

# **Renewing Our Response**

**Provincial Aboriginal HIV/AIDS Forum  
Tsleil Waututh Nation, North Vancouver  
March 17-18, 2005**

**Final Report and Recommendations  
April 2005**

**Prepared for  
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April 2005**

# **Renewing Our Response**

## **Aboriginal HIV/AIDS Forum**

### **March 17-18, 2005**

#### **Executive Summary**

The purpose of this document is to convey recommendations from the **Renewing Our Response Aboriginal HIV/AIDS Forum** to participants, stakeholders, Aboriginal political groups, government and other funders. Held on March 17-18 2005, forum participants were asked to provide recommendations on how to move forward in reducing the impact of HIV/AIDS in the Aboriginal community.

The forum was initiated by the three provincial Aboriginal HIV/AIDS service providers; Chee Mamuk, Healing Our Spirit, and Red Road Network, who requested support from Provincial Health Services Authority. The purpose of the forum was to find ways to effectively address the increase in Aboriginal HIV/AIDS.

This opportunity to make recommendations for changes to service, funding, program development and response is partly in acknowledgment that efforts to manage the Aboriginal AIDS epidemic have had limited success. With several levels of HIV/AIDS strategies now in place<sup>1</sup>, all referencing Aboriginal community, it is necessary to refocus energies on what works well, and what needs changing in order to succeed in addressing HIV/AIDS in the Aboriginal community.

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<sup>1</sup> See Appendix 3 for list of community, provincial federal and Aboriginal HIV/AIDS strategies

This document records recommendations from Aboriginal community members, from Aboriginal persons with HIV/AIDS, from front line Aboriginal workers, and from AIDS service organizations, both Aboriginal and non-Aboriginal.

There are many good reports outlining the socio-economic and historical factors contributing to the increasing overrepresentation of Aboriginal people with HIV/AIDS provincially; for injection drug users, for Aboriginal women, who are now at highest risk for new infections, and for Aboriginal youth, who are at extremely high risk in the Northern Interior of BC. Many Aboriginal people with HIV don't access care, treatment, and support; indeed, many with HIV have not been tested, and do not know they are carrying the virus. Increased targeting for prevention and interventions are needed for Aboriginal people, especially within this area.

The need to enable and support the Aboriginal community to develop long-term HIV/AIDS plans for prevention, education, care, treatment and support was emphasized. Funding restrictions, proposal driven competitiveness, and annual or short-term contracts were identified as hindrances to both short and long-term success.

A more inclusive and holistic approach to prevention, care, treatment and support was identified as necessary. Wrap-around supports are needed for Aboriginal people with multiple diagnoses and challenges, such as addictions, fetal alcohol spectrum disorder, unemployment and homelessness.

Disability definitions were identified as a debilitating barrier for Aboriginal people with HIV/AIDS. The mobility of Aboriginal people from reserve communities to urban centres often results in reduced service access and support. Aboriginal people with HIV/AIDS must reapply for disability status when going on and off reserve, and these jurisdictional complications can result in increased poverty, including homelessness, hunger, and delayed or disrupted life sustaining medication regimens, resulting in illness leading to earlier death. A change to a more streamlined approach to on/off reserve disability definitions is necessary so that HIV positive individuals can better access services.

It is strongly recommended that Aboriginal communities develop our own community HIV/AIDS strategies, and policies. While there are six or seven levels of HIV/AIDS strategies in place now, the important community-developed and supported foundation strategy has yet to be developed in most Aboriginal communities. Effective community driven strategies need Aboriginal political leadership and support at the community, provincial and national levels.

The existing provincial and national HIV/AIDS strategies tend to be complex, and don't coordinate or intersect well. All strategies should be reviewed for coordination and clarity for the end user or client as well as service providers.

A full list of recommendations from the Renewing our Response forum is included in this report.

## Table of Contents

Executive Summary .....	ii
Table of Contents.....	1
Forum Overview .....	3
Forum Discussion.....	6
Funding .....	6
Service Coordination.....	7
Political leadership.....	7
How to use this report .....	8
Forum Recommendations.....	9
Responsibility and Timeframes.....	15
Appendix 2: Forum Presentations.....	22
Appendix 3: HIV/AIDS Strategies, Action Plans .....	26
Acknowledgements .....	27
Further Information.....	27

**Renewing Our Response**, a provincial Aboriginal HIV/AIDS forum, was held on March 17 and 18, 2005, at Tsleil Waututh Nation in North Vancouver. The purpose of the forum was to examine service, support challenges and funding, and to constructively seek recommendations to address the Aboriginal HIV/AIDS epidemic. **Renewing Our Response** was funded by Provincial Health Services Authority (PHSA); and co-hosted by the three provincial Aboriginal HIV/AIDS agencies; Chee Mamuk Aboriginal Program, BC Centre for Disease Control, (Chee Mamuk) Healing our Spirit, BC Aboriginal HIV/AIDS Society (HOS), and Red Road HIV/AIDS Network.

To ensure full support of the forum recommendations, particularly from Aboriginal persons with HIV/AIDS and Aboriginal community members, the draft recommendations were presented and supported at the Healing Our Spirit annual conference on April 12, 2005 in Kelowna, BC.

Approximately 85 participants attended **Renewing Our Response**, including Aboriginal community members, Aboriginal Persons with HIV/AIDS (APHA's) Aboriginal AIDS service organizations (AASO's); AIDS service organizations (ASO'S), representatives from Public Health Agency, Correctional Services Canada, Assembly of First Nations, Canadian Aboriginal Aids Network, Provincial Health Services Authority, British Columbia Centre for Disease Control, Ministry of Health Services, Métis Provincial Council of BC, Vancouver Island Health Authority, Vancouver Coastal Health Authority, Interior Health Authority, Okanagan Aboriginal AIDS Society, Vancouver Native Health

Society, Positive Living North, and Positive Living Northwest. Representatives from all regions of the Province attended, and service providers that are not Aboriginal specific but also serve Aboriginal people attended, including the Oak Tree Clinic, Dr. Peter Centre, Youth Co, Positive Women's Network, Aids Vancouver, and Aids Vancouver Island.

In her opening remarks, Dr. Elizabeth Whynot of Provincial Health Services Authority outlined the increase in Aboriginal HIV/AIDS, and the challenges and difficulties associated with prevention, education, care, treatment and support within the Aboriginal social network. She asked forum participants, **“How can we move forward in reducing the impact on Aboriginal HIV/AIDS?”** Participants were urged to develop a clear set of recommendations as an outcome of the forum which will be forwarded to funders, service providers, participants, Aboriginal communities, and political representatives.

**“We cannot advocate without direction”.**

## **Forum Overview**

The forum began with presentations of HIV/AIDS strategies and action plans. While not all strategies were presented, a list of current existing strategies is attached as Appendix 3. The following overviews<sup>2</sup> of services and strategies were provided at the forum:

## **Aboriginal Community Policies and Strategies**

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<sup>2</sup> See Appendix 2 for presentation information; Appendix 3 for strategies and/or action plans

The following First Nations communities are in various stages of developing strategies and/or HIV/AIDS policies:

Canim Lake Band<sup>3</sup> and Nuu-Chah-Nulth Tribal Council have developed HIV/AIDS policy. Both groups were unable to attend the forum; however the Canim Lake Band community model received recognition and praise among Aboriginal community members, community partners, and funders.

Canim Lake Band and Nuu-Chah-Nulth have developed an HIV/AIDS Policy for their community.

Sliammon First Nation and Moricetown Indian Band and the Titqet (Lillooet) are working on an HIV/AIDS Policy.

The following Bands have adopted binding agreements on HIV/AIDS priorities, such as awareness, confidentiality, and reducing harm:

- ❖ Upper Nicola Band
- ❖ Lower Similkameen
- ❖ Upper Similkameen
- ❖ Westbank First Nation
- ❖ Okanagan Indian Band
- ❖ Osoyoos Indian Band
- ❖ Penticton Indian Band

#### Chee Mamuk Aboriginal Program

- ❖ In a three trip community commitment process Chee Mamuk offers: 1) community assessment, 2) implementation of prevention and education and 3) policy development. Community Development is offered with all three steps. Chee Mamuk also provides research; information and materials development.

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<sup>3</sup> See Appendix 1: Canim Lake Band HIV/AIDS Community Model

Healing Our Spirit BC First Nations AIDS Society

- ❖ Prevention, education, member care and support, peer support, annual conference, Hep C program

Red Road Network

- ❖ *Pathways to Wholeness Aboriginal Strategy*, information and networking services, service mapping, Bloodlines Magazine

Vancouver Native Health Society

- ❖ Care, treatment and support services in the downtown eastside

Positive Living North

- ❖ Care, treatment and support services in Prince George, Cedar Project, a study of Aboriginal HIV/AIDS risks for youth

Canadian Aboriginal Aids Network

- ❖ *PowerPoint presentation (and hard copies in kits) of Strengthening Ties, Strengthening Communities – An Aboriginal Strategy for HIV/AIDS in Canada (2003)*

Assembly of First Nations

- ❖ *PowerPoint presentation of HIV/AIDS Action Plan*

Office of the Provincial Health Officer for BC

- ❖ Statistics, and plans for update of *The Health and Well-being of Aboriginal People in British Columbia (2001)*

Ministry of Health Services

- ❖ *Priorities for Action, Managing the Epidemics – HIV/AIDS in BC*

Public Health Agency of Canada

- ❖ *Federal Initiative to Address HIV/AIDS in Canada – 2005*
- ❖ *Leading Together – Canada's HIV/AIDS Action Plan 2004 – 2008*

Correctional Services Canada

- ❖ Overview of HIV/AIDS prevention, education, care treatment and support services for incarcerated Aboriginal men and women

## **Forum Discussion**

### ***Funding***

Funding was continually raised as a challenge in providing adequate services. In total provincial health services authority provides about \$800,000 for Aboriginal HIV/AIDS. The federal government will double their HIV/AIDS funding over the next five years.

Funding support needs to be increased at a level proportional to the increasing youth population. Funding continues to be funded at levels provided over ten years ago and have not kept up with the cost of living, making it extremely difficult to provide prevention, education, care treatment and support services to a larger community in need.

Forum participants described the funding guidelines for federal and proposal development as highly restrictive and overly competitive. Recommendations include adjusting the federal funding guidelines and federally sponsored proposal calls to enable regional variances.

The north region was identified as particularly lacking HIV/AIDS education, prevention, care, treatment and support services; a recommendation includes funding more services in the north.

Fundraising through arts or celebrity events, and working with pharmaceutical companies for sponsorship of community events were other funding recommendations

### ***Service Coordination***

There was discussion around service coordination between Aboriginal service providers and between Aboriginal and non-Aboriginal service providers. Low HIV/AIDS funding levels have led to an environment of competition rather than collaborative service planning between agencies during proposal calls. Indeed, one funder acknowledged their proposal process as highly competitive. There was acknowledgement that service providers tend not to share proposal planning, in order to successfully compete for limited funding. AASO's prefer to remain autonomous in providing culturally competent programs and services. It was agreed that the end user or client is the loser in this situation. All service providers committed to improving relationships with each other, and made recommendations to find methods to reduce the funding competitiveness. For example, Oak Tree Clinic has excellent services for women with HIV, specialized HIV care for infected women, pregnant women, partners, children and youth, and support services for affected families. A collaborative approach between ASO's and AASO's was encouraged to improve access to services and address service barriers.

### ***Political leadership***

It was agreed that Aboriginal political leadership must become fully engaged in the fight against HIV/AIDS. There are few Aboriginal community HIV/AIDS policies or strategies in place. The forum participants urge Aboriginal leaders to give serious consideration to working towards improved health and wellness of Aboriginal community members and leaders, and in particular, removing the stigma around HIV/AIDS within Aboriginal community. It was recommended that Aboriginal people respect and model traditional

values and beliefs such as respect, trust, truth, compassion, etc. in order to erase the stigma associated with HIV/AIDS.

### **How to use this report**

The recommendations are listed below numerically, with a short explanation of each recommendation. The Responsibility and Timelines table lists the recommendations within group categories for quick reference. It identifies who is responsible for implementing the recommendation, who will take the lead on the recommendation, and the timeframe.

There is some overlap in the recommendations, so it's a good idea to review all. For Example, *Recommendation 10* is to provide HIV/AIDS information and education in schools is in the section titled *Provincial Ministries Supports*: it is also relevant to those Aboriginal communities with their own schools.

## Forum Recommendations

### Recommendation 1

**Develop and implement long-term funding formulas that allow for effective planning, program development and implementation within Aboriginal communities.**

The forum participants pointed out the difficulty of planning effectively when the proposal and funding process is on an annual funding cycle, and programs and services are too restrictive to be effective at the community level.

### Recommendation 2

**Invest in prevention, education and support at the Aboriginal community level.** There is very little HIV/AIDS prevention, education and support available at the Aboriginal community level. Communities need support in developing proposals and programs and implementing programs.

The time it takes to develop and submit small program specific funding proposals usually means that they never get written and submitted.

### Recommendation 3

**Adjust the funding guidelines to work regionally within BC: enable flexibility with funding to ensure development of culturally competent programs.**

Guidelines developed in Ottawa or Victoria usually don't take into account the unique regional or holistic community needs, decreasing the ability to successfully implement programs at the regional or community level.

### Recommendation 4

**Support agencies in developing and implementing five-year strategic plans for implementing prevention and education, care, treatment and support.**

Funding restricted at the 1990's levels means that budget for strategic long term planning gets cut in favour of budget for direct services.

### Recommendation 5

**Support the development of Aboriginal HIV/AIDS services in the north where prevention and service needs are increasing.**

The epidemic increase in HIV/AIDS in Aboriginal youth (21 of 24 recent diagnoses are Aboriginal youth) in the Prince George area must be addressed with funding support, education and training of communities both in Prince George and in the northern First Nations communities.

#### **Recommendation 6**

**Review HIV/AIDS strategies to ensure all are clear, effective and appropriate for both user and service provider.**

Participants pointed out the complexity and literacy level of the strategies and action plans, wondering who the strategies were written for, and if the end user was ever taken into account when developing the strategies. Participants felt the strategies did not coordinate with other strategies, and indeed, many were not aware of the existence of some of the strategies. The strategies developed by non-Aboriginal people were often not developed in consultation with, or inclusion of Aboriginal people.

#### **Recommendation 7**

**Evaluate the strategies; measure not only the effective implementation of the strategies, but also the ability of the client to actualize the strategy (i.e. have on/off reserve jurisdictional issues been effectively addressed to enable clients to access services?)**

Participants felt strategies themselves should be measured too, not just the implementation of the strategy. There was suggestion that perhaps the strategies are not working because they are not written with consideration given to the realities of the service provider, client or target audience.

#### **Recommendation 8**

**Evaluate effectiveness of programs (i.e. culturally appropriate services, programs relevant to user) related to strategies.**

Programs and services to Aboriginal people need to effectively address the cultural and historical factors as well as the current socio-economic factors related to the high incidence of HIV/AIDS in Aboriginal community. Current non-Aboriginal strategies do not include the determinants of health, nor do they require cultural competency to work with Aboriginal HIV/AIDS issues.

#### **Recommendation 9**

**Repeat the Renewing Our Response Forum regularly over the next five years to work collectively to address, evaluate,**

**monitor progress, and follow-up forum recommendations, ensuring they move forward.**

The forum brought Aboriginal and non-Aboriginal service providers, and government together for a constructive review of what has worked and what needs to be changed to be effective.

#### **Recommendation 10**

**Provide education as a means of prevention in public schools. Provide history of colonization within a cultural context so Aboriginal children can attach meaning to historical issues leading to HIV/AIDS.**

Participants urge the Ministry of Education to require HIV/AIDS education in schools, and to begin developing curriculum for implementation as soon as possible. Participants also urge the development of First Nations curriculum for delivery in First Nations schools.

#### **Recommendation 11**

**Remove jurisdictional barriers to services for Aboriginal HIV/AIDS, i.e. on/off reserve provincial/federal disability designations (policy which results in limiting or delaying care, treatment and support).**

This recommendation is in reference to the differences in disability designations for APHA's living on or off reserve. Requiring APHA's to reapply for disability designations while moving on or off reserve results in decreased access to care treatment and support, and earlier death. While waiting for the disability designation to be approved, APHA's are not eligible for income support; and basic needs such as shelter and food become jeopardized.

#### **Recommendation 12**

**Increase supports for multiple-diagnoses, i.e. Fetal Alcohol Spectrum Disorder, mental health, and addictions, physical disabilities.**

Injection drug use is the most common way for Aboriginal people to contract HIV/AIDS, yet the supports for addictions treatment, for Fetal Alcohol Spectrum Disorder as well as physical supports are not readily or easily accessible for APHA's.

#### **Recommendation 13**

**Develop direct relationships with pharmaceutical companies to support Aboriginal community by investing in community forums, endorsing education workshops etc.**

Pharmaceutical companies are a relatively untapped source of potential community partners for sponsorship of community oriented programs.

#### **Recommendation 14**

**Find patrons to support Aboriginal HIV/AIDS awareness (Aboriginal artists, entertainers, celebrities). Develop an annual fundraiser to solicit awareness and contributions for Aboriginal HIV/AIDS.**

Fundraising for HIV/AIDS is a challenge, but there is a need to raise awareness of HIV/AIDS, especially within the Aboriginal youth population.

#### **Recommendation 15**

**Continue to enhance and develop partnerships between ASO's and Aboriginal ASO's to enable them to work together collaboratively and cooperatively.**

Information sharing, including what has worked was shared between agencies, and some agency sharing commitments have already been developed.

#### **Recommendation 16**

**Develop your HIV/AIDS community strategy, policy and procedures to support HIV positive workers.**

Aboriginal communities need to develop our own strategies or action plans. These strategies are the foundation building block of the many strategies in place now. Communities need to support our HIV positive workers with clear employment policies, including hiring practices and harassment policies.

#### **Recommendation 17**

**Develop anti-HIV/AIDS discrimination policies to address the stigma, discrimination, and violence directed towards our people living with HIV/AIDS. [See CAAN's Aboriginal HIV/AIDS Anti-Discrimination (AHAAD) AHHAD can be used by Aboriginal organizations.]**

<http://www.caan.ca/english/ahaad.htm>

This recommendation is partly related to Recommendation 16, developing employment and harassment policies within First Nations Communities. However this recommendation invites all agencies, and non-profit societies to develop policies that support Aboriginal APHA's against discrimination and violence.

### **Recommendation 18**

#### **Develop Chief and Council-supported, on-reserve community education on harm reduction and HIV/AIDS.**

Chief and Council support for reducing HIV/AIDS is crucial in successfully addressing the epidemic. The Canim Lake Band model titled *Tsqlexs re wumec (Circle of Life)* was named as a successful Chief and Council supported community model. *Tsqlexs re wumec* is an informal community HIV/AIDS program using Band funding from First Nations Inuit Health Branch for events, programs and AIDS awareness campaigns. They fundraise, and are invited to participate in community related activities such as Pow-Wow's bingo, etc.<sup>4</sup>

### **Recommendation 19**

#### **Connect youth and elders to work on understanding the issue of HIV/AIDS and the need for harm reduction.**

There is a need for all members of the community to step up and begin talking about HIV/AIDS, and Elders have an important leadership role to play in influencing youth.

### **Recommendation 20**

#### **Support World Aids Conference in 2006 Develop and present a report on Canadian Aboriginal HIV/AIDS success and/or failure regarding results of this Forum's recommendations and actions.**

Support delegates from BC to attend this conference in Toronto.

### **Recommendation 21**

#### **Strengthen existing AASO's, especially peer supported programs and services.**

It is strongly encouraged that prevention and education programs and services be delivered by appropriately trained and healthy APHA's.

### **Recommendation 22**

#### **Develop more Aboriginal AIDS service organizations in the north where need is increasing.**

Recent statistics indicate the sharp increase in HIV/AIDS in Aboriginal youth in the north region; a concentration of education and support services is needed to reduce further infections, and to support those youth who have recently become infected.

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<sup>4</sup> See Appendix 1 for information on the Canim Lake Band Model

### **Recommendation 23**

**Refer Aboriginal women with HIV to the following services:**

Oak Tree Clinic at BC Women's Hospital: specialized HIV care for infected women, pregnant women, partners, children and youth, and support services for affected families;

<http://www.cw.bc.ca/oaktree/home.asp>,

Positive Women's Network WAVE program (Women and AIDS Virtual Education program) – online access to support and information around women and HIV:

<http://www.pwn-wave.ca/>.

### **Recommendation 24**

**Promote advocacy and personal empowerment to increase access treatment and support for HIV/AIDS.**

All funders and service agencies can work with APHA's to encourage self-advocacy and personal empowerment.

## Responsibility and Timeframes

Renewing Our Response Responsibilities and Timeframes	
<p><b>Long Term Funding Support, Program Accessibility</b></p>	<ol style="list-style-type: none"> <li><b>1. Develop and implement long-term funding formulas that allow for effective planning, program development and implementation within Aboriginal community.</b></li> <li><b>2. Invest in prevention, education and support at the Aboriginal community level.</b></li> <li><b>3. Adjust the funding guidelines to work regionally within BC: enable flexibility with funding to ensure development of culturally competent programs.</b></li> <li><b>4. Support agencies in developing and implementing five-year strategic plans for implementing prevention and education, care, treatment and support.</b></li> <li><b>5. Support the development of Aboriginal HIV/AIDS services in the north where prevention and service needs are increasing.</b></li> </ol>
<p>Responsibility</p>	<p>In partnership with all Aboriginal AIDS Service Organizations (AASO's) Public Health Agency of Canada, Department of Indian and Northern Affairs, First Nations Inuit Health Branch, Provincial Health Services Authority, Bands, Tribal Councils, Assembly of First Nations Chief's Council, Métis National Council, Congress of Aboriginal People</p>
<p>Leader</p>	<p>Chee Mamuk, Healing Our Spirit, Red Road Network</p>
<p>When</p>	<p>Begin now, have in place for next fiscal year</p>

Renewing Our Response  
Responsibilities and Timeframes

<p><b>Implementation and Evaluation of Strategies, Programs and Services</b></p>	<p><b>6. Review HIV/AIDS strategies to ensure all are clear, effective and appropriate for both user and service provider.</b></p> <p><b>7. Evaluate strategies; measure not only the effective implementation of the strategies, but also the ability of the client to actualize the strategy (i.e. have on/off reserve jurisdictional issues been effectively addressed to enable clients to access services).</b></p> <p><b>8. Evaluate effectiveness of programs (i.e. culturally appropriate services, programs relevant to user) related to strategies.</b></p> <p><b>9. Repeat the Renewing Our Response Forum regularly over the next five years to work collectively to address, evaluate, monitor progress, and follow-up forum recommendations, ensuring they move forward.</b></p>
<p>Responsibility</p>	<p>AASO's health authorities, stakeholders, national and provincial, and regional governments</p>
<p>Leader</p>	<p>Chee Mamuk, Healing Our Spirit, Red Road Network</p>
<p>When</p>	<p>Begin now. Report back to the public/interest groups at each event each throughout the year.</p>
<p><b>Holistic Approach to Aboriginal HIV/AIDS Prevention and Support</b></p>	<p><i>Education</i></p> <p><b>10. Provide education as a means of prevention in public schools. Provide history of colonization within a cultural context so Aboriginal children can attach meaning to historical issues leading to HIV/AIDS.</b></p> <p><i>Health, Social Services, Children and Family</i></p>

Renewing Our Response  
Responsibilities and Timeframes

*Development*

**11. Remove jurisdictional barriers to services for Aboriginal HIV/AIDS, i.e. on/off reserve provincial/federal disability designations (policy which results in limiting or delaying care, treatment and support).**

**12. Increase supports for multiple-diagnoses, i.e. Fetal Alcohol Spectrum Disorder (FASD), mental health, and addictions, physical disabilities.**

Responsibility AASO's with steering group of related bodies, i.e. contact First Nations Education Steering Committee (FNESC) to enquire into status of University of BC MOKAKIT program for possible reinstatement in schools.

Leader Red Road Network

When Begin lobbying now for changes to curriculum; develop a steering committee to develop curriculum over next two years  
Begin working now with First Nations Summit, Union of BC Indian Chiefs regarding on/off reserve service barriers  
Begin working now with BC Aboriginal Network on Disabilities Society, Ministry of Child and Family Development, Ministry of Health Services regarding supports for multi-diagnoses

**External Partnerships and Supports**

**13. Develop direct relationships with pharmaceutical companies to support Aboriginal community by investing in community forums, endorsing education workshops etc.**

**14. Find patrons to support Aboriginal HIV/AIDS awareness (Aboriginal artists, entertainers, celebrities). Develop an annual**

Renewing Our Response  
Responsibilities and Timeframes

**fundraiser to solicit awareness and contributions for Aboriginal HIV/AIDS.**

Responsibility AASO's

Leader Red Road Network in partnership with ASO's

When Begin now, develop five year plan for implementation

**Internal Partnerships and Supports**

**15. Continue to enhance and develop partnerships between AASO's and ASO's to encourage collaboration and cooperation.**

Responsibility All AASO's and ASO's

Leader Red Road Network

When Now

**First Nations, Aboriginal, Métis Community Support**

- 16. Develop HIV/AIDS community strategies and HIV/AIDS policy and procedures to support HIV positive workers.**
- 17. Develop anti-HIV/AIDS discrimination policies to address the stigma, discrimination, and violence directed towards people living with HIV/AIDS. [See CAAN's Aboriginal HIV/AIDS Anti-Discrimination (AHAAD) AHHAD can be used by Aboriginal organizations.]**  
<http://www.caan.ca/english/ahaad.htm>
- 18. Develop Chief and Council-supported, on-reserve community education on harm reduction and HIV/AIDS.**

Renewing Our Response  
Responsibilities and Timeframes

- 19. Connect youth and elders to work on understanding the issue of HIV/AIDS and the need for harm reduction.**
- 20. Support World AIDS Conference in 2006: Develop and present a report on Canadian Aboriginal HIV/AIDS success and/or failure regarding results of this Forum's recommendations and actions.**

Responsibility Chiefs, Councils, Assembly of First Nations (AFN) First Nations Summit, (FNS) Métis Provincial Council of BC (MPCBC), Union of BC Indian Chiefs (UBCIC), Congress of Aboriginal Peoples (CAP), Canadian Aboriginal AIDS Network (CAAN), Aboriginal service organizations

Leader AASO's in partnerships with AFN, FNS, UBCIC, MPCBC, CAP, CAAN, ASO's  
World Aids Conference: CAAN

When Begin discussions with political bodies to support development and implementation of communities strategies and anti-discrimination strategies now;

**Aboriginal Service Organizations**

- 21. Strengthen existing AASO's especially Peer Supported programs and services.**
- 22. Develop more Aboriginal AIDS service organizations in the north where need is increasing.**

Responsibility AASO's and local community groups networking and working with HIV/AIDS

Leader Healing Our Spirit, Chee Mamuk

Renewing Our Response  
Responsibilities and Timeframes

When begin changes now

**Supports for  
Aboriginal  
Persons with  
HIV/AIDS**

**23. Refer Aboriginal women with HIV to the following services:**

**Oak Tree Clinic at BC Women’s Hospital:  
<http://www.cw.bc.ca/oaktree/home.asp>,  
specialized HIV care for infected women,  
pregnant women, partners, children and  
youth, and support services for affected  
families.**

**Positive Women’s Network WAVE program  
(Women and AIDS Virtual Education program)  
– online access to support and information  
around women and HIV – a good site for  
women with no or little access to services:  
<http://www.pwn-wave.ca/>, and the**

**24. Promote advocacy, organizational and  
personal empowerment to increase access  
treatment and support for HIV/AIDS.**

Responsibility AASO’s, BC Coalition of Human Rights, Legal Services Society, HIV/AIDS Legal Network. BC College of Physicians, Universities providing medical training in BC.

Leader Red Road Network, Healing Our Spirit and Chee Mamuk

When Starting immediately.

## Appendix 1: Canim Lake Band Model<sup>5</sup>

While **Canim Lake Band** was unable to attend the forum, their community model, titled *Tsqlexs re wumec (Circle of Life)* was raised as an effective community model which other communities may wish to review.

*Tsqlexs re wumec* is an informal community HIV/AIDS program using Canim Lake Band HIV/AIDS funding made available through First Nations Inuit Health Branch. The group consists of volunteers who meet monthly; they plan events, fundraise, keep minutes and financial records. *Tsqlexs re wumec* consults with community members, hosts events, programs and AIDS awareness campaigns.

Community youth actively participate, developing and honing their presentation skills. Peer presentations deliver an effective message, and youth presenters develop skills and confidence. The group fundraises through bingos, AIDS walks, and raffles of community donated crafts. The group participates in community related activities such as hosting an HIV/AIDS candlelight ceremony during the annual Pow-Wow.

*Tsqlexs re wumec* is a fluid program; members constantly work to find new and innovative ways to inform community members about HIV/AIDS. The program maintains a loose membership affiliation including youth and elders. It is responsible for any HIV/AIDS funding coming into the community, and reports annually to Chief and Council, and First Nations Inuit Health Branch.

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<sup>5</sup> Grateful acknowledgement to Gail Orr for overview of Canim Lake Band HIV/AIDS community model.

## **Appendix 2: Forum Presentations**

### **Red Road Network Provincial Aboriginal Strategy**

#### ***Pathways to Wholeness - An Aboriginal Strategy for HIV/AIDS*** (1999)

This provincial Aboriginal strategy was developed after community consultation within 8 communities throughout the province. It makes 50 recommendations to reduce the spread of HIV/AIDS. The Red Road HIV/AIDS Network was developed as a result of the strategy. Red Road also provides a mapping of services to members on its website, and a wallet-sized services map for greater Vancouver. It publishes Bloodlines; a full colour magazine featuring APHA's. Red Road network holds quarterly skills building meetings for members.

### **Chee Mamuk, Aboriginal Program, STD/AIDS Control, BC Centre for Disease Control**

Chee Mamuk provides community education/prevention workshops, and follows up with communities to assist them in developing HIV/AIDS community policy. The process usually requires at least three visits to the community: 1.) Community Assessment, 2.) Implementation of Education and Prevention, and 3.) Policy Development.

### **Canadian Aboriginal AIDS Network (CAAN) National Aboriginal Strategy**

#### ***Strengthening Ties, Strengthening Communities*** (2003)

CAAN offers support and national coordination on Aboriginal HIV/AIDS, and where Aboriginal community, regional or provincial strategies do

not exist, CAAN offers it's strategy as an interim mechanism to be used in whatever manner the Aboriginal community finds appropriate.

### **Assembly of First Nations (AFN)**

#### ***HIV/AIDS Action Plan*** (2001)

The AFN developed a 10-point action plan for First Nations people and communities. It was developed in consultation with professionals, Aboriginal health care workers, and leaders from across the country, who attended a national forum in March, 2000.

### **Ministry of Health Services**

***Priorities for Action in Managing the Epidemics –HIV/AIDS in BC: 2003-2007*** (September 2003). This provincial action plan relies on implementation of it's priorities within the six health authorities HIV/AIDS strategies. There is no budget attached to the *Priorities for Action*, however, health authorities are expected to develop their strategies based on this plan.

Provincial Health Officer's ***Health and Well Being of Aboriginal People*** (2001) will be updated in 2006.

### **Provincial Health Authorities Strategies**

No health authorities presented their strategies at the forum. The following outlines where the health authorities are at in developing HIV/AIDS strategies:

- ❖ **Provincial Health Services Authority** has developed a service plan for women and children; titled ***Provincial Health Services***

***Authority Plan for Women and Children.*** (contact Janice Duddy: [jduddy@phsa.ca](mailto:jduddy@phsa.ca) for a copy of this plan)

- ❖ **Vancouver Island Health Authority** is looking for a mandate to implement their vision for services, but has no funding set aside to address this plan;
- ❖ **Vancouver Coastal Health Authority** has developed a draft strategy; has not been released to date;
- ❖ **Fraser Health Authority** has no draft plan in place yet, but is looking at the costs of HIV/AIDS services;
- ❖ **Interior Health Authority** plans to develop an HIV/AIDS strategy within a strategy that is inclusive of all blood borne pathogens;
- ❖ **Northern Health Authority** has a draft plan in place and is currently consulting community for acceptance and support;
- ❖ **Nisga'a Health Authority** is planning to develop an HIV/AIDS strategy.

### **Health Canada and Public Health Agency of Canada National HIV/AIDS Strategies**

*The Federal Initiative to Address HIV/AIDS in Canada – Strengthening Federal Action in the Canadian Response to HIV/AIDS (2004) replaces the Canadian Strategy on HIV/AIDS (1988).*

This initiative is a partnership between Public Health Agency of Canada, Health Canada, Correctional Services Canada and the Canadian Institutes of Health Research. It 'builds on lessons learned from past strategies, and moves toward the development of a fully integrated Government of Canada approach to HIV/AIDS".

*Leading Together: Canada's HIV/AIDS Action Plan (2005 – 2010)* is in draft, and is slated for publication this year. It strives for 'a more strategic approach, one that embraces social justice principles, and envisions unprecedented engagement, increased collaboration, and enhanced planning across society'. It hopes to be used as a guide to help 'individuals, organizations, communities, provinces, territories and the federal government identify their roles and priorities to 2010, encouraging strategic thinking and planning and a sharing of responsibility'.

## Appendix 3: HIV/AIDS Strategies, Action Plans

Year	Strategy / Action Plan	Target Group
1999	Pathways to Wholeness, An Aboriginal Strategy for HIV and AIDS in BC Red Road Network <a href="http://www.red-road.org/download/PathwaysWholeness.pdf">http://www.red-road.org/download/PathwaysWholeness.pdf</a>	First Nations, Inuit and Métis People in BC
2001	Assembly of First Nations HIV Action Plan Assembly of First Nations <a href="http://www.afn.ca/">http://www.afn.ca/</a>	First Nations Communities in Canada
2003	Strengthening Ties, Strengthening Communities, An Aboriginal Strategy on HIV/AIDS in Canada Canadian Aboriginal AIDS Network <a href="http://www.caan.ca/english/projects.htm">http://www.caan.ca/english/projects.htm</a>	First Nations, Inuit and Métis People in Canada
	Health Authorities Strategies in development Vancouver Coastal	Population within six Health Authorities in BC
2003 - 2007	Priorities for Action in Managing the Epidemics – HIV/AIDS in BC BC Ministry of Health Services <a href="http://www.healthservices.gov.bc.ca/hiv/pdf/hivpriorities.pdf">www.healthservices.gov.bc.ca/hiv/pdf/hivpriorities.pdf</a>	Health Authorities, program partners
2005	Federal Initiative to Address HIV/AIDS in Canada Public Health Agency of Canada <a href="http://www.phac-aspc.gc.ca">http://www.phac-aspc.gc.ca</a>	All Canadians
2005 – 2010	Leading Together: Canada's HIV/AIDS Action Plan Public Health Agency of Canada <a href="http://www.phac-aspc.gc.ca">http://www.phac-aspc.gc.ca</a>	All Canadians

## **Acknowledgements**

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## **Further Information**

Please contact the following host agencies for more information on *Renewing Our Response Forum*, for information on Canim Lake Band's *Tsqlexs re wumec (Circle of Life)* HIV/AIDS community model, or for other Aboriginal HIV/AIDS programs and services:

### **Chee Mamuk Aboriginal Program**

STD/AIDS Control  
BC Centre for Disease Control  
655 12th Ave. W  
Vancouver BC V5Z 4R4  
Tel: (604)660-1673  
Fax: (604)775-0808  
Email: [cheemamuk@bccdc.ca](mailto:cheemamuk@bccdc.ca)  
<http://www.bccdc.org/content.php?item=96>

### **Healing Our Spirit, BC Aboriginal HIV/AIDS Society**

Suite 100 - 2425 Quebec St.  
Vancouver, BC V5T 4L6  
Tel: 604-879-8884 Fax: 604-879-9926  
Toll-Free (Canada): 1-866-745-8884  
<http://www.healingourspirit.org/>

### **Red Road HIV/AIDS Network**

804-100 Park Royal South  
West Vancouver, BC V7T 1A2  
Tel: 604.913.3332 Fax: 604.913.3352  
Toll Free: 1.866.913.3332  
<http://www.red-road.org/>