29th Annual Canadian Conference on
HIV / AIDS Research

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Implementation of Tracks Survey of determinants of HIV and hepatitis C among Indigenous Peoples in Canada in First Nations Communities in 2019

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4. Northern Inter-Tribal Health Authority, Saskatchewan
5. Participating First Nations Health Organization

CONFLICT OF INTEREST STATEMENT

The authors have no conflict of interest to disclose

Indigenous Services Canada | Services aux Autochtones Canada

Public Health Agency of Canada | Agence de la santé publique du Canada

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Background

Indigenous peoples continue to be over-represented in Canada's HIV and hepatitis C epidemic. There is limited information on factors associated with higher rates, particularly in First Nations communities. The integrated bio-behavioural surveillance system, Tracks survey among Indigenous peoples, assesses the burden of HIV, hepatitis C, syphilis, risk factors, access to and use of harm reduction, testing, education and treatment services thereby increasing understanding of the underlying determinants of these infections.

Community Selection Criteria

Community engagement and selection was led by First Nations and Inuit Health Branch (FNIHB) regions in Alberta and Saskatchewan and the Northern Inter-Tribal Health Authority (NITHA) involving the following criteria:

- Chief and Council support, health director support
- Increasing rates of HIV / hepatitis C or higher than provincial average or identified risk
- Capacity to meet the requirements of the project including testing
- Population size of community or group of collaborating communities over 800

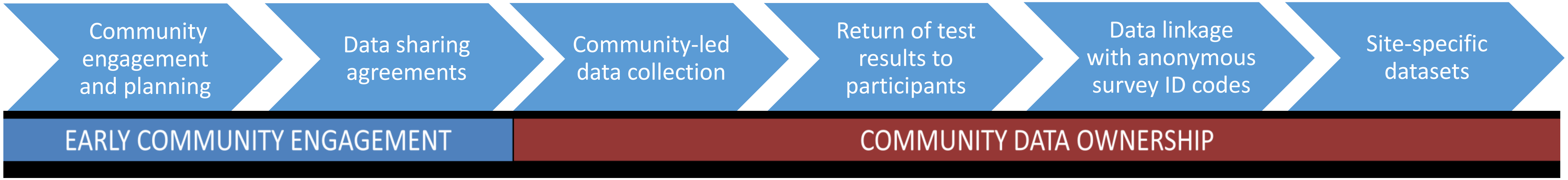
Methods

The Tracks survey among Indigenous Peoples was piloted in 2017-2018 by two First Nations communities in Saskatchewan, in collaboration with the Northern Inter-Tribal Health Authority, Indigenous Services Canada and the Public Health Agency of Canada. This unique collaboration was grounded in community involvement, participatory research, community ownership and control of data.

Building on this success, from September 2019 to March 2020, five First Nations Tribal Councils in Alberta and Saskatchewan successfully implemented a Tracks survey in participating First Nations communities with support from community leadership, community health staff and First Nations and federal public health authorities.

Participant Eligibility Criteria

- Self-identify as being Indigenous or having Indigenous ancestry (First Nations, Métis or Inuit)
- Be provincial age of majority to provide consent
- Be capable of giving informed consent
- Able to understand English



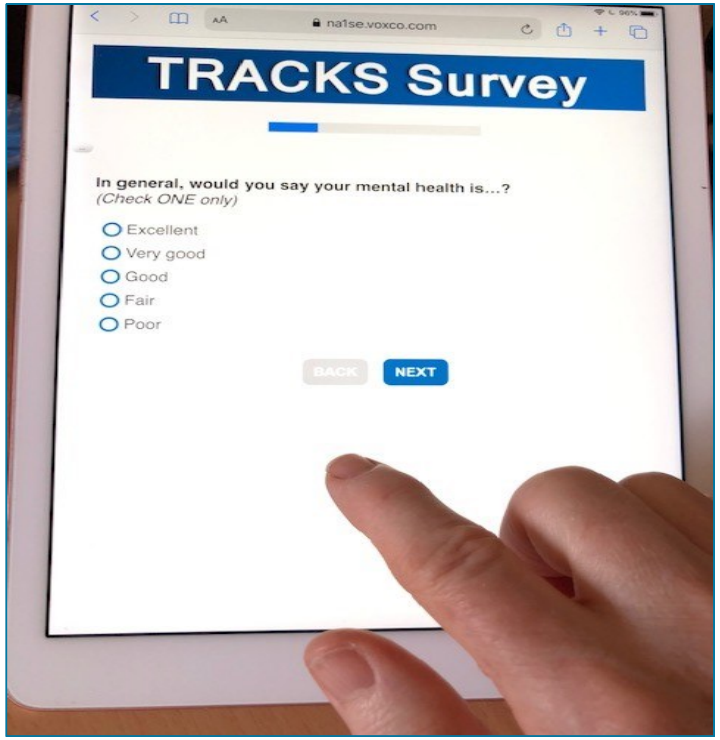
- Community engagement and planning
- Data sharing agreements
- Community-led data collection
- Return of test results to participants
- Data linkage with anonymous survey ID codes
- Site-specific datasets

EARLY COMMUNITY ENGAGEMENT

COMMUNITY DATA OWNERSHIP

Goal: Recruit 300 participants per Community or group of collaborating Communities over 10 weeks

- Participants were reimbursed $25 for out-of-pocket expenses
- Ethical approvals were obtained from the Health Canada/ Public Health Agency of Canada Research Ethics Board



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TRACKS Survey

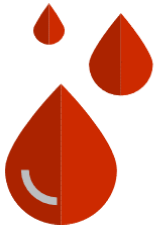
In general, would you say your mental health is...?
(Check ONE only)

○ Excellent
○ Very good
○ Good
○ Fair
○ Poor

BACK NEXT

Anonymous self-administered web-based questionnaire:

- social determinants of health
- sexual behaviours
- drug use
- access, use of health care and prevention services
- stigma, discrimination and history of trauma
- HIV, hepatitis C and other STI testing history, linkage to care, use of treatment



Diagnostic testing for HIV, hepatitis C and Syphilis

- Dried Blood Spot (SK)
- Phlebotomy (AB)

Outcomes

- Five Tribal Council health authorities successfully implemented data collection in participating affiliated First Nations
- All sites reached or exceeded the target sample size
- Increased awareness and testing of STBBIs in community
- Site-specific datasets anticipated in Spring 2020
- Aggregate data points to contribute to national estimates of HIV and hepatitis C prevalence from community settings
- Valuable new information for communities to inform public health and harm reduction programming
- Refinement and adaptation of data governance models and processes to facilitate community data ownership
- Enhanced capacity and knowledge exchange at all levels
- Strengthening of trust and of partnerships between First Nations health organizations, First Nations and federal public health authorities

Community Data Ownership

Data arising from the Tracks survey and Testing Project are owned by the participating First Nations Tribal Council. Data sharing agreements originating from Tribal Councils were established that designate:

- Ownership of the data
- Roles and responsibilities of each party
- Data protection standards
- Identifies trusted body as designated data custodians
- Permissible access to and uses of the data

Preliminary Completeness Rates

- Over 96% of surveys were self-administered, the remainder were assisted/administered by a survey staff
- 95% of participants provided a blood sample for testing

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Participants Voices

Survey participants had the option to provide feedback about the survey. The word cloud represents comments from participants who opted to provide input (N=225)

Acknowledgements

The authors wish to thank survey participants, Tribal Council and community leadership, public health nurses and survey teams in participating Tribal Councils and Communities, public health nurses and epidemiologists from the Northern Inter-Tribal Health Authority (NITHA) and the First Nations and Inuit Health Branch (FNIHB) in Alberta and Saskatchewan regions; and epidemiologists and programmers in the Public Health Agency of Canada (PHAC) Tracks team

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