



POPULATION-SPECIFIC HIV/AIDS STATUS REPORT – FACT SHEET

Aboriginal Peoples

Why focus on this population?

Aboriginal peoples are a key population identified in *The Federal Initiative to Address HIV/AIDS in Canada*. Canadian epidemiological data reveal that this population is particularly affected by HIV/AIDS.

Why this report?

The status report presents current Canadian information about the impact of HIV/AIDS among Aboriginal peoples—First Nations, Inuit and Métis—in Canada, including a demographic profile of the population; epidemiological data about HIV and AIDS in the population; information on the factors that increase the Aboriginal population's vulnerability to, and resilience against, HIV; and an outline of recent Canadian research and response initiatives.

Who should read this report?

Individuals involved in the development of HIV/AIDS policy, programs and research activities targeting this population, including communities, governments, non-governmental organizations, public health practitioners, and researchers.

Where is the report available?

The status report is available on the Public Health Agency of Canada website at: www.phac-aspc.gc.ca/aids-sida/publication/ps-pd/index-eng.php.

Print copies can be obtained by contacting the Canadian AIDS Treatment Information Exchange, at : www.catie.ca.

INFORMATION SUMMARY

Demographic Profile

Aboriginal peoples—First Nations, Inuit and Métis—represented 3.8% of the total Canadian population in 2006. Nearly 60% of Aboriginal peoples self-identified as First Nations, 33% as Métis and 4% as Inuit. The majority of First Nations and Métis live in Ontario or one of the four western provinces, while the majority of Inuit live in one of the four Inuit regions in the North. Between 1996 and 2006, the Aboriginal population grew by 45%.

Status of HIV/AIDS among Aboriginal Peoples

Aboriginal people made up an estimated 8.0% of all people living with HIV (including AIDS) and about 12.5% of all new HIV infections in Canada in 2008. Overall, the HIV infection rate for Aboriginal people was about 3.6 times higher than among other Canadians in 2008. Unlike the general Canadian population, injection drug use is the main category of exposure to HIV for both Aboriginal males and females. HIV infections among Aboriginal persons are diagnosed at a younger age than in non-Aboriginal persons and also affect a higher proportion of women when compared to the non-Aboriginal population.

Vulnerability to HIV/AIDS

HIV/AIDS within the Aboriginal population is closely linked to a variety of factors and determinants of health, which influence the population's vulnerability to infection. These factors include 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.

HIV/AIDS Research

The report identifies 49 Canadian research projects underway between 2006-2008. General areas of investigation include HIV prevention, access to care, and community research capacity development. In addition, many projects focused on populations, including Aboriginal people living with HIV/AIDS, Aboriginal women, youth and people who inject drugs. Few projects focused specifically on First Nations and Inuit, and none focused specifically on Métis.

Current Response

The report examines the current response to HIV/AIDS among Aboriginal peoples, including an overview of strategies at the national and provincial/territorial levels; networks, coalitions and advisory bodies; projects addressing HIV/AIDS among Inuit, Métis and First Nations residing off-reserve; programs and projects for First Nations on-reserve; and the response to HIV/AIDS among Aboriginal people in prison. A variety of organizations are involved in delivering prevention, care, treatment and support services to Aboriginal peoples, including community-based HIV/AIDS organizations; Aboriginal HIV/AIDS organizations; other Aboriginal organizations such as health centres and friendship centres; and others such as community health centres.

Considerations

More research and evidence are needed to identify, analyze and implement culturally appropriate and effective approaches to HIV/AIDS prevention, care, treatment and support, which are specific to the unique needs of First Nations, Inuit and Métis populations, as well as those that address cross-populations, such as women, youth and gay, lesbian, two-spirit, bisexual and transgender Aboriginal people. In addition, approaches to HIV/AIDS that build upon Aboriginal leadership, resilience and strengths are critical in addressing these issues.