)

Participant: F**k. All I just found out is I'm HIV positive. What do I do from here? They didn't tell me about [antiretroviral therapy]. They didn't tell me about nothing. They just said, "Oh, you're HIV positive. Okay, live your life." F**k. Like, holy sh*t. (Flen: Male, age 30-39 years.)

The Timeliness of the Provision of Health Services and its Impact on Trust

(Nowgesic, 2015)

Participant: The barriers is the blood work. It takes so long. It has to be shipped to B.C., Vancouver, and then it has to come back here [Saskatchewan]. “We have to find the right kind of drugs to put you on.” We should have [HIV biomarker testing] in every city. Because the time that person is diagnosed, they already had full-blown AIDS and they have to get [antiretroviral therapy] right away. That's the barriers. (Flen: Male, age 30-39 years.)

Feeling Misunderstood as a Person Recovering from a Substance Use Disorder

(Nowgesic, 2015)

Interviewer: Did you feel that that you were being judged by the doctor?

Participant: Yeah. I got a massive scolding from him. Yeah. He said, "If you don't straighten out then I'm not going to give you your [antiretroviral] therapy." I've had him say that once before, just because I had a struggling addiction problem. Before it used to be cocaine. And this was a few years back. He told me, "You got to come back with a clean piss test or I'm not even giving you your meds." At that time, it was when I was just coming out of a bad period. And my CD4 count was low again.

(Reth: Male, age 30-39 years.)

Feeling Coerced into Using Methadone Maintenance Therapy

(Nowgesic, 2015)

Interviewer: Sometimes some people say that health professionals are pushy. “Go on this medication and go on that medication.”

Participant: I know people where I get my methadone think that too because you go there and they have to take their ARV [antiretroviral] with their methadone, and basically, it's like they won't get their methadone unless they take that ARV. It's because they don't take it every day. And they don't get their methadone unless they swallow their five ARV pills a day with their methadone. The pharmacist gives the ARV pills to them with their methadone. And basically it's, like, they can't refuse or they don't get methadone and that doesn't seem right. (Pila: Female, age 40-49 years.)

The Aboriginal Residential School Legacy and its Effect on Trust and Self-Help

(Nowgesic, 2015)

Interviewer: Do you ever think about First Nation culture and how that could either affect you in using or not using ARV therapy?

Participant: I kind of think [if it] went down to that traditional way then the Elder would be all for it. They'd be pushing you toward it.

Interviewer: [Did] your grandparents [who] raised you believe in their culture?

Participant: Yeah. They probably would have pushed me toward [using antiretroviral (ARV) therapy]. I won't say no to anything if it has to do with our culture. If it's positive, I'll do it. If it's not positive, then I won't do it. But I'm looking more into [accepting ARVs] than anything (tapping hand on table). (Clom: Male, age 40-49 years.)

Adhering to ARV Therapy: The Consolations of Faith, Hope and Spiritual Practices

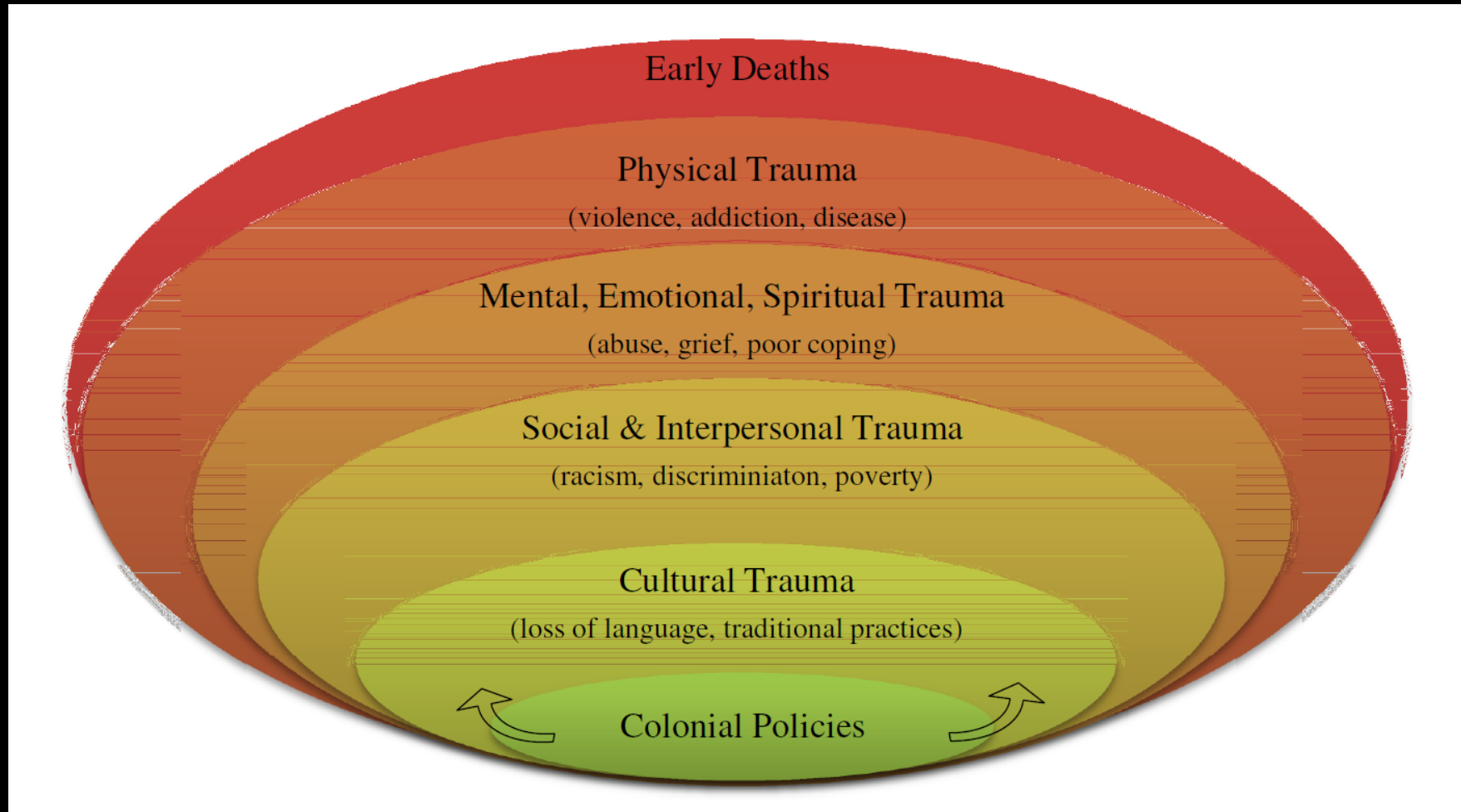
(Nowgesic, 2015)

Participant: The most important thing what I would like for doctors is to incorporate that spiritual, mental and physical. Especially with Natives, I think that would go a long way. “Well, let's ask the Creator. Let's sit down and bring an Elder in or a pastor”. Whatever the person's spirituality is. I know that nurses incorporate like [mental health and addictions nurses], which is good. And I think a person needs to have a full circle walk just to keep them balanced (Reth: Male, aged 30-39 years.)

Indigenous Red Ribbon Storytelling Study: Discussion (1)

- Indigenous Peoples' experience of health disparities today is associated with their historical and their current position within the socio-structural environment, a social system based on the historical relationship between the Nation State and Indigenous peoples (Adelson, 2005; King et al., 2009; Waldram et al., 2007)
- People who inject drugs living in Saskatoon faced discrimination based on their race where such discrimination acted as a barrier to them accessing health services (Lang et al., 2013)

Root Cause of Premature Death through a Ripple Effect



Source: Shah, Klair and Reeves, n.d. Early death among members of Toronto's Aboriginal Community: Walking in their shoes. Retrieved January 31, 2016, from <http://www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-64668.pdf>

Indigenous Red Ribbon Storytelling Study: Discussion (2)

- “HIV providers are significantly less likely to recommend [antiretroviral] therapy at any CD4+ cell count for patients who engage in any injection drug use” (Westergaard, Ambrose, Mehta, & Kirk, 2012, pp. 9-10)
- HIV-infected people who inject drugs (PWID) have decreased adherence to ARV therapy (Kerr et al., 2004; Moore et al., 2010)
- Adherence to ARV therapy among PWID has improved over the years
 - likely due to newer ARVs with less toxicity and a decreased pill burden (Mann et al., 2012)
- “Adherence to [Highly Active Antiretroviral Therapy] among HIV-positive drug users falls within the range observed among [people living with HIV/AIDS] in general, which is approximately 60%” (Malta, Magnanini, Strathdee, & Bastos, 2010, p. 739)

Indigenous Red Ribbon Storytelling Study: Recommendations

(Nowgesic, 20015)

1. Policy makers and health service providers should involve Indigenous Peoples Living With HIV (IPLWH) to a greater and more meaningful extent in all affairs affecting them.
2. Health service providers should not prejudge IPLWH who are living with a substance use disorder.
3. Health service providers should help IPLWH who are new in their recovery process from a substance use disorder to mobilize resources to help them succeed in the recovery process.
4. Policy makers and health service providers should help IPLWH who are living with a substance use disorder to keep their family together, which includes taking into account the broader social determinants of health such as the importance of family cohesion.
5. Policy makers and health service providers should support IPLWH with their antiretroviral therapy use by ensuring that Indigenous cultural values, beliefs and customs are an integral part of health services.
6. Policy makers should ensure that health clinics have all the various necessary types of health service providers to meet the needs of IPLWH from a holistic perspective, including a full-time Indigenous Elder-in-residence who specializes in providing HIV support to IPLWH within the context of Indigenous traditions.

Saskatchewan Indigenous Strategy on HIV and AIDS, 2014-2019

- Indigenous knowledge, language, culture, and ceremony
- Capacity building
- Prevention, education, and awareness
- Partnerships, collaboration, and sustainability
- Ensure Indigenous Peoples Living With HIV and AIDS have access to a cultural continuum of care, treatment and support
- Harm Reduction
- Indigenous HIV and AIDS research

Conclusion



Acknowledgements (1)

- Study participants of the Indigenous Red Ribbon Storytelling Study (IRRSS)
- Community partners of the IRRSS
 - AIDS Saskatoon, 601 Outreach Centre & 601 North
 - Co-operative Health Centre Prince Albert Community Clinic
 - Health Canada, First Nations and Inuit Health Branch, Saskatchewan Region
 - Indian Metis Friendship Centre of Prince Albert
 - Saskatoon Friendship Inn
 - Saskatoon HIV/AIDS Research Endeavour
 - Saskatoon Indian and Metis Friendship Centre
 - Saskatoon Tribal Council, Health & Family Services Inc.
 - Saskatoon Westside Community Clinic
 - Prince Albert Access Place and Outreach Services
 - Prince Albert Metis Women's Association Inc.
- Elders
 - Senator Nora Cummings
 - Maria Linklater
 - Walter Linklater
 - Louise McKinney
 - Sandra Mirasty
 - Loretta Wilson

Acknowledgements (2)

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 - Prince Albert Parkland Health Region
 - Saskatoon Community Clinic (Community Health Services [Saskatoon] Association Ltd.)
 - Saskatoon Health Region
- Ethics Approvals for the IRRSS
 - University of Toronto, HIV Research Ethics Board
 - University of Saskatchewan, Behavioural Research Ethics Board
- Fellowship Programs
 - Canadian Institutes of Health Research (CIHR) Health Services and Population Health HIV/AIDS Priority Announcement
 - Ontario HIV Treatment Network Universities Without Walls
 - The CIHR Social Research Centre in HIV Prevention
 - University of Toronto/McMaster University CIHR Indigenous Health Research Development Program Graduate Scholarship and Research Support

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