

# Time to Make Health Services Safe from Stigma: Voices of Canadian Aboriginal People Living with HIV/AIDS and Health Care Providers

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# Purpose of Research

- To explore the experience of stigma among individuals with HIV/AIDS;
- To develop an intervention for the provision of health services to persons with HIV that mitigates the impact of stigma; and
- To optimize access to health services for this population.

# Design and Methods

- Participatory Action Research
- Edmonton and Ottawa (n=11)
- In-depth interviews with 33 individuals living with HIV
  - 16 Aboriginal and 17 non-Aboriginal
- Interviews and focus groups with health care workers
  - 27 HCW including physicians, nurses, social workers, psychologists, and dentists
- Analysis (audio-recorded, transcribed, coded using QSR\**N6* to identify major themes

# Key Findings

- Layering of stigma
- Barriers to service access
- Importance of Trust
- Connection between stigma and culture
- Recommendations

# Layering of Stigma

## Aboriginal Persons Living with HIV/AIDS

I went the one day [to the hospital], but then they tried to kick me out; they thought I was just a drunk off the street

I just didn't want to be put in that category because I was already dealing with a lot of other issues being – one, being Native; two, being in jail because I'm, you know, a Native. So – I didn't want to be put, black labeled

## Service Provider

But if [stigma is] REALLY strong then it sounds like it would be more counter-therapeutic to put them in the group. Sometimes heterosexual men that have gotten HIV through IV drug use, they'll, we wouldn't put those individuals in the group; it's primarily, actually, gay men living with HIV. Even though it's open to everyone ... we wouldn't put someone that has negative thoughts about gay men with HIV in the group because that would traumatize the other group members.

# Barriers to Service Access

## Aboriginal Person living with HIV/AIDS

And the women's group, they don't have that at [the Aboriginal Centre]. So – sometimes – its not comfortable just being Aboriginal [there].

Well he just kind of acted like he didn't want to; he didn't want nobody around him like that. I was HIV+, so I just didn't bother mentioning it to him. He didn't bring it up no more. He fixed my, pulled all my teeth, fixed me. It was good [but] I don't have to see him no more

## Service Provider

But patient confidentiality – we really try to avoid any crowding at the front desk. We'll tell people to stand back and give people spaces when they're discussing what they're coming in for.

We were always infectious disease, but there were certain days just HIV. So what we try to do now is we put other patients in, so we have different clientele in the waiting room. So this way, you don't know why you're there.

# Importance of Trust

## Aboriginal Persons Living with HIV/AIDS

“Oh – it’s just a drunken Indian, I can’t do nothing for her.” So, not much I could do about it. I couldn’t even get her to see a doctor anymore, she just refused, stayed on the reserve.

## Service Provider

I’d say I’ve made a good relationship with most of the people here that I deal with, because I was at the front desk, and they saw me in one role, and then I gained their trust, and now I’m in the clinic. [...] So, there’s humor sometimes, [pause] or I offer them to go off to the main lab.

# Connection between Stigma and Culture

## Aboriginal Persons Living with HIV/AIDS

I: Have you used their services quite a bit? P: Well, maybe the women's healing circle or just [to] talk about our problems. I: Okay. P: In our language – it helps.

## Service Provider

What I want to say is that it is very clear to me that, when APPROPRIATE services are provided, by appropriate, I mean nonjudgmental, competent, culturally appropriate, clients will come. We have clients that have seen other counselors, and they are flocking to come and see us. Clients will come.

# Conclusions and Recommendations

- Stigma continues to influence decisions and access to appropriate health services for Aboriginal persons living with HIV/AIDS
- Services can re-orient at several key points
  - Acknowledge layered stigma and adapt services as needed (e.g. avoid mixed population support groups, etc.)
  - Improve services to reduce access barriers (e.g. confidentiality, public greetings, camouflaging services, etc.)
  - Establish trusting client-provider relationships (e.g. takes time, flexibility, warmth, etc.)
  - Recognize the importance of culture (e.g. establish services that are culturally competent, hiring Aboriginal staff, etc.)

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