

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



## **Pathways To Community Healing**

***HIV/AIDS Education Model***

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**The views expressed herein are solely those of the authors and do not necessarily reflect the official policy of the Minister of Health Canada.**

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## **Background**

In British Columbia, Aboriginal people represent up to 7% of all those infected by HIV/AIDS. In the year 2001, 36% of the newly diagnosed women in BC were Aboriginal. Given that Aboriginal people make up only 5% of British Columbia's population, it is evident that the spread of HIV/AIDS is disproportionately high within the Aboriginal community.

The Red Road: Pathways to Wholeness, An Aboriginal Strategy for HIV and AIDS in BC, which was officially launched on February 1, 1999, is a pathway to increase the quality of life of all Aboriginal people. This is accomplished by respecting and integrating the traditional and cultural values and beliefs of individuals, families and communities. The Strategy supports the use of those traditions in the treatment of HIV/AIDS in Aboriginal and non-Aboriginal communities.

An integral component of the implementation of the Strategy was the creation of the Red Road HIV/AIDS Network (hereafter referred to as the Network), which incorporated on May 7, 1999. The purpose of the Network is to:

- reduce or prevent the spread of HIV/AIDS
- improve the health and wellness of Aboriginal people living with HIV/AIDS
- increase awareness about HIV/AIDS and establish a network which supports the development and delivery of culturally appropriate, innovative, coordinated, accessible, inclusive and accountable HIV/AIDS programs and services

Part of the Network's approach to achieving these goals is to hold a series of quarterly meetings, which provide a forum for the service organizations, and those directly affected and infected by HIV/AIDS, to voice their concerns and issues. Quarterly meetings also provide education, skills building and networking opportunities that broaden the services and capacity of service organizations.

The request for standardization of education on HIV/AIDS came out of a quarterly meeting. In response to this request, the Network made a submission to Health Canada to fund the development of an HIV/AIDS Education Manual that would standardize the information available on HIV/AIDS as well as include its impact on Aboriginal people.

A Steering Committee who guided the development of the manual included:

- Gil Poitras, Coordinator, Education Standardization Project, RRHAN
- Angela Guglielmucci, PWA, Treatment Information Coordinator, Vancouver, BC
- Barbie Skaling, Education Coordinator, Healing Our Spirit, BC
- Julie Desautels, Outreach, Okanagan Aboriginal AIDS Society, Kelowna, BC
- Carol Lunny, PWA, Treatment Information, Vancouver, BC
- Dixon Taylor, Aboriginal Concept Group, Victoria, BC
- Mary Jackson, Education Coordinator, AIDS Prince George, Prince George, BC
- Sheldon Slaunwhite, HIV/AIDS Outreach, Purpose Society, New Westminster, BC
- Old Hands, Elder for The Red Road HIV/AIDS Network Society

## **Introduction**

Education Standardization is a process that is intended to support and enhance the delivery of HIV/AIDS education. It is our goal to increase, enhance and improve the way HIV/AIDS education is delivered in all Aboriginal communities throughout BC.

Various HIV/AIDS service organizations, seniors and APHAs were consulted during the development of the manual. They made recommendations on what they wanted to be included in the manual. Throughout the document the reader will see extractions from literature produced by other service organizations, government reports, etc. What sets this manual apart is the Aboriginal context that makes it culturally appropriate for Aboriginal communities.

## **Purpose**

The HIV/AIDS Education Manual is designed to offer standardized information on HIV/AIDS that can be used by facilitators and educators in Aboriginal and non-Aboriginal communities.

## **Who Should Use This Manual?**

This manual has been developed for use by Aboriginal educators, speakers, Aboriginal people living with HIV/AIDS, community health representatives and individuals presenting HIV/AIDS information. The goal is to ensure they possess the skills and knowledge necessary to provide a high standard and quality of HIV/AIDS education to Aboriginal communities in BC.

## **How Is This Manual Set Up?**

This manual has been developed for a broad range of audiences and is presented in an “easy to use” format. It provides step-by-step guidance to the facilitator in the presentation of the material recommends methods (tools) for presentation and offers suggestions on ways to maintain cultural sensitivity.

It is assumed that most facilitators will not have a formally trained medical background; therefore, the manual presents current information on HIV/AIDS in “layperson” terms. This manual is intended to raise awareness about HIV/AIDS in Aboriginal communities and to encourage prevention of the spread of the disease.

This manual is designed to be used for presentation to Aboriginal communities. In Reserve communities, contact should be made with the leaders, tradition elders and health care workers to acquire permission before entering the community and to get their support and help in setting up the presentation.

We invite you to embark your journey on the Red Road – the Pathway to Wholeness!

## **Step 1: Development of a Presentation**

The materials provided in this manual are intended to provide you with all the tools and information you will need to provide an effective workshop on HIV/AIDS education. You may choose to supplement the information in this manual or tailor it to better reflect the interests of your audience.

There is a considerable amount of information available about HIV/AIDS. Over the past twenty years, since this disease has been in Canada, a number of ways of presenting information about HIV/AIDS have been developed. Some may not suite you or your audience. Go with what you feel comfortable with, do the presentation in your own style, make it easy for you.

If you are going to use materials from other workshops you have attended, make sure that the information you are presenting is accurate and current. Research the information and the source before you include it your workshop. Get the facts!

If you are using statistics, make sure you research them yourself. Find the source and make sure every thing is correct.

The more clearly and concisely you present this material, the more likely your participants will retain the information. Provide them with what is important to know. Don't confuse your audience with what's not relevant in your presentation. "Keep it simple."

Respect cultural differences, attitudes and practices. Speak with ease when referring to the various communities affected by HIV. Terms like "gay," "men who have sex with men" (MSM), "gay-lesbian," "transgendered," "I.V. drug user" (IDU), "heterosexual" and "straight" must be used without bias or prejudice.

## Step 2: Preparation For Presentation

Before entering a community it is advisable that you research the spiritual, cultural and traditional practices of the community. Make contact with traditional healers, elders, leaders and health care workers within the community to acquire their assistance in planning the workshop and support during the presentation. Visit the community prior to the workshop/presentation if possible to assess the site where the workshop will be held for space, lighting, seating, etc. Check with the host organizers to find out if food or refreshments will be served. Go through your list for workshop preparation to ensure you have covered all the bases. (See Appendix A for sample workshop preparation list)

**IMPORTANT:** Arrive at the location at least one hour prior to the scheduled start time for the workshop. This will enable you to:

- set up space that is to be used for the workshop,
- ensure that all equipment is available and ready,
- have materials and handouts laid out properly, and
- greet workshop participants as they arrive.

### **Presentation Tools:**

In consultation with local community contacts, assess your audience for age, education level, cultural background and size of group, prior to the presentation and determine which method of presentation will be most effective. A group of youth may respond better to a flip chart presentation while a group of health care workers or community leaders (Chiefs & Councilors) may appreciate the overhead transparencies, or PowerPoint.

- flip chart/dry erase board/ videos
- overhead transparencies (requires overhead projector) or power point presentation (requires laptop computer)
- activity exercise sheets/questionnaires/news releases
- hand outs/ brochures, business cards, pamphlets
- markers/masking tape/kleenex/water, etc

Presentation tools are meant to provide a visual context for the information you are teaching. Try to avoid simply reading your overhead transparencies or power point presentation; this may not engage your audience. Know your material.

Consider having hard copies of your presentation to hand out to participants. This will alleviate their concern about taking notes and will ensure they are actively listening to your presentation.

### **Step 3: Self-Care**

The first step in delivering a good workshop is to do a “self-check.” Ask yourself the question, “How am I feeling today?”

You must be aware of your emotional energy. Discord within your personal life will impact your presentation. Ensure that you are able to process it so that it will not negatively effect your presentation. For some this may mean simply going for a walk, while others may consider meditation, debriefing, or even therapy.

How participants react to your workshop will be impacted by the energy you bring to the presentation. You may not get the full attention and confidence of the participants if they sense that you are distracted. They need to sense your ability and confidence in ‘dealing’ with various hurdles commonly faced in life. Your clear mind and sensitivity to the issues relating to HIV/AIDS will encourage the audience to engage in the activities of the workshop.

You will have to clear your mind of whatever may be bothering you. Only you will know what works and how to make sure that you give the audience your full, unbiased attention as a professional.

### **Step 4: Being Prepared for Emotional & Mental Effects**

When an individual is diagnosed and advised that he/she has contracted HIV, it is appropriate to assume there will be a considerable emotional and mental impact. These emotional and mental impacts will also impact family and others who are close to the individual.

As a facilitator/educator, you must be aware of these impacts. Your workshop content may cause or ‘trigger’ reactions in participants. You will want to be prepared for various types of disclosure related to the HIV/AIDS, sexual abuse, drug or alcohol addiction, family violence, etc. Listen to the participants and hear what they are saying.

If you are traveling out of your community to do a presentation, work with the host community to ensure that the proper support people/professionals attend the workshop. Given that the workshop may trigger some emotional experiences and realities for your participants, you will want to have experts on hand to provide the immediate support that may be required. They can ensure that follow up support is provided once the workshop has ended.

Provide a list of referrals for support to the participants, which include health care workers, elders, and support groups and agencies. (See Appendix A)

It is not advisable to go into a community to conduct a workshop on HIV/AIDS without the essential support people (elders, health care workers, etc) in place. Always schedule the workshop for a time when they are available.



## Step 5: Opening of Presentation/ Introductions

(Duration: 15 - 30 minutes)

When the participants arrive, allow a few minutes for the group to settle into their seats. The workshop may be opened with a cultural activity such as a prayer, smudge or song performed with a drum. The opening ceremony is optional and will have been prepared prior to workshop by seeking out a spiritual Elder and requesting his/her advice and participation. The type of opening ceremony may differ with each territory.

If the size of the room permits, consider having the group form a circle for opening ceremony. The circle is said to provide the energy for what the Elder is asking in the opening prayer. The (talking) circle can also be utilized for all or part of the presentation. Talking circles have been used by many Aboriginal cultures/groups. This is also a good way of putting the participants at ease and making it less formal.

Speaking clearly, each facilitator(s) will introduce himself/herself to the audience with an explanation of the presentation. Share briefly about his/her work, where he/she is from and cultural background. For example:

*“Hello, my name is \_\_\_\_\_. I am from \_\_\_\_\_ and I will be facilitating this workshop today on HIV/AIDS.”*

“Ice breakers” can be very effective in a group setting. This is a quick activity that requires some involvement of the group to break the tension or shyness that may occur in a room full of strangers.

### Sample ICE BREAKER

Typically, in a group setting the participants are asked to share with the group; their name (first name only), where they are from and cultural background, name of organization they are representing and what they hope to get from the session. Instead, have the group pair off and obtain this information about each other. Then, have them introduce each other to the rest of the group. Remember the names of the participants and use them.

**IMPORTANT:** Alert the participants that you will be speaking frankly and openly about HIV/AIDS and that some of the material/information (i.e. the use of condoms, male & female sexual activity, STDs, sexual abuse, injection drug use, etc) may be difficult to hear. Set the tone of the workshop by helping the audience feel at ease with the language that will be used to discuss the topics that will be covered.

Relay to the participants the timelines for the presentation, breaks and discussions. General discussion should be encouraged at the wrap-portion of the workshop.

## **Step 6: Overview of Agenda**

(Duration: 5 - 10 minutes)

The facilitator(s) may present an overview of the agenda and topics to be discussed. In the agenda items remember to include opening/closing ceremonies, introductions, highlights of the presentation, group discussions and activities, wrap-up questions & comments, evaluations, etc.

The information in this manual may be used in the presentation and includes:

- Group questions (questions raised by the group).
- History of HIV/AIDS.
- Learning About HIV/AIDS – Points of Discussion.
- Commonly Asked Questions.
- Wrap-up questions & comments and providing resources.
- Sample of Traditional Healing.
- Sample knowledge quiz, evaluation sheet.
- Transparencies (optional)

## **Step 7: Group Questions**

(Duration: 10 minutes)

Invite the participants, to forward a list of questions that will be answered during the workshop in discussions with the group. Start by listing the questions to which you know the answers.

Involving the audience in answering the questions will indicate their level of knowledge about HIV/AIDS. If there are questions raised that you cannot answer they may be answered in group discussions. If some questions still haven't been answered at the end of the session, simply refer the group to someone who can answer them.

Know when to cut off questions, keeping in mind, the time frame you are working in.

Some questions that could be raised are:

- What is HIV? or What do we know about HIV/AIDS?
- What is AIDS? or Is there a cure for HIV/AIDS?
- How can I get HIV/AIDS?
- How can I prevent being infected with HIV?

## **Step 8: History of HIV – Facts about HIV (optional)**

(Duration: 15-30 minutes)

Explain the facts regarding the history of HIV. Bring the audience up to date with current information on HIV, by asking the questions and then answering them with factual information. Using the facts, you can dispel the myths surrounding HIV. The ***Points of Discussion*** section in this manual can offer a broader discussion on the issues related to HIV, news items etc.

### **Historical Facts that can be mentioned to start your presentation.**

- In the early 1980's people began to go to their doctors feeling very sick. They had developed a disease called **Kaposi's Sarcoma (KS)**, which was a type of skin cancer. It was soon discovered that many of those diagnosed with KS had a common lifestyle of being either 'gay' or 'bisexual'. Kaposi's Sarcoma soon became known as the '**Gay Cancer**'
- Shortly after KS started being seen in gay or bisexual men, large numbers of gay men started to die of an unusual form of pneumonia, called Pneumocystis Carinii Pneumonia (PCP) and it became to be known as the '**Gay Plaque**'.
- Shortly, thereafter, research showed that these men had very weak immune systems, and that all were infected with a newly recognized virus, which was named 'Humanodeficiency Virus (HIV)
- Although research began to develop some understanding of the disease, misconception continued to leak out into the communities. Because it was commonly spread among the gay population it came to be known as the '**Gay Mans Disease**'.

The first person to be infected with HIV in Canada was in the late 1970's, and by 1983 there were seven (7) cases of AIDS in BC.

The first Aboriginal person to be infected with HIV in Canada was in 1987. In BC the first reported Aboriginal person with HIV was in 1989 and the first case of an Aboriginal woman to be reported with HIV was in 1991.

Vancouver has the highest per capita rate of AIDS in Canada.

One-fifth (1/5) of Canadians infected with HIV live in British Columbia.

In the year 2001, 440 British Columbians tested positive for HIV:

- 33.7% were known to be men who have sex with men
- 31% were known to be people who inject drugs
- 50% were known to be women
  
- 36% of newly infected women were Aboriginal
- 13.8% of new infections occurred through heterosexual sex
- 50% were young people aged 15 – 24 years

Today more than 10,000 British Columbians are living with HIV or AIDS. Since 1983, 2151 British Columbians have died of AIDS related causes.

On a worldwide scale, 40 million people were estimated to be living with HIV by the end of 2001;

- 3 million people died of AIDS
- 5 million new people contracted HIV in 2001
- 14000 new people are estimated to be contracting HIV each day

Source: <http://www.heartofrichmond.com/>  
[http://www.heartofrichmond.com/just\\_facts.htm](http://www.heartofrichmond.com/just_facts.htm)  
<http://www.bccdc.org>

## **Step 9: Learning about HIV/AIDS**

(Duration: 1-2 hours)

You will provide an in-depth explanation of HIV/AIDS. You may choose to use the information in this model or use your own tools & resources; however, the material you use on HIV/AIDS must be standard and accurate.

The following pages;

Learning About HIV/AIDS

Points of Discussion

Sample of Traditional Healing

Commonly Asked Questions

may be mixed and matched as overheads to conduct or extend the presentation.

Remember to:

- Provide hard copies of the presentation to the group so they are not distracted in trying to write down all the information.
- Speak in clear voice so you will be heard by everyone.
- Make eye contact as much as possible.
- Use facial expressions & hand gestures for emphasis.
- Draw in the audience with humor, current events (news releases) etc.
- Be yourself and keep it simple.

# Learning About HIV/AIDS

## What is HIV?

HIV stands for ‘**H**uman **I**mmunodeficiency **V**irus’.

- H** Human: means that the virus can only be passed from one human to another.
- I** Immunodeficiency: is the word used to explain that the immune system, which helps to fight infection, becomes deficient or begins to break down. It becomes less able to fight off infections. (Or, to the point, it does not work properly.)
- V** Virus is the germ (bug) that gets into your body and makes it hard for the person to fight off infections. (needs a host, a nice warm body)

*Note: HIV/AIDS has no cure, ‘but it is preventable’!*

# Learning About HIV/AIDS

## What is **AIDS**?

AIDS stands for 'Acquired Immune Deficiency Syndrome'

- A** Acquired: means something you get.
- I** Immune: means, 'protect against' (the 'immune system' is the body's defense system against bacteria and virus).
- D** Deficiency: means part of something is missing, therefore it cannot work properly.
- S** Syndrome: is a collection of illness's and diseases that has no predictable course.

*Note: HIV/AIDS has no cure, 'but it is preventable'!*



# Learning About HIV/AIDS

## Transmission of HIV

How does the virus (HIV) infect somebody?

- There needs to be an infected human body
- There needs to be specific body fluid(s) (semen, vaginal fluids, blood, mothers milk) to exit the infected body
- There needs to be a way for infected body fluid(s) to get inside an uninfected body.

What are some of the major ways that HIV can be transmitted?

- Engaging in unprotected sex (no condom) with an infected person.
- Having an infected person's body fluid(s) (blood, semen, vaginal fluids) enter the body of an uninfected person.
- Being HIV positive and becoming pregnant. The virus can be transmitted to the unborn baby (fetus) during pregnancy or via breastfeeding.
- Sharing needles ("rigs," "straws"). One can never be sure if a needle has been contaminated or properly cleaned.
- Fighting, when there is the possibility of open wounds and bleeding.

What are other ways that HIV can be transmitted?

- Blood sports – Fighting, where there is the possibility of open wounds and bleeding (not a major way that HIV can be transmitted)
- Sharing tattoo needles or body piercing equipment

# Learning About HIV/AIDS

## The four stages of infection?

### a) Acute Infection Stage

During the very early (first days to few weeks after the virus has first been contracted) stages of infection, some people develop a non-specific flu-like illness. This is also known as the window period as the usual test used to diagnosed HIV infection (an antibody test) can be negative, because it takes a few weeks for the body to develop an immune response to the virus.

### b) Asymptomatic Stage

- Having contracted the virus, but showing no physical symptoms or signs of infection. (The virus can be passed from one person to another at this stage.)

### c) Symptomatic Stage

- The person's body starts to show physical symptoms or signs that are mild or severe, frequent or infrequent and they may fluctuate with medical treatment (drug therapy).

### d) AIDS Stage

- Acquiring the Syndrome (pattern) of 'Immune Deficiency' when the body's immune system has broken down to the point that it can no longer fight off opportunistic infections (OI). The infected person becomes weaker and weaker.

# Learning About HIV/AIDS

## **What illnesses or diseases can occur if a person has AIDS?**

There are many various opportunistic infections (OIs) that a person may experience at the stage of AIDS. Listed below are some of the most common ones.

- KS (kaposi's sarcoma, a form of blood cancer)
- Pneumonia\* (pneumocystis carinii pneumonia – PCP) a form of pneumonia common in HIV disease.
- Thrush\* (yeast infection caused by candida, occurs in throat and esophagus, appears as a thick white coating, not life threatening)
- Tuberculosis (caused by mycobacterium-TB) Lung disease. Some forms of TB are dangerous. Symptoms: fatigue, fever, appetite loss, weight loss, cough with blood or pus in the sputum. \*
- Wasting, diarrhea – caused by natural environmental contaminant found in household dust, soil & water. \*
- Cervical cancer (cancer of the cervix in women)
- Blindness (caused by Cytomegalovirus – CMV, a herpes virus that invades the retina of the eye (retinitis))\*
- Shingles\*

Aside from shingles, which can happen at any stage of HIV disease, these other opportunistic infections do not happen unless the HIV infected person has an immune system that has been severely weakened by the virus. Even without treatment for HIV, it usually takes 10 – 12 yrs before people have such weakening that they develop these complications. (Dr. David Burdge, Oaktree Clinic, Women's hospital, Vancouver, BC)

\*Appendix C of A Comprehensive Guide for the Care of Persons with HIV Disease

# Learning About HIV/AIDS

## How does a doctor diagnose HIV/AIDS?

The doctor will recommend specific testing during which blood is drawn in order to determine whether the body has begun to form antibodies. With any disease, the body will form antibodies.

Antibodies are fighting agents within the blood that fight off the effects of the disease. HIV will trigger the formation of specific antibodies, which are recognized by the doctor.

Two common tests used by doctors are known as the **Elisa** and the **Western Blot**. Once a person is diagnosed with HIV further testing is done on a regular basis to monitor the viral load (content of virus within the blood cells) and the 'CD4' 'T-cells' (fighter cells/immune system) levels.

These levels usually reflect the person's health and the progression of the Virus.

## What tests help sort out how strong or weak the immune system is, and how active the virus is?

The main way that HIV weakens the immune system is by destroying one of the white blood cells, which is called the **CD-4** (or T-helper cell or helper cell). The CD-4 cell count can be tested in the laboratory (blood test) and the value gives a good estimate of how strong or weak the immune system is. Normal CD-4 counts are at about 500. people become at increased risk of opportunistic infections when the CD-4 gets below 200.

The activity of the virus in the body can be measured by a blood test called the **viral load test**. The higher the viral load, the more quickly the body's immune system gets weakened, and the more quickly the CD-4 count will fall.

HIV treatments help to drop the viral load to as low a level as possible (undetectable in the blood) which allows for the bodies immune system (CD-4 count) to recover.

**AIDS is not "diagnosed," but is determined by AIDS defining illnesses, Opportunist Infections (OIs). If you have one or more of these opportunist infections, your doctor determines you are in the AIDS stage.**

**Keep in mind that healthy people get some of these symptoms; make it clear that just because some of these are present, doesn't mean one has AIDS.**

# Learning About HIV/AIDS

## How is HIV/AIDS medically treated?

HIV is usually treated with drug therapy (the cocktails) or highly active antiretroviral treatment (HAART) regimes.

HIV drugs are divided into three classes:

- protease inhibitors (PIs)
- nucleoside reverse transcriptase inhibitors (NRTI's)
- non-nucleoside reverse transcriptase inhibitors (NNRTI's)

All these drugs impede the lifecycle of the virus in its attempt to take over healthy cell for reproductive purposes. One of the common side effects of some drug treatments is lipodystrophy (an unusual distribution of body fat caused by the drugs); however, not everyone is susceptible to this side effect. We are all different and certain things affect us differently. (Note: Taken from the 'Living Positive', BC Persons with AIDS Society\*)

With treatment the idea is to reduce the viral load to a low level as possible in the body and allow the body's immune system to build itself back up. Treatment definitely prolongs life, reduces risk of hospitalization and opportunistic infections.

Treatment of pregnant women can reduce the risk of mother to child transmission of HIV from 25% without treatment to below 1% .

### **Remember however: There is no cure.....YET!**

Even with no treatment it takes 10 – 12 years of infection for most people to have such a weak immune system that they start having symptoms or opportunistic infections.

\*Dr. David Burdge, Oak Tree Clinic, Vancouver, BC

# Learning About HIV/AIDS

## **Complementary & Alternative Treatments**

Complimentary and alternative treatments to HIV/AIDS are becoming more and more popular. Some of those include Chinese herbs and treatments (acupuncture, tai chi, etc.), meditation, reiki, various herbs and vitamins, and Aboriginal traditional medicines and cleansing ceremonies.

**IMPORTANT:** It is recommended that you let your doctor know what complementary therapies you are using. It is also important that you continue monitoring by your doctor while using complementary therapies.

# Learning About HIV/AIDS

## POINTS OF DISCUSSIONS

- There is a significantly higher level of indirect signs of risk for HIV infection that make Aboriginal people more susceptible, such as alcohol/drug addictions, abuse, youth pregnancy, residential school syndrome, self esteem issues, etc. (The Red Road, Pathways to Wholeness 1999)
- Aboriginal women represented 36% of all new HIV diagnoses among women in British Columbia during 2001. [www.bccdc.org](http://www.bccdc.org)
- Heterosexual contact and injection drug use are the two major factors for HIV infection in women.
- In Canada, women testing positive for HIV is highest among adolescents and young adults; 51.5% between the ages of 15 to 19 years of age, 40.8% between the ages of 20 to 24 years. (Health Canada HIV/AIDS Epi Update 2001)
- HIV and AIDS cases among females below 30 years attributed to injection drug use are greater among Aboriginal women.
- Partners of women living with HIV/AIDS should receive information and support to better prepare them for the realities they and their partners will be living with and, hence, to decrease manipulation due to HIV/AIDS. (Women's Health Research Project-Listen up! Positive Women's Network, BC)
- Women's economic inequalities should be addressed in order to decrease the power men hold in intimate relationships. (Women's Health Research Project-Listen up!, Positive Women's Network, BC)

# Learning About HIV/AIDS

## POINTS OF DISCUSSION

(continued)

- A person who has tested positive for HIV can have a healthy relationship with a person who is HIV negative as long as safe sex methods are practiced.
- Persons diagnosed with HIV are living longer lives due, in part, to the new drug therapies that are available. HIV can be more manageable.
- Although Aboriginal people represent 3-5% of the population of the province of BC, our men make up over 10% of new HIV cases. (‘A report on the HIV Epidemic Among Aboriginal People in British Columbia. 2000, Chee Mamuk, “New Work”)
- 15% of Aboriginal men newly diagnosed for HIV in BC were men who have sex with men (MSM) and 15% were heterosexual. (‘A report on the HIV Epidemic Among Aboriginal People in British Columbia. 2000, Chee Mamuk, “New Work”)
- The Aboriginal MSM were more likely to be unemployed, to live in unstable housing, to have higher depression scores, to report non-consensual sex and to be involved in the sex trade. (Health Canada, HIV/AIDS Website)
- The mobility of Aboriginal persons between inner cities and rural areas may bring the risk of HIV to even the most remote Aboriginal communities. (The Red Road, Pathways to Wholeness, 1999)
- There is an urgent need for prison education on HIV/AIDS. The medical staff who work in prisons generally know little about HIV/AIDS.
- The number of HIV positive tests among Aboriginal inmates continues to rise in prisons. (Pasan report)



# Learning About HIV/AIDS

## POINTS OF DISCUSSION

(continued)

- HIV diagnoses for Aboriginal men over 50 years of age have increased to 3% in BC. (‘A report on the HIV Epidemic Among Aboriginal People in British Columbia. 2000, Chee Mamuk, “New Work”)
- There is a need for more education on HIV/AIDS to be directed at our seniors (50+ yrs). \*
- Seniors are less likely to talk about their sexual habits. \*
- Doctors are less likely to talk to their seniors patients about the needs for safe sex practices or drug use. \*
- Many seniors mistake HIV/AIDS symptoms for aging. \*

\* Source: discussions with Aboriginal seniors (2001)

## 🎀 Sample of Traditional Healing\* 🎀

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### **Offering:**

The first part of the healing process, in Aboriginal Spiritual / physical healing practice is an offering to the Great Spirit, and to his helpers. Traditional teachings tell us that something must be given in exchange for what we are asking for.

The sacred gift of tobacco is one of the most powerful gifts we can offer; it was given to us for just that reason.

### **Tobacco Ties:**

Tobacco ties are small bundles of tobacco placed in cotton cloth cut into small squares:(about2”square). The tobacco and cloth are Smudged (waved over sage/cedar smoke) to purify the offering. As the tobacco is placed in the cloth and Smudged, a prayer is offered for each of the prayer ties, and the contents are tied on one string, long enough to place all the ties in one long row, about two inches apart from each other.

A total of fifty seven (57) ties are used for healing offerings, more can be offered

**IMPORTANT: Suggested offering may not apply in your community. Seek a spiritual leader to find out what offerings would be appropriate in your community.**

\* ‘A Traditional Healing Practice of North America’, 2001, Elder Oldhands

## Sample of Traditional Healing\*

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**IMPORTANT: Seek an Elder in your community to find out how to purify in your traditional territory. Caution is advised for persons on drug therapies when considering fasting.**

### **Purification:**

Purification is the next step in the healing process.

**Ways to purify yourself:** Smudging (also known as “cleansing”)  
Fasting  
Sweat Lodge

### **Smudging:**

Removes negativity and grounds us, in purification for the sacred.

### **Fasting:**

Helps to clear the body of toxins, and clears the stomach, to absorb traditional medicines.

### **Sweat Lodge:**

Detoxifies the entire body and allows the body to breathe, while the Great Spirit and helpers work upon the human system in a positive way.

### **Traditional Medicines:**

Our Ancestors have given us many medicines that have proven over many centuries to help heal many different illnesses and common diseases. These are plants, roots, barks, and flowers or combinations of these.

\* A Traditional Healing Practice of North America, 2000, Elder Oldhands

# Commonly Asked Questions

## **What is my Immune System?**

The Immune system is a number of different organs and cells in your body that work together to keep you healthy. Some of these organs are your liver, your spleen, and -- the biggest organ -- your skin. These are all parts of your immune system.

These organs and cells ensure that if a foreign substance should enter your body that it will work to keep you healthy. For instance, if you ever had a sliver and didn't have it removed right away you would eventually see some redness around the sliver, this is a sign that your immune system is working.

HIV attacks the cells in your body that help to keep you healthy. The main cell that the virus attacks are a type of white blood cells called the CD4 cell or T-helper cell. The normal healthy range for the CD4 cells are about 500. When the CD4 or helper cells fall below 200, people become at risk of opportunistic infections. (Dr. D. Burdge, Oak Tree Clinic, Women's hospital, Vancouver, BC)

# Commonly Asked Questions

## **Who can get HIV?**

**ANYONE CAN BECOME INFECTED WITH HIV! --- YOU AND ME**

That includes men, women, youth or Elders, Aboriginal, Black, Asian, Caucasian, Gay, MSM, gay-lesbian, bi-sexual, straight, IV drug users, doctors, nurses, policemen and the list goes on . . .

HIV doesn't discriminate.

# Commonly Asked Questions

## **What Behaviors put me at risk?**

You can't tell if a person is infected simply by looking at them. We all need to take certain precautions and know what types of "high risk" behavior to avoid.

**Do not share** needles and works (rigs and straws) for drug use, including steroids. If the person you are sharing with is infected the needle will be contaminated.

**Do not have** unprotected sex. You need to have some kind of barrier such as dental dams (for oral sex), latex condoms for men or polyurethane female-condoms for women. While these methods do not provide 100% protection, they are very important prevention methods.

**To ensure** condoms are used during sexual activity, be prepared before things "heat-up". Ensure condoms are easily accessible, have them in an accessible place, in your pocket, purse, or in your bedroom. Talk about safer sex with your partner. Using condoms can be an exciting and fun part of the sexual act. Using condoms shows that you respect each other enough to be safe. *(If you don't put it on, don't get it on!)*

**Do not share** tattooing or piercing needles that haven't been sterilized after use. This puts you at risk for being infected with HIV. If you are going to be tattooed or get some kind of body piercing you must get this done by a professional. Professionals will use new sterile needles, wear latex gloves and have information about safety posted. Professionals will be able to help you after by giving you information on how to prevent infection. Using a professional will cost you some money but the peace of mind is worth it.

**Women** who are pregnant and infected with HIV can receive treatment, during pregnancy and at the time of birth, which will greatly reduce the rate of mother to child transmission. A mother infected with HIV is advised not to nurse her baby because the baby can be infected through the breast milk.

# Commonly Asked Questions

## **How do I know if I have HIV?**

The only way you know if you have HIV is by going to your doctor or clinic and having a blood test done for the virus. If you have participated in any of the high-risk behaviors we spoke about you should get tested.

HIV antigens can generally be detected during the acute phase and during the symptomatic phase of AIDS. The HIV antibody can be detected throughout virtually the total infection period, starting at or shortly after the acute phase and lasting until the end stage of AIDS.

# Commonly Asked Questions

## Step 10: How do we prevent the spread of HIV/AIDS?

The practice of safer sex is the most effective method of preventing the spread of HIV/AIDS.

Taking the necessary precautions today will protect our future generations of tomorrow from the HIV/AIDS epidemic.

One of the common methods of safer sex is through the use of condoms. Condoms act as barriers between you and body fluids thus reducing the risk of HIV & other STD transmission.

### Demonstration on Condom Application

You will need something like a wooden penis (also called a 'woody'), a banana or some other similar object. You will use the objects to demonstrate how to properly apply a condom. You will also need a supply of condoms. The audience can be engaged in this demonstration.

When properly used, latex and polyurethane condoms are the most reliable in reducing the risk of HIV transmission. They must be used consistently during vaginal and anal sex in order to be effective. Female condoms are available in polyurethane. They are becoming more popular and give the woman more control over her body. In the case of oral sex: condoms (for men), dental dams (for women) are recommended.

Lubricants used during sexual activity must be water-soluble. Do not use Vaseline or other jellied lubricants, as they tend to cause friction and can weaken the condom increasing the risk of breakage.



## The Female Condom

The female condom has been around for only a short time and, according to the studies, women have accepted it -- but only after using the female condom three to four times. The more times they used it the easier it became. Two-thirds said they put the female condom in before foreplay and that it seemed to feel better after it was in for awhile. Some of the women found it difficult to insert and to find a comfortable insertion position. Most participants reported that insertion became easier the more times they tried the device.

Even though the female condom usually has plenty of lube with it, some women had to use more than what had been supplied. Women like the control the female condom gives them. They don't have to argue with their partners to use a male condom, and the choice is absolute. Men find it more comfortable and a lot of women find it more enjoyable.

If you use the female condom, experiment with the lubrication amount and see what works for you and your partner. Let your partner insert the condom and this will ease any concerns he may have. Enjoy it!

*Source: In The Hands of Women, Final Report, BCCDC*

## Can HIV Positive women have children?

**Yes, they can and do.** Without treatment in the pregnancy, about 25% of the infants born to positive women will themselves be infected. With therapy, however, the rates of mother to child transmission are below 1%

Breastfeeding can transmit the virus, so HIV positive women are strongly discouraged from breastfeeding.

In BC it is recommended that all women be offered HIV testing as part of their routine pregnancy care. A potential HIV diagnosis allows the woman to receive care that is important for her long term health, as well as allows for treatment to protect the baby from infection.

Contact the Oak Tree Clinic for more information for any questions about HIV pregnancy.

## **Step 11: Wrap Up**

The facilitator can now wrap up presentation by doing a quick review of the presentation and asking for final questions and comments. It is optional to do this section in a talking circle format. This would also be the time to hand out evaluation questionnaires as well as any other handout material.

### **Final Steps of Presentation**

- Review list of questions to ensure all were answered to satisfaction.
- Respond to any new questions that may have arisen from presentation.
- Provide resource information.
- Distribute evaluation sheets and ask for immediate completion and return.
- Distribute handout materials.
- Ask for final thoughts and feelings from audience.
- Thank the audience for their participation.
- Inform the audience that an Elder and health care personnel are present for consultation or counsel.
- Ask Elder to close with prayer or smudge (optional).

## References

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5. 'AIDS 101'. Healing Our Spirit, BC Aboriginal AIDS Society.
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11. Heart of Richmond AIDS Society website  
<http://www.heartofrichmond.com/>  
[http://www.heartofrichmond.com/just\\_facts.htm](http://www.heartofrichmond.com/just_facts.htm)
12. The BC Centre for Disease Control  
[www.bccdc.org](http://www.bccdc.org)
13. Dr. David Burdge, Oak Tree Clinic, Women's Hospital, Vancouver, BC
14. Dr. Wellson Chen, Vancouver Native Health, Vancouver, BC
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## Definitions

**Antibodies:** Molecules in the blood or secretory fluids that tag, destroy, or neutralize bacteria, viruses, or other harmful toxins.

**Asymptomatic:** Without symptoms. Usually used in the HIV/AIDS literature to describe a person who has a positive reaction to one of several tests for HIV antibodies but shows no clinical symptoms of the disease.

**Body fluids:** Any fluid in the human body, such as: blood, semen, pre-cum, mother's milk, or vaginal secretions. Only blood, semen, pre-cum, mother's milk, and vaginal secretions have been linked directly to the transmission of HIV.

**Complementary Therapy:** A whole range of services designed to complement traditional and western medical practice as part of a practitioner's primary care plan for an individual. (Sweats, saunas, Chinese medicine, herbs, smudge)

**Night sweats:** Extreme sweating during the night, although they occur with other conditions, night sweats are also a symptom of HIV disease. (This may be a good thing, when you are sick and you break out into a sweat you are usually getting over or getting rid of what could be making you sick.)

**Opportunist infections:** Illnesses caused by various organisms, some of which usually do not cause disease in people with a normal immune system.

**Pap Smear:** A method for the early detection of Cancer and other abnormalities of the female genital tract, especially of the Cervix, scraping of the cervix as well as exfoliated cells that have been shed into the vaginal fluid.

**Platelets:** These are found in the bone marrow and released when you have a bad cut or loss of blood, (platelets help clot and slow down the loss of blood).

**Thrush:** Sore patches in the mouth caused by the fungus *Candida albicans*. Thrush is one of the most frequent early symptoms or signs of an immune disorder. The fungus commonly lives in the mouth and most commonly involves the skin, oral mucosa (thrush), respiratory tract, and/or vagina. (The simplest term is yeast infection.)

**Lypodystrophy:** - abnormal distribution of body fat.

**Kaposi's Sarcoma:** - a form of blood cancer

Pneumonia: (pneumocystis carinii pneumonia – PCP) a form of pneumonia common in HIV disease.

Tuberculosis: (caused by mycobacterium-TB) Lung disease. Some forms of TB are dangerous. Symptoms: fatigue, fever, appetite loss, weight loss, cough with blood or pus in the sputum.

Wasting, diarrhea: caused by natural environmental contaminant found in household dust, soil & water.

Cervical cancer: cancer of the cervix in women

Blindness: (caused by Cytomegalovirus – CMV, a herpes virus that invades the retina of the eye (retinitis))

Shingles: (caused by Herpes Zoster) A virus that usually appears along the nerve pathways of the upper back, upper arms, buttocks and thighs. Herpes Zoster can cause acute discomfort, requiring pain medication. The condition is long lasting, but antiviral treatments are effective.

Meningitis: caused by Cryptococcal Meningitis, which invades the brain and causes inflammation of the meninges (tissue surrounding the brain). Symptoms include severe headaches, visual disturbances, and fevers. Treatment involves drugs with toxic side effects, given intravenously. If a person with HIV disease does well in the hospital, they will continue follow-up oral therapy for life after leaving the hospital.

Dementia: caused by virus invading the central nervous system and /or progressive multifocal leukoencephalopathy. Difficult to treat and often fatal. Symptoms: walking problems, memory loss, and personality change. Dementia is progressive.

Neurological Disease: caused by Toxoplasmosis, which is a parasitic infection that can reactivate in the nervous system, or brain. Early symptoms include problems in walking, imbalance and coordination, severe headaches, fevers and possible seizures.

Cold Sore: caused by Herpes simplex which occurs in almost all people living with HIV or AIDS, usually appearing as sores on the mouth, lips, genitals, or anus. Herpes Simplex is contagious and infected areas should not be touched with bare hands. The condition is long lasting but antiviral treatments are effective.

# **Appendix-A**

Sample Workshop Evaluation Sheet  
Sample Workshop Preparation Checklist  
Sample Resource Form

## Sample Workshop Preparation Checklist

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Contact Community: Workshop space (size)\_\_\_\_\_set-up\_\_\_\_\_

Resource people: Elder\_\_\_ CHR\_\_\_ Counselor\_\_\_

Invite local resources: AID Service Organization\_\_\_  
Needle exchange\_\_\_ Youth group\_\_\_

Resource sheets\_\_\_(are they filled out?)

Overhead equipment\_\_\_ flipchart\_\_\_ TV/VCR\_\_\_ extension cords\_\_\_ tape\_\_\_

Promotions: posters\_\_\_ newsletter\_\_\_ website\_\_\_ word of mouth\_\_\_

Child care\_\_\_\_\_

Handouts\_\_\_\_\_

Meals/snacks/refreshments\_\_\_\_\_

Volunteers\_\_\_ gifts\_\_\_ prizes\_\_\_\_\_

Transportation\_\_\_\_\_

## Sample Resource Sheet

(Can be used as handout)

<u>Name</u>	<u>Phone</u>	<u>Location</u>	<u>Service</u>
-------------	--------------	-----------------	----------------

Counselors:

Traditional Elder:

Drug & Alcohol Workers:

Health Centre:

Doctors:

Needle Exchange:

CHR/CHN:

HIV Testing Unit:

Youth Group:

HIV/AIDS Hotline:

HIV/AIDS Service Organization:

Palliative Care support:



## HIV/AIDS Education Workshop Evaluation Sheet

Workshop Location: \_\_\_\_\_

Workshop Date: \_\_\_\_\_

Name of Workshop Facilitator: \_\_\_\_\_

1. The facilitator made me feel comfortable during the workshop.

Yes     No     Kind of

2. The information that the facilitator talked about was important.

Yes     No     Kind of

3. Today I learned things that I did not know before.

Yes     No     Kind of

4. The thing that I liked the best about this workshop was....

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5. The thing that I did not like about this workshop was....

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6. I would also like to comment that....

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# **Appendix-B**

## **Sample HIV/AIDS Knowledge Quiz**

# HIV/AIDS Education Workshop

## HIV/AIDS Knowledge Quiz

1. What is HIV?
  - a) Hot Internet Virus
  - b) An infection that causes AIDS.
  - c) A new sports vehicle.
  
2. Who can become infected with HIV?
  - a) Only people
  - b) Your pet turtle
  - c) Only computers
  
3. How do people get HIV?
  - a) You can order it from a catalogue.
  - d) A bite from a mosquito.
  - e) Having unsafe sex or sharing a needle with a person that is infected.
  
4. If a woman is on the pill she cannot get HIV?  
 True  False
  
5. An infected person always knows they have the virus?  
 True  False
  
6. People should be tested if they think that the sky is falling?  
 True  False
  
7. The only way to tell if you've been infected with HIV is to get a blood test?  
 True  False
  
8. HIV/AIDS can be cured?  
 True  False
  
9. Unprotected sex is the greatest risk for HIV infection?  
 True  False
  
10. It is dangerous to hug a person with HIV?  
 True  False
  
11. It's my partner's responsibility to protect me from HIV or other infections?  
 True  False
  
12. You learned something new today about HIV/AIDS?  
 True  False

## RESOURCES

The Red Road HIV/AIDS Network  
Resource Directory (2001) and Funding Manual for Aboriginal HIV/AIDS Prgms,  
Implementation Guide  
Address: Suite 804-100 Park Royal South, West Vancouver, BC V7T 1A2  
Telephone: (604) 913 – 3332 Fax: (604) 913 – 3352 Toll Free: 1-866-913-3332  
Website: [www.red-road.org](http://www.red-road.org)

STD/AIDS Resource Centre, BC Centre for Disease Control  
Pamphlets, statistics, videos  
Address: 655 West 12<sup>th</sup> Avenue, Vancouver, BC V5Z 4R4  
Telephone: (604) 660-2090  
Email: [ellen.leung@bccdc.ca](mailto:ellen.leung@bccdc.ca)

Pacific AIDS Resource Library  
PACIFIC AIDS RESOURCE CENTRE  
1107 Seymour St.  
Vancouver, BC V6B 3G7  
Telephone: 1- 800-994-2437

Canadian HIV/AIDS Clearinghouse  
1565 Carling Avenue, Suite 400  
Ottawa, ON  
K1Z 8R1  
Toll Free: 1-877-999-7740  
Tel. (613) 725-3434  
Fax. (613) 725-1205  
E-mail: [aidssida@cpha.ca](mailto:aidssida@cpha.ca)  
Website: [www.clearinghouse.cpha.ca](http://www.clearinghouse.cpha.ca)

CATIE (Canadian AIDS Treatment Information Exchange)  
555 Richmond Street West, Suite 505  
Box 1104  
Toronto, Ontario M5V 3B1 Canada  
To contact us by telephone or fax:  
Toll-free in Canada: 1-800-263-1638  
Local: (416) 203-7122  
Fax: (416) 203-8284  
Website: [www.catie.ca](http://www.catie.ca)

Treatment Information Exchange Program  
BC Persons with AIDS Society  
1107 Seymour Street, Vancouver, BC V6B 5S8  
Telephone: 1-800-994-2437  
Website: [www.bcpwa.org](http://www.bcpwa.org)

## **ABORIGINAL ORGANIZATIONS:**

Assembly of First Nations  
One Nicholas Street, Suite #1002  
Ottawa, ON K1N 7B7  
PHONE: (613) 241-6789  
FAX: (613) 241-5808  
Website: [www.afn.ca](http://www.afn.ca)

Aboriginal Women's Health Program  
British Columbia's Women's Hospital & Health Centre  
4500 Oak Street  
Vancouver, BC V6H 3V4  
Telephone: (604) 875-3440

Chee Mamuk, Aboriginal Programs, BC Centre for Disease Control  
655 West 12th Avenue,  
Vancouver, BC V5Z 4R4  
Phone: (604) 660-1673 · Fax: (604) 775-0808

Canadian Aboriginal AIDS Network  
Telephone: 1-888-285-2226  
602-251 Bank St.  
Ottawa, ON K2P 1X3  
Phone: (613) 567-1817  
Fax: (613) 567-4652  
Toll Free: 1-888-285-2226  
E-mail: [caan@storm.ca](mailto:caan@storm.ca)  
Website: [www.caan.ca](http://www.caan.ca)

Healing Our Spirit, BC Aboriginal AIDS Society  
Suite 100-2425 Quebec Street, Vancouver, BC V5T 4L6  
Telephone: (604) 879-8884 Fax: (604) 879-9926  
Toll Free: (800)-336-9726  
Website: [www.healingourspirit.org](http://www.healingourspirit.org)

Okanagan Aboriginal AIDS Society  
#202-1626 Richter Street, Kelowna, BC V1Y 2M3  
Telephone: (250) 868-2481  
E-mail: [oaas@arcok.com](mailto:oaas@arcok.com)

Hey-way'noqu' Healing Circle for Addictions Program  
(Alcohol and Drug Counselling Programs)  
#206 – 33 East Broadway Avenue, Vancouver, BC V5T 1V4  
Telephone: (604) 874-1831

ARIES Project (Youth Alcohol and Drug Counselling)  
c/o Urban Native Youth Association  
1640 East Hastings Street, Vancouver, BC V5L 1S6  
Telephone: (604) 255-1326

Sulsila Lel'um Healing Centre  
c/o Musqueam Indian Band  
6735 Salish Drive, Vancouver, BC V6N 4C4  
Telephone: (604) 263-2790

Provincial Residential School Project – Indian Residential School Survivors Society  
#911-100 Park Royal South, West Vancouver, BC V7T 1A2  
Victims Toll Free Line: 1-800-721-0066  
[www.prsp.bc.ca](http://www.prsp.bc.ca)

Interior Indian Friendship Society  
125 Plam St.  
Kamloops, BC V2B 8J7  
Tel: (250) – 376 - 1296 (1294)  
Fax: (250) - 376 - 2275

### **AIDS SUPPORT GROUPS AND PROGRAMS:**

Aboriginal Healing Foundation  
75 Albert Street, Suite 801  
Ottawa, ON K1P 5E7  
Tel: (613) 237-4441  
Fax: (613) 237-4442  
Toll Free: (888) 725-8886  
Email: [programs@ahf.ca](mailto:programs@ahf.ca)  
Website: [www.ahf.ca](http://www.ahf.ca)

AIDS Society of Kamloops  
437 Lansdowne Street  
Kamloops, BC V2C 6H2  
Tel: (250) 372-7585  
Website: <http://www.aidskamloops.bc.ca/>

AIDS Society of Prince George  
#1 - 1563 2nd Avenue  
Prince George, BC V2L 3B8  
Telephone: (250) 562-1172 Fax: 250-562-3317  
Website: <http://www.aidspg.ca/>

AIDS Vancouver Island  
1601 Blanshard Street, Victoria, BC, V8W 2J5  
Tel: (250)-384-2366  
Fax: (250)-380-9411  
Website: <http://www.avi.org/>

AIDS Vancouver Island – Nanaimo  
201-55 Victoria Road, Nanaimo, BC, V9R 5N9  
Phone: (250)-753-2437  
Fax: (250)-753-4595  
Website: <http://www.avi.org/>

AIDS Vancouver  
c/o Pacific AIDS Resource Centre  
1107 Seymour Street  
Vancouver, BC V6B 5S8  
Telephone: (866) 692-3001 or (604) 692-3000  
Website: [www.aidsvancouver.ca](http://www.aidsvancouver.ca)

Victoria Persons With AIDS Society  
541 Herald Street,  
Victoria, BC, V8W 1S5  
Telephone: (250) 384-7927  
Facsimile: (250) 832 -3232  
E-Mail: [support@vpwas.com](mailto:support@vpwas.com)

Vancouver Native Health Society  
HIV Outreach Program  
449 East Hastings Street, Vancouver, BC V6A 1P5  
Telephone: (604) 254-9949  
Website: [www.vnhs.net](http://www.vnhs.net)

Living Through Loss Society  
Suite 201 1847 West Broadway  
Vancouver BC V6J 1Y6  
Telephone: (604) 873-5013  
E-Mail: [ltlc@sprint.ca](mailto:ltlc@sprint.ca)  
Website: <http://www.ltlc.bc.ca/>

### **Women**

Positive Women's Network  
1033 Davie St. Suite 614  
Vancouver, BC V6E 1M7  
Tel: (604)-692-3000 or 1.866.692-3001  
Fax: (604)-684-3126

Oak Tree Clinic  
For HIV positive women and children  
4500 Oak Street  
Vancouver, BC  
V6H 3N1  
Telephone: (604) 875-2212

### **CHILDREN:**

Hummingbird Kids Society  
Box 56622 #236 Austin Avenue  
Burnaby, BC V3J 7W2  
Telephone: (604) 515-6086  
Website: [www.hummingbirdkids.com](http://www.hummingbirdkids.com)

Western Canadian Pediatric AIDS Society (WCPAS)  
#104- 1260 Hornby Street, Vancouver, BC V6Z 1W2  
Phone (604) 684-1701 Fax (604) 684-1741  
1-888--442-5437 (KIDS)  
E-mail: [info@campmoomba.com](mailto:info@campmoomba.com)

## **YOUTH:**

Aboriginal Youth Safe House  
Telephone (604) 254-5147  
Fax: 604-254-5159

YouthCo AIDS Society  
#203-319 West Pender Street  
Vancouver, BC V6T 1T4  
Telephone: (604) 688-1441  
E-mail: [information@youthco.org](mailto:information@youthco.org)

## **HEPATITIS:**

Canadian Liver Foundation  
Regional Office  
#109-828 West 8th Avenue  
Vancouver, B.C. V5Z 1E2  
Tel.: (604) 707-6430  
Fax.: (604) 681-6067  
Toll Free Help Line (BC only) 1-800-856-7266  
Email: [clfvan@direct.ca](mailto:clfvan@direct.ca)  
Contacts: Michelle Scarborough-Cruz, Regional Manager

## **HEALTH:**

British Columbia Centre for Excellence in HIV/AIDS  
St. Paul's Hospital  
613 - 1081 Burrard Street  
Vancouver, British Columbia  
CANADA V6Z 1Y6  
Tel: (604) 806-8477  
Website: <http://cfeweb.hivnet.ubc.ca/>

Health Canada  
British Columbia/Yukon  
Suite 405, Winch Building  
757 West Hastings Street  
Vancouver, BC  
V6C 1A1  
Tel: (604) 666-2083  
Fax: (604) 666-2258  
Website: [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)



**ABORIGINAL HIV/AIDS  
EDUCATION STANDARDIZATION  
PROJECT**

**FINAL REPORT  
2002**

**SUBMITTED BY:  
RED ROAD HIV/AIDS NETWORK**

**Aboriginal HIV/AIDS  
Education Standardization Project**

**Final Report**

**The Education Standardization Project was initiated by members of Red Road HIV/AIDS Network (RRHAN) through discussions at quarterly meetings where individuals raised concerns about the messages that were presented to BC Aboriginal communities regarding HIV/AIDS.**

**There was a consensus among members of RRHAN that HIV/AIDS education information being presented to Aboriginal communities must be standardized.**

**Further, from discussions at RRHAN quarterly meetings, the HIV Transmission Guidelines for Assessing Risk, A Resource For Educators, Counsellors and Health Care Providers (1999) by Canadian AIDS Society was adopted in principle by the membership but the aboriginal component was missing from the document. With the addition of the Aboriginal component the Guidelines will be incorporated into the project.**

**In June 2000, the Project began with the hiring of Rob Taylor as Project Coordinator.**

**The objectives of the project were to:**

**further identify Aboriginal people who are providing HIV/AIDS information to the Aboriginal communities in BC**

**identify Aboriginal HIV/AIDS education models in BC**

**establish a standard of quality HIV/AIDS education for BC's**

## **Aboriginal population**

**develop a provincial Aboriginal HIV/AIDS education model**

**provide current HIV/AIDS information to educators**

**establish a networking among Aboriginal educators**

**provide semi-annual opportunities for updating skills and Knowledge**

**produce yearly progress reports**

**A steering committee was formed consisting of :**

**Allard Marchand, Safe Spaces, Kamloops**

**Naz Therriault, Elder later replaced with Elder Oldhands**

**Lisa Elliot, Student**

**Tanya Kirkland, AIDS Prince George later replaced with Mary Jackson**

**Glen Hillson, BCPWA, Vancouver , replaced with Carol Lunny**

**Barby Scaling, HOS**

**Lucy Barney, BCAAAP(Chee Mamuk) , replaced with Julie Desautels, ASK**

**Dixon Taylor, Consultant**

**Bryan Mckinnon,BCPWA , later replaced by Angela Guglielmucci**

**Sheldon Slawnwhite, Purpose Society**

**The project coordinator began a literature review of existing HIV/AIDS information and traditional healing materials. Research included looking into the BC Aboriginal AIDS Awareness Project, The Pacific AIDS Resource Center Library, BC Center for Disease Control, The BC Center for Excellence in HIV/AIDS and the BC Persons Living with AIDS Society.**

**The Coordinator also represented the Education Project on the steering committee Of the Healing Our Spirit's Curriculum and Manual Project – a project which will translate educational/prevention material into First Nation dialects. This was viewed as promoting the RRHAN network and to partner with cultural sensitive ASO'S.**

**In the course of the first year of the project, the research and literature review was completed. A website was established which provided information to RRHAN members and the Aboriginal communities. Some of the information exhibited on the website include The Red Road – Pathways to Wholeness- BC Aboriginal HIV/AIDS Strategy, The Red Road – Implementation Guide, the RRHAN Funding Manual & Resource Manual and the Evaluation Guide.**

**Information was also disseminated at the RRHAN quarterly meetings through out the year. The Network was kept up to date with the progress of the Education Project.**

**A survey questionnaire was distributed through out BC that would gather information on Aboriginal HIV/AIDS resources in BC. (attached)**

**The second year of the project encountered changes in the Coordinator position. Rob Taylor had to resign from the position due to ill health. He was replaced by Gil Poitras.**

**A steering committee also underwent changes as some of the members stepped down and were replaced with new faces.**

**An initial draft of the Education model was presented to the steering committee at a two day meeting. Critical analyses and recommendations were recorded and taken under advisement when revising the model. An evaluation committee was formed at this meeting who oversaw the finalization of the model.**

**A second and a third draft of the model followed as each draft was sent out to the evaluation committee.**

**A fourth draft was sent to Dr. Wellson Chen, Kim Brooks and the Oak Tree Clinic all who recommended improving changes to the model.**

**A Printing Company was contracted who ordered material to print the model upon final approval by Health Canada. Enclosed is the fifth draft of the Aboriginal HIV/AIDS Standardization Education Model.**

**Upon printing of the final draft, the education model will be disseminated within the Network and made available through the RRHAN website.**

**Unfortunately there was not enough time in the project to coordinate a training workshop, however, the education model will be promoted through our quarterly skills building meetings.**

**The attached budget reflects an expenditure of \$95,087.45 and a surplus of \$4,912.55. This is mainly due to not hosting the scheduled workshop.**

**With the exception of the training workshop it is our opinion that we have fulfilled the objectives of the project.**

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