



**UNIFYING AND STRENGTHENING THE RESPONSE
TO HIV AND AIDS
IN ABORIGINAL COMMUNITIES IN BC**

FINAL REPORT | MARCH 2009





TABLE OF CONTENTS

Background	2
Executive Summary	3
Strategies for a Unified and Strengthened Response to HIV and AIDS in Aboriginal Communities in B.C	4
Consensus Decision Points	6
Presentations and Discussions	7
1. Tripartite First Nations Health Plan Update – Dr. Evan Adams	7
2. Aboriginal HIV / AIDS Statistics and Epidemiology – Melanie Rivers.....	7
3. Cedar Project – Dr Patricia Spittal and Chief Wayne Christian	8
4. Government Stakeholder Inventory Update – Stephen Smith	8
5. Review of Red Road: Pathways to Wholeness – Michelle George	9
6. Northern Task Force Update – Emma Palmantier	9
7. Renewing our Response Leaders Group Update – Melanie Rivers	9
8. Potential for the Relationship – Dr. Evan Adams	10
The Foundation and Future of Work to Address HIV/AIDS among Aboriginal People	11
Successes and strengths in addressing HIV/AIDS among aboriginal people in B.C.	11
Actions that can happen immediately	11
Actions requiring more significant resources, time and commitment	12
Discussion of Provincial Coordination Strategy / Project	13
Description of the strategy	13
Partners needed to make the provincial coordination strategy succeed ..	13
Challenges facing provincial coordination strategy / project	13
Resources for provincial coordination strategy / project	14
Next Steps	14
Short-term steps	14
Medium-term steps	14
Appendix A: Attendees	15
Appendix B: Presenters	16
Appendix C: Glossary	16

BACKGROUND

The BC Aboriginal HIV/AIDS Task Force was created twelve years ago to address the disproportionately high rate of HIV infection among BC's Aboriginal people. The impact of risk factors such as intravenous drug use and the sex trade, and the high percentage of Aboriginal cases of HIV among Aboriginal women were also concerns. The task force's work raised awareness of jurisdictional issues as well as the need for a province-wide strategy, and for an organization to build capacity and serve as a coordinating body across BC. As a result of the task force's work there has been a growth in organizations serving Aboriginal people and communities affected by HIV/AIDS, and many lives have been saved. The Task Force's work also resulted in the development of both the Red Road Strategy and the Red Road HIV/AIDS Network to oversee implementation of the strategy.

In 2005, the Renewing our Response conference brought together Aboriginal and non-Aboriginal service providers, health funders and policy developers, and Aboriginal people with HIV/AIDS. The participants reviewed the historical response to HIV/AIDS in Aboriginal people and in particular the rise in infections among Aboriginal people. Twenty-four recommendations based on the current challenges and past successes resulted from the conference.

Appreciating the importance of these recommendations, leaders from Aboriginal AIDS service organizations formed the Renewing Our Response Leaders Team. The team developed strategies to address the gaps that have led to an increase in the rate of new infections. As well, setbacks in halting the spread of HIV – particularly in the north and among Aboriginal women – were addressed. Funders and others in the field were also aware of these challenges.

Independent of these developments, the federal, provincial and Aboriginal governments have been working to improve health outcomes for Aboriginal people in BC through a Transformative Change Accord and the Tripartite First Nations Health Plan. A request from Renewing our Response for a meeting to present its proposed strategic projects in November 2007 was greeted positively. The constructive discussion that followed led to a commitment by a wide range of stakeholders to continue to work together on the issue of Aboriginal HIV/AIDS.

A comprehensive inventory and analysis of government funded Aboriginal HIV/AIDS services, is under way. Renewing Our Response and government partners met in May 2008 to identify ways to improve the response of all parties to the increasing rates of infection. This report, *Unifying & Strengthening the Response to HIV and AIDS in Aboriginal Communities in BC*, contains the key decisions and discussions that occurred at that meeting. The participants included the Renewing our Response leaders, representatives from service organizations and collaborations, funders, researchers, federal and provincial governments, regional Health Authorities and the First Nations Health Council.

EXECUTIVE SUMMARY

Service providers, funders and other stakeholders gathered May 6th & 7th, 2008 to review and consider updates to the Red Road HIV/AIDS Strategy with a view to creating a document which would guide key stakeholders and funders. They also looked at how HIV/AIDS might be better reflected in strategies such as mental health, substance issues, and chronic diseases. In creating the document the group worked to differentiate between short-term and long-term changes and trends. Approaches to strengthen the First Nations Tripartite Health Plan in relation to HIV/AIDS were also discussed.

Those in attendance included representatives of Aboriginal AIDS Service Organizations, Aboriginal Persons Living with AIDS, funders, federal and provincial governments, staff from the Tripartite First Nations Health Plan, researchers, and others interested in Aboriginal HIV/AIDS. Their intent was to support changes among all Aboriginal people in BC and not limit the impact of the discussion to First Nations people.

Cutting-edge research and initiatives happening in BC were presented and discussed. Key themes and challenges in halting the HIV epidemic and ways to move the work forward were also identified. Most importantly, the participants identified Strategies for “A Unified and Strengthened Response to HIV and AIDS in Aboriginal Communities in BC,” by combining the Renewing our Response Leaders’ Group’s proposed strategies with four others developed over the course of the two-day session.

Key decision points made by the group include:

1. Agreement to use the Renewing our Response strategies as the core strategies for the province, augmented by elements of the Red Road Pathways to Wholeness Strategy;
2. Future work needs to build on the resiliency of Aboriginal peoples and their communities;
3. Address current priorities identified by the group in presentations and discussions;
4. Build on the successes and strengths of the response to HIV/AIDS among Aboriginal peoples;

With this determined, the group also identified next steps to action for each of the strategies/ initiatives.



STRATEGIES FOR A UNIFIED AND STRENGTHENED RESPONSE TO HIV AND AIDS IN ABORIGINAL COMMUNITIES IN B.C.

Over the course of two days, the meeting participants discussed and identified the various strategies that should be used as the basis for action and evaluation in relation to HIV/AIDS as it affects Aboriginal people in B.C. A summary of the recommendations is provided here.

RENEWING OUR RESPONSE STRATEGIES:

- 1. Strategically unify and strengthen the response to HIV and AIDS in Aboriginal communities in B.C., by developing knowledge, coordination, policy, and funding:**
 - a. Support the planning, communication and roll-out of Renewing our Response Recommendations;
 - b. Build capacity of organizations, communities and leaders by providing training, education, research, evaluation, and advocacy resources;
 - c. Provide timely access to current, reliable and appropriate data, research, information and knowledge related to HIV/AIDS among Aboriginal communities in B.C.;
 - d. Maintain a centralized database of HIV/AIDS and blood-borne pathogen resources and activities. Perform knowledge translation to make this information useable by all stakeholders through training, workshops, and policy development;
 - e. Provide the necessary infrastructure and support so communities and organizations can effectively communicate, and can collaboratively plan, formulate, review, evaluate and support each other in their responses to HIV/AIDS.

- 2. Improve and maintain health, wellness, and quality of life of Aboriginal people living with HIV/AIDS (APHAs):**
 - a. Provide a safe, structured, supported and supportive forum for APHAs to process their personal experiences, inform policy makers and service providers, and address specific concerns like stigma and discrimination;
 - b. Support APHAs in developing self-advocacy and mentoring skills.
 - c. Support APHA participation at a number of APHA gatherings throughout the year both in person and through technology.

- 3. Build capacity for HIV/AIDS research and evaluation in Aboriginal organizations and communities in B.C.:**
 - a. Build research and evaluation capacity in Aboriginal organizations and communities by assisting to identify and document traditional Indigenous research methodologies, encouraging and providing technical support for Aboriginal-led research, and supporting process and outcome evaluation;
 - b. Develop a strong commitment to the OCAP (Ownership, Control, Access, and Possession) principles in the province by working with Aboriginal communities, health and social service organizations and researchers;
 - c. Establish ethics review protocols for HIV/AIDS research taking place in Aboriginal communities and organizations by working with existing research and academic bodies and with community organizations and Aboriginal communities.

4. **Create and expand harm/risk reduction activities in Aboriginal communities to reduce the risk of contracting HIV, Hepatitis C and other blood-borne pathogens:**
 - a. Use the Community Readiness model to engage communities in discussing, planning, and implementing community-based harm/risk reduction programming and policy.
 - b. Increase the numbers of communities actively engaged in providing harm/risk reduction services to their most vulnerable and marginalized members.
 - c. Increase access to clean injection supplies through sanctioned and community-supported ways and means.
 - d. Increase the number of Aboriginal people accessing other health care and health promotion services (i.e. vaccines and therapies, testing, counseling and support services, participation in cultural/traditional activities, seeing a doctor or nurse for health issues).

5. **Raise Aboriginal people's awareness of HIV/AIDS throughout B.C. and reduce risky behavior that leads to HIV transmission:**
 - a. Pilot the use of a Community Readiness model approach to assess the best approach to building awareness in a number of Aboriginal communities.
 - b. Build HIV awareness campaigns, and campaign tool kits in partnership with Aboriginal communities, so that the community has a sense of ownership.
 - c. Identify specific areas of commonality from which provincial-scope campaigns and messaging could be designed, implemented and evaluated:
 - d. Establish recommendations on funding guidelines and amounts required for effective community-level and provincial-scope awareness campaigns.

6. **Improve our understanding of the HIV epidemic among Aboriginal people, track changes in risk behaviours and HIV prevalence over time, and assist in tailoring an improved response:**
 - a. Measure HIV incidence in B.C. on an ongoing basis;
 - b. Collect and share data to allow assessment of impact of prevention and treatment programs, data to guide HIV program planning;
 - c. Provide incidence estimates for Province and Health Authorities on vulnerable populations including Aboriginal people.

7. **Implement pilot projects for reaching Aboriginal people living with HIV in more rural or remote Aboriginal communities:**
 - a. Support and build on culturally appropriate and accessible treatment for people infected with HIV in rural and remote communities;
 - b. Provide optimal therapy for Aboriginal people in rural and remote communities;
 - c. Assess the results of pilots and research to improve quality of lives and to prevent further infections.

Four Additional Strategic Priorities Identified by Stakeholders on May 6, 7, 2008:

- 8. Continually build on the resilience of specific vulnerable population groups:**
 - a. Develop and implement approaches that are particularly aimed at supporting:
 - i. Children and youth;
 - ii. Sex trade workers;
 - iii. People involved in gang activities, and;
 - iv. Aboriginal people who are incarcerated
- 9. Research and pass on knowledge related to Aboriginal ways of helping:**
 - a. Build cultural competency/safety in non-aboriginal organizations;
 - b. Implement holistic approaches to health and wellness.
- 10. Acknowledge the resilience of Aboriginal communities by using a strength-based and social determinant of health approach:**
 - a. Work with an expanded range of partners to address the impact of residential schools;
 - b. Identify and address high rates of foster care.
- 11. Build partnerships and engage a wider range of relevant bodies:**
 - a. Identify and build working relationships with relevant groups, such as:
 - i. Private sector;
 - ii. National organizations;
 - iii. Departments, Ministries and organizations working outside the traditional health sector.

CONSENSUS DECISION POINTS

Three main recommendations came from the meeting of May 6 and 7, 2008:

1. To form a Reference Group for the Tripartite First Nations Health Plan. The Reference Group will have predominantly Aboriginal representation, along with representatives of the federal and provincial governments and the First Nations Health Council. The purpose of the Reference Group will be to bring the best information and advice to the parties of the Tripartite First Nations Health Plan and to impact policies and practices by all health bodies and funders in order to best address the HIV/AIDS epidemic among Aboriginal people in B.C.
2. To implement the Renewing our Response Strategies, and an additional four strategies identified on May 6 and 7, 2008, to create a current and comprehensive approach to addressing HIV/AIDS as it impacts Aboriginal communities and people in B.C. This consists of the five project priorities and the two projects related to surveillance and treatment from the Renewing our Response Leaders Group, combined with the four strategic priorities identified above in response to the presentations made at the meeting.
3. To broaden the involvement of a range of stakeholders involved in Aboriginal HIV/AIDS. In order to address HIV/AIDS among Aboriginal people and Aboriginal communities, organizations working to address the broader social determinants of health, and other “upstream” services need to play a role. Ministries, departments, and organizations working in areas such as education, housing, addictions, counseling, employment, corrections, research and other areas, should be partners in the process. Also, cross-jurisdictional groups, such as the Federal/Provincial/Territorial Advisory committee on AIDS and the Ministerial Council on HIV/AIDS should be involved

PRESENTATIONS AND DISCUSSION

In this section, a summary of each presentation is followed by a description of issues that working groups identified as challenges to overcome or ideas to carry forward, coming out of each presentation.

1. TRIPARTITE FIRST NATIONS HEALTH PLAN UPDATE – DR. EVAN ADAMS



Summary:

Dr. Adams described the Tripartite First Nations Health Plan and the commitment made by the three partners. He outlined the four areas of activity for the Tripartite First Nations Health Plan: Governance, Relationships and Accountability; Health Promotion/Injury and Disease Prevention; Health Services, and; Performance Tracking. Dr. Adams described the ways that the Health Plan will be developed and implemented, involving First Nations, the Provincial and Federal governments and Health Authorities and their contracted services.

Issues and themes raised in discussion:

Participants discussed ways of including all Aboriginal communities and people including Metis, the shift represented by the Tripartite First Nations Health Plan, and how health organizations and governments, including Health Authorities, will be held accountable for public health-level results. They also discussed the need for new funds to address the situation.

2. ABORIGINAL HIV / AIDS STATISTICS AND EPIDEMIOLOGY – MELANIE RIVERS

Summary:

Melanie Rivers presented current statistics related to HIV/AIDS as it affects Aboriginal people and communities. She noted the overrepresentation of Aboriginal people in newly-diagnosed cases, and described particularly vulnerable groups, including women and intravenous drug users.

Issues and themes raised in discussion:

Participants discussed the challenges of reaching vulnerable populations and the impact of underlying issues such as colonization and residential schools. Issues were raised around the effectiveness of current testing approaches given the mobility of Aboriginal people and issues of trust and stigma. Participants also discussed innovations that could occur in relation to testing as well as how governments and agencies could intervene in a more targeted way.

3. CEDAR PROJECT – DR. PATRICIA SPITTAL AND CHIEF WAYNE CHRISTIAN

Summary:

Dr. Spittal and Chief Christian described the partnerships and process that drove the Cedar Project. They identified key characteristics and impacts on the project participants, and discussed the progression of drug-using youth towards injection drug use, and related increases in the likelihood of contracting Hepatitis C virus. They also described the recommendations of the Cedar Project, including the timeliness of interventions and involvement of youth in planning.

Issues and themes raised in discussion:

Participants discussed the links between addictions, intravenous drug use, sex trade work, poverty and homelessness, and mental health. They discussed approaches to working with particularly vulnerable groups, the importance of early identification of new cases of Hepatitis C and HIV, and new approaches to building resiliency among youth who are at risk of infection. They also discussed the importance of quickly developing programs and services based on evidence, such as the recommendations of the Cedar Project.

4. GOVERNMENT STAKEHOLDER INVENTORY UPDATE – STEPHEN SMITH

Summary:

Stephen Smith provided some preliminary information from the unfinished inventory of Aboriginal HIV/AIDS services in B.C. He discussed issues such as the lack of Aboriginal organizations serving some communities and vulnerable groups (such as women) in B.C. He also described some of the data that will hopefully be found by the inventory, such as the relationship between deliverables for Aboriginal organizations and non-Aboriginal organizations serving Aboriginal people, and a discussion of the impact of funding projects instead of operations.

Issues and themes raised in discussion:

Health Authorities present at the meeting, the Ministry of Health, First Nations Inuit Health Program of Health Canada, and Public Health Agency of Canada all gave presentations on their current initiatives and funding.



5. REVIEW OF RED ROAD: PATHWAYS TO WHOLENESS – MICHELLE GEORGE

Summary:

Michelle George presented a history of the Red Road Aboriginal HIV / AIDS Network Society, including the recommended strategies of the B.C. Aboriginal HIV/AIDS Task Force. She also presented an overview of the work of Red Road, including its workshops, resources, technical support, communications tools and referral services.

Issues and themes raised in discussion:

Participants discussed the fundamental importance of Red Road to combat HIV/AIDS among Aboriginal communities. There was discussion around some of the goals of the Task Force that were not yet met, the difficulty of working across jurisdictional boundaries, and the continuing need for Red Road. Participants also discussed the importance of properly funding the response to needs that have been identified over the past decade.

6. NORTHERN BC ABORIGINAL HIV/AIDS TASK FORCE UPDATE – EMMA PALMANTIER

Summary:

Emma Palmantier presented on the history, relevance, partners and current projects of the Northern BC Aboriginal HIV/AIDS Task Force. She discussed the five focus areas driving the Task Force, described some of the barriers and challenges they have faced in achieving their goals, and presented some of their recent accomplishments around youth, harm reduction, research and advocacy with funders and Aboriginal leaders.

Issues and themes raised in discussion:

Participants discussed the strengths of collaborative models like the Northern Task Force, and the structural issues that hinder success for the Task Force and for others, including human resources, long-term funding, evaluation resources and jurisdictional boundaries. They also discussed the innovative nature of the Task Force model that may lead to success, and some of the challenges of working with rural and remote populations.

7. RENEWING OUR RESPONSE LEADERS GROUP UPDATE – MELANIE RIVERS

Summary:

Melanie Rivers described the development and current activities of the Renewing our Response Leaders Group. In particular, the Renewing our Response Leaders are committed to formulating and gaining commitment from all stakeholders to enact a coordinated, collaborative and comprehensive response to HIV/AIDS as it affects Aboriginal people in B.C. She described the project proposals and two priorities for collaboration and then shared the Leaders' key messages:

- a. Renewing Our Response proposals and collaborative process need to be funded with new dollars;
- b. Renewing Our Response is a collective of stakeholders. It is not an agency;
- c. The Renewing Our Response Leaders are experts in community-based HIV work.
- d. Effectively lowering rates of HIV means we need to collaboratively address funding and service disparities between on- and off-reserve communities, Aboriginal/FNIH and between Health Authorities.
- e. We are ready for action!

8. POTENTIAL FOR THE RELATIONSHIP BETWEEN RENEWING OUR RESPONSE AND STAKEHOLDERS WITH TRIPARTITE FIRST NATIONS HEALTH PLAN – DR. EVAN ADAMS

Summary:

Dr. Adams summarized and reflected on some of the key themes coming out of the presentations and discussions of the previous day, including jurisdictional and funding issues. He then recommended that the group develop a formal liaison with the Tripartite First Nations Health Plan, and described some of the benefits in terms of enhancing the ability of a collective group of stakeholders to make significant gains against HIV/AIDS, based on Aboriginal ways of working.

Issues and themes raised in discussion:

Participants discussed aspects of a formalized relationship, including Terms of Reference for Reference Groups with the Tripartite First Nations Health Plan. They also discussed the logistics and potential impact of working as a Reference Group. In particular, there was discussion and agreement that a Reference Group would have Aboriginal health as its focus, even though the Health Plan is led by First Nations government representation.

The participants agreed that there should be a Reference Group for the Tripartite First Nations Health Plan on the issue of HIV/AIDS. Participants also recommended that the membership of the Reference Group be as inclusive as possible of the people in the room on May 6th and 7th, 2008.



THE FOUNDATION AND FUTURE OF WORK TO ADDRESS HIV/AIDS AMONG ABORIGINAL PEOPLE

Participants discussed a wide range of issues related to building on the strengths of the funders, agencies and individuals working to halt the spread of HIV/AIDS among Aboriginal people and communities in B.C. This included discussion of the strengths upon which future initiatives can build, some key actions for stakeholders, and an in-depth discussion of the Renewing our Response Leaders' Group Provincial Coordination Strategy proposal. A summary of these discussions is provided here.

SUCSESSES AND STRENGTHS IN ADDRESSING HIV/AIDS AMONG ABORIGINAL PEOPLE IN B.C.

Participants identified that there are three main strengths and successes that will help to move the work of addressing Aboriginal HIV/AIDS forward in B.C.:

1. The existence and operation of three province-wide Aboriginal HIV/AIDS organizations: Chee Mamuk, Healing our Spirit, and Red Road. These three engage in prevention, education, resources, sharing health data, working with Aboriginal communities, training service providers. There is also a strong base of Aboriginal HIV/AIDS Service Organizations who work in different communities;
2. A high level of awareness and commitment to move forward, from a range of stakeholders in the field. This groups engages in dialogue between partners that includes a wide range of complex topics in an attempt to come up with the best response to HIV/AIDS among Aboriginal populations. This group of stakeholders is concerned that the results of these discussions should benefit all Aboriginal people in B.C.;
3. The development of the Tripartite First Nations Health Plan, which has the potential for changing the way that stakeholders will work together.

ACTIONS THAT CAN HAPPEN IMMEDIATELY:

1. Funder and service organization collaboration, working in partnership and cemented by process-related funding and in-kind assistance. Service organizations can work in collaboration with funders to prioritize programs to be funded, and funders can build the capacity of service organizations in areas such as evaluation and program improvement;
2. Building relationships with a wider range of partners including non-health organizations and Ministries;
3. Collaboration between AASO's and mainstream Service Organizations. This could include commitments or written protocol agreements between ASO's and SO's, including a dispute resolution mechanism;
4. Involving the two province-wide AASO's, Chee Mamuk, B.C. Centre for Disease Control, and regional and local groups in planning, and identifying ways of pooling our resources and knowledge;
5. Involving APHA's, youth, and elders in the work of planning and building relationships;
6. Reducing duplication of services by recognizing overlap in clients;
7. Expanding communication networks by using existing groups such as the Pacific AIDS Network;
8. Developing partnerships between government and First Nations that result in more First Nations control.

ACTIONS REQUIRING MORE SIGNIFICANT RESOURCES, TIME AND COMMITMENT:

1. Developing a pool of funds to implement programs and services developed through collaborative planning. For example, there could be a situation where the Tripartite First Nations Health Plan partners put their funding together and identify a central location to deliver HIV/AIDS services.
2. Developing culturally appropriate or culturally safe services at Non-Aboriginal Service Organizations;
3. Assisting Aboriginal communities to develop community health plans around HIV/AIDS;
4. Implementing the strategies for a unified and strengthened response to HIV/AIDS in Aboriginal communities in B.C. as identified by the participants, and contained in the Executive Summary under “Key decision points”.



DISCUSSION OF THE PROVINCIAL COORDINATION PROJECT

DESCRIPTION OF THE PROJECT:

The purpose of the project is to strategically unify and strengthen the response to HIV/AIDS in Aboriginal communities in B.C. by building knowledge, coordination, policy, and funding. The goals are to:

1. Plan and roll out Renewing our Response recommendations
2. Develop, collect and provide training, research, education and advocacy resources;
3. Develop and make available a knowledge database containing research and information related to services and supports available across the province;
4. Translate knowledge to make information accessible to everyone, through training workshops and policy development;
5. Support communication between communities and organizations;
6. Assist communities and organizations to plan, formulate, review, evaluate and support each other;
7. Centralize information that will assist health service providers and Aboriginal communities.
8. The project will support the eleven ROR strategies identified in this report where they relate to its purpose.

PARTNERS NEEDED TO MAKE THE PROVINCIAL COORDINATION PROJECT SUCCEED:

- Health Authorities, Aboriginal communities, Aboriginal HIV / AIDS Service Organizations, Aboriginal Service Organizations, Public Health Agency of Canada, First Nations Inuit Health Program of Health Canada, BC Ministry of Healthy Living and Sport, and Community organizations providing HIV / AIDS services;
- Northern B.C. Aboriginal HIV / AIDS Task Force
- A wider range of funders, including private and corporate funders;
- Aboriginal People Living with HIV/AIDS – as staff and advisors;
- Tripartite First Nations Health Plan partners,
- Coordinating, policy and advocacy groups, such as Canadian Aboriginal AIDS Network, Ministerial Council on HIV / AIDS, and the Federal/Provincial/ Territorial Advisory Committee on AIDS
- Research organizations including: B.C. Centre for Disease Control, B.C. Centre of Excellence in HIV/ AIDS, Professional associations, National Collaborating Centre for Aboriginal Health;
- A wider range of social support sectors, including the Ministry for Employment and Income Assistance, and the Ministry for Children and Family Development, Corrections Services and institutions, educators and school boards, both Aboriginal and non-Aboriginal;
- Specialized skills, such as evaluation consultants, trainers, technology experts, and legal network or advisors.

CHALLENGES FACING PROVINCIAL COORDINATION PROJECT

Participants identified that there would be some significant challenges facing the Provincial Coordination Strategy. These will likely include:

- Lack of sufficient surveillance data;
- Establishing a visible presence across the province;
- Building and sustaining relationships;
- Converting or translating technical information so that people understand it in their own terms;
- Finding the funds to make it happen.

RESOURCES FOR PROVINCIAL COORDINATION PROJECT

Participants recognized that finding the resources to make the Provincial Coordination Project happen would be difficult, but also felt that it was important to take advantage of any opportunity to move the strategy forward. The following ideas were proposed:

- PHAC could provide initial funds assuming that a successful application was submitted in June and approved in Ottawa. These resources could be used to set up the capacity for provincial coordination, build relationships and find other sources of funding to ensure a successful implementation of the strategy;
- PHSA could possibly provide funding in addition to the staffing and coordination resources provided for the current fiscal year. This contribution is not guaranteed and would be dependent on the funding available to the new Director of Aboriginal Services, who is expected to start at PHSA in mid-June;
- In-kind resources could be sought from an existing Aboriginal HIV/AIDS service organization or government body;
- Cost savings by identifying non-cost items or ways of reducing costs;
- Donations, private funders, corporate donors;
- Over the long term, Ministry of Health, federal government and Health Authorities would be logical sources, assuming that there are strong relationships and a sense of mutual benefit;
- Possibility of AIDS Community Action Program (ACAP) funding after March 31, 2010.

NEXT STEPS

All participants expressed a desire to: maintain involvement and support the decisions of the group; to participate in a Reference Group for the Tripartite First Nations Health Plan; to implement the Strategies developed over the course of the meeting; and to expand the range of partners in the struggle to halt HIV/AIDS among B.C.'s Aboriginal population.

SHORT-TERM STEPS:

1. Finish the application for ACAP funds for the Provincial Coordination Strategy by the end of June. Michelle George of Red Road HIV/AIDS Network Society will contact Christine Dockman to begin the process. Deb Schmitz, Brian Mairs and Ken Clement also agreed to work together to assist in completing the application;
2. Following response from government stakeholders, all participants will receive the final report and presentations;
3. All stakeholders wanted to stay involved, receive regular updates and participate in relevant meetings as opportunities arise.
4. Build relationships with Regional Health Authorities.

MEDIUM-TERM STEPS:

1. Get confirmation from PHSA about a contribution to the Provincial Coordination Strategy. A group should meet to brief the new Director of Aboriginal Services on the importance of the issue and the Strategy;
2. Staff with the Tripartite First Nations Health Plan should move forward the process of forming a TFNHP Reference Group with the RoR group and stakeholders as the membership;
3. The RoR Leaders Group will continue to meet as RoR, and can include stakeholders in larger meetings in order to collaborate and plan;
4. There needs to be a concerted approach to building relationships with Health Authorities.

APPENDIX A: ATTENDEES

Aboriginal Physician Advisor to the Prov. Health Officer	Dr. Evan Adams
B.C. Centre for Disease Control	Ciro Panessa
B.C. Ministry of Healthy Living and Sport	Tara Nault
B.C. Ministry of Healthy Living and Sport	Stephen Smith
Canadian Aboriginal AIDS Network	Kevin Barlo
The Cedar Project	Margo Pearce
The Cedar Project	Patricia Spittal
The Cedar Project	Chief Wayne Christian
Centre for Excellence in HIV/AIDS	Eirika Brandsa
Chee Mamuk	Melanie Rivers
Consultant to Renewing our Response	Deb Schmitz
First Nations Inuit Health Program of Health Canada	Donna Lawrence
First Nations Inuit Health Program of Health Canada	David Martin
First Nations Inuit Health Program of Health Canada	Isobel McDonald
First Nations Health Council	Marilyn Ota
First Nations Summit	Grand Chief Ed John
Healing Our Spirit B.C. Aboriginal HIV/AIDS Society	Ken Clement
Interior Health Authority Communicable Disease	Dr. Rob Parker
Kelowna Family Services	Brian Mairs
Kla-how-eya	Darron Cound
Kla-how-eya	Lix Lopez
Northern B.C. Aboriginal HIV/AIDS Task Force	Emma Palmantier
Northern B.C. Aboriginal HIV/AIDS Task Force	Pricilla Crouse
Positive Living North	Carmen Nutter
Provincial Health Services Authority	Bubli Chakraborty
Provincial Health Services Authority	Deborah Senger
Public Health Agency of Canada	Christine Dockman
Public Health Agency of Canada	Moffatt Clarke
Red Road HIV/AIDS Network Society	Michelle George
Spiritual Advisor	Ron Hamilton
think: act consulting, facilitator	Kyle Pearce
Tl'atz'en Nation	Justa Monk
Vancouver Coastal Health Authority	Barb Keith
Vancouver Coastal Health Authority	Miranda Compton
Vancouver Native Health Society	Doreen Little John

APPENDIX B: PRESENTERS

Dr. Evan Adams
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APPENDIX C: GLOSSARY

AASO: Aboriginal HIV / AIDS Service Organization. An Aboriginal organization that provides services to people living with, or at risk of becoming infected with HIV/AIDS.

Aboriginal Communities: Includes Métis, Inuit, urban Aboriginal communities, and First Nations communities, and includes specific populations such as intravenous drug users, sex trade workers and prisoners.

APHA: Aboriginal person / people living with AIDS

ASO: Aboriginal Service Organization, which may or may not provide services to people at risk of, or living with HIV/AIDS.

Holistic: Taking into account all aspects of a person, issue or disease.

SO: Service Organization.

Tripartite First Nations Health Plan:
A ten-year plan, led by First Nations, Federal and Provincial governments, to improve the health and well-being of First Nations, close the gaps in health between First Nations people and other British Columbians, and fully involve First Nations in decision-making regarding the health of their peoples.

Upstream interventions: Activities that occur before a person contracts HIV or which build resilience to prevent becoming infected with HIV.



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