

HIV/AIDS

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HIV/AIDS in rural Alberta

The number of immigrants and refugees migrating to Canada and Alberta from countries with a high incidence of HIV/AIDS has been on the rise within the last 10 years. Many of them settle in rural Alberta, away from a major centre.

Tam Truong Donnelly in the Faculty of Nursing and her research team, with funding from CIHR, have spent the past two years focusing on these immigrants in order to understand the health care milieu they experience. The ultimate goal is to offer effective strategies to meet the needs of those living with HIV/AIDS and to reduce the risk of HIV/AIDS transmission. The study's technical report, published in June, suggests there are significant barriers to HIV/AIDS prevention, early detection and accessible treatment, among other obstacles, especially in these rural areas.

"Our goal for the entire project is to promote early detection and the use of HIV prevention activities," says Donnelly, adding that this report is only Phase One of a three-pronged project. "Ensuring support for those who are HIV positive within the health-care system would certainly ease the burden." Measures recommended in the report include translation services, partnerships between health care providers and newcomers' organizations and community groups as well as a culturally sensitive family-centred care approach to reduce social stigma and discrimination associated with race and HIV status.

Education should be another area of concentration, Donnelly stresses. "There is a gap in immigrants' knowledge about HIV/AIDS. They are aware the disease is spread through sexual contact, but beyond this, they don't know much about it. That includes where to go for testing and treatment or even what the treatment consists of although many know that medications are available in Canada."

Donnelly's team of researchers and health care professionals from the U of C (Catherine Worthington and Daniel Lai from social work), the University of Alberta (Kathy Kovacs Burns) and Alberta Health Services (Paul Schnee) interviewed 34 health care service providers and 39 members within 17 ethnic communities in this first phase. Phase II involves methods for implementation of intervention strategies using intensive collaboration with health care decision-makers and ethnic community leaders. The final phase will evaluate those interventions and, Donnelly hopes, recommend a model to assist other provinces and agencies in addressing HIV/AIDS within smaller rural centres.

"Sustainability is an area we will be focusing on," Donnelly adds. "We have to be able to sustain these interventions and empower the communities. And we must do it in a culturally appropriate and sensitive way so that we help reduce the stigma attached to HIV/AIDS. I am confident we can do that as we move forward."



Tam Truong Donnelly wants to promote early detection and the use of HIV prevention activities.

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