

# Increased mortality among Indigenous persons in a multisite cohort of people living with HIV in Canada

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## Objective

The purpose of this study was to compare rate of death between Indigenous persons living with HIV and persons of other ethnicities, all of whom began HIV treatment since the year 2000.

## Importance of this Study

- In Canada, HIV disproportionately affects certain populations, including indigenous persons.
- There is limited research on recent treatment experiences of Indigenous persons in Canada, Australia, New Zealand or the US.
- This study uses Indigenous methodologies and community-based research principles to address a health research question that was identified by Indigenous community members.

## How this Study was Conducted

- Data was analyzed from the CANOC collaboration, an interprovincial collaborative cohort of HIV-positive individuals on antiretroviral therapy in Canada
- Study participants were followed from the date of beginning treatment until death, if it occurred.
- The effect of ethnicity on death was measured after controlling for the effects of other variables including: age, gender, injection drug use, being a man who has sex with men, hepatitis C, province of origin, year of starting treatment, type of treatment, and laboratory measurements at start of treatment (viral load and CD4 cell count).

## Study Results

- Most Indigenous participants were from British Columbia (83%), and others were from Ontario (13%) or Quebec (4%).
- Chances of survival were lower for Indigenous participants than for participants identified as Caucasian; African, Caribbean or Black; other ethnicities; or unknown ethnicities.
- Differences in death rates among indigenous persons and persons of other ethnicities appear to be increasing over time.

## Implications

- Effective HIV treatment is now widely available and there is an urgent need address the poor survival rates of Indigenous persons living with HIV.
- Future studies should examine the different challenges faced by Indigenous persons residing in urban versus rural areas, as well as structural barriers to health and wellness for Indigenous persons and Indigenous strengths for improving health.

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