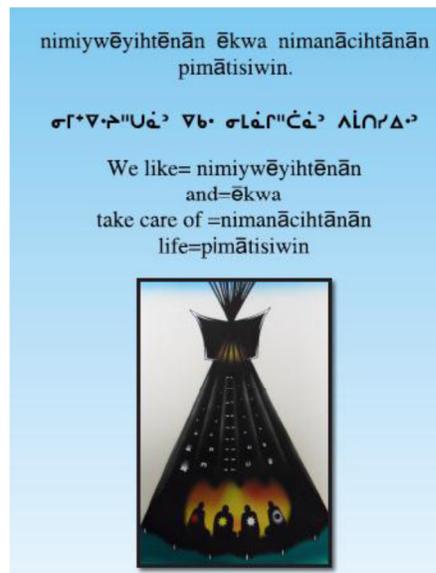




Summary of key findings from the  
 'A-Track' Pilot Survey  
 conducted in Regina, Saskatchewan  
 (March 28, 2013)



*In order to honour community ownership, a symbol was developed by a local Cree artist from the Gordon George First Nation. The Cree-based survey name which translates to “We like and take care of life” was determined by an Elder during prayer and ceremony. The significance of the symbol is driven by the center tipi which has four nations represented by men sitting in a circle around a fire. The glowing light signifies the light of all nations, all cultures together working in unity. There are bear, horse, buffalo and wolf tracks leading up the sides of the tipi to the centre. The four nations sitting around the fire are covered by star blankets. This is significant of families and honoring the nations.*

## Introduction

From December 2011 to June 2012 an Aboriginal focused survey called *A-Track* was conducted in Regina, Saskatchewan. This document is an overview of selected key findings from the survey and is presented in partnership by Regina Qu'Appelle Health Region, All Nations Hope AIDS Network, the Public Health Agency of Canada, the Canadian Aboriginal AIDS Network and First Nations University of Canada.

## What is *A-Track*?

'*A-Track*' is a national public health surveillance system designed to monitor HIV and related infections, behaviours and socio-demographic factors among Aboriginal populations in Canada. The Regina *A-Track* survey was conducted as a *pilot survey* for the *A-Track* surveillance system, and was the first of its kind in Canada. This focus of the pilot survey was to provide valuable information on HIV and other related infections among Aboriginal people in Regina, and to determine whether this type of public health surveillance activity could be conducted in urban settings in Canada.

## When and where was the survey conducted?

The survey was conducted from December 5, 2011 through June 15, 2012 at a number of locations throughout Regina, including community (health) centres, Friendship Centres, and colleges and/or universities.

## Who participated in the Regina *A-Track* survey?

Individuals in Regina were eligible to participate in the survey if they were 16 to 60 years old and self-identified as Aboriginal or claimed Aboriginal ancestry. Participation in the survey was voluntary and anonymous. Participants completed a questionnaire and provided a finger-prick blood sample which was tested for the presence of HIV, hepatitis C and syphilis antibodies. Eligible individuals had the choice to "opt out" of the survey entirely and individuals who did participate were able to end the questionnaire at any point. Participants could also choose to participate without providing a blood sample. Given that the survey was anonymous, the results of the blood test were not linked with the individual participants. Participants were given twenty dollars for their time to participate in the survey.

Of the 1,064 eligible survey participants, 1,045 agreed to provide a finger-prick blood sample for HIV, HCV and syphilis testing. Participants who wanted to know their HIV status were offered access to on-site counseling and testing.

## How was information collected from the participants?

Trained interviewers used a questionnaire to collect specific information from participants. Questions touched on socio-demographic variables including gender, age, marital status, educational attainment, etc., as well as sexual behaviour, drug use, previous HIV and hepatitis C testing and treatment, access to health services, and knowledge regarding HIV. The interview and test results were completely anonymous.

## How will the *A-Track* surveillance system respect information gathered from Aboriginal participants?

*A-Track* follows the Canadian Institutes of Health Research Guidelines for Health Research Involving Aboriginal People, which can be accessed at: <http://www.cihr-irsc.gc.ca/e/29134.html>). Specifically, the data from the Regina pilot survey will be managed collaboratively by the All Nations Hope AIDS Network, the Public Health Agency of Canada and the Regina Qu'Appelle Health Region.

The *A-Track* surveillance system and the Regina pilot survey particulars were reviewed and approved by the Research Ethics Boards of Health Canada and Public Health Agency of Canada, Regina Qu'Appelle Health Region, and the University of Regina.

## How will the findings from the *A-Track* study be used?

Survey results will help inform existing intervention strategies designed to help decrease the risk of HIV and hepatitis C infection among Aboriginal peoples. Lessons learned from this pilot survey will also provide guidance for the possible implementation of the *A-Track* survey in other urban locations and on First Nation reserves in Canada.

## What were the key findings from the survey?

### Overview of survey participants

- 1,062 of the 1,064 participants self-identified as being Aboriginal. Of these 1,062, the majority (957 or 90%) self-identified as being First Nations, while 103 or 10% self-identified as being Métis. Less than 1% self-identified as being Inuit.
- The average age of participants was 33 years and just over half of participants (539 or 51%) were male. The majority of participants (992 or 93%) lived in urban Regina at the time of the survey.
- Of the 878 participants who were 20 years old or older, 402 or 46% had completed high school or higher education.
- Just over half of the participants (565 or 53%) reported being removed from their family during childhood (by child welfare agencies, church or government officials). Almost one-third of participants (317 or 30%) had ever lived in a residential or boarding school while under the age of 18 years, and 460 or 43% of participants reported being placed in foster care at some time in their lives.
- Of the 1,064 participants, over half of the participants (612 or 58%) had, at some time in their lives, been in a correctional facility (including youth correctional facilities). In the 12 months prior to the survey, 55 or 5% of the 1,064 participants reported living in a correctional facility.

### Access to Health Services

- Of the 1,064 participants, the majority (821 or 77%) had visited a health care provider for a diagnosis or consultation in 12 months prior to the survey.

- Among those who visited a health care provider, just over one-quarter (232 or 28%) reported accessing Aboriginal health services.
- Among those who visited a health care provider, 99 (12%) had difficulty accessing needed health care. Approximately a third of the respondents who experienced problems accessing needed health care cited long wait time to see a doctor (38%), difficulty getting an appointment (32%) and long wait time between appointment and physician visit (27%) as barriers.
- Of the 322 participants who injected drugs during the six months prior to survey, the majority (270 or 84%) accessed harm reduction and needle exchange services in the 12 months prior to the survey.

### **HIV-related Knowledge**

- Of the 1,064 participants, 886 (93%) and 670 (70%) respectively correctly identified that using condoms and limiting sex to one faithful, uninfected partner are ways to prevent HIV transmission.
- 736 (69%) and 618 (58%) of the respondents knew that HIV **cannot** be transmitted by mosquito bites or by sharing meals with an infected person.
- Advertising (71%), friends (51%) and family (46%) were the three information sources where the respondents have most often heard, seen or read about HIV. This was followed by television news (46%), doctors (41%), and newspaper articles (41%) as information sources on HIV.

### **HIV Testing and treatment**

- Of the 1,064 participants, 750 (70%) had been tested for HIV during their lifetime; of those, 507 (68%) had been tested during the past 12 months.
- Among the 1,045 participants who provided a sample for testing as part of the survey, 54 or 5% were found to be HIV positive. Of the 54 individuals who tested positive for HIV, just over half (29 or 54%) knew their HIV positive status and the remaining (25 or 46%) were not aware of their HIV positive status.
- The majority (50 or 93%) of the 54 individuals who tested positive for HIV reported that they had used injection drugs at some time in their lives.
- The 54 individuals who were found to be HIV positive using the survey samples also tested positive for the Hepatitis C antibodies, meaning that they had been infected with the hepatitis C virus at some point in their lives.
- Within the questionnaires, 30 participants self-reported being HIV positive. The majority of them (26 or 87%) reported being under the care of a physician for their HIV infection.

### Sexual and drug use indicators

- Of the 1,064 participants, the majority (877 or 82%) were sexually active, that is, they reported having sex in the 12 months prior to the survey.
- In the 12 months prior to the survey, 190 participants (18 per cent) reported not having sex, 444 participants (42 per cent) reporting having one sex partner and 430 participants (40 per cent) reported two or more partners.
- Of those who reported having two or more sex partners, just over half (228 or 53 per cent) had used condoms the last time they had sex.
- Of the 1,064 participants, half (532 or 50%) indicated they had never injected drugs for non-medical purposes, and almost a third (322 or 30%) had injected drugs in the previous six months. Among those who had ever injected drugs, the average age at first injection was 20 years with 20% (220) first injected at less than 16 years of age.
- Of those 322 participants who injected in the six months prior to the survey, almost one in ten (29 or 9%) reported injecting with used needles and a slightly higher proportion (41 or 13%) reported that the needles and/or syringes they used were subsequently used again by someone else.

### Limitations

The findings from the *A-Track* pilot survey are subject to several limitations. The *A-Track* survey included people recruited at specific community and health care venues and therefore may not account for Aboriginal people who do typically not attend those venues. Compared to the Aboriginal population of Regina, survey participants included a higher proportion of First Nations individuals, a lower proportion of Métis individuals, and a similar proportion of Inuit. As such, the findings cannot be said to represent the situation amongst all Aboriginal people in Regina. Finally, the findings are based on self-reported data and may be subject to social desirability bias meaning certain behaviours may be under or over-reported. Since the interview was anonymous and respondents were assured of the confidentiality of their responses, this bias is likely minimized.

### Additional Information

A final report with complete findings will be released at a later date.

The following presentations will be made at the 22<sup>nd</sup> Annual Canadian Conference on HIV/AIDS Research, April 11-14, 2013 in Vancouver, B.C.:

1. *Enhanced Surveillance of HIV and Risk Behaviours among the Aboriginal Populations in Canada (A-Track) – Results from pilot phase of A-Track Survey, Regina, Saskatchewan* (Dr. Maurice Hennink, RQHR)
2. *Factors associated with HIV vulnerability among the Aboriginal Population in Regina, Saskatchewan: Descriptive results from the A-Track Pilot Survey, Regina, Saskatchewan* (Dr. Maurice Hennink, RQHR)
3. *Evaluation of the A-Track surveillance system pilot survey conducted in Regina, Saskatchewan* (Susanna Ogunnaike-Cooke, Public Health Agency of Canada)

Other relevant publications:

1. *Population-Specific HIV/AIDS Status Report: Aboriginal Peoples*. Public Health Agency of Canada, 2010. <http://www.phac-aspc.gc.ca/aids-sida/publication/ps-pd/aboriginal-autochtones/pdf/pshasrap-revspda-eng.pdf>.
2. *A-Track pilot survey in Regina: Strategies for successful community engagement*. (Margaret Poitras and Susanna Ogunnaike-Cooke; Presented at the Canadian Trials Network Rural Engagement & Retention in HIV Care Working Group Meeting, Saskatoon, Saskatchewan, March 2013)
3. *Framework for a behavioural and biological surveillance system designed to monitor trends in the prevalence of HIV and associated infections, behaviours and socio-demographic factors among Aboriginal populations in Canada*. (Susanna Ogunnaike-Cooke; Presented at the International AIDS Conference, Washington, DC, USA, July 2012)
4. *Piloting the A-Track: A Sentinel Surveillance System Designed to Monitor Trends in the Prevalence of HIV and Associated Behaviours and Socio-demographic Factors among Aboriginal Populations in Canada: Successes and Challenges*. (Zahid Abbas; Presented at the International AIDS Conference, Washington, DC, USA, July 2012)
5. *Development and piloting the A-Track, a sentinel surveillance system designed to monitor trends in the prevalence of HIV and associated behaviours and socio-demographic factors among Aboriginal populations in Canada* (Susanna Ogunnaike-Cooke; Presented at the 21st Annual Canadian Conference on HIV/ AIDS Research, Montreal, Canada, April 2011)
6. *Partnership between community and public health for surveillance: Recognition of shared responsibility, Aboriginal community involvement, and utilization of existing local expertise and infrastructure in the implementation of the A-Track surveillance system*. (Margaret Poitras; Presented at the 21st Annual Canadian Conference on HIV/ AIDS Research. Montreal, Canada, April 2011)
7. *Piloting the A-Track in Regina: A sentinel surveillance system of HIV-associated risk behaviours among Aboriginal populations* (Margaret Poitras; Presented at the annual conference of the Ontario HIV Treatment Network, Toronto, Ontario, November, 2011)

## Acknowledgements

A-Track survey participants

A-Track survey interviewers

A-Track survey venues - community (health) centres, Friendship Centres, and colleges and/or universities

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