



Voices of the People

An Aboriginal community perspective on what Aboriginal communities need to fight the HIV/AIDS epidemic in BC

By Heidi Standeven on behalf of Renewing Our Response

Background

The Renewing Our Response Forum was held in March 2005 and brought together Aboriginal people living with HIV/AIDS (APHAs), Aboriginal AIDS Service Organizations (AASOs), non-Aboriginal AIDS Service Organizations (ASOs), and government representatives. (See Appendix 1 for list of Current RoR members)

Since the forum, the Aboriginal AIDS Service Organizations (AASOs) in the province – the Renewing Our Response Leaders Team—have been meeting regularly to plan how best to move the forum recommendations forward. The Provincial Health Services Authority has provided support in facilitating this process.

The Renewing Our Response Leaders Team (RoR) is paying particular attention to an important concern raised at the Renewing Our Response Forum. Participants were concerned that Aboriginal HIV/AIDS services have been planned and funded in a piecemeal manner. This means that there is no consistency between on- and off-reserve populations or across regions. The RoR Leaders recognize the importance of all stakeholders working on HIV/AIDS in Aboriginal communities planning and designing programs in a coordinated, collaborative, and comprehensive manner.

The RoR Leaders Team has worked to condense the 24 forum recommendations to the following overarching recommendations:

1. Increase coordination between funding agencies and work to address jurisdictional barriers that hinder HIV/AIDS services;
2. Increase funding and supports for Aboriginal program development and service delivery;
3. Create culturally appropriate HIV/AIDS strategies and policies for Aboriginal people and evaluate past strategies;
4. Build capacity and collaboration between stakeholders;
5. Support innovative resource development;

6. Empower APHAs to develop peer support, education, and training, and self-advocacy skills;
7. Work to build capacity in community and build support with research agencies to conduct culturally appropriate research on prevention, surveillance, treatment, and care in Aboriginal communities.

In the discussion leading to the formulation of those recommendations, participants agreed that a collaborative approach between ASOs and AASOs in order to improve access to services and address service barriers was called for. Certainly the economic argument can be made for increasing funding and rethinking funding formulas, in part so communities can work collaboratively rather than competitively. Collaborative, community-based approaches are, in fact, what many jurisdictions are taking and asking for, especially in relation to Aboriginal health planning and services.

The Renewing Our Response Leaders had identified a number of projects to be rolled out in phases. The cornerstone, and first phase, is the establishment of the Provincial Coordination Program, with the Red Road HIV/AIDS Network being the host agency, in partnership with the First Nations Health Council and RoR Aboriginal Leaders.

The Mission of the PCSP is to strategically unify and strengthen the response to HIV/AIDS in Aboriginal communities in BC by guiding coordination, policy and funding. The primary function of the Program is to provide the necessary infrastructure and support so communities can effectively communicate, plan, formulate, review, evaluate progress and support each other in their responses to HIV and AIDS. The goals are listed as follows:

1. Establish a central resource and infrastructure for the Renewing Our Response (RoR) processes;

2. Increase coordination between organizations and communities working on HIV and AIDS in Aboriginal communities;
3. Increase strategic communication on issues, resources and tools pertaining to HIV and AIDS by:
 - a. Establishing timely access to current, reliable and appropriate data, information and knowledge;
 - b. Identifying and addressing jurisdictional barriers that hinder HIV/AIDS services;
 - c. Ensuring the smooth flow of information both internally (RoR structure) and externally (Knowledge Translation);
 - d. Developing and maintaining productive relationships with partner organizations and key stakeholders;
 - e. Identifying and communicating about relevant new evidence and “wise practices”; and
 - f. Facilitating and supporting community/agency “capacity building” and collaboration

In the first year of the PCSP the Provincial Coordinator developed a tool in order to give communities and community organizations from around BC an opportunity to provide feedback on where they “are at” in regards to HIV/AIDS in their community. Two surveys were formulated – one directed at Community Members and another at Community Organizations.

Methodology

Between March 2010 and May 2010, Community Needs Assessment Surveys were sent out to 200 communities and community organizations throughout the province. Each package contained a DVD outlining who RoR was, and what the Provincial Coordination Strategy Project is as well as 5 Community Organizations surveys and 10 or 15 Community Member Surveys. Both surveys consisted of multiple choice questions, with option for comments, and kept as brief and concise

as possible. Copies of each of the surveys are attached to this report for reference (See Appendix 2 & 3).

As an incentive, Community Members' tickets were put into a draw for one of three gift certificates for Overwaitea Food Group – one for \$200, \$100, and \$50 respectively. There was no incentive provided for community organizations.

Overall, almost 2000 Community Member surveys were sent out through communities and community organizations throughout the province, as well as almost 1000 Community Organization surveys. Postage paid envelopes were included for all of the surveys sent out. The surveys were also available online via a link to surveymonkey.com on the Renewing Our Response website: www.renewingourresponse.ca. When sending out surveys to communities and community organizations, focus was placed on sending out to those located outside of the Greater Vancouver area.

While trying to maintain confidentiality of participants, the survey did not ask for names or addresses of those who filled out the survey; however, many participants did in fact give this information, so the surveys were regionalized by the researcher into one of seven regions: Vancouver Island, Southern Coast, Southern Interior, North Coast, Central Interior, North East, and No Region. (See Appendix 4) More of the community members (82%) gave information than did community organizations (75%).

Results

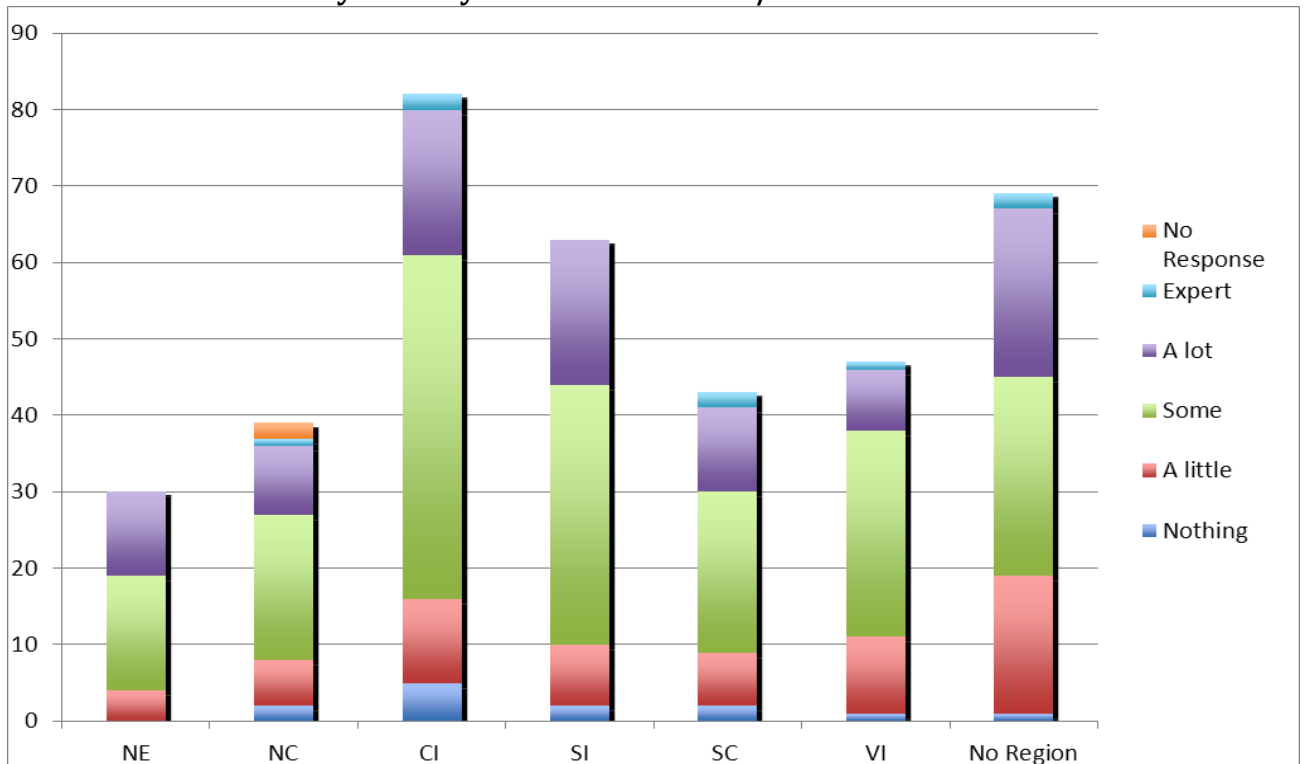
In total, 373 community member surveys were returned either by paper or through the online access. This was a return of about 20%. 104 of the community organization surveys were returned, or about 10%. These numbers are likely an underestimate of the rate of return however; some packages sent out to community organizations were returned after the fact, unopened, due to a change in address.

Community Members Surveys

Overall, there was a good distribution of return from each of the geographical regions of the province: 8% North East, 10% North Coast, 22% Central Interior, 17% Southern Interior, 11% Southern Coast, 13% Vancouver Island, 18% No Region.

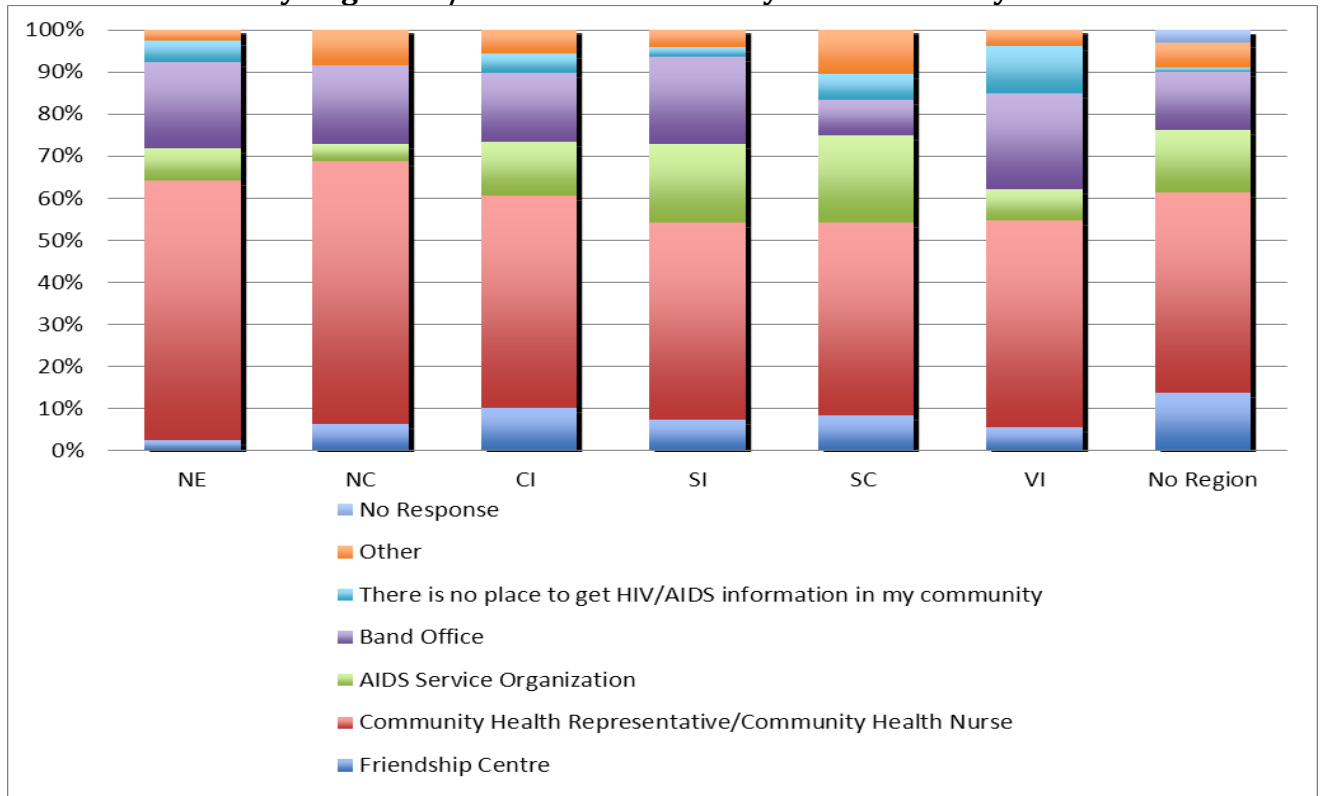
More than 50% of community members reported that they had some knowledge of HIV/AIDS, while almost 20% responded they only knew a little, and 4% reported knowing nothing about HIV/AIDS. Less than 30% felt that they knew a lot about HIV/AIDS, and only 2% felt they were experts. There was some regional disparity between regions, with Vancouver Island having the fewest number of people who felt they knew a lot about HIV/AIDS (17%) and the North East having the greatest number (37%); however, most regions in this area fell around the 25 – 30% area. Please see Chart 1 below for reference:

Chart 1: How much do you feel you know about HIV/AIDS?



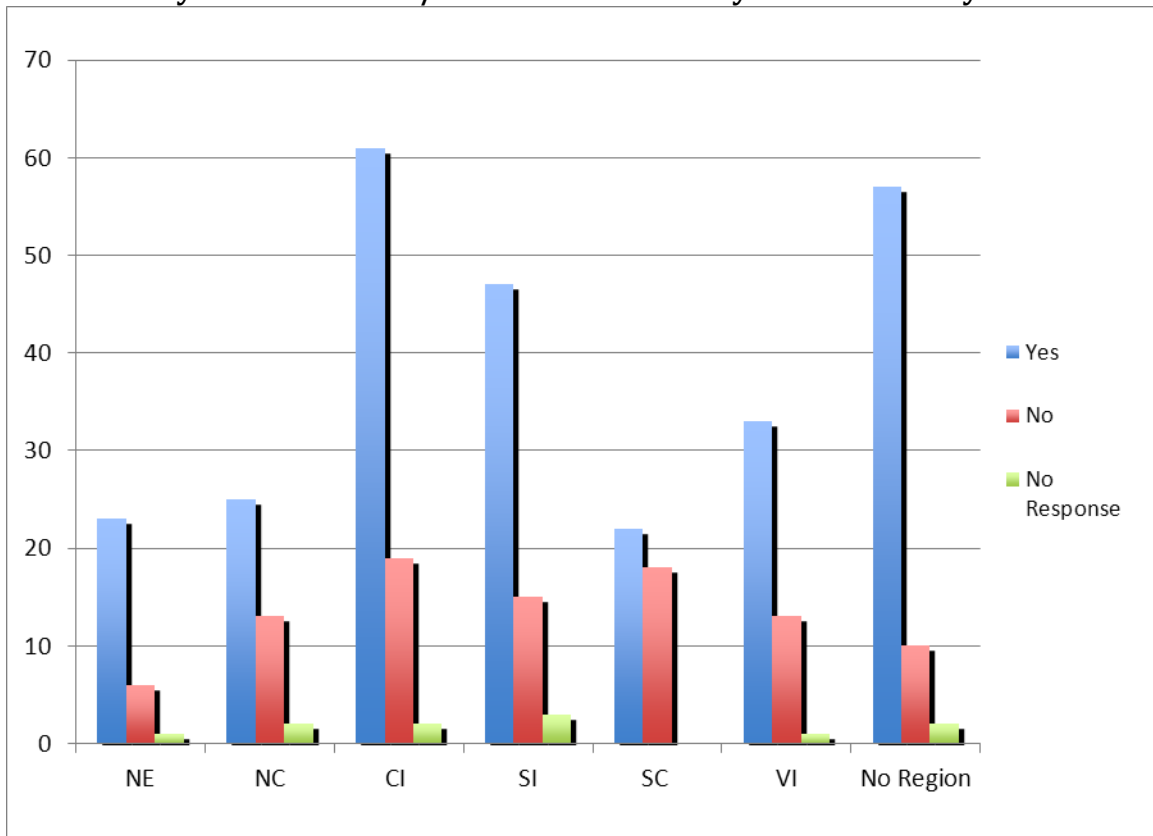
An overwhelming number of community members are relying on their community health nurse/community health representative to give them information about HIV/AIDS. As many people know, the CHN/CHR is often the only health worker in a community, and HIV/AIDS is only one piece of their workload. According to this report, more than 50% of respondents will go to their CHN/CHR for information on HIV/AIDS. The next most common place for respondents to go to for information is their band office (17%) and an AIDS Service Organization (13%). It must be noted, however, that ASOs are not easy to access outside of urban centres, which can be seen in the Chart 2, which shows that the highest percentage of usage for ASOs are in the Central Interior, Southern Interior, and Southern Coast. Another interesting point is that within the Southern Coast, band offices are not used nearly as often for HIV/AIDS information than in other regions. Vancouver Island had the largest percentage of respondents who felt that there was no place in their community where they could get HIV/AIDS information.

Chart 2: Where do you get HIV/AIDS information in your Community?



When asked if they felt that HIV/AIDS was a concern in their community the majority of respondents felt that it was. 25% felt that it was not a problem, while 3% did not respond. Upon reflection, it can be noted that this question can be taken in different ways; on one hand it can be interpreted regarding number of community members living with HIV/AIDS, or on the other, if people feel that HIV/AIDS is an important discussion in their community. Unfortunately, the wording of this question was not as clear as it should have been, but this does not take away from the meaning of the responses. Regardless of their motivation, people feel that HIV/AIDS is a concern.

Chart 3: Do you feel that HIV/AIDS is a concern in your Community?

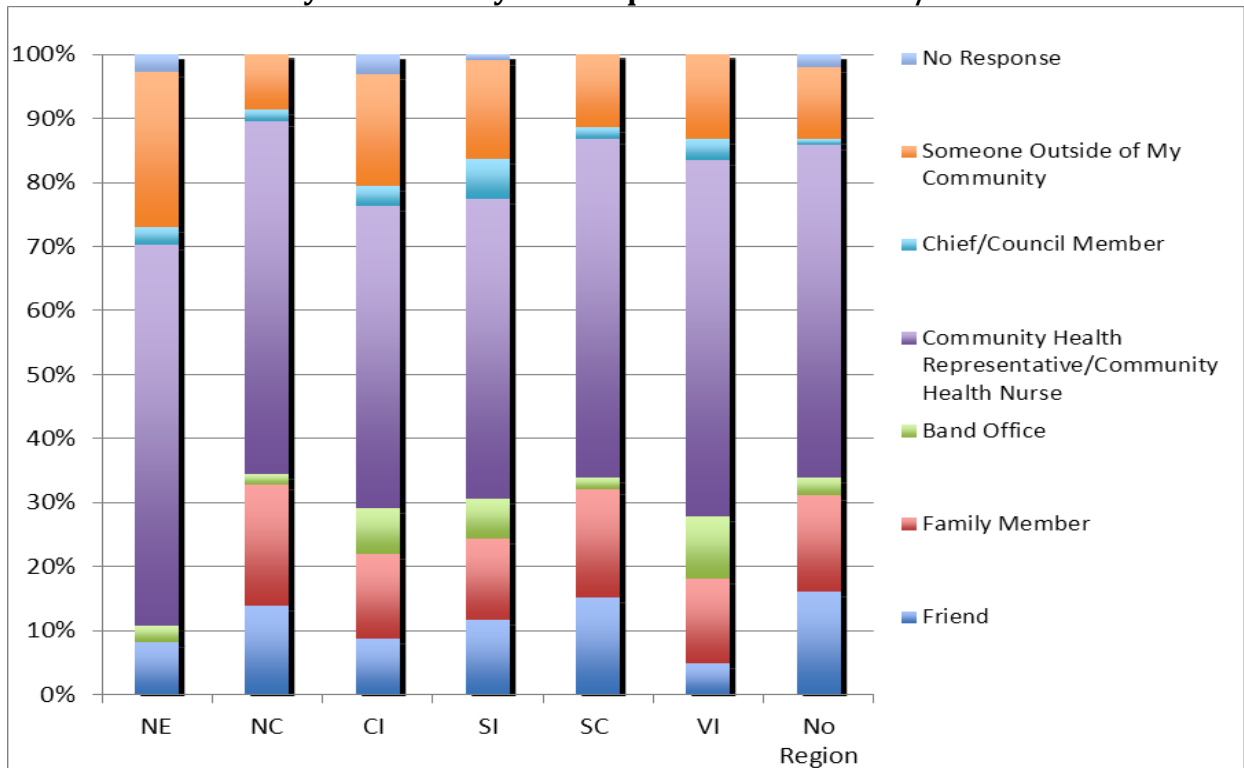


When looking at the response for the next question, “Who would you talk to if you had questions about HIV/AIDS?” there is a definite link to the previous question

about getting information about HIV/AIDS – there is an overwhelming majority of responses for CHN/CHRs in community. Fewer people would talk to someone in their band office, while a few would talk to their Chief/Council member, friend, or family member. Of note is that after respondents chose CHN/CHRs in their community, people chose to speak with someone outside of their community if they had questions about HIV/AIDS. This percentage was even, while nominally, greater than respondents choosing to speak with a family member (13.6% and 14.2% respectively).

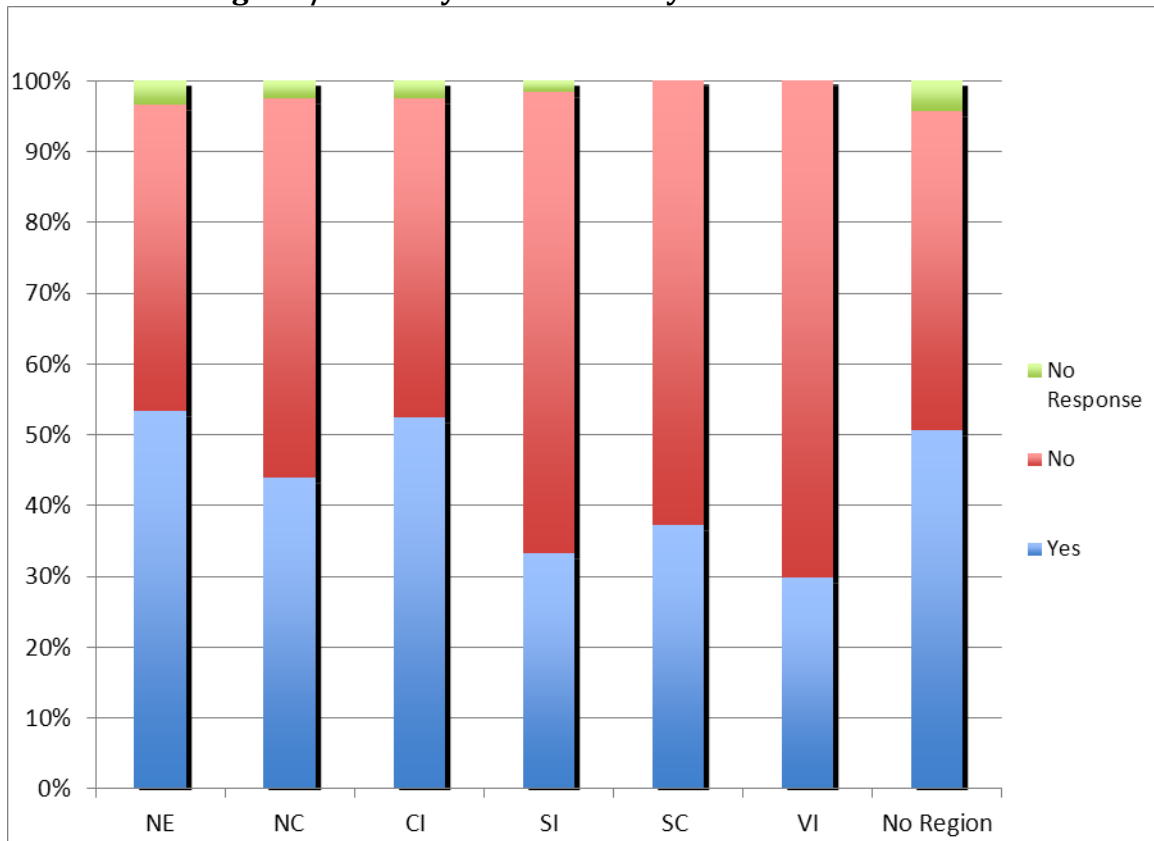
Regarding regional differences, there is once again a disparity among those regions where respondents would go to their band office with questions, with the North East, Southern and Northern Coasts (3%, 2%, and 3% respectively) having the fewest respondents who would choose this option, as opposed to 11% in the Central Interior. A result that is also noteworthy is that no respondents from the North East stated that they would go to a family member with questions. Please see Chart 4 for reference.

Chart 4: Who would you talk to if you had questions about HIV/AIDS?



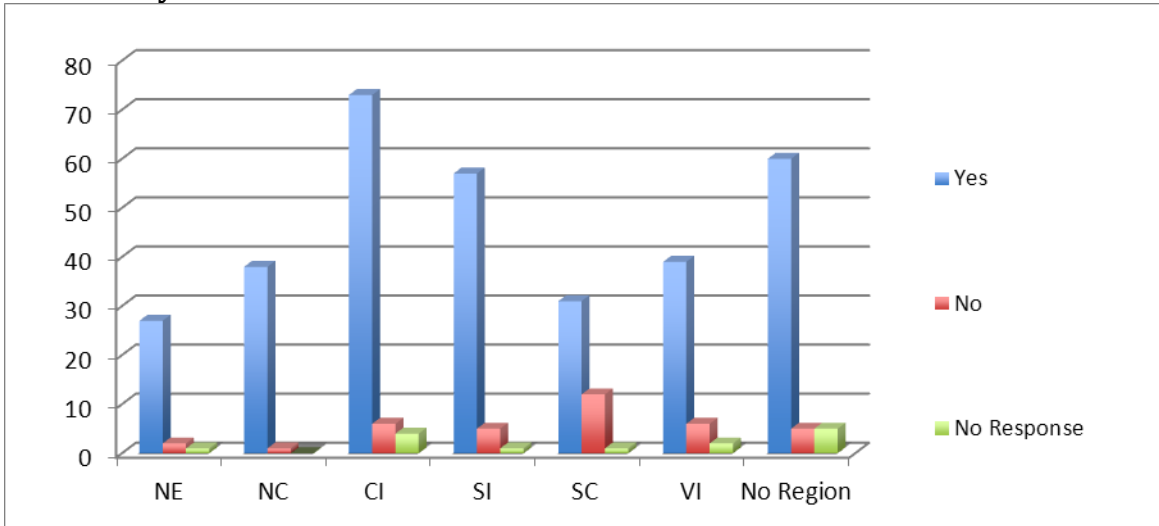
The next question dealt with issues of confidentiality, stigma, and discrimination. Overall, the majority of respondents did not have concern about these issues in their community, with 54% responding “No” and 43% responding “Yes”. However, there are differences between the regions on this matter, with more respondents in the Central Interior and the North East having concerns over confidentiality, stigma and discrimination, and those respondents in the Southern Interior, Southern Coast, and Vancouver Island having a majority feeling it was not a concern.

Chart 5: Do you have concerns over confidentiality, stigma or discrimination when discussing HIV/AIDS in your community?



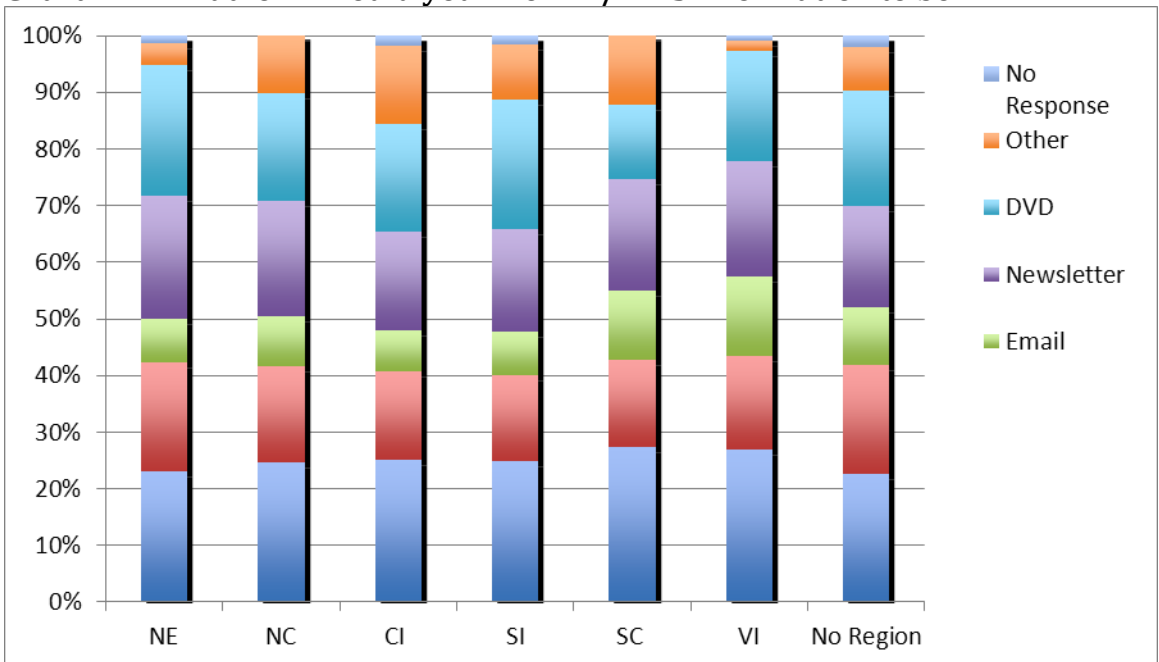
Respondents were asked if they would be interested in receiving more information in their community about HIV/AIDS, and in what format they would like that information to be in. Respondents overwhelmingly responded “Yes” to more information (86%) in all regions, while a few respondents did choose “No”.

Chart 6: Would you like more information on HIV/AIDS in your Community?



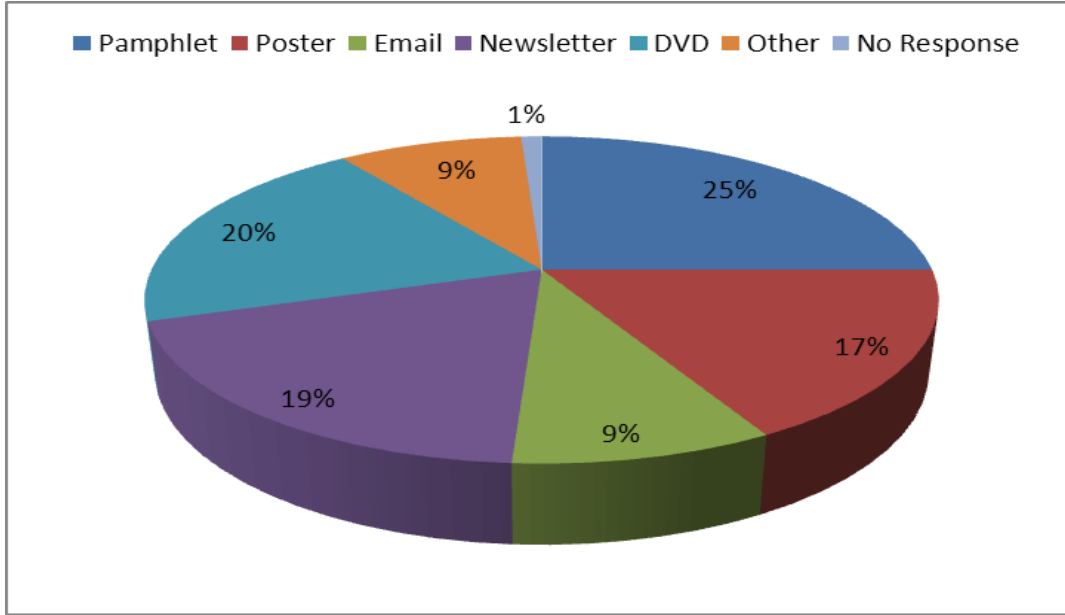
In regards to format, respondents certainly preferred print materials as opposed to electronic, as well as DVDs. While it was not given as an option, many respondents made requests for guest speakers and workshops in their community, with some specifically requesting people living with HIV/AIDS to come and speak to them. Internet (websites) were also not given as an option.

Chart 7: In what form would you like HIV/AIDS information to be in?



Please see Figure 1 below for an overall picture for HIV/AIDS information format.

Figure 1: In what form would you like HIV/AIDS information to be in?

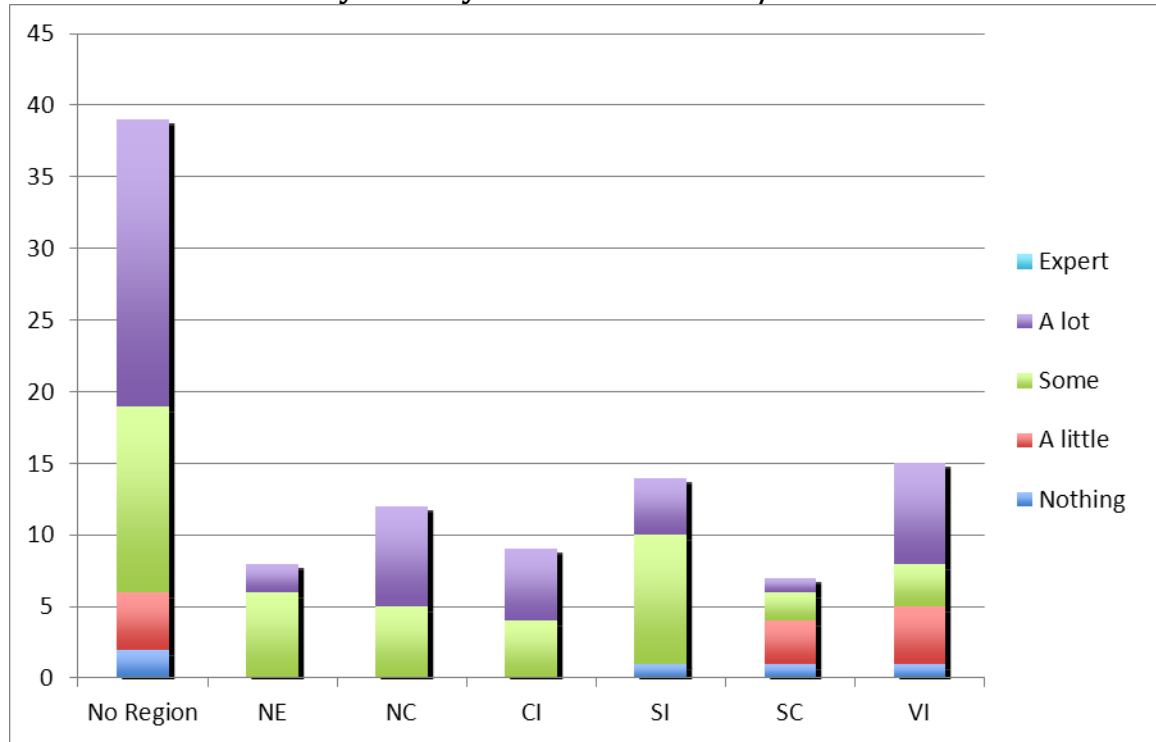


Community Organizations Survey

Regional distribution was again represented within the returned Community Organization surveys, although not as many were returned, as previously mentioned, about 10%. The regional breakdown was: 8% North East, 11.5% North Coast, 9% Central Interior, 13% Southern Interior, 7% Southern Coast, 14% Vancouver Island, 37.5% No Region.

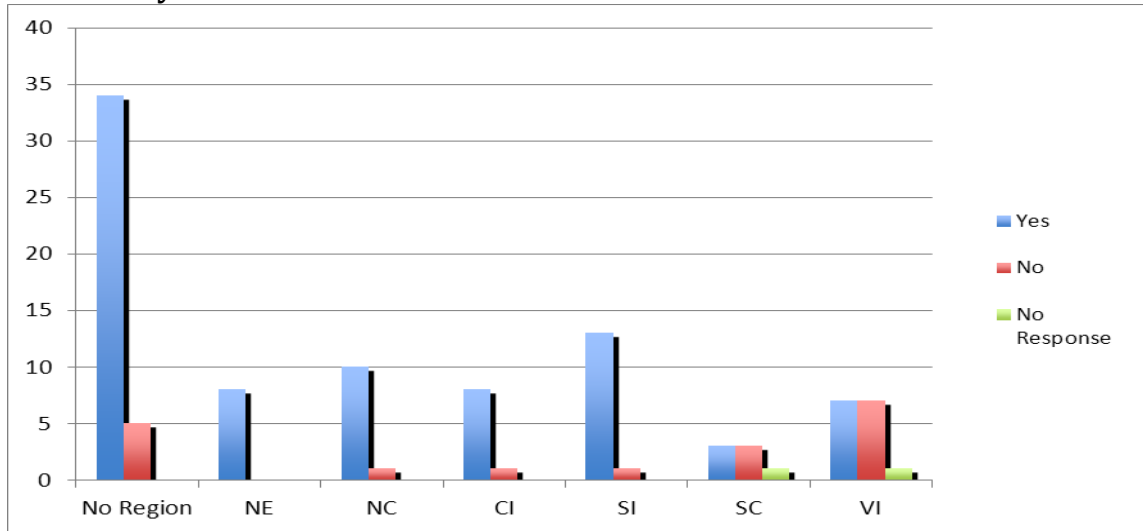
Overall, most organizations felt that they had some knowledge of HIV or a lot of knowledge. No organization felt that they were experts, and a few stated that had no knowledge. Please see Chart 8 below.

Chart 8: How much do you feel you know about HIV/AIDS?



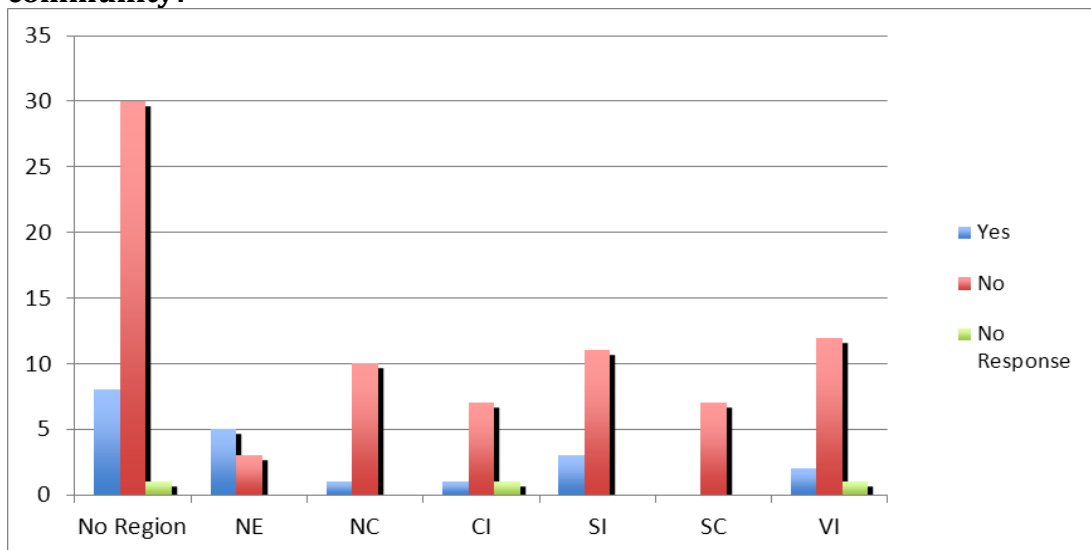
Most of the organizations who responded to the survey provide some level of HIV/AIDS information in their community. Those organizations on Vancouver Island had the most responses from those who do not provide information. In the North East, all of the organizations provide some information.

Chart 9: Does your organization provide HIV/AIDS information in your community?



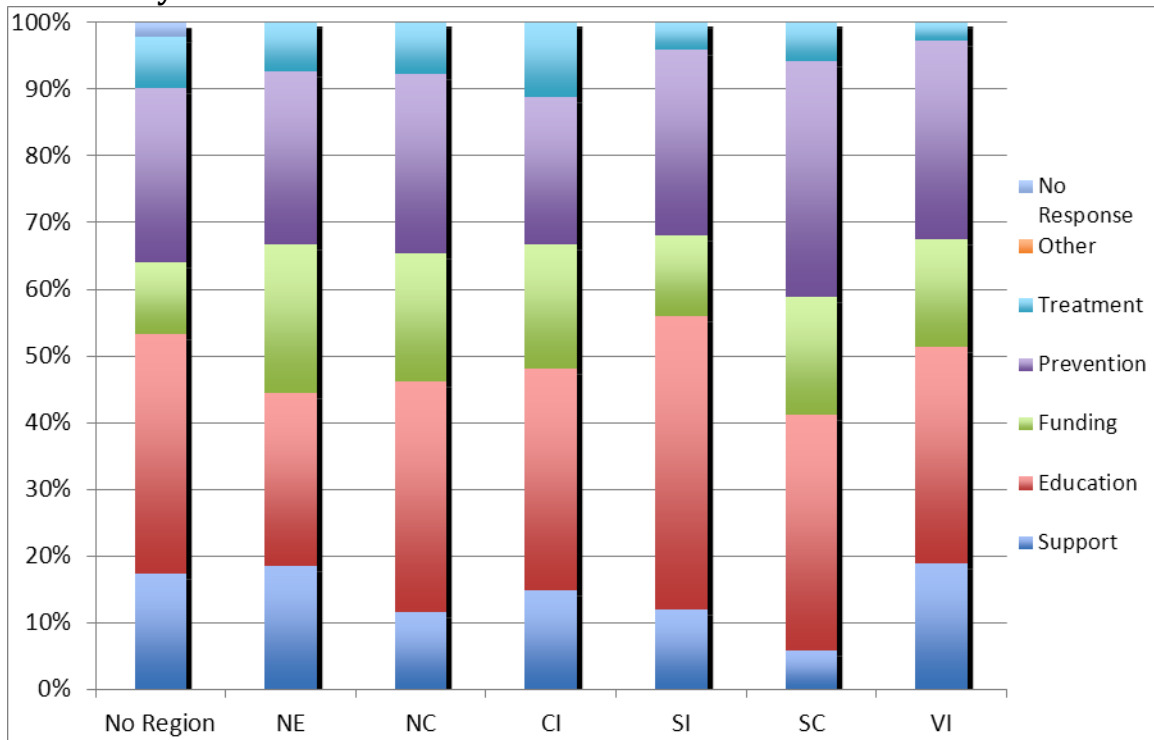
An overwhelming majority of respondents felt that there was not enough information on HIV/AIDS in their community, although some do feel that there is enough. In the North East, more respondents felt that there was enough information than those who felt there was not – 63% and 27% respectively.

Chart 10: Do you feel there is enough HIV/AIDS information in your community?



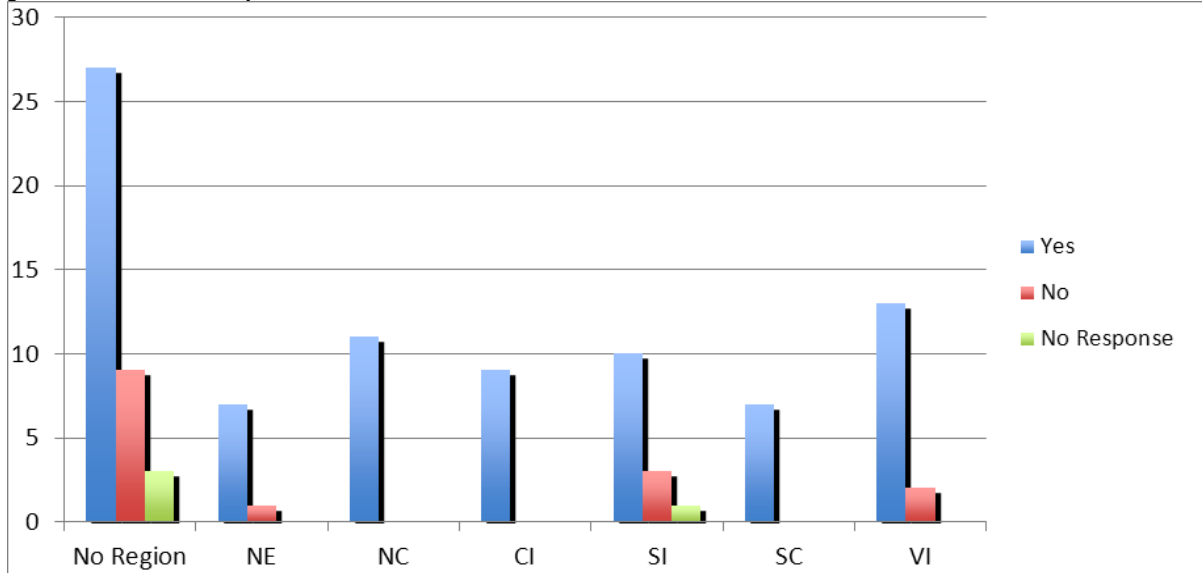
Most respondents listed out their priorities around HIV/AIDS in their community with only about 2% not responding. The two most important areas, across all regions, were Education and Prevention, with Prevention being the biggest priority. The next areas of importance were, in order, Funding, Support, and Treatment.

Chart 11: What do you feel are the priorities around HIV/AIDS in your community?



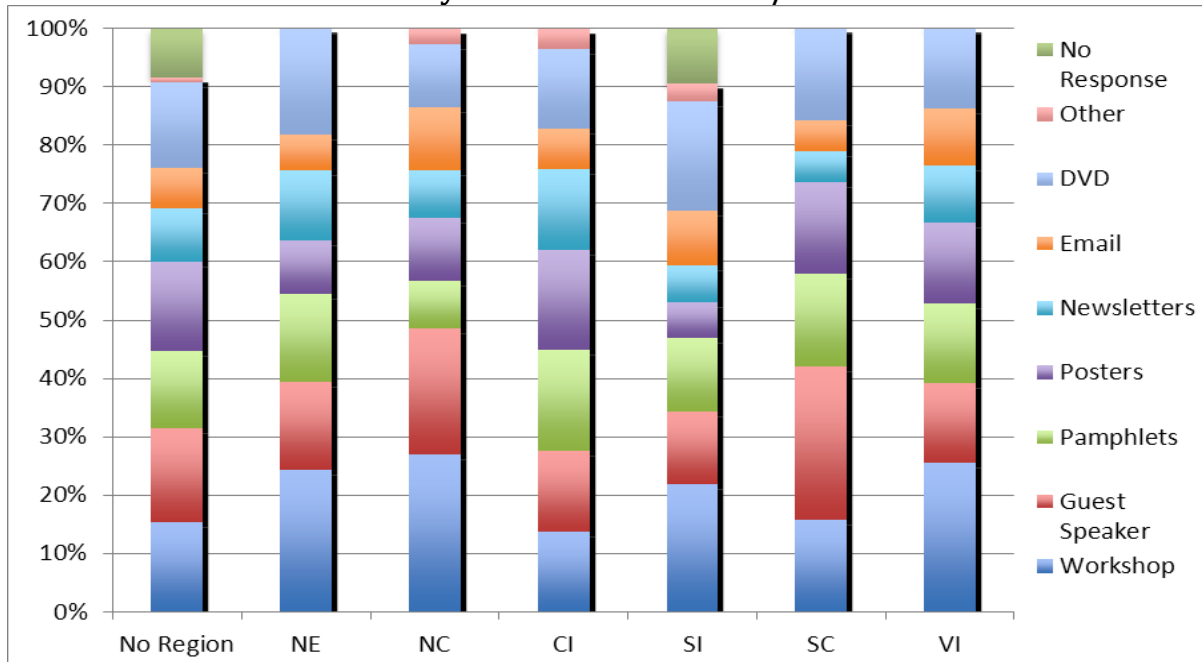
A follow-up question the previous question showed that community organizations want more information on how their priorities can be met in HIV/AIDS. There were only negative responses on Vancouver Island, Southern Interior, North East, as those whose region could not be determined. Overall, 82% of respondents would like information.

Chart 12: Would you be interested in getting more information on how your priorities in HIV/AIDS could be met?



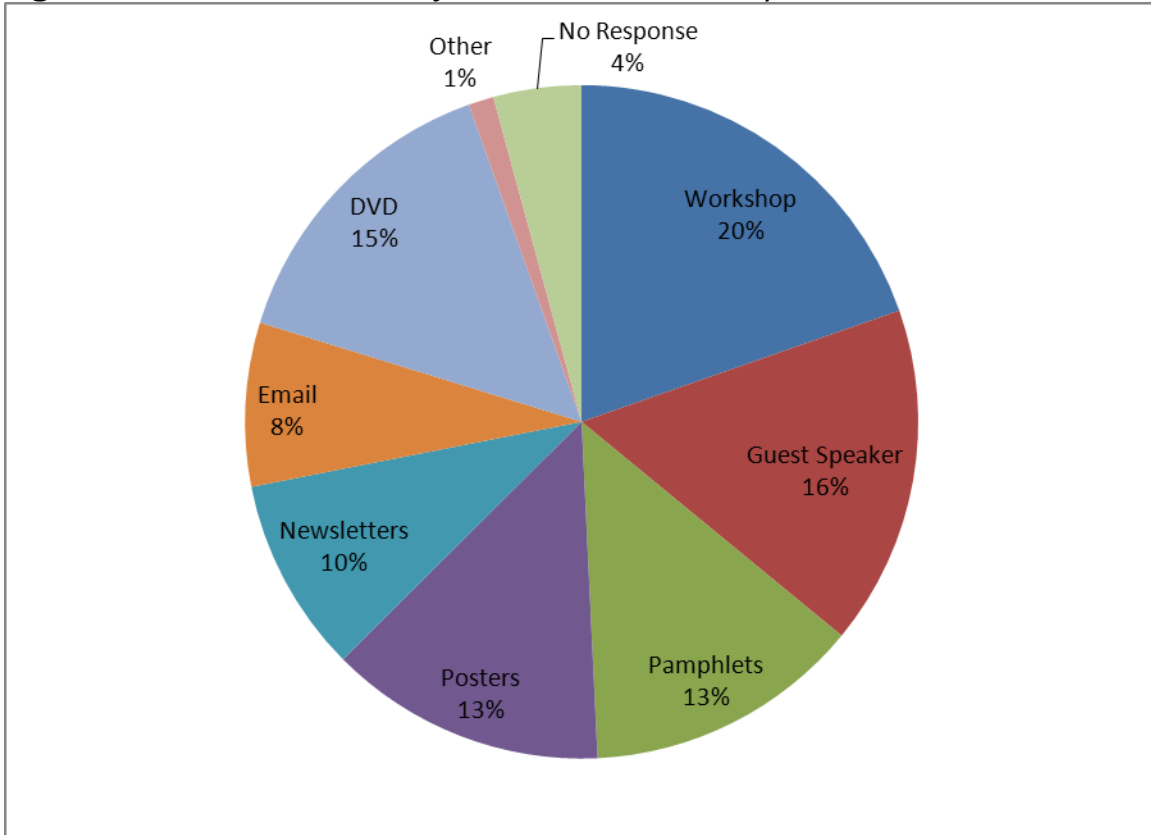
For those who wanted more information on how their HIV/AIDS priorities could be met in their communities, respondents were given an opportunity to inform on the format of that information. The most requested format was workshops, guest speakers, and DVDs. Respondents also felt that posters and pamphlets would be useful.

Chart 13: What format would you like to receive HIV/AIDS information in?



Please see Figure 2 for an overall perspective on what format community organizations would like for their HIV/AIDS information.

Figure 2: What format would you like to receive HIV/AIDS information in?



Limitations

As already mentioned, the data in this survey could have been further categorized if it had given an opportunity for more information to be shared, such as gender, age, geographical region. As many participants did list out their information, some regionalization of the data could be done, however it is incomplete. No attempt was made to try and categorize using either gender or age.

Surveys were sent out to communities from throughout the province within a larger media package, including a DVD describing Renewing Our Response's Provincial

Coordination Strategy Project. Some of these packages were returned. When this occurred, the package was typically sent out to another community; however, if the package was returned after the deadline for submitting surveys was complete, then those surveys were not sent out again. Unfortunately, information on exactly how many surveys were sent out was not complete and so, the total number of surveys received by communities and community organizations is only an approximation. In future, it will be important to keep more complete records of this information to produce more accurate rates of return.

Some of the questions could have been interpreted in different ways. For example, Question 3 of the Community Member survey asked “Do you feel that HIV/AIDS is a concern in your community?” This could be interpreted as either number of community members infected with HIV/AIDS or level of concern in general about HIV/AIDS or, whether or not community members feel that their leadership have HIV/AIDS on their agenda. More effort needs to be made to ensure that questions are clear.

Analysis
Community Members

*Most people are ignorant about this topic.
Men especially will not discuss HIV/AIDS,
their sexual preference, if they are gay is kept
in the closet*

One of the points that came through loud and clear is that community members rely heavily on their Community Health Nurses (CHN) and Community Health Representatives (CHR) for information on HIV/AIDS. Often, CHN/CHRs are doing HIV work off the side of their desk, and so, it is important to provide as much support as possible to these individuals to ensure that HIV information is getting out to their community members. At this point, seeing as how a majority of respondents (71%) had either no, little, or some knowledge of HIV, more work needs to be done in order to ensure that community members have a comfortable understanding of the facts.

The majority of respondents are getting their information from the local CHN/CHR; this is noticeable throughout all of the regions. Notably, and not surprisingly, those communities that have access to an AIDS Service Organization (ASO) have the lowest, although still substantial, number of respondents getting information from their CHN/CHR. Where there is access to an ASO, community members are getting HIV/AIDS information from them.

Yes, because there is a lot of unsafe stuff in addictions and unsafe sex and sharing of paraphernalia

Regardless of how people interpreted Question 3 on the Survey (“Do you feel that HIV/AIDS is a concern in your community”), the majority (72%) of respondents felt that it was a concern. This shows that communities are ready for more information, and efforts should be made to provide that support to them. Since CHN/CHR are the most likely individual that a community member would go to discuss HIV, it is important to reiterate that more support for the CHN/CHRs is needed.

I think there is still the stigma of shame that goes with someone who has it, or their family members keep it quiet, etc.

That being said, stigma, discrimination, and confidentiality are still concerns within communities. One respondent stated “people are afraid” and another felt that “people have poor attitude to things they don’t understand and are scared of it”.

Concerns were raised over confidentiality within the community, since many members come from communities where everyone knows everyone’s stuff. One respondent mentioned that they did not feel safe talking to their local CHN/CHR, fearing that there was no confidentiality. More information needs to get in to communities to ensure that people have the right information regarding HIV. This will not only benefit community members in general, but also those who are infected and would like to be able to go home to their community. A lack of knowledge will often breed fear and misunderstanding.

Of interesting note, respondents in the North East stated that they would not speak to a family member about HIV/AIDS while also having the highest rate of respondents who would go outside their community if they had questions about HIV/AIDS. This poses concern as northern communities are isolated by many factors, geography just being one and access to care being another. The logistics of leaving your community to talk to someone about HIV/AIDS can pose many barriers, especially during the winter months.

I feel that the stigma/discrimination is all hushed- no one can talk about it at all or with anyone

Overwhelming, respondents were positive about wanting more information in their communities about HIV. The largest proportion of respondents who do not want

It should be known that medication is not a cure. It is still a risk, can still be transmitted and still an unpleasant disease despite treatment options

more information in their community were those community members located on the Southern Coast.

This is also, potentially, the region that already has the most information available. People want to know more, they want to understand. The form that this information takes can vary, although it was mentioned time and again the importance of hearing

about experiences – respondents wanted to hear and learn from people living with HIV. People also felt that the youth should be the intended audience for education. It was also clear that people preferred that information be given by Aboriginal people, which makes sense – people relate better to those individuals they have something in common with. This is something that service providers have known for some time. Educators must continue to challenge themselves to make their educational tools relevant to their Aboriginal audience – it is so valuable. While posters, pamphlets, and newsletters may serve some purpose, respondents preferred more of the “hands-on” learning of a workshop. One suggestion given if to have a workshop in the community was to ensure that it is a “workshop with a variety of different topics, not just HIV/AIDS so they feel comfortable attending”.

Respondents also supported the idea of using a DVD as a learning tool, perhaps accompanied by a pamphlet for more information. Requests were made for fun and up-to-date websites that were relevant to Aboriginal people.

Community Organizations

Most of the organizations felt that they had some or a lot of knowledge about HIV/AIDS; the exception was in Southern Coast and Vancouver Island, where there was the largest amount of respondents who felt that they had either very little knowledge, or no knowledge (with exception to those where region could not be determined). This correlates to the fact that in these two regions included the highest rates of organizations that do not provide HIV/AIDS information. Throughout the rest of the regions a majority of organizations provide some sort of information on HIV/AIDS, but the comments reveal that often this information is minimal.

Now that a new generation is coming on board HIV/AIDS should be brought into this community. It seems that HIV/AIDS isn't brought up that much, it's just noted that so and so has the dreaded disease and to stay away from that person.

Respondents also felt that more information is needed in their community, and similar to comments by community members, community organizations feel that the youth are especially in need of information as they are not taking precautions to prevent contracting HIV. There is also concern for a lack of knowledge and apparent interest within the community and the fear associated with people that are living with HIV. This fear is often associated with misinformation, another concern among respondents.

Responses across the regions were relatively even in regards to priorities – education and prevention. Again, these comments were associated especially among the youth. Respondents feel that the youth do not take HIV/AIDS seriously, and that communities struggle between the balance of promoting safe sexual

practices and condoning sexual activity. Comments that were missing were those acknowledging drug use as the primary means of transmission among Aboriginal people. Comments discussing prevention talked about sexual transmission only. This certainly does not mean that there is a lack of awareness in this area, but it may mean that sexual transmission is more of a concern than transmission through drug use. It would be useful for community organizations to have more information on modes of transmission and rates as well as any other current information on HIV/AIDS. Respondents also mentioned the desire for easier access to testing, one respondent mentioned greater access to Point of Care testing while another talked about the risk of leaving their community to get information on procedures for testing, including the exposure of the drug and alcohol culture of the city.

Community Organizations, unless specifically mandated to do work in HIV/AIDS, need more support in getting HIV/AIDS information into their communities. The best means for this is interaction with those living with HIV, guest speakers, and workshops. Email is not a useful form to disseminate information – people still prefer posters and pamphlets that they can distribute. DVDs are a good tool, but it is important to keep in mind that these will be more successful if they are culturally relevant to their audience.

Conclusions

What was made loud and clear throughout this process is that there is not enough information about HIV/AIDS in Aboriginal communities, and that Aboriginal communities want more information. Respondents prefer the information come from someone they can relate to, preferably another Aboriginal person, as well as someone who is living with the disease. Overall, there are still a lot of misconceptions about HIV/AIDS in Aboriginal communities, and this lack of knowledge is breeding fear, unsafe behaviour, and isolation of those living with HIV. Community organizations do not have enough tools to give their community members, and often, then information they have is not up-to-date. One respondent

stated that they had not had a workshop on HIV in their community for five years. With rates of Aboriginal people living with HIV on the rise, infection rates of Aboriginal women and youth increasing, rates of accessing health care decreasing, and the advancement of treatment options for those living with HIV, it is essential that more resources be dedicated to community-based education and prevention strategies.

If you say or ask something about a certain topic everyone will be like "oh my god she must have it if she is asking"

Community readiness will vary, but Aboriginal community priorities in HIV are prevention and education, especially within Aboriginal youth. More resources need to be designated to allow Aboriginal People Living with HIV/AIDS (APHAs) to go out to communities to be guest speakers and tell their stories. Having youth speak to youth will also be beneficial; youth tend to listen to their peers. It is important to remember that a lack of knowledge not only fosters the further spread of HIV, it also has the potential to make communities unsafe for people living with HIV/AIDS to return home.

Some communities are likely beyond the need of just prevention and education strategies, and want more of a focus on testing and access to medical services. It is necessary to keep in mind that community readiness will be different throughout the province, and a static model of approach will not work in any case, least of all for HIV/AIDS. Models need to be adapted to suit the needs of each individual community.

Resources need to be tailored to the needs of the community. While DVDs are requested, it is important that any medium used is culturally relevant to Aboriginal communities. Great examples already exist: *By My Name*, a Na'kazdli youth project done in partnership with Chee Mamuk, as well as *Our Children, Our Future: HIV in Aboriginal Communities*, a project through the Northern BC Aboriginal HIV/AIDS Taskforce. More resources that follow these models need to be produced.

Any initiatives done in Aboriginal communities need to be sensitive to where the community is at in terms of acknowledgement of HIV/AIDS and degree of knowledge. As already mentioned, some communities show a general lack of interest, and community members may not go to a workshop that was advertised as being about HIV. Educators need to work with communities and community organizations to be creative about how HIV/AIDS knowledge can be shared. Successful models already exist, but should be expanded: Chee Mamuk's *Around the Kitchen Table* is a prime example, although work done by Healing Our Spirit and Positive Living North was also mentioned by respondents.

CHN/CHRs are an essential resource in Aboriginal communities, and as much support needs to be given to them as possible. Leaders and organizations need to ensure that CHN/CHRs are up-to-date on information on HIV/AIDS, and that they have the tools they need to be able to share that knowledge with the community. This may be support to bring in guest speakers, as already mentioned, or have an organization come in to do a workshop or provide training. Community members rely heavily on their CHN/CHRs, it is important that CHN/CHRs have what they need to meet that demand.

Often HIV/AIDS education comes from outside of the community; although train-the-trainer workshops are taking place. Aboriginal organizations that provide education are limited: Chee Mamuk (BCCDC), Healing Our Spirit, Positive Living North, Okanagan Aboriginal AIDS Society, and Red Road HIV/AIDS Network. Both Chee Mamuk and Healing Our Spirit have provincial mandates that allow for workshops to be given in communities, both on-reserve and off; however, other organizations are limited by region as well as funding (the funding for on reserve and off reserve are different pools of funding). It is clear from the findings in this report that communities want, and need, more education. With such a limited number of Aboriginal organizations being able to offer this education, supply cannot meet demand. More resources need to be allocated to these organizations, and

jurisdictional barriers of funding need to be removed, in order for these communities' needs to be met.

Good work in HIV is being done all over the province, but more is needed. Much of the information that arose out of this survey may not be a surprise to many who work in this field, but it is an affirmation of what many HIV/AIDS professionals, APHAs, and community workers already know – communities need more education and prevention strategies in HIV/AIDS. This piece is key to not only build a foundation for treatment and support for APHAs within their community, but also to prevent the further increase of HIV infection rates of Aboriginal people in BC.

APPENDIX 1:

Renewing Our Response Members:

- Cheryl Maurice (Saulteau First Nation)
- Doreen Littlejohn (Vancouver Native Health Society)
- Darron Cound (Kla-how-eya)
- Emma Palmantier (Northern BC Aboriginal HIV/AIDS Taskforce)
- Dr. Evan Adams
- Fairlie Mendoza (Ts'ewuhltun Health Centre)
- Frieda Prince (Nak'azdli First Nation)
- Gerry Oleman (Elder)
- Kecia Larkin (Community Liaison)
- Kelly L'Hirondelle (YouthCO)
- Kim Louie (Red Road HIV/AIDS Network)
- Matthew Louie (YouthCO)
- Melanie Rivers (Chee Mamuk)
- Rhoda Hallgren (Okanagan Aboriginal AIDS Society)
- Sandy Lambert (Community Liaison)
- Vanessa West (Positive Living North)
- Winston Thompson (Healing Our Spirit)



APPENDIX 2:



Community Assessment Survey – Community Members

Please take a few moments to fill out this survey. Your thoughts will help us determine what each community's needs are throughout the province. Return the survey in the postage paid envelope and keep one of the numbered tickets to be eligible in a draw for a \$200, \$100, or \$50 gift certificate with Save-On Foods (includes Save-On More, Overwaitea, Price Mart Foods, and Urban Fare). For more information, please visit our website at www.renewingourresponse.ca.

1. How much do you know about HIV/AIDS?

Nothing
A little
Some
A lot
Expert

2. Where do you get HIV/AIDS information in your community?

Friendship Centre
Community Health Representative/Community Health Nurse
AIDS Service Organization
Band Office
There is no place to get HIV/AIDS information in my community
Other (please specify)

3. Do you feel that HIV/AIDS is a concern in your community?

Yes
No
Comments

4. Who would you talk to if you had questions about HIV/AIDS?

Friend
Family Member
Band Office
Community Health Representative/Community Health Nurse
Chief
Council Member
Someone outside of my community
Comments

5. Do you have concerns over confidentiality, stigma or discrimination when discussing HIV/AIDS in your community?

Yes

No

Comments

6. Would you like more information on HIV/AIDS in your community?

Yes

No

Comments

7. In what form would you like HIV/AIDS information to be in?

Pamphlet

Poster

Email

Newsletter

DVD

Other (please specify)

APPENDIX 3:



Community Assessment Survey – Community Organizations

Please take a few moments to complete this survey. The information you provide will help us address some of the gaps in HIV/AIDS resources throughout the province. For more information, please visit our website at www.renewingourresponse.ca.

1. How much do you feel you know about HIV/AIDS?

- Nothing
- A little
- Some
- A lot
- Expert

2. Does your organization provide HIV/AIDS information in your community?

- Yes
- No
- Comments

3. Do you feel there is enough HIV/AIDS information in your community?

- Yes
- No
- Comments

4. What do you feel are the priorities around HIV/AIDS in your community?

- Support
- Education
- Funding
- Prevention
- Treatment



Other (please specify)

5. Would you be interested in getting more information on how your priorities in HIV/AIDS could be met?

Yes

No

Comments

6. If your answer to Question 5 was yes, please tell us in what format you would to receive the information.

Workshop

Guest Speaker

Pamphlets

Posters

Newsletters

Emails

DVDs

Other (please specify)

7. If you would like more information, please let us know what community you are located in and, if you like, which organization you are with.

APPENDIX 4:

