

CANADIAN ABORIGINAL HIV AND AIDS... REGIONAL STATISTICS



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HOW DOES HIV AND AIDS AFFECT ABORIGINAL PEOPLE ACROSS CANADA?



There are disproportionate rates of HIV and AIDS among Aboriginal people

- Aboriginal people experienced HIV at rates about 3.6 times higher than other Canadians in 2008.
- Even though the Aboriginal population only represented 3.8% of the general Canadian population, Aboriginal people represented about 8% of all people living with HIV and AIDS, and about 12.5% of new HIV and AIDS cases diagnosed in Canada in 2008. (Public Health Agency of Canada – Population-Specific HIV/AIDS Status Report, 2012 [PHAC])

Injection drug use is the main category of HIV exposure for Aboriginal people

- In 2005, 53% of HIV cases among Aboriginal people were caused by injection drug use; 33% by heterosexual sex; 10% by men who have sex with men; and 3% by men who have sex with men/injection drug use. (PHAC)

Aboriginal people are diagnosed at a younger age than other Canadians

- Between 1979 and 2008, 19.3% of reported AIDS cases among Aboriginal people were between 15 and 29 years old, compared with 14.8% of reported AIDS cases among non-Aboriginal people in the same group. (PHAC, HIV/AIDS Epi Update, July 2010).

HIV affects Aboriginal women at higher rates than non-Aboriginal women

- Between 1998 and 2008 Aboriginal women represented 48.8% of all the HIV test reports within the Aboriginal HIV/AIDS statistics as compared with 20.6% of reports among those of other ethnicities. (Public Health Agency of Canada's HIV/AIDS Epidemiological Surveillance Report – July 2012)

Aboriginal people are significantly overrepresented in the Canadian prison system where there is a higher risk of contracting HIV

- In 2006, 1.64% of people in federal prisons were reported to be HIV positive.
- Aboriginal people make up 20% of the federal prison population.
- Of Canadian female prisoners, Aboriginal women make up 32% of female prisoners.
- Aboriginal men make up 20% of Canadian male prisoners. (PHAC)

The Aboriginal population is more vulnerable to contracting HIV and AIDS because of a variety of factors and social determinants of health

- Poverty, housing and homelessness, early childhood development, physical environments, access to health services, support networks and social environments, gender, violence, and for this population in particular, racism and the multigenerational effects of colonialism and the residential school system. (PHAC)

HOW DOES HIV AND AIDS AFFECT ABORIGINALS IN BRITISH COLUMBIA?



BRITISH COLUMBIA

- In general, Aboriginal people experienced HIV at rates about 3.6 times higher than other Canadians in 2008.¹
- Aboriginal people living in British Columbia make up 19% of the First Nations population in Canada; and 15 % of the Canadian Métis population live in British Columbia.²

Out of reporting ethnic populations in BC, the Aboriginal population has the highest number of newly testing positive for HIV

- Aboriginal people only represent 5% of the total BC population, yet they account for 15% to 17% of new positive HIV tests each year.³
- Every year there is approximately 55 to 70 new positive HIV test (or new diagnoses of HIV) among Aboriginal people.⁴
- Aboriginal females make up 30% to 40% of the cases among the total female population in BC, and Aboriginal males make up 10% of the cases among the male BC population.⁵

The Status Indian population in BC experience disproportionate death rates due to HIV

- Death rates due to HIV for the Status Indian population has more than doubled since 1993 (0.8 per 10,000 in 1993 to 1.9 per 10,000 in 2006), while the rate for other residents has decreased significantly in the same time period (0.8 per 10,000 in 1993 to 0.2 per 10,000 in 2006).⁶
- High death rates due to HIV among Status Indians in British Columbia may be due to high rates of injection drug use among the Aboriginal population.⁷
- In Canada in 2005, 53% of HIV cases among Aboriginal people were due to injection drug, compared to just 14% of new HIV infections among other Canadians.⁸

The Aboriginal population is more vulnerable to contracting HIV and AIDS because of unique factors and social determinants of health

- A person's vulnerability [to HIV infection] increases or decreases based on
 - o income,
 - o education,
 - o unemployment,
 - o access to stable housing,
 - o early childhood development (e.g. history of child abuse),
 - o physical environments (e.g. geographically isolated communities, prison environments),
 - o access to health services,
 - o support networks and social environments (e.g. homophobia, HIV/AIDS-related stigma and discrimination),
 - o gender,
 - o a history of sexual violence, and,
 - o for this [Aboriginal] population in particular, racism and [Aboriginal] population in particular, racism and the multigenerational effects of colonialism and the residential school system.⁹
- Aboriginal people are disproportionately represented in populations that are medically eligible for highly active antiretroviral therapy (HAART) medication, but do not access it:
 - o those who are addicted to drugs;
 - o the mentally ill;
 - o the homeless; and,
 - o those who live in remote communities without access to expert care.¹⁰
- A mistrust of medical institutions and lack of culturally safe and supportive care may also influence the high death rates of Status Indians in BC.¹¹

¹ Public Health Agency of Canada, Population-Specific HIV/AIDS Status Report: Aboriginal Peoples, 2008 at 19, [PHAC].
² PHAC at 4 to 5.
³ Office of the Provincial Health Officer, Pathways to Health and Healing, 2nd Report on the Health and Well-being of Aboriginal People in British Columbia: Provincial Health Officer's Annual Report 2007 at 147 [PHO].
⁴ "
⁵ "
⁶ "
⁷ "
⁸ PHAC at 24.
⁹ PHAC at vii.
¹⁰ PHO at 147 to 148.
¹¹ "

HOW DOES HIV AND AIDS AFFECT ABORIGINALS IN ALBERTA?



- In general, Aboriginal people experienced HIV at rates about 3.6 times higher than other Canadians in 2008.¹
- Aboriginal people living in Alberta make up 14% of the First Nations population in Canada; and 22% of the Métis population live in Alberta.²

Aboriginal people are disproportionately represented in newly diagnosed HIV cases

- From 2000 to 2009, Aboriginals made up the second largest group of HIV cases with known ethnicity in Alberta.³
- Of the 219 new HIV cases reported in 2009, 23% of the cases in Alberta were Aboriginal.⁴

HIV diagnoses are growing among Aboriginal people in Alberta

- Proportion of newly diagnosed HIV cases in Aboriginal peoples accounted for 27.4% of newly diagnosed cases in 1999, 40% in 2002, and 18% in 2009.⁵

The Aboriginal population is more vulnerable to contracting HIV and AIDS because of unique factors and social determinants of health

- A person's vulnerability [to HIV infection] increases or decreases based on
 - income,
 - education,
 - unemployment,
 - access to stable housing,
 - early childhood development (e.g. history of child abuse),
 - physical environments (e.g. geographically isolated communities, prison environments),
 - access to health services,
 - support networks and social environments (e.g. homophobia, HIV/AIDS-related stigma and discrimination),
 - gender,
 - a history of sexual violence, and,
 - for this [Aboriginal] population in particular, racism and the multigenerational effects of colonialism and the residential school system.⁶

ALBERTA



¹ Public Health Agency of Canada, Population-Specific HIV/AIDS Status Report: Aboriginal Peoples, 2008 at 19, [PHAC].

² PHAC at 4 to 5.

³ Government of Alberta, HIV and AIDS in Alberta: 2009 Annual Report, 2010 retrieved at: <http://www.health.alberta.ca/documents/STI-HIV-AIDS-Report-2009.pdf> on October 20, 2011 at 4 [Annual Report].

⁴ Government of Alberta, Alberta Sexually Transmitted Infections and Blood Borne Pathogens Strategy and Action Plan 2011-2016, 2011 retrieved at: <http://www.health.alberta.ca/documents/STI-BBP-Plan-2011.pdf> on October 20, 2011 at 1.

⁵ at 10.

⁶ PHAC at vii.

HOW DOES HIV AND AIDS AFFECT ABORIGINALS IN SASKATCHEWAN?



SASKATCHEWAN

- In general, Aboriginal people experienced HIV at rates about 3.6 times higher than other Canadians in 2008.¹

- Aboriginal people living in Saskatchewan make up 13% of the First Nations population in Canada; and 12% of the Métis population live in Saskatchewan.²

A disproportionate number of HIV cases are reported among Aboriginal males and females in Saskatchewan

- In 2009, 79% (157 of 200) HIV cases reported were Aboriginal.³

- 89% (79 of 89) of females reported as having HIV in 2009 were Aboriginal, and 70% (78 of 111) of males reported with HIV were Aboriginal males.⁴

- 79% (55 of 70) of the reported HIV cases in 2009 in the 30-39 age range were Aboriginal people, and 36% (25 cases) of those cases were Aboriginal female cases.⁵

HIV rates are high among Aboriginal youth, especially females, in Saskatchewan

- All 8 of the HIV cases diagnosed in 2009 in the 15-19 age range were Aboriginal youth.

- That same year, 92% (56 of 61) of reported HIV cases within the 20-29 age range were Aboriginal youth.

- Of those Aboriginal youth, 57% (35 cases) were female.⁶

On average female cases of HIV are younger than male cases in Saskatchewan, especially among Aboriginal females

- In 2009, the average age of Aboriginal female HIV cases was 29.4 years old with 38% of Aboriginal female cases being 25 years and younger.

- Whereas, the average age of Aboriginal male cases was older than 36 years old, and only 14% (11 cases) of male Aboriginal HIV cases in 2009 were 25 years and younger.

- And whereas, the average age of non-Aboriginal cases of HIV in Saskatchewan is 41.1 years old.⁷

More Aboriginals are reported as having injection drug use as a main method of HIV transmission compared to non-Aboriginals in Saskatchewan

- In 2009, 154 of 200 reported HIV cases self-reported injection drug use.

- Of these cases, 130 (84%) also self-identified as Aboriginal compared to 20 (13%) of non-Aboriginal ethnicity.⁸

The Aboriginal population is more vulnerable to contracting HIV and AIDS because of unique factors and social determinants of health

- A person's vulnerability [to HIV infection] increases or decreases based on

- o income,
- o education,
- o unemployment,
- o access to stable housing,
- o early childhood development (e.g. history of child abuse),
- o physical environments (e.g. geographically isolated communities, prison environments),
- o access to health services,
- o support networks and social environments (e.g. homophobia, HIV/AIDS-related stigma and discrimination),
- o gender,
- o a history of sexual violence, and,
- o for this [Aboriginal] population in particular, racism and the multigenerational effects of colonialism and the residential school system.⁹

¹ Public Health Agency of Canada, Population-Specific HIV/AIDS Status Report: Aboriginal Peoples, 2008 at 19, [PHAC].

² PHAC at 4 to 5.

³ Saskatchewan Ministry of Health, Population Health Branch, HIV and AIDS in Saskatchewan: Annual Report, 2010 at 4.

⁴ "

⁵ "

⁶ "

⁷ "

⁸ " at 5.

⁹ PHAC at vii.

HOW DOES HIV AND AIDS AFFECT ABORIGINALS IN MANITOBA?



- o gender,
- o a history of sexual violence, and,
- o for this [Aboriginal] population in particular, racism and the multigenerational effects of colonialism and the residential school system.⁶

• “When Aboriginal people are marginalized by socio-economic conditions, they are more vulnerable to HIV and other poor health outcomes, which translate into difficulty in accessing testing, higher risk of delayed diagnoses of HIV, and barriers adhering to proper care.”⁷

• In general, Aboriginal people experienced HIV at rates about 3.6 times higher than other Canadians in 2008.¹

• Aboriginal people living in Manitoba make up 14% of the First Nations population in Canada; and 18% of the Métis population live in Manitoba.²

There is continued overrepresentation of HIV among Aboriginal people in Manitoba

- 27% of HIV cases were Aboriginal in 2009.³
- 38% of new patients in the Manitoba HIV Program in 2010 were Aboriginal.⁴

Out of reporting ethnic populations in Manitoba, the Aboriginal population has the highest number of newly testing positive for HIV

• Between 1999 to 2008, 35% of HIV cases self-reported Aboriginal ethnicity.⁵

The Aboriginal population is more vulnerable to contracting HIV and AIDS because of unique factors and social determinants of health

• A person’s vulnerability [to HIV infection] increases or decreases based on

- o income,
- o education,
- o unemployment,
- o access to stable housing,
- o early childhood development (e.g. history of child abuse),
- o physical environments (e.g. geographically isolated communities, prison environments),
- o access to health services,
- o support networks and social environments (e.g. homophobia, HIV/AIDS-related stigma and discrimination),

¹ Public Health Agency of Canada, Population-Specific HIV/AIDS Status Report: Aboriginal Peoples, 2008 at 19, [PHAC].

² PHAC at 4 to 5.

³ Public Health and Primary Health Care Division, Manitoba Health Statistical Update: HIV and AIDS, 2009 retrieved at <http://www.gov.mb.ca/health/publichealth/surveillance/hiv aids/dec2009.pdf> on October 20, 2011 at 3 [Statistical Update].

⁴ Manitoba HIV Program, 2010 Manitoba HIV Program Update, retrieved at <http://www.ninecircles.ca/images/documents/2010%20manitoba%20hiv%20program%20report.pdf> on October 20, 2011 at 3 [Program Update].

⁵ Statistical Update at 9.

⁶ PHAC at vii.

⁷ Program Update at 5.

MANITOBA

HOW DOES HIV AND AIDS AFFECT ABORIGINALS IN ONTARIO?



o for this [Aboriginal] population in particular, racism and [Aboriginal] population in particular, racism and the multigenerational effects of colonialism and the residential school system,⁵

- In general, Aboriginal people experienced HIV at rates about 3.6 times higher than other Canadians in 2008.¹

- Aboriginal people living in Ontario make up 23% of the First Nations population in Canada; and 19% of the Métis population live in Ontario.²

- However, Ontario does not currently report on ethnicity for positive HIV tests.³

The limited HIV data on the Aboriginal population in Ontario represents a growing concern

- While Aboriginals made up 1.1% of HIV cases in Ontario, this proportion has grown over time from 0.0% cases in 1981-1984 to 3.2% of cases in 2000-2004.⁴

The Aboriginal population is more vulnerable to contracting HIV and AIDS because of unique factors and social determinants of health

- A person's vulnerability [to HIV infection] increases or decreases based on

- o income,
- o education,
- o unemployment,
- o access to stable housing,
- o early childhood development (e.g. history of child abuse),
- o physical environments (e.g. geographically isolated communities, prison environments),
- o access to health services,
- o support networks and social environments (e.g. homophobia, HIV/AIDS-related stigma and discrimination),
- o gender,
- o a history of sexual violence, and,

ONTARIO

¹ Public Health Agency of Canada, Population-Specific HIV/AIDS Status Report: Aboriginal Peoples, 2008 at 19, [PHAC].

² PHAC at 4 to 5.

³ PHAC at 18.

⁴ Ontario Ministry of Health and Long-Term Care, HIV and AIDS: Aboriginal Peoples of Ontario, retrieved at <http://www.health.gov.on.ca/english/public/program/hivaids/aboriginal.html> on October 20, 2011.

⁵ PHAC at vii.

HOW DOES HIV AND AIDS AFFECT ABORIGINALS IN QUEBEC?



- In general, Aboriginal people experienced HIV at rates about 3.6 times higher than other Canadians in 2008.¹

- Aboriginal people living in Quebec make up 9% of the First Nations population in Canada; and 7% of the Métis population live in Quebec.²

- However, Quebec does not currently report on ethnicity for positive HIV tests.³

There is a need for HIV and AIDS programs and dissemination of HIV and AIDS information within Aboriginal communities in Quebec

- Most Health and Social Services Centres (75%) of the First Nations and Inuit communities of Quebec do not have an HIV/AIDS Coordinator.⁴

- 93.33% of participating organizations did not have a specific HIV/AIDS program directed mainly at Aboriginal clients.⁵

- 52.5% of the communities have no HIV/AIDS program and 40% of the communities do not report having HIV/AIDS related activities. Only 17.5% provide HIV screening services.⁶

- More than 70% of the Health and Social Services organizations surveyed did not distribute information to Aboriginal communities and had little to no contacts within the Aboriginal communities in Quebec.⁷

- There is concern that knowledge of services and resources available in Quebec is not being disseminated very well, which can be inferred because 83.33% of respondents would like to have HIV/AIDS training and 65% wanted to know what training was available in their region and indicated this as a 'very important' need.⁸

Substance use (alcohol and drugs) is a concern within Aboriginal communities in Quebec

- 73.7% of Aboriginal people consider substance use (alcohol and drugs) a concern within their communities.⁹

- In 2005, Canada-wide HIV data reported that 53% of new HIV cases among Aboriginal people were caused by injection drug use, compared to just 14% among non-Aboriginals.¹⁰

The Aboriginal population is more vulnerable to contracting HIV and AIDS because of unique factors and social determinants of health

- A person's vulnerability [to HIV infection] increases or decreases based on

- o income,
- o education,
- o unemployment,
- o access to stable housing,
- o early childhood development (e.g. history of child abuse),
- o physical environments (e.g. geographically isolated communities, prison environments),
- o access to health services,
- o support networks and social environments (e.g. homophobia, HIV/AIDS-related stigma and discrimination),
- o gender,
- o a history of sexual violence, and,
- o for this [Aboriginal] population in particular, racism and the [Aboriginal] population in particular, racism and the multigenerational effects of colonialism and the residential school system.

¹ Public Health Agency of Canada, Population-Specific HIV/AIDS Status Report: Aboriginal Peoples, 2008 at 19, [PHAC].

² PHAC at 4 to 5.

³ PHAC at 18.

First Nations of Quebec and Labrador Health and Social Services Commission, Situation of HIV/AIDS Intervention and Prevention Among Aboriginals in Quebec, 2003 at 33 [FNQLHSSC].

⁴ * at 34.

⁵ * at 33.

⁶ * at 34.

⁷ * at 20.

⁸ * at 6.

⁹ PHAC at 24.

¹⁰ PHAC at vii.

Quebec



HOW DOES HIV AND AIDS AFFECT ABORIGINALS IN THE ATLANTIC PROVINCES?



The Aboriginal population is more vulnerable to contracting HIV and AIDS because of unique factors and social determinants of health

- A person's vulnerability [to HIV infection] increases or decreases based on
 - income,
 - education,
 - unemployment,
 - access to stable housing,
 - early childhood development (e.g. history of child abuse),
 - physical environments (e.g. geographically isolated communities, prison environments),
 - access to health services,
 - support networks and social environments (e.g. homophobia, HIV/AIDS-related stigma and discrimination),
 - gender,
 - a history of sexual violence, and,
 - for this [Aboriginal] population in particular, racism and [Aboriginal] population in particular, racism and the multigenerational effects of colonialism and the residential school system.

THE ATLANTIC PROVINCES

New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland/Labrador

- In general, Aboriginal people experienced HIV at rates about 3.6 times higher than other Canadians in 2008.¹
- 5% of the Métis population and 5% of the First Nations population in Canada are situated within the four eastern provinces of Nova Scotia, New Brunswick, Prince Edward Island & Newfoundland/Labrador.²
- The Atlantic Provinces do not account for HIV rates by ethnicity, so HIV levels among Aboriginal peoples is limited.³

Aboriginal people in the Atlantic Provinces experience trends according to an environmental scan conducted by the Public Health Agency of Canada

- There is an increase in HIV among Aboriginal women.
- There is an increase in injection drug use on reserves. Nationally, Aboriginal people are 3 times more likely than non-Aboriginals to test positive for HIV due to injection drug use.
- Stigma attached to HIV (and its connection to 'two-spirited' - ie homosexual - contact) may be linked to the high and often unexplainable rates of suicide among Aboriginal people on reserves.
- There is difficulty in getting those at risk to test for HIV.
- High rates of teenage pregnancies and Sexually Transmitted Infections (STIs) among Aboriginal youth on reserves indicates an increased risk of exposure to HIV among Aboriginal youth in the Atlantic due to high levels of unprotected sex.
- The growing Aboriginal youth population coupled with high rates of unprotected sex predicts growing rates of HIV among the Aboriginal population in the Atlantic Provinces.⁴

¹ Public Health Agency of Canada, Population-Specific HIV/AIDS Status Report: Aboriginal Peoples, 2008 at 19, [PHAC].

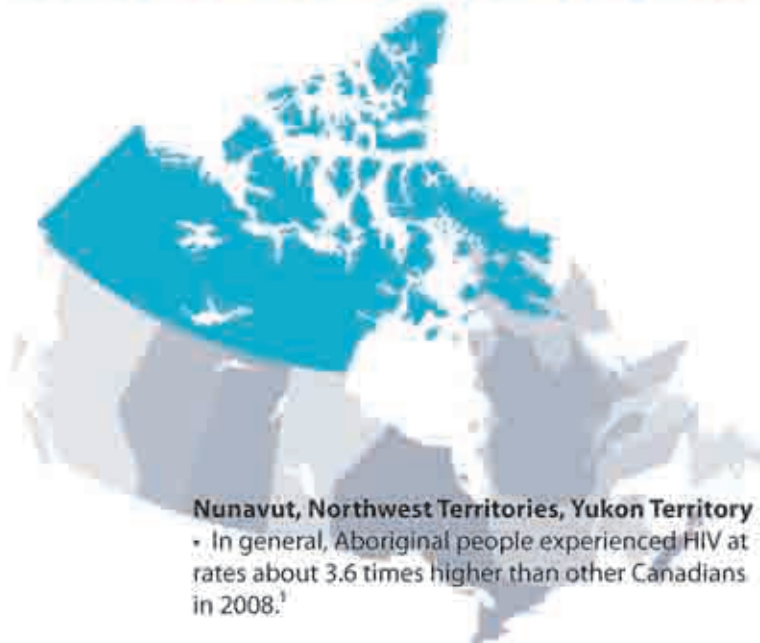
² PHAC at 4 to 5.

³ Campbell, Joan, Environmental Scan of Sexual and Reproductive Health in the Atlantic Provinces, 1999 retrieved at http://www.phac-aspc.gc.ca/std-mts/pdf/enviro_scan_e.pdf on October 20, 2011 at 11 [Environmental Scan].

⁴ "

⁵ PHAC at vii.

HOW DOES HIV AND AIDS AFFECT ABORIGINALS IN NORTHERN TERRITORIES?



national average in the Northwest Territories and 30 times the national average in Nunavut.

- These high and increasing rates of STIs, "along with limited access to healthcare, remoteness of communities, harsh climate and other factors, are raising concerns that, without changes, the rates of HIV infection in the North will increase dramatically in the future."⁵

The Aboriginal population is more vulnerable to contracting HIV and AIDS because of unique factors and social determinants of health

- A person's vulnerability [to HIV infection] increases or decreases based on
 - income,
 - education,
 - unemployment,
 - access to stable housing,
 - early childhood development (e.g. history of child abuse),
 - physical environments (e.g. geographically isolated communities, prison environments),
 - access to health services,
 - support networks and social environments (e.g. homophobia, HIV/AIDS-related stigma and discrimination),
 - gender,
 - a history of sexual violence, and,
 - for this [Aboriginal] population in particular, racism and [Aboriginal] population in particular, racism and the multigenerational effects of colonialism and the residential school system.⁶

Nunavut, Northwest Territories, Yukon Territory

• In general, Aboriginal people experienced HIV at rates about 3.6 times higher than other Canadians in 2008.¹

• Less than 3% of the First Nations population lives in the North, primarily in the Northwest Territories and the Yukon; and 1% of the Métis population lives in the Territories.²

• There are 50 Inuit communities that span a vast area of Northern Canada.

- 78% of the total Inuit population in Canada resided in one of these four regions in 2006: Nunavut (49%), Nunavik (19%), Inuvialuit (6%), and Nunatsiavut (4%).
- Between 1996 to 2006 the number of Inuit people living in urban areas outside the Inuit regions increased by 60%.
- In 2006, about 17% of the total Inuit population lived in Ottawa-Gatineau, Yellowknife, Edmonton, Montreal and Winnipeg.³

• HIV and AIDS numbers among Aboriginals in the North appears low because of the smaller population as compared to the rest of Canada and the limited data available.⁴

High rates of Sexually Transmitted Infections in the North, among other factors, suggest HIV rates will increase in the future

• The levels of Sexually Transmitted Infections (STIs) in general are exceedingly high compared to the Canadian average. For example:

- Chlamydia is reported at 3-17 times the national average in the North; and,
- The North has the highest rates of Gonorrhoea in Canada at 18 times the

¹ Public Health Agency of Canada, Population-Specific HIV/AIDS Status Report: Aboriginal Peoples, 2008 at 19, [PHAC].

² PHAC at 4 to 5.

³ "

⁴ Canadian Institutes of Health Research, retrieved at: <http://www.cihr-irsc.gc.ca/e/43766.html> on October 20, 2011, [CIHR].

⁵ "

⁶ PHAC at vii.

NORTHERN TERRITORIES

