

IUCH HIV/STD WORKING GROUP
X ICCH, Anchorage, Alaska, USA
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Participants:

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Wendy Craytor, Anchorage, AK, USA (Co-Chair)

Points from the Discussion:

After introductions, each participant around the circle offered examples of successes and frustrations from their areas or asked questions of the others. One participant immediately raised a key question: how can we help people change behaviors?

Potential barriers to increasing awareness and changing behaviors:

There can be many problems for service delivery in rural areas. These may include local resistance or barriers due to traditions and language or physical barriers such as weather.

To get behavior change, the community needs to see this as a priority. HIV/AIDS may not be a priority in villages. Working with the community may also surface multiple issues.

Some villages may not even allow health workers to discuss AIDS. Small discussion groups can help address issues of disclosure and healing.

Young people may have knowledge but “forget” when doing drugs or drinking.

Parents sometimes worry that health educators are putting ideas (using condoms, etc.) into their kids' heads ("information encourages action"). Kids therefore don't receive this information in these homes.

Low comfort levels among doctors and nurses can serve as a barrier to their exploring these issues with patients or providing information.

There is little advertising in popular media about STDs or condom use.

Possible strategies:

Telecommunications and computers may offer possible solutions in some areas.

Things are really developing from the Inuit women's political organizations – they're looking at many issues.

Self-esteem, values, respect – many things start within the home with a sense of belonging and identity. Young people are more willing to speak out on issues when they are shared in the home.

The attitude of the health care worker is critical. Having alternative sources for information and testing (options) available to people is helpful.

The comfort level of the teacher in presenting and discussing this type of information is really critical for youth in schools.

Condom use:

A project that increased condom access in villages around Nunavik decreased Chlamydia and gonorrhea. The project increased the number of condoms distributed by 3-4 times. Supporting those in the villages who already were sensitized to condom use was a successful strategy.

Youth peer education:

Peer education for youth is well received in some areas. Youth can't always "hear" information from adults, and not all adults are comfortable providing it.

In an Alaska experience, peer education was found most valuable for the participating youth peer educators. Carrying the message to their peers at home was much harder for them. Peer educators need to have support, especially from an adult (it can be anyone). In cities, other peer educators can provide additional support but this is not possible in villages.

Theater, drama, and cultural celebrations can offer useful venues for information sharing.

In Quebec, a group of youth initially involved in a puppet theater became peer counselors, then they started their own youth radio and other activities.

HIV treatment:

Treatment issues for rural areas can include fragmented care systems – can rural case management provide education and support?

HIV testing:

Lack of confidentiality is a problem. Testing needs to occur in a safe place. People often leave small communities for testing.

HIV testing offers a good opportunity for prevention education. Some feel testing can enhance the education.

Home HIV specimen collection kits now offer an important testing option.

STD:

Treatment of STD is also an important HIV prevention strategy.

Individuals with STD are candidates for HIV prevention education.

Data Needs:

Public health is about using information for action. There are lots of things that would be nice to know, but what's really necessary?

There are many reasons for which we can gather and use data, but the data needed to answer different questions may be very different. It's critical to target our limited resources effectively. We need data to get a picture of the epidemic, to help sustain or acquire necessary resources, and to mobilize community action.

Anonymous, unlinked prevalence studies provide a better idea of what's going on with the epidemic than voluntary testing activities.

Challenges and take home messages:

Our challenge is to educate each other, our communities, and health care workers to carry the message.

People who are working on the front lines shouldn't get discouraged – you can make a difference!

Respectfully submitted,

Wendy Craytor
Co-Chair