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Factors Impacting Vulnerability to HIV and Other STBBIs

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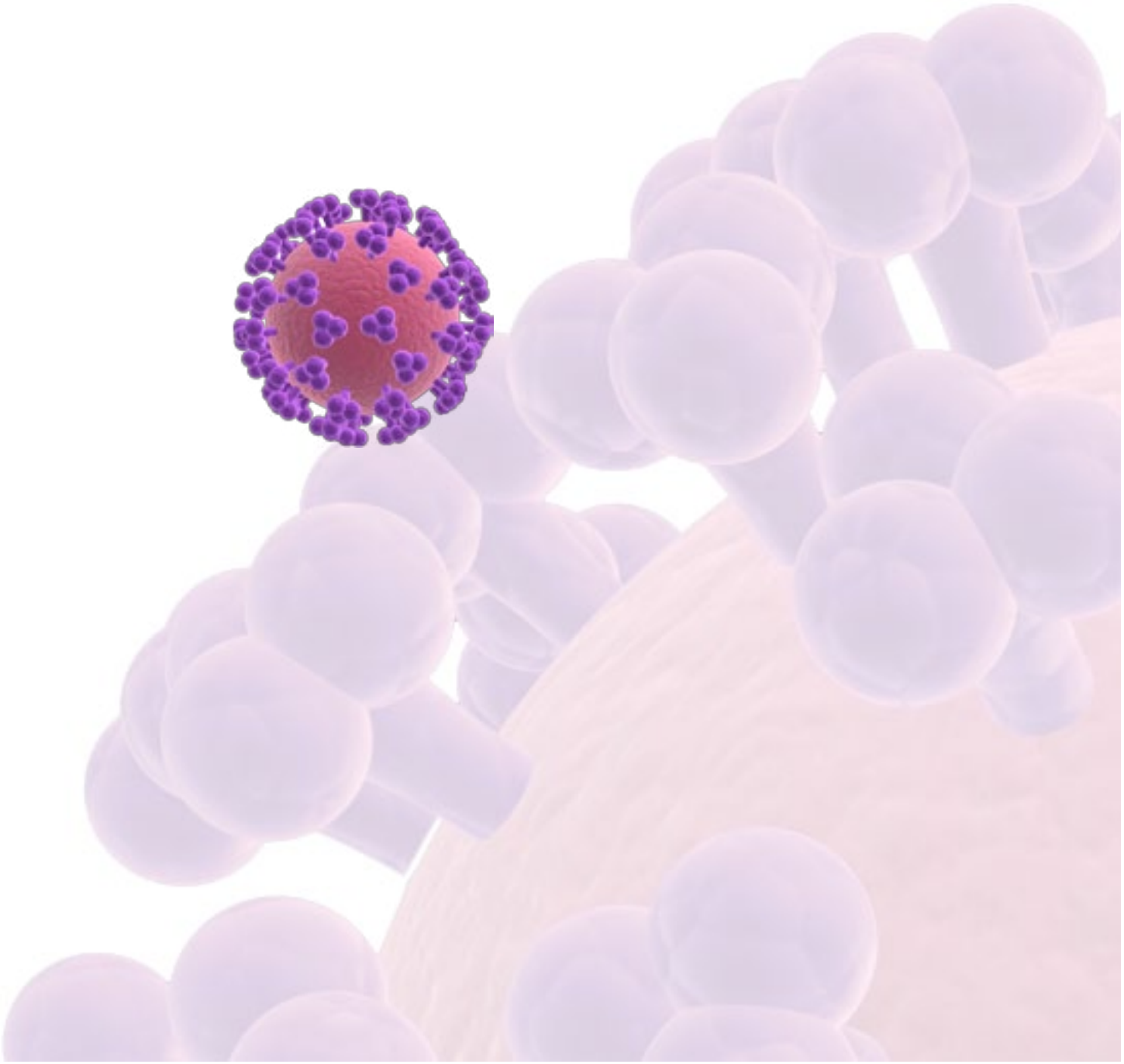


List of terms and short forms

Not all of these terms are used in this document, but they are all useful in understanding the context of STBBI prevention and sexual health.

Aboriginal peoples: First Nations, Inuit, and Métis people in Canada (for the purpose of this document).

ACB: African, Caribbean, and Black communities; there is a high rate of HIV within groups of people in Canada who have originated from ACB countries.

AIDS: Acquired immune deficiency syndrome; caused by HIV infection and diagnosed according to certain clinical criteria, such as AIDS-defining illnesses and specific blood tests.

ASO: AIDS service organization.

Barrier-less sex: Sexual activity that does not include any type of physical protective barrier; examples of barrier methods include condoms and dental dams.

BBI: Blood-borne infection; transmitted by direct blood contact from one individual to another through injured skin or a mucous membrane; also transmitted through drug use and sexual contact; examples include hepatitis A, B, and C.

Bisexual: An individual who is sexually attracted to both men and women.

CBO: Community-based organization.

Co-infection: More than one infection at a time; HIV and HCV are examples of co-infections.

CPHA: Canadian Public Health Association.

DoH: Determinants of health; health is determined by complex interactions among social and economic conditions, the physical environment, and individual behaviour; in Canada, 12 broad determinants of health have been identified; some examples are gender, income, employment, working conditions, housing, and education; these determinants do not exist in isolation from each other; it is the combined influence of the determinants that results in health status. See also SDH (social determinants of health).

FIV: Factors that impact vulnerability; factors that impact a person's risk of STBBIs and vulnerability to STBBIs.

Front-line service providers: Any individual who is the first point of contact with the patient or client of a public health unit, community-based organization, or AIDS service organization.

Gender identity: A person's self-image or belief about being female or male; does not always correspond to biological sex.

HCV: Hepatitis C virus.

Health equity: The absence of health disparities between groups even though they are differently advantaged according to the social determinants of health; reducing the barriers that result in health disparities leads to health equity.

HEIA tool: A health equity impact assessment tool.

Hepatitis: A viral inflammation of the liver; there are several different forms of the virus, including types A, B, C, D, E, and G; hepatitis C is often associated with intravenous drug use and is a chronic liver disease.

HIV: Human immunodeficiency virus; results in a combination of illnesses that in advanced stages can lead to AIDS.

MSM: Men who have sex with men, regardless of how they identify themselves; this is an epidemiological classification for STBBI transmission.

Perinatal: The period directly before and after birth.

PHAC: Public Health Agency of Canada.

Priority populations: Populations identified by PHAC as most at risk of STBBIs in Canada, based on risk exposure categories and rates of infection collected by PHAC; eight broad categories have been defined; the categories are not mutually exclusive; the overlap and intersection between groups results in complex identities and complex health issues.

Risk gradient: The more prevalent risk factors for STBBIs are in a person's life, the more a person's risk increases over time and the greater the risk a person faces from the various factors; social gradient is similar: the lower a person's socio-economic status, the lower a person's health outcome is likely to be.

SDH: Social determinants of health; specific to the social and economic conditions that shape the health of individuals, communities, and countries; these determinants also influence the extent to which individuals have the physical, social, and personal resources to achieve their goals, satisfy their needs, and cope with their environments.

Sexual orientation: How people think of themselves in terms of sexual desire for another person.

STBBI: Sexually transmitted and other blood-borne infections; examples include chlamydia (sexually transmitted) and hepatitis C (blood-borne).

STBBI HEIA tool: The tool developed as part of the CPHA project Developing Core Competencies for STBBI Prevention.

STI: Sexually transmitted infections; infections caused by sexual activity or exposure. (Note: The term sexually transmitted disease is no longer used.)

Transgender: A person whose gender identity, outward appearance, expression, or anatomy does not fit into conventional expectations of male or female.

Two-spirited: "Native people who are gay, lesbian, bisexual, and transgender individuals who walk carefully between the worlds and genders," as defined by the organization 2-Spirited People of the 1st Nations; this term is not used in all communities.

Factors that Impact Vulnerability (FIV) to Sexually Transmitted and Other Blood-Borne Infections, including HIV (STBBIs)

Introduction

The Canadian Public Health Association (CPHA) developed a set of core competency statements for front-line workers in STBBI prevention along with a health equity impact assessment tool specific to STBBIs (the STBBI HEIA Tool) through its project Developing Core Competencies for STBBI Prevention. This document, "Factors that Impact Vulnerability to STBBIs," can be a stand-alone tool but was designed as a companion resource to be used when completing the tool's template.

The factors contained in this document do not constitute a definitive list. They serve as a starting point to identify some of the key factors that affect a person's risk in relation to STBBIs. They highlight where front-line workers may act to improve health outcomes in STBBI prevention.

During this project, we looked at whether there are determinants of health (DoH) and social determinants of health (SDH) that specifically affect a person's vulnerability to STBBIs. We also looked to see if these determinants are found only in priority populations or if they apply to all populations that are vulnerable to STBBIs. We found that there are factors that affect a population's vulnerability to STBBIs; some apply to all populations and some apply uniquely to priority populations.

In addition to the DoH identified by the Public Health Agency of Canada (PHAC), there are other factors that impact a person's vulnerability to STBBIs. We have presented these FIV in relation to priority populations. These factors may work together to increase or decrease vulnerability, depending on the level to which they affect an individual's life.

As research evolves, further data may be uncovered and these factors should be refined and updated. The FIV provide a unique lens through which an initiative can be assessed while allowing organizations to adapt them and add others that they identify.

How to Use the FIV

The FIV have been developed as part of the STBBI HEIA Tool to help you assess an STBBI-prevention initiative.

Front-line workers can also use these FIV to develop STBBI-prevention activities and guide day-to-day interactions with service users. For example, understanding some of the FIV may help workers develop a communication strategy that builds trust with a client.

How the FIV Are Organized

The FIV are organized by populations, including a list of overarching generic FIV that apply to all populations vulnerable to STBBIs. We have also provided two additional frameworks as alternative ways of looking at the FIV: the Impact Level Framework and the STBBI Prevention and Progression Framework.

Populations

The populations used in this document are based on the priority populations that PHAC identifies as being most at risk for HIV/STBBIs. The tool may not have identified all high-risk groups; however, it is a starting point for you to plan and implement prevention activities.

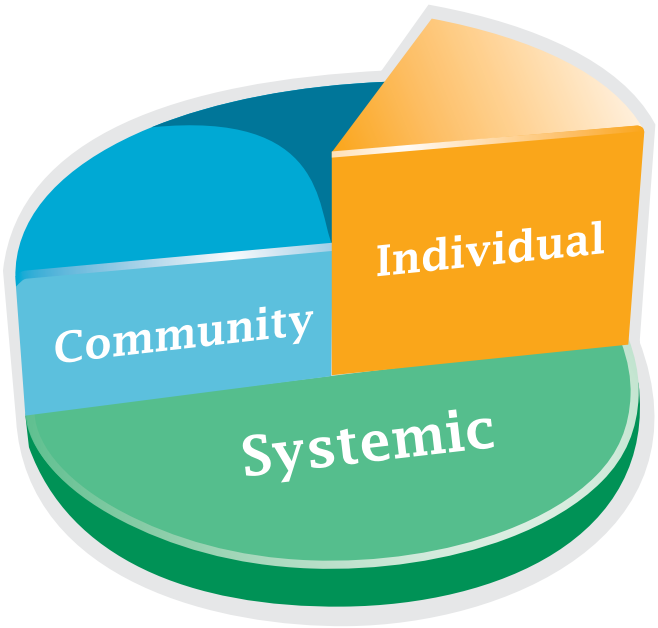
The terminology has been adapted to more accurately reflect the complex identities within groups and individuals who are vulnerable to STBBIs, and is not intended to suggest that all persons in an exposure category are at risk. The underlying premise of the FIV is to identify how some factors impact risk of STBBIs in general and other factors impact risk in specific populations.

It is important to note that CPHA recognizes that the population categories are not mutually exclusive. As such, this document uses PHAC's populations as a starting point from which we can identify the intersections between populations (e.g., First Nation and MSM and urban-dwelling individuals). We can then identify the unique risks. Populations are not self-contained, and individuals in one group

interact with members of other groups. This highlights how FIV may manifest within a community.

Members of priority populations are at greater risk for STBBIs. Several factors place them in situations that can affect their health and further impact their risk of infections. However, health and personal circumstances change from one individual to the next and throughout a person's life. Addressing situations and circumstances that affect their health is central to understanding these factors.

Framework for Levels of Impact



Systemic	• Political, economic and social environment • Health systems and services
Community	• Cultural context • Social context and participation
Individual	• Individual characteristics and circumstances • Individual health literacy and practices

Figure 1

Organizations that work with multiple or intersecting populations can work with the FIV by impact level rather than by population. Understanding the levels of impact allows front-line workers to identify where FIV may occur so that they can better respond to those factors.

STBBI Prevention and Progression Framework

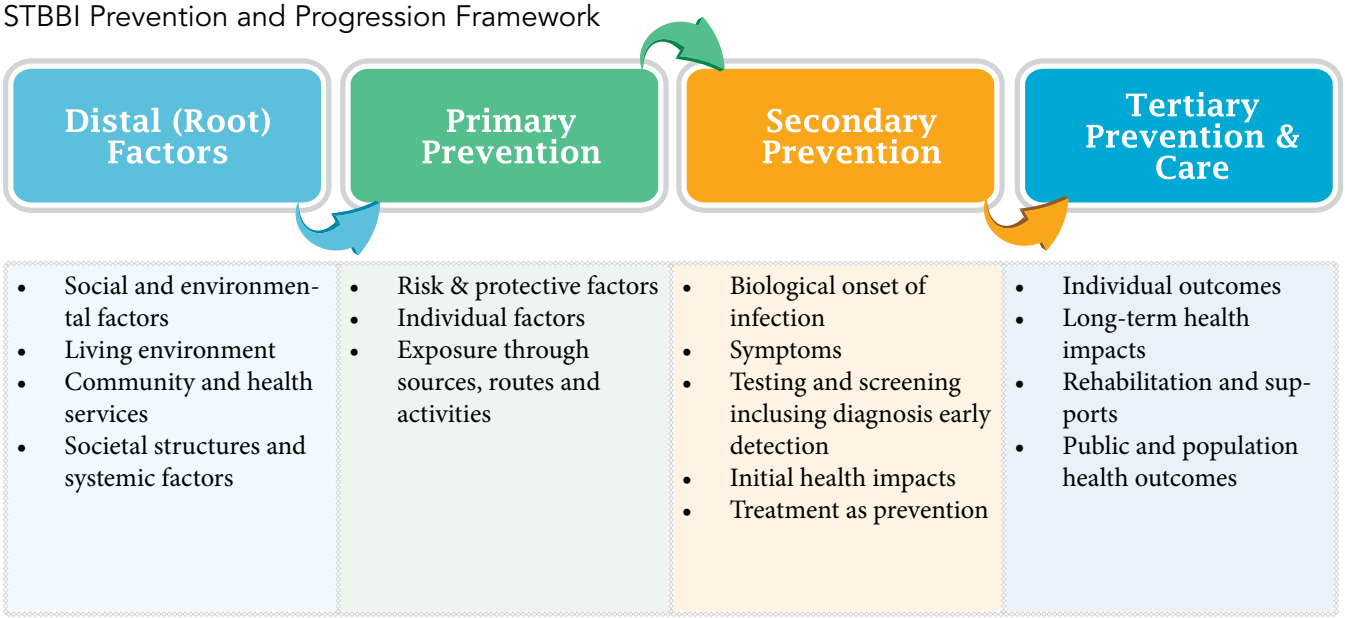


Figure 2

The framework in Figure 2 was constructed from a number of existing models; it has been adapted for STBBI prevention. Understanding the levels of prevention and the progression of STBBIs allows front-line workers to identify where FIV may occur and then better respond to those factors.

This framework can help you design prevention activities; it links prevention with the different stages of infection and allows you to develop a more holistic approach to health outcomes. This framework is consistent with a health equity approach. It also includes factors that impact the individual, the community, and the system.

All populations vulnerable to STBBIs

It is important to note that the priority population categories are not mutually exclusive. Individuals interact with members of different groups and this changes how the FIV may be seen within a community. It is also important to highlight disability and mental health as underlying determinants that affect individuals and can increase their risk of STBBIs.

(click to view table)

People from African, Caribbean, Black (ACB), and other countries where HIV is endemic, including newcomers

While individual risk may vary within a population, there are differences in the way these factors apply to people who have recently emigrated from nations where HIV is endemic, compared to the more established, long-standing communities of immigrants.

Before you review these examples, remember to review the generic factors as they apply to all populations.

(click to view table)

Aboriginal peoples

While Aboriginal peoples are categorized homogeneously in health surveillance data, it is important to recognize their diversity. The term Aboriginal describes First Nations, Inuit, and Métis (FN/I/M) as well as the large number of different tribes and communities. Aboriginal does not accurately capture the differences between the groups. Nor does it cover the differences between on- and off-reserve groups and status and non-status groups or the disparities among First Nations, Inuit, and Métis peoples. Finally, there are disparities as well within each community.

Before you review these examples, remember to review the generic factors as they apply to all populations.

(click to view table)

Gay, Bi- Sexual, Two-Spirit and other Men who have Sex with Men (MSM)

Health surveillance data categorizes gay, bisexual, two-spirit, and other MSM as a single category. However, FIV and risk levels do not apply uniformly to this group. Also, gender binary statistics erase the prevalence of risk among transgendered people.

Before you review these examples, remember to review the generic factors as they apply to all populations.

(click to view table)

People who use substances, including people who inject drugs

This priority population includes intravenous drug users and people who use drugs in a variety of other ways. This group may face other issues (including mental health problems, poverty, homelessness, legal problems, isolation, and marginalization), which compound risk.

Before you review these examples, remember to review the generic factors as they apply to all populations.

(click to view table)

People who are or have been in prison

The following factors take into account where a person is on the continuum from incarceration to re-entry into

the community. The process of re-integration and the effects of incarceration can last a lifetime.

Before you review these examples, remember to review the generic factors as they apply to all populations.

 (click to view table)

People who are living with HIV

This population is affected by all of the FIV, which may be compounded by the stigma and discrimination that people face when they receive the diagnosis and experience disabilities and episodic illness caused by HIV.

Before you review these examples, remember to review the generic factors as they apply to all populations.

 (click to view table)

Women at Risk

Not all women are at the same level of risk or vulnerability. The category of women includes subcategories of women and intersecting populations where risk may be unevenly distributed. There are subgroups of women, such as transgendered women, First Nation women, and sex workers, who are at higher risk for STBBIs. While heterosexual women are considered low risk, they represent an increasing proportion of people living with HIV and other STBBIs.

Before you review these examples, remember to review the generic factors as they apply to all populations.

 (click to view table)

Youth at Risk

The definition of *youth at risk* varies widely. It may include youth who are

- street-involved,
- involved in sex work,
- using and trading drugs,
- involved in sexual experimentation,
- homeless, or
- transient

Before you review these examples, remember to review the generic factors as they apply to all populations.

 (click to view table)

Concluding Remarks

These factors are provided to help foster discussion about the factors that impact vulnerability for priority populations. These are not the only factors nor do they apply only to populations at risk.

It is important to note that these populations are not mutually exclusive. The overlap in population groupings and subgroupings can produce intersecting populations where FIV may connect to create unique circumstances that may make people more vulnerable to the risk of STBBIs.

For more information about intersecting populations, see CPHA's STBBI Health Equity Impact Assessment (HEIA) Tool.

For more information about factors that impact vulnerability (FIV), see CPHA's Core Competencies for STBBI Prevention.

For more information about CPHA's project Developing Core Competencies for STBBI Prevention, please see the CPHA website at www.cpha.ca.