

Journal of Indigenous HIV Research

Volume 13 – Fall 2023



### ***Brief Overview of CAAN***

CAAN, previously known as The Canadian Aboriginal AIDS Network, is a national, not-for-profit organization:

- Established in 1997
- Represents over 400 member organizations and individuals
- Governed by a national thirteen-member Board of Directors
- Has a four-member Executive Board of Directors
- Provides a national forum for members to express needs and concerns
- Ensures access to HIV/AIDS-related services through advocacy
- Provides relevant, accurate and up-to-date HIV/AIDS information

### ***Mission Statement***

CAAN provides a National forum for Aboriginal Peoples to wholistically address HIV and AIDS, HCV, STBBIs, TB, Mental Health, aging and related co-morbidity issues; promotes a Social Determinants of Health Framework through advocacy; and provides accurate and up to date [resources](#) on these issues in a culturally relevant manner for Aboriginal Peoples wherever they reside.

### ***Acknowledgements***

CAAN is grateful for the participation of Indigenous people living with HIV and AIDS and of the health care and support of professionals who shared their time and wisdom.

### ***Funding Acknowledgement***

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### ***Editorial Policies: Purpose and Audience***

The JIHR is an annual on-line and paper journal published by CAAN as a service to its members and anyone with an interest in Indigenous Community-Based Research.

The JIHR is a peer-reviewed journal which welcomes contributions from any author. Priority, however, may be given to an author of Indigenous ancestry/background, should manuscripts of comparable quality be available. First consideration will be given to innovative articles covering areas identified as HIV/AIDS research-intensive which demonstrates the use of Community-Based Research (CBR) methods and/or philosophy.

Articles published in JIHR are directed toward several audiences. The primary audience is Indigenous HIV and AIDS service organizations and Aboriginal people living with HIV and AIDS (APHAs). The JIHR secondary audiences include community leaders, policy and decision-makers, and anyone with an interest in HIV and AIDS, particularly within Indigenous populations and communities.

### **Acknowledgements:**

CAAN would like to acknowledge the members of the Volume 13 Editorial Peer Review Board:

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Jo-Ann Kenny, BAA; Sherri Pooyak, MSW; Marni Amirault, MA.

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## Volume 13 Introduction

### Letter from the Editors

Welcome to Volume 13 of the JIHR! This year we have five amazing submissions for you to read and enjoy. The focus of this journal is always Indigenous HIV research; however, the authors in Volume 13 have fascinatingly broadened the scope to focus on health as it relates to Indigenous peoples and HIV. The articles featured in this Volume bridge together HIV research with topics such as sexual health, COVID-19 and self-testing, connection to culture and land, and barriers to accessing care. Health is holistic, and what is what Volume 13 will showcase.

Volume 13 begins with *Barriers to Accessing Care and Services: Consequences for Indigenous Peoples living with HIV and AIDS in a settler colonial nation*. This article shares the stories of twenty-nine First Nations participants whose experiences were crafted into a flowing story of their life journey. Access to services and culture became one of many prominent themes in this study.

Following that, *Co-offering HIV and COVID self-tests to members of Indigenous, African, Caribbean, and Black communities: The GetaKit study* examines the impacts of implementing an innovative approach to increase testing uptake among equity deserving groups by providing communities with HIV and COVID-19 self-testing kits. The objective was to find whether combining the two tests in a single order can lead to identifying undiagnosed infections and ultimately improving public health outcomes.

Next is *Utilization of Indigenous cultural and health services among OCS participants*. The findings presented in this study sets the stage for the articles which follow, as it aims to explore the connections between Indigenous Peoples living with HIV/AIDS, their connection to cultural and health services, and the impact it may have on their overall health and wellbeing. This is a prominent theme throughout Volume 13.

Then, *What's research got to do with it? The sexy health carnival team compares doing versus evaluating community health promotion work* highlights the importance of evaluating. In this article, the Sexy Health Carnival and York University teams worked together to explore the impacts of bridging sexual health promotion and cultural gatherings.

Volume 13 is capped off with *HIV-Associated Neurocognitive Disorders within Indigenous Communities in Canada: Can connection to culture, land, and cultural continuity, promote aging in a good way for First Nations, Métis, and Inuit peoples living with HIV and AIDS in Canada?* This submission highlights the importance of land, culture and community for Indigenous people living with HIV and AIDS, and explores the connections to land, culture and community on the experience of aging.

As we release Volume 13 of the JIHR, the AHA Centre is heading into its final few months. As we prepare to sunset the AHA Centre, we would like to recognize all the hard work of each author who has submitted their manuscripts to the JIHR, and the tireless work of our peer-review board. We would also like to thank our funders at the Canadian Institutes of Health Research (CIHR) for making the JIHR possible. We are so grateful to have had this opportunity to support our research community by sharing timely, important, and informative research through the JIHR and we hope that this work can continue in the future.

We would like to take this opportunity to thank all authors, peer reviewers and translators for your contributions to Volume 13 of the JIHR. These are trying times across the land, and we sincerely value your knowledge, and the time and commitment you have generously given to ensure that the voices of Indigenous people living with HIV are championed and shared in this way.



Jo-Ann, Sherri, and Marni



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Brittany C. Skov

