Piloting the A-Track in Regina:
A sentinel surveillance system of HIV-associated risk behaviours among Aboriginal populations

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Presentation outline

- Description of the A-Track surveillance system
- A-Track system development milestones
- A-Track pilot survey in Regina
  - Survey development milestones
  - Survey key features and implementation plans
- Intended outputs and outcomes
Description of the A-Track surveillance system

Monitoring trends in the prevalence of HIV and associated behaviours and socio-demographic factors among Aboriginal populations in Canada

Core surveillance system primary objectives

At the participating surveillance sites across Canada...:

- To investigate the sexual and HIV-related risk behaviours among Aboriginal peoples (i.e. FN, Métis, and Inuit peoples)
- To investigate the health-seeking behaviours of Aboriginal peoples, in particular HIV testing behaviours and access to healthcare services
- To explore core knowledge of Aboriginal peoples around HIV-related modes of transmission
- To investigate trends in HIV infection, behavioural, and socio-demographic risk factors over time.
Description of the A-Track surveillance system

Core surveillance system secondary objectives

At the participating surveillance sites across Canada...:

- To assess the prevalence of HIV among Aboriginal peoples;
- To determine HIV incidence;
- To assess the prevalence of other important sexually transmitted and blood borne infections (STBBI) that share the same risk factors[1] among Aboriginal persons;
- To investigate the patterns of hepatitis C and STI testing behaviours among Aboriginal peoples;

Note: Aboriginal community’s cultural or sacred knowledge is not the subject of this surveillance system, and the survey has no commercial or socio-political motivations.

[1] Subject to the existence of validated testing procedures with the specimen collection method used for the A-Track surveys.
Description of the A-Track system

- Repeated cross-sectional surveys at selected sentinel sites (urban/semi-urban) across Canada

- Venue-based sampling
- Consistent sampling and recruitment strategies over time
A-Track system development milestones

- **May 2006**: National (Consultative and Advisory) Working Group constituted;

- **2006 - 07**: Literature review conducted (CAAN) – epidemiologic and social sciences research on Aboriginal peoples and HIV in Canada;

- **2007 - 2008**: WG discussions and consultations on survey methods, biological component, target population, questionnaire administration (self- vs. interviewer-), and questionnaire themes;

- **2008 - 2009**: Drafting, review and consensus on core survey protocol and questionnaire content (for urban populations);
A-Track system development milestones

- **Sep 2009**: WG prioritization exercise resulted in selection of Regina City (off-reserve) as pilot site.
  
  - **Criteria for site selection:**
    1. Population size and ethnic breakdown at the site,
    2. Status of HIV infection and risk behaviors at the site (if known), and
    3. Local infrastructure and community capacity
  
  - **Implementation plan/principles:**
    1. Implementation to be inclusive and participatory via a local site study team, including representation from a lead local Aboriginal ASO and the local/regional public health authority.
    2. National WG to be consulted if no local Aboriginal ASO were available at a priority site.
A-Track pilot survey in Regina – development milestones

- **Jan - Mar 2010**: Community consultations and field assessment in Regina (Round 1)
- **April 2010**: Constitution of the Site Study Team
- **April - Aug 2010**:
  - Geo-demographic mapping to describe Aboriginal population in Regina City;
  - Refinement of site-specific protocol (including development of communications and venue plans, testing and data sharing protocols), questionnaire, staffing, logistics and other key tools;
  - Identification of a local community consultative group.
- **October 13-15, 2010**: Community Consultations (Round 2) and venue inspections
- **Nov. 2010**: A-Track survey was promoted at the ANHAN conference with community leaders, specifically, with FSIN Chief Guy Lonechild and Métis President Robert Doucette.
- **Dec 2010 – Feb 2011**: Questionnaire review by Elders; development of A-Track symbol.
Aboriginal Population in the City of Regina by Identity

Source: Statistics Canada, 2006 Census of Population
Example of Geo-demographic mapping

City of Regina: First Nations
Example of Geo-demographic mapping

City of Regina: Métis

[Map and data visualization showing population distribution]
**Artist:** Darren Pratt, 37 year old Cree man from Gordon George First Nation.

The significance of the piece of art 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.
A-Track pilot survey in Regina – development milestones

- **May 2011**: A-Track protocol and questionnaire submitted to HC/PHAC Research Ethics Board; Sweat lodge in Regina to bless the survey team and project.
- **June 21, 2011**: *A-Track* Round Dance/Feast
- **May to Oct. 2011:**
  - Development of memorandum of understanding between PHAC, ANHAN and RQHR to outline survey implementation roles and responsibilities and data collection, ownership and use;
  - Preparing for data collection: development and testing of electronic data collection tool, development of procedural guidelines, training materials and hiring of interviewers;
- **Nov 23-25, 2011**: (Planned) training for interviewers and survey coordinator;
- **December 2011 – April 2012**: (Planned) data collection.
A-Track pilot survey in Regina – Key features

Principal Investigators:
• Margaret Poitras, All Nations Hope Aboriginal Network (ANHAN)
• Maurice Hennink, Regina Qu’Appelle Health Region (RQHR)
• Susanna Ogunnaike-Cooke (PHAC)

Co-Investigators:
• Zahid Abbas (RQHR)
• Kathy Lloyd (RQHR)
• Dana Paquette (PHAC)
• Carrie Bourassa (FNUC)
• Kim McKay-McNabb (FNUC)
• Renée Masching (CAAN)

Regina community consultative and advisory group:
• 20 individuals/organisation representative
A-Track pilot survey in Regina – Key features

Specific objectives of the A-Track pilot survey in Regina:
Core A-Track objectives plus...

- To determine the **feasibility** (methodological, logistic and cost) of conducting an enhanced (behavioural and biological) surveillance system among Aboriginal (First Nations, Métis, Inuit) peoples of Canada;
- To determine the **optimal method of questionnaire administration** - self-administered versus interviewer-assisted versus interviewer-administered;
- To determine the **optimal questionnaire format** - paper-based versus electronic;
- To determine the **optimal strategies** to obtain a representative sample of Aboriginal people within the sentinel site - sampling methods, venue selection, and recruitment strategies.
A-Track pilot survey in Regina – Key features

- **Sample size:** 1,100 Aboriginal persons between the ages of 16-60 years old.
- **Sampling methodology:** Venue-based sampling at fixed venues (community-settings) throughout Regina;
- **Tools:** A-Track core questionnaire + Regina site-specific questions – electronic questionnaire (with paper option); Dried blood specimen collected for biological component.
- **Participant fee:** $20
A-Track pilot survey in Regina – Key features

Field work team and supports

- **Elder**
  - for emotional and spiritual guidance and healing, during and after the survey;

- **Male and female interviewers**

- **Counselor/life skills coach**
  - for provision of counseling and support to participants and field work team members who express a need or who experience emotional distress;

- **Public Health Nurse/community worker (RQHR staff)**
  - for conducting additional HIV counseling and testing, and linking with the provincial system (for participants seeking to know their status and obtain test results).
Core Questionnaire: Sections and themes

- **Demographic and personal questions**: Age, biological sex, gender, sexual orientation, education, income, dependents, history of foster care and residential school, community connectedness;

- **Sexual behaviour questions**: Number of partners (past 12 months, different partner types), age-mixing, condom use;

- **Drug use questions**: Recent drug use, use of used needles;

- **HIV, Tb and STI history**: History of HIV testing, past results; If HIV positive, access of care and treatment services; Past diagnosis with Tuberculosis and STBBIs;

- **Access to health services** (Aboriginal-specific and other)

- **Knowledge** around HIV modes of transmission
A-Track pilot survey in Regina – Key features

Biological specimen:

- **Finger prick**, blood spotted onto filter paper;
- **Collection, storage, and transportation** of DBS will follow the provincial guidelines on infection control practices and on collection and transportation of biological samples;
- **Testing for HIV and HCV antibodies** will be performed at PHAC NHRL;
- **Testing for syphilis to be performed by appropriate PHAC labs**, if available tests have been approved and validated for use with DBS, if prioritized by the sentinel site survey team, and if there is sufficient specimen left after completion of the HIV and HCV testing.
A-Track pilot survey in Regina – Key features

Biological specimen:

- No genetic testing of human genomic material will be performed.
- No linkages with the individuals will be possible.
- Left-over specimens will be stored for testing of other and emerging infectious diseases, based on:
  - separate consent for storage and future testing, and
  - approval of the respective Research Ethics Boards.
Intended outputs and outcomes

- Information that will be useful for prevention and control efforts for HIV and other STBBI in Regina – local (community, academia, public health), provincial and national;

- Inform planning, development and/or assessment of interventions or programs;

- Strengthen and/or promote commitment (political, financial, community) towards HIV/STBBI prevention and control;

- Inform the feasibility and utility of such a monitoring system for this key population (in urban settings);

- Promote future investigations and/or operational research.
Thank You

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"We like and Take Care of Life"