

Utilization of Indigenous cultural and health services among OCS participants

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Background

Indigenous Peoples are disproportionately affected by HIV in Ontario, Canada, accounting for 4.9% of all first-time HIV diagnoses in 2019 despite accounting for 3% of the Ontario population.¹ The literature highlights a link between culture and positive health outcomes among Indigenous Peoples.^{2,3} Indigenous culture, identity, and ceremony can increase involvement throughout the HIV care cascade.⁴

Aim: 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.

Methods

The OCS is a longitudinal study of people receiving HIV care at 15 clinics in Ontario, Canada. Sociodemographic and sociobehavioural data are collected through interviewer-administered questionnaires. Beginning in 2020, self-identified Indigenous participants were asked if they accessed Indigenous cultural and health services.

Participants were asked three questions about cultural service utilization and if they faced barriers to accessing these services:

- Have you participated in any Indigenous ceremony such as Smudging, Sweats, Pipe, Sun Dance, Potlatch, or Powwows?
- Have you used traditional medicines or practices to maintain your health and wellbeing?
- Have you taken part in gatherings with Elders or Knowledge Keepers?

Participants who indicated accessing any of the three services in the past two years were classified as having utilized Indigenous cultural services.

Participant characteristics included Indigenous identity, age, gender, sexual orientation, education, employment status, income, self-reported viral load, self-rated general health, antiretroviral treatment, and depressive symptoms (using PHQ-4).⁵

Chi-square and Fisher's exact test were used to compare characteristics of participants who utilized Indigenous cultural and health services in the past two years with participants who did not.

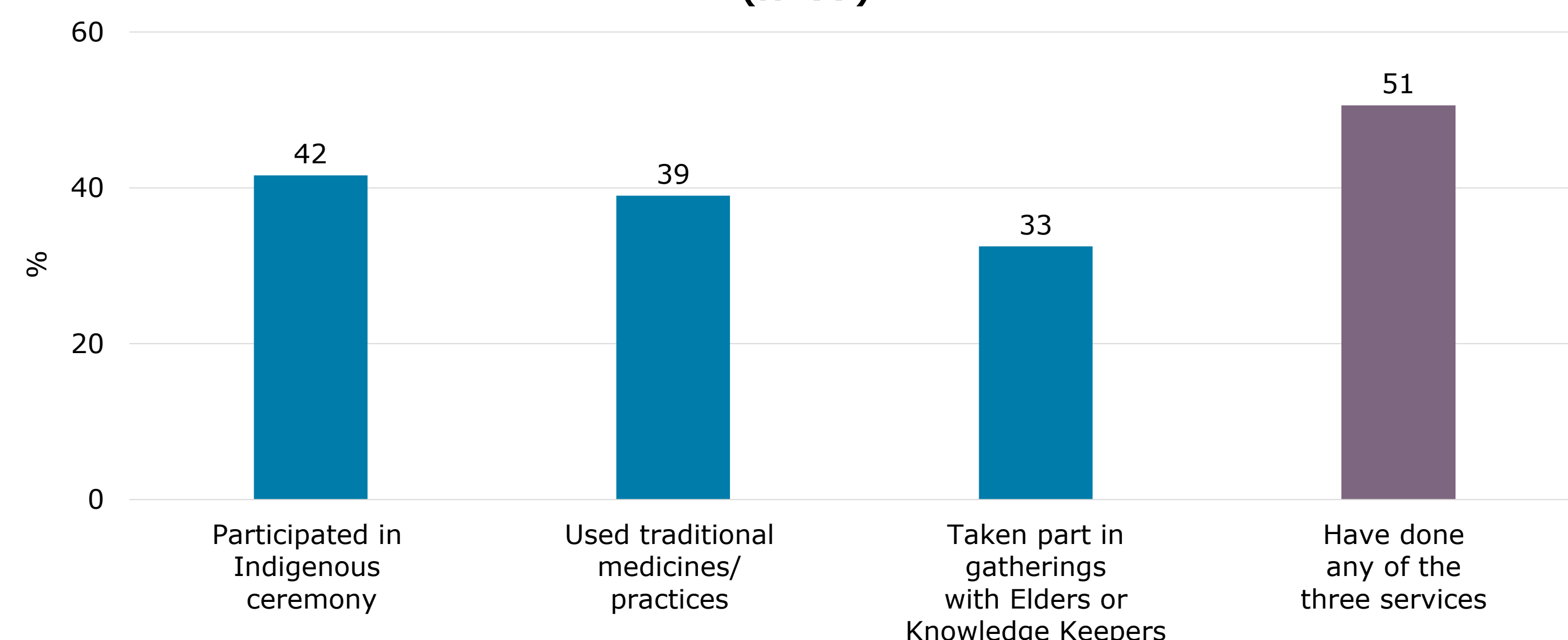
Results

77 Indigenous participants who completed the baseline questionnaire between January 1, 2020 and December 31, 2021 were included

- 61% First Nations, 18% Metis, 21% Indigenous/mixed identity
- Median age of 48

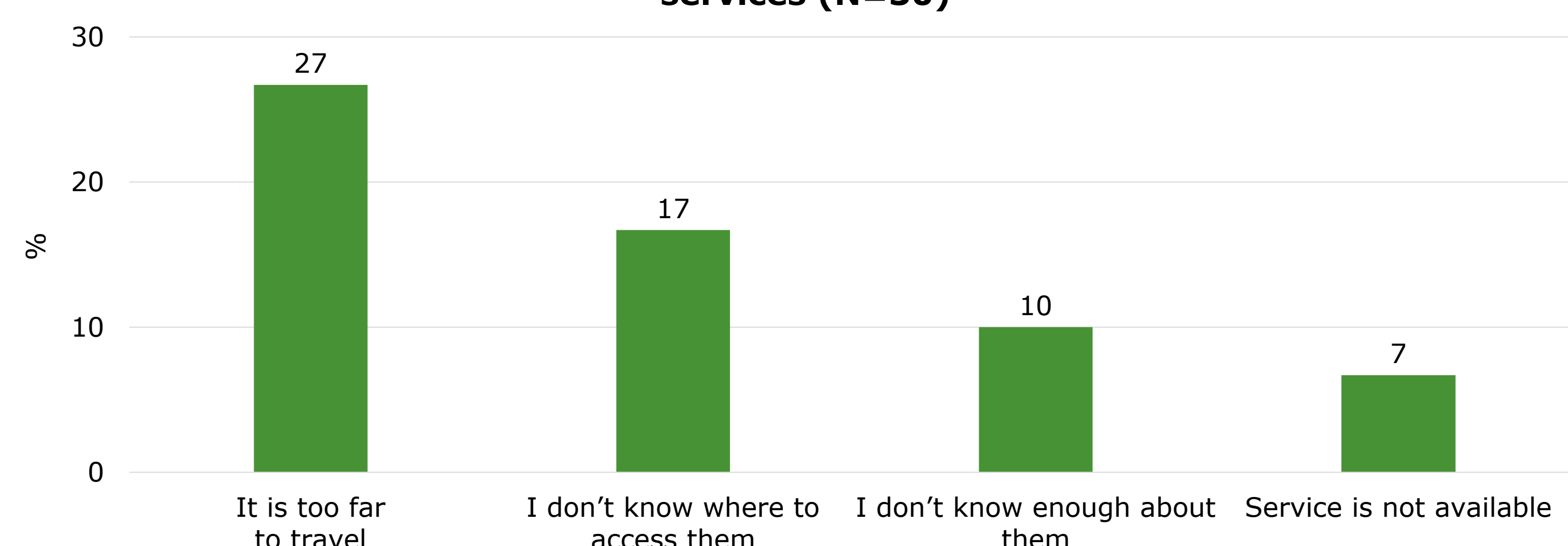
51% of all participants (n=39) reported accessing Indigenous cultural and health services in the past two years

Access to Indigenous cultural and health services in the past two years (N=77)



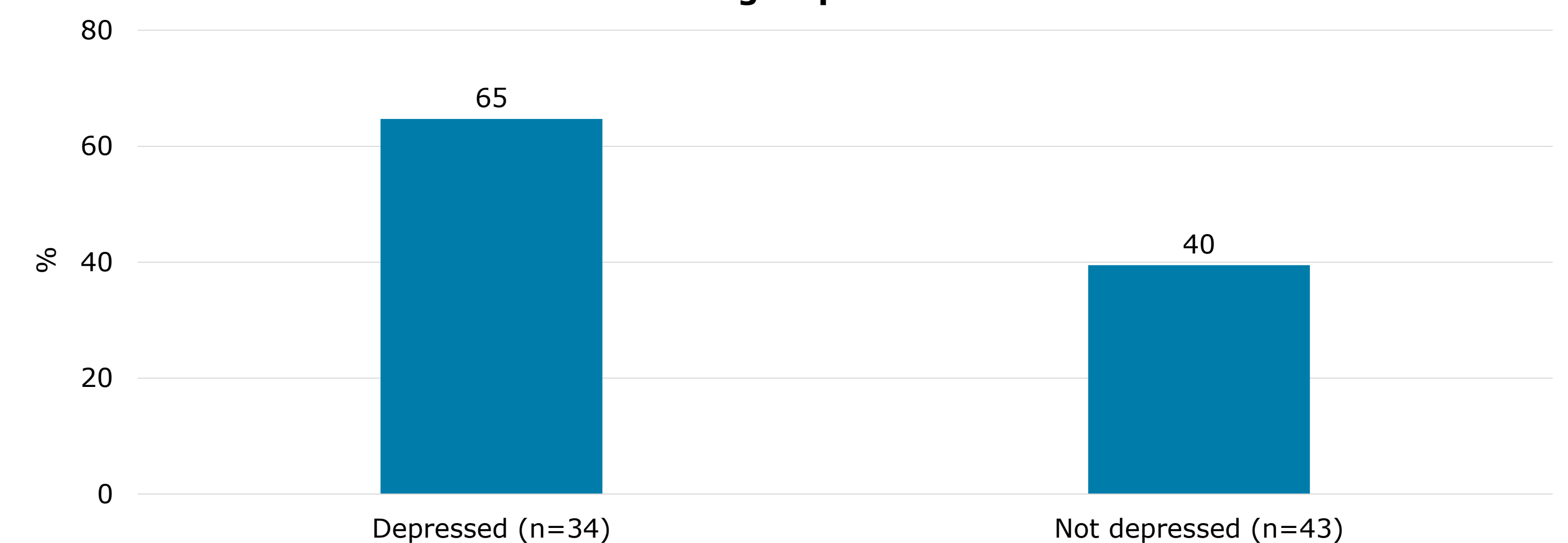
40% of all participants (n=30) experienced barriers in accessing Indigenous cultural and health services

Barriers experienced in accessing Indigenous cultural and health services (N=30)



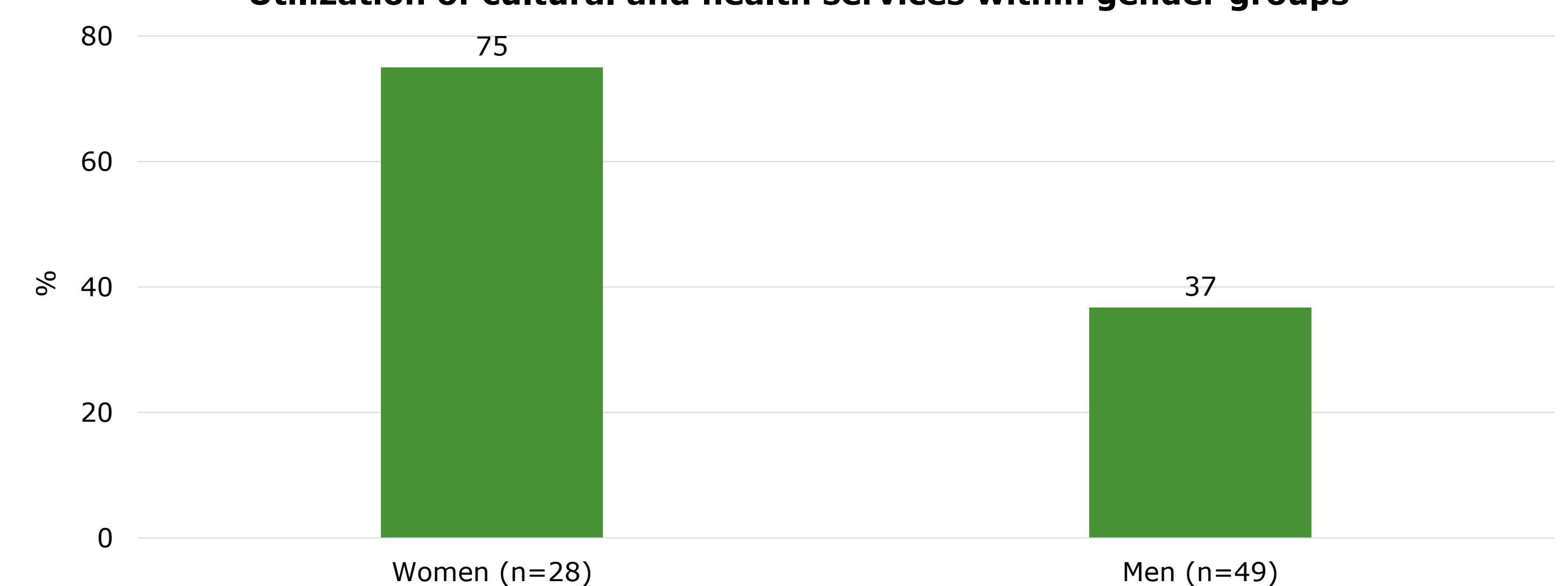
Those with a higher burden of depressive symptoms reported higher utilization of services than people with lower burden of depressive symptoms (p=0.028)

Utilization of cultural and health services within depressive symptom groups



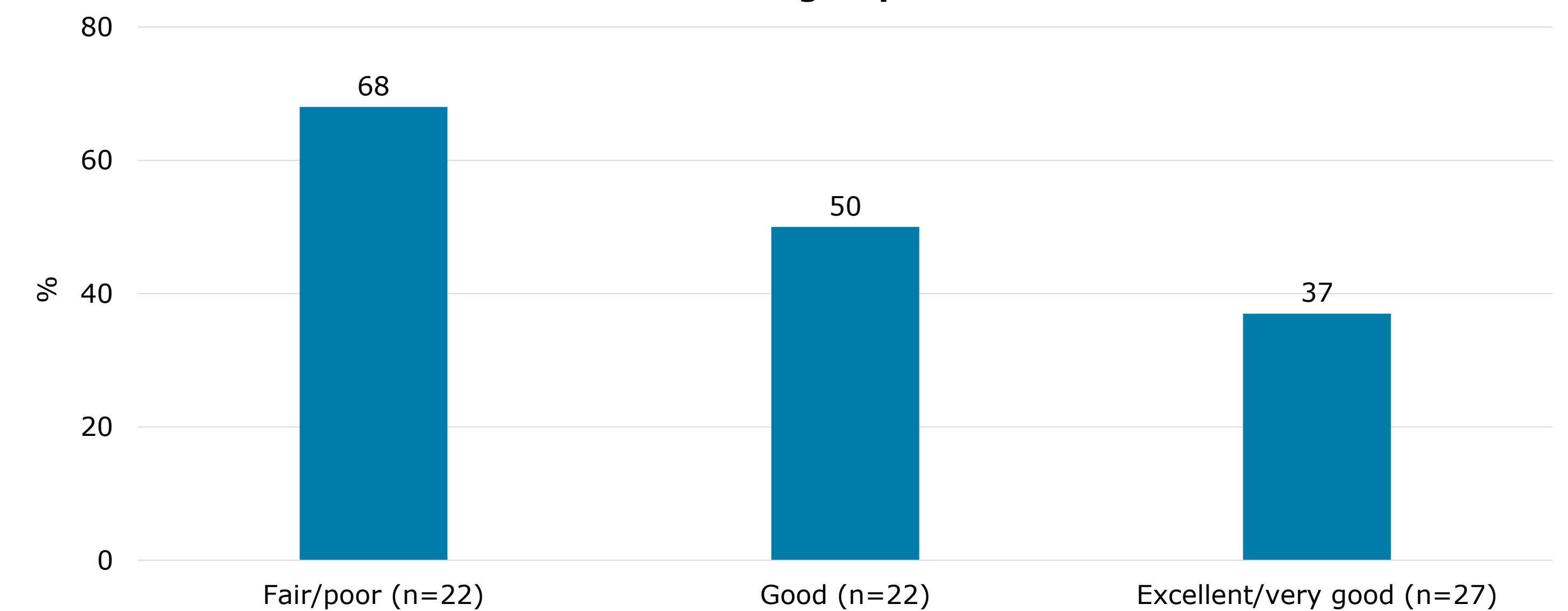
Women reported significantly higher utilization of Indigenous cultural and health services than men (p=0.015)

Utilization of cultural and health services within gender groups



Utilization of Indigenous cultural and health services declined with better self-rated general health status, but no difference between groups (p=0.095)

Utilization of cultural and health services within self-rated general health groups



Conclusion

More than half (51%) of Indigenous participants reported accessing cultural services.

Those who had lower self-rated general health were more likely to report accessing some form of cultural services, suggesting that those who are accessing these services are the ones who may be most in need of them.

Barriers to accessing these services still exist for many participants (38%). Identifying and removing these barriers is important to increase access to these services.

Acknowledgements

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References

1. Ontario HIV Epidemiology and Surveillance Initiative. (2021). *HIV diagnoses in Ontario, 2019*. <https://www.ohesi.ca/wp-content/uploads/2022/01/HIV-diagnoses-in-Ontario-2019.pdf>
2. McIvor, O., Napoleon, A., & Dickie, K. M. (2009). Language and culture as protective factors for at-risk communities. *International Journal of Indigenous Health*, 5(1), 6-25. <https://doi.org/10.18357/ijih51200912327>
3. Hill, D. M. (2009). Traditional medicine and restoration of wellness strategies. *International Journal of Indigenous Health*, 5(1), 26-42. <https://jps.library.utoronto.ca/index.php/ijih/article/view/28976>
4. Jongbloed, K., Pooyak, S., Sharma, R., Mackie, J., Pearce, M. E., Laliberte, N., Demerais, L., Lester, R. T., Schechter, M. T., Loppie, C., Spittal, P. M., Bozoki, V., Henderson, E., & For the Cedar Project Partnership. (2019). Experiences of the HIV cascade of care among Indigenous Peoples: A systematic review. *AIDS and Behavior*, 23(4), 984-1003. <https://doi.org/10.1007/s10461-018-2372-2>
5. Kroenke, K., Spitzer, R. L., Williams, J. B., & Löwe, B. (2009). An ultra-brief screening scale for anxiety and depression: The PHQ-4. *Psychosomatics*, 50(6), 613-621. <https://doi.org/10.1176/appi.psy.50.6.613>