

National Aboriginal Youth Strategy on HIV & AIDS in Canada

For First Nations, Inuit and
Métis Youth from 2010 to 2015



**Canadian Aboriginal AIDS Network
December 2010**

OVERVIEW OF THE CANADIAN ABORIGINAL AIDS NETWORK (CAAN)

- Established in 1997
- Represents over 400 member organizations and individuals
- Governed by a national 13 member Board of Directors
- Provides a national forum for members to express needs and concerns
- Ensures access to HIV and AIDS-related services through advocacy
- Provides relevant, accurate and up-to-date HIV and AIDS information

MISSION STATEMENT

As a key national voice of a collection of individuals, organizations and provincial/territorial associations, CAAN provides leadership, support and advocacy for Aboriginal people living with and affected by Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV and AIDS). CAAN faces the challenges created by HIV and AIDS in a spirit of wholeness and healing that promotes empowerment, inclusion, and honours the cultural traditions, uniqueness and diversity of all First Nations, Inuit and Métis people regardless of where they reside.

ACKNOWLEDGMENTS

CAAN is grateful for the guidance of the National Aboriginal Youth Council on HIV and AIDS, Aboriginal People living with HIV and AIDS, representatives from Aboriginal AIDS Service Organizations, allied community stakeholders and the Board of Directors who shared their time and wisdom.

FUNDING ACKNOWLEDGMENT

Production of this document has been made possible through financial contributions from the First Nations and Inuit Health Branch (FNIHB) of Health Canada. The views expressed herein do not necessarily represent the views of FNIHB.

ISBN No. 1-894624-81-5

Prepared by the National Aboriginal Youth Council on HIV and AIDS.

Canadian Aboriginal AIDS Network ©

1-888-285-2226

www.caan.ca

December 2010

National Aboriginal Youth Council on HIV and AIDS (NAYCHA)

Message from NAYCHA Chair – Jessica Yee

The time has come for young people to be heard, and we look forward to involving our National Aboriginal Youth Council in every way possible as representative members for their respective communities, provinces, and territories. I am reminded of a teaching of the Haudenosaunee Great Law of Peace, which says ‘In every deliberation, you must consider the impact on the seventh generation.’

Message from NAYCHA Vice-Chair – Jeremy Jones

In my community the old people remind us to work with “nuts’amaat shqwaluwun” (One heart, one mind. Working together to help one another. Working together with one mind, heart and spirit so our work goes well). It is said if we work in this way that we will stand united as one. With this unity it is said that we can take on whatever the world has in store for us. This way of thinking is not just for a single family in a village; rather it is for the whole village.

Working as nuts’amaat shqwaluwun does not mean we must agree on everything. However, it means being willing to hear and take all of one and others ideas and advice into consideration. It means to always be aware that we are representing our family, village, nations, Canada, and CAAN at all times. It means knowing that we are role models for the youth of whom we are speaking for.

Being nuts’amaat shqwaluwun involves showing unconditional love and respect to all living things. It can be said of people who live nuts’amaat shqwaluwun that they are always willing to love someone. If they are truly nuts’amaat shqwaluwun they would help someone who is living with the effects of HIV and AIDS. It is my hope that we can work as nuts’amaat shqwaluwun.

I would truly like to raise my hands in thanks to all of my fellow council members and say Hystap ka (thank you's)!

Message from NAYCHA Honorary Member – Krista Shore

It can be a very scary time when our women and daughters find themselves in a place of being HIV and pregnant. Our biggest barrier, aside from the determinants of health that we face on a daily basis, is when stigma, ignorance and discrimination are presented to our women and daughters at this fragile time. It’s very important to be sensitive with our clients and to take into account that many of our young women

have, and still are, living risky lives. Further, the factor of the residential school syndrome still takes its toll in regards to trust.

Aside from all the barriers and lack of services available for these very special cases, I know from experience, that it is possible to lower the risks of transmission to the fetus by up to 96% when an individual has universal access to the proper care, treatments, and SUPPORT. As a community, we should embrace our women and daughters to help alleviate any barrier that they may face so they can have a better quality of life. It is especially necessary to fill the gap of support as the outcomes will involve less risk of transmission, a healthy mother and a healthy child.

It is utterly important to be able to sustain a healthy positive attitude in making the best and proper choices for our unborn children. I have had, and still have, a hard time to advocate and get the services I need since there is a total lack thereof. As well, there are cracks in organizations and services that don't meet or help those receiving care. I will echo the issue of support, as well as the social needs of women, to be dire needs.

In Child and Welfare, a recommendation I see needed is to engage with women and those receiving care on a positive and supportive level. For example, the repeated practices where newborn children are taken away from their mothers shortly after delivery has sent out a negative fear factor, which I believe can account for our seven children being born positive in recent statistics. In Saskatchewan, we hold the highest mother to child transmission in Canada. These high transmission rates suggest that the old way of the service organization, health officials/care and the Child Welfare System needs improvement so our women don't continue to be fearful during their most vital time. It's vital that healthcare officials, as well as the social services, incorporate more empathy when dealing with the high risk population. Further, it is vital to improve their knowledge and education appropriate to the specific and special need of the individuals.

Last but not least, the Aboriginal leaders, chiefs and council can take acknowledgement of this epidemic. No more talking about it... let's take action!

WE ARE BELIEVERS THAT IT TAKES A COMMUNITY TO RAISE A CHILD!

National Aboriginal Youth Strategy on HIV and AIDS in Canada (NAYSHAC) *for First Nations, Inuit and Métis youth from 2010 to 2015.*

Dedication

This is dedicated to Aboriginal youth, those who are living with and affected by HIV and AIDS, and those who are committed to making a difference through their advocacy and support.

Acknowledgement

The *National Aboriginal Youth Strategy on HIV and AIDS in Canada for First Nations, Inuit and Métis youth from 2010 to 2015* (NAYSHAC) was developed in direct consultation with the National Aboriginal Youth Council on HIV and AIDS (NAYCHA) - Jessica Yee, Chair of NAYCHA and Executive Director of the Native Youth Sexual Health Network; Jeremy Jones – Vice Chair of NAYCHA; Joey Dore – Secretary of NAYCHA; Erin Konsmo; Rakiya Larkin; Ashley Norton; Brett Friday, Martin Morberg; Iehente Foote; Charlene Tuplin; Shawn Labobe; Jasmine Redfern, Billie Kozub and Alisha Sweezey. CAAN extends special thanks to NAYCHA’s honorary member Krista Shore.

NAYCHA is comprised of youth perspectives from all three distinctive groups of First Nations, Métis, and Inuit. With our national council, and regional networks, we also represent a mix of urban/rural, on/off reserve, and region/territory specific youth. Each Aboriginal youth that contributed towards the strategy is speaking out to stop the spread of HIV, raise awareness and advocate for compassionate, culturally appropriate care, treatment and support for Aboriginal Youth living with and affected by HIV and AIDS.

This strategy was also developed with participants at the Canadian Aboriginal AIDS Network’s AGM June 14-17, 2010 in Edmonton, Alberta.

Young people inspire me each and every day and remind me that every day we must work for our current and future generations. The prophecy of the seven generations is upon us – indeed we are on the seventh generation and see much leadership in our young people. I am proud to support the National Aboriginal Youth Council on HIV and AIDS and want to see these young people work with our Elders and across generations to bring new ideas in the Aboriginal HIV movement. We need you!

Jocelyn Smith - Elder

Introduction

The HIV and AIDS epidemic among Aboriginal peoples in Canada especially compromises the health and well-being of Aboriginal youth. The epidemic indicates a strong need for a plan grounded in meaningful and culturally relevant strategies to lower the levels of HIV and AIDS infection among Aboriginal youth. The *National Aboriginal Youth Strategy on HIV and AIDS in Canada for First Nations, Inuit and Métis youth from 2010 to 2015* (NAYSHAC) documents strategic areas developed by Aboriginal youth in order to encourage leadership in the area of HIV and AIDS. Aboriginal youth are taking power in knowledge, collaboration and partnerships to lower the rates of HIV and AIDS infections in Aboriginal communities. Aboriginal communities are resilient and strong. This strategy calls for the promotion of knowledge, peer education and the proper care, treatment and support for Aboriginal People Living with HIV and AIDS, especially young mothers and their babies, that will allow Aboriginal communities to welcome and support our brothers and sisters living with and affected by HIV and AIDS.

Aboriginal Youth Leadership & Peer Education

Aboriginal youth leadership takes shape when the voices of Aboriginal youth speak up about an issue they're living with and affected by. In order for Aboriginal youth leadership to lower the rates of HIV and AIDS infection among Aboriginal youth in Canada, it is asked that this strategy be acknowledged and incorporated at all levels of services, organizational governance, and within the Aboriginal HIV and AIDS policy setting tables. NAYSHAC seeks to provide principles and guidelines for Aboriginal youth participation, partnership and engagement.

An HIV prevention and Aboriginal youth messaging survey was developed by the Canadian Aboriginal AIDS Network in 2004. It surveyed regional and national Aboriginal AIDS Service organizations and Aboriginal service providers and found that the most effective prevention and youth messaging strategy are peer education (93.4%). Other effective strategies include: condom distribution (85.7%); sexual and reproductive health education and community outreach (77.1%); and, street outreach and life skills (71.4%). Fairly effective and other common strategies include prevention education (68.6%) and AIDS 101 and needle exchange (65.7%).¹

This strategy promotes peer education as an effective strategy. It further recommends the entrenchment of real and meaningful Aboriginal youth participation and engagement that provides supportive spaces for Aboriginal youth to share, create strong partnerships, build capacity and skills, and be empowered to influence policy, programming and education about HIV and AIDS. In this way, and as the National Aboriginal Youth Council on HIV and AIDS develops, this strategy itself will evolve and become more effective.

¹ HIV Prevention - Messages for Canadian Aboriginal Youth: Final Report March 2004 can be accessed online at http://www.caan.ca/english/grfx/resources/publications/youth_prevent.pdf.

Why NAYCHAC?

A strategic plan is a document that provides visioning, goals, recommended directions and actions (strategies) on a specific issue of concern. A strategic plan also sets out to identify how progress is measured, and evaluate how the strategy will be upheld.

The National Aboriginal Youth Council on HIV and AIDS is responsible for the development and oversight of NAYSHAC, which will guide the work of the Canadian Aboriginal AIDS Network, their partners, Aboriginal AIDS service organizations, stakeholders and other national and provincial partners. NAYSHAC provides direction and guidance for Aboriginal communities, nations and AIDS service organizations to address the specific needs of the Aboriginal youth culture and population. It is suggested that a human rights framework provide a basis for following this strategy in order to achieve the most positive outcomes and empowerment of Aboriginal youth, regardless of residence.

It is notable that NAYSHAC is compatible with CAAN's national strategy, *Aboriginal Strategy on HIV and AIDS in Canada II* (ASHAC II).² ASHAC II is in line with the overall Canadian response to HIV and AIDS in terms of the Federal Initiative to Address HIV/AIDS in Canada. The federal strategy identifies Aboriginal peoples as a key population requiring support.³

CAAN's strategy, and thus NAYSHAC, also supports the call to action paper *Leading Together: Canada Takes Action on HIV/AIDS (2005-2010)* that identified shared responsibility areas in responding to HIV and AIDS for First Nations, Métis and Inuit communities and governments such as:

- To identify the needs of First Nations, Métis and Inuit people, on and off reserve;
- To develop policies and priorities to meet those needs;
- To develop culturally appropriate programs and services; and,
- To advocate for resources to provide needed services.⁴

It is further notable that CAAN's strategy upholds the recommendations of the *Toronto Charter – Indigenous Peoples Action Plan on HIV/AIDS 2006*, including the ensuring central participation of Indigenous people in HIV prevention programs, policy and actions.⁵

² See Canadian Aboriginal AIDS Network's [Aboriginal Strategy on HIV/AIDS in Canada II for First Nations, Inuit and Métis Peoples from 2009 to 2014](http://www.2spirits.com/ASHAC%202009.pdf) online at <http://www.2spirits.com/ASHAC%202009.pdf> [ASHAC II].

³ For more information on the Federal Initiative to Address HIV/AIDS in Canada see <http://www.phac-aspc.gc.ca/aids-sida/fi-if/index-eng.php>.

⁴ [Leading Together: Canada Takes Action on HVI/AIDS \(2005-2010\)](http://www.leadingtogether.ca/pdf/Leading_Together.pdf) retrieved October 18, 2010 at: http://www.leadingtogether.ca/pdf/Leading_Together.pdf.

⁵ [The Toronto Charter: Indigenous Peoples' Action Plan on HIV/AIDS](http://www.iiwgha.com/toronto-charter.pdf) is an initiative of the International Indigenous Working Group on HIV/AIDS and can be accessed at <http://www.iiwgha.com/toronto-charter.pdf> [Toronto Charter].

NAYSHAC Strengths & Approaches to HIV and AIDS

NAYSHAC recognizes that there are diverse and unique Aboriginal youth strengths, social determinants of health and approaches to lowering HIV and AIDS levels. While we are seeking to lower the rates of HIV and AIDS among Aboriginal youth, we also recognize that this intersects with other concerns within our communities and cannot be separated. This strategy promotes human rights to information, education, programs, and approaches that embrace and speak to our unique Aboriginal youth cultures.

Aboriginal youth have strength in the following:

Numbers – our diverse voices brought together for change;

Partnerships – Aboriginal youth benefit from strong partnerships at the individual, organizational, provincial, national, international and governmental levels;

Youth – peer-to-peer knowledge and education;

Ideas – our ideas flow with creativity and resilience;

Cultural Sensitivity – our inclusion of all First Nations, Inuit and Métis cultures and ancestries;

Knowing Ourselves – we believe in connecting with who we are as individuals in relation to our own spirituality, Aboriginal cultures and ancestries;

Leadership – building leadership capacity in Aboriginal youth through responsibility, resources, a voice, participation and mentorship;

Listening and Caring – open hearts to hear and be compassionate to youth; and

Looking Forward – visioning healthy Aboriginal youth in future generations.

Aboriginal youth are leaders, learning together to strengthen and find power of diverse voices working in solidarity. We have the ability to better our futures. Aboriginal youth are building foundations for all Aboriginal youth voices in Canada to be heard.

Social Determinants of Health & Overlapping Concerns

Aboriginal youth have a lot of strength and resilience, but this strategy also acknowledges that Aboriginal youth are affected by competing social determinants of health. Aboriginal youth often fall under one or more of the following determinants, which can suggest that they experience a lower standard of health care as compared to non-Aboriginal youth in Canada: Aboriginal status, early life, education, employment security & working conditions, food security, health care services, housing, income, social safety net &

social inclusion.⁶ Unmet social determinants of health make it especially difficult to lower the alarmingly high rates of HIV and AIDS among Aboriginal youth in Canada. In order to better the lives of Aboriginal youth and help lower the rates of HIV and AIDS, the recommendations within this strategy are designed to be addressed along with an effort to improve the social determinants of health and concerns being identified by Aboriginal youth.

Some overlapping concerns identified by Aboriginal youth include: intergenerational effects of the residential school system that are not fully understood in both the generations of the past and present; lack of knowledge and lack of dialogue on the subjects of HIV, AIDS and healthy sexuality in Aboriginal communities; the intersection of stigma, discrimination and segregation at multiple levels of differences; broken support systems at the individual, family, community and societal level; lack of resources to nourish our physical, emotional, mental, and spiritual well-being; poverty; education; addictions; sexual abuse and violence; and, a general lack of Aboriginal youth involvement in decision-making processes/ leadership decisions that affect Aboriginal youth.

NAYSHAC calls on Aboriginal communities and leaders to acknowledge and include Aboriginal youth on decisions that affect them in a joint effort to improve the standards of survival, dignity and well-being of Aboriginal people.⁷

NAYSHAC Values

The Aboriginal youth representatives sitting on NAYCHA conducted a survey amongst themselves. These values have been included as helpful tools in developing strategies that speak to Aboriginal youth and develop Aboriginal youth leadership:

Youthful Perspectives – including worldviews, viewpoints that honour youth;

Greater & Meaningful Involvement – following the “Statement on the Meaningful Engagement of Aboriginal People”⁸ and the “Greater Involvement of People Living with HIV (GIPA) Principles”;⁹

Harm Reduction – to Aboriginal youth, this means recognizing that many youth engage in risky behaviours and that the risk of getting or transmitting HIV from these behaviours can be reduced by ‘meeting them where they are at’ to provide information and support in a non-judgmental way;

⁶Social Determinants of Health: Canadian Perspectives. Dennis Raphael. 2004.

⁷ United Nations Declaration on the Rights of Indigenous Peoples retrieved October 18, 2010 at <http://www.un.org/esa/socdev/unpfii/en/drip.html>.

⁸ The statement can be found in the CAAN document Making it Our Way: A Community Mobilization Tool Kit.

⁹ Formalized at the 1994 Paris AIDS Summit and included in the 2001 United Nations Declaration of Commitment on HIV/AIDS, the GIPA Principle aims to realize the rights and responsibilities of people living with HIV, including their right to self-determination and participation in decision-making processes that affect their lives. Retrieved on October 18, 2010 from http://data.unaids.org/pub/BriefingNote/2007/JC1299_Policy_Brief_GIPA.pdf.

Confidentiality – providing a non-judgmental space to talk about HIV and AIDS confidentially;

Open minds – responding to the gifts of our fellow youth councilors and others in our journey;

Dialogue – supporting forums that allow for open, positive and youth-friendly dialogue;

Multiple Good Approaches – towards responding to the high HIV and AIDS infection among Aboriginal youth;¹⁰

Human Rights – promoting that Aboriginal and youth focused HIV and AIDS education, information, prevention and supports for are human rights.

Role Models – acknowledging that Aboriginal youth benefit from, and will listen to, people that they can relate to;

Knowledgeable – it is part of our role to keep up to date on trends, programs, services and opportunities for partnering; and,

Culture & Traditions – we seek guidance from elders and traditional peoples to carry out NAYSHAC.

NAYSHAC Human Rights Approach

To effectively reduce HIV and AIDS among Aboriginal youth in Canada, an approach entrenched within human rights is recommended. NAYSHAC is engrained and informed with a human rights framework. It is, therefore, important for government partners to protect and fulfill the rights of Aboriginal youth with due diligence by working towards substantive equality for all Aboriginal youth at local, regional, provincial and national levels.

It is well noted that human rights are universal, inalienable, indivisible, interconnected and interdependent. This means that for the full realization of Aboriginal youth's human rights to health, maternal health, sex education, culture, and life free of discrimination, government partners can promote human rights by involving, acknowledging, listening and supporting Aboriginal youth perspectives and needs on HIV and AIDS policy, programming, education and other issues.

This strategy compels the government partners to fulfill Aboriginal youth's right to health and well being. It is noted that "Indigenous Peoples have a holistic view of health which includes physical, social, mental, emotional and spiritual dimensions all of which need to be considered and emphasized as a basis for defining approaches to Indigenous Peoples' health"¹¹.

¹⁰ Foundations of a Good Practices Approach. Canadian Aboriginal AIDS Network. 2004.

¹¹ Toronto Charter.

The full realization of Aboriginal youth's right to health, to culture, to language and to education, *inter alia*, without discrimination is reiterated the *UNAIDS International Guidelines on HIV and AIDS and Human Rights* as it states,

The protection of human rights is essential to safeguard human dignity in the context of HIV and to ensure an effective, rights-based response to HIV and AIDS. An effective response requires the implementation of all human rights, civil and political, economic, social and cultural, and fundamental freedoms of all people, in accordance with existing international human rights standards¹².

NAYSHAC insists that partners to this strategy uphold human rights to both substantive equality and non-discrimination when addressing the HIV and AIDS epidemic by recognizing the social determinants of health that Aboriginal youth face, as well as the strengths that they possess. Aboriginal youth continue to be disproportionately affected by HIV and AIDS, which may suggest that human rights are not fully respected, protected or fulfilled.

One of the ways in which Canada can help make sure that these human rights are upheld is through the ratification and implementation of the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP) into domestic policy and law. UNDRIP contains many of the human rights relevant to Aboriginal youth, including the right to a life free of HIV and AIDS as shown within Article 7 (1.) "Indigenous individuals have the rights to life, physical and mental integrity, liberty and security of person" (2007).

Part of being able to fulfill the right set out in article 7 is through the realization of Article 3 on the right to self-determination, and article 13 (1.) which is "the right to revitalize, use, develop and transmit to future generations their histories, languages, oral traditions, philosophies, writing systems and literatures". These rights are especially important in regards to HIV and AIDS since incorporating Aboriginal cultures and wholistic healing models are main ways that this strategy recommends lowering HIV and AIDS infection among Aboriginal youth. If we are not able to have self-determination over our culture and bodies, then the fulfillment of our right to health will not be fully realized.

NAYSHAC's human rights centered approach is also a harm reduction approach that seeks to meet Aboriginal youth where they are at, while supporting them with the necessary resources, information, and tools to protect themselves, and their peers, from HIV in a non-judgmental manner. "As Aboriginal youth grow and experiment and learn their own ways, they will do so armed with the tools that will offer protection and wisdom that will reduce the chances of transmission of HIV/AIDS"¹³.

Aboriginal youth deserve education about HIV and AIDS.

¹² Office of the United Nations High Commissioner for Human Rights and the Joint United Nations Programme on HIV/AIDS, *International Guidelines on HIV/AIDS and Human Rights 2006 Consolidated Version*.

¹³ Canadian Aboriginal AIDS Network's [Walk With Me Pathways to Health: Harm Reduction Service Delivery Model](http://www.caan.ca/pdf/WalkWithMe_en.pdf) can be accessed at: http://www.caan.ca/pdf/WalkWithMe_en.pdf.

NAYSHAC Vision

It is envisioned that all Aboriginal youth receive empowerment, support, hope and courage to become Aboriginal leaders in lowering HIV infection; promoting our human rights to be educated and talk with each other about HIV and AIDS; eliminating stigma and discrimination about HIV and AIDS; and, supporting Aboriginal Peoples Living with HIV and AIDS.

NAYSHAC Mission

To support culturally relevant and Aboriginal youth-sensitive strategies that empower initiatives to compassionately address the complex HIV and AIDS issues and challenges facing Aboriginal youth living with and affected by HIV and AIDS. Further, to promote the right of Aboriginal youth to be educated and to educate ourselves and our peers about HIV and AIDS prevention, care, treatment and support.

NAYSHAC Goals

- To prevent HIV infection among Aboriginal youth through Aboriginal youth involvement.
- To create space, facilitation and support for Aboriginal youth to have significant and meaningful involvement in reducing HIV and AIDS related disparities; as well as in the design and implementation of HIV and AIDS education, policy, programming and governance.
- To respond to the diversity of Aboriginal youth voices through culturally relevant, youth-sensitive, harm reduction based approaches to HIV and AIDS prevention.
- To support positive outcomes for Aboriginal youth in accessing health care by providing information, resources and education about HIV and AIDS.
- To promote the human right of Aboriginal youth to learn and talk about HIV and AIDS, healthy sexuality, care, treatment and support; and,
- To reduce stigma and discrimination surrounding HIV and AIDS.

Aboriginal Youth & HIV and AIDS

The high HIV and AIDS infections levels among Aboriginal people within Canada, particularly Aboriginal youth, is a national health issue. Considering that HIV is preventable, there is a great need to strategize and implement culturally relevant HIV and AIDS prevention measures, knowledge and education, advocacy, care, treatment and support targeted to Aboriginal youth. Crucial to the success of NAYSHAC is the meaningful and ongoing involvement of Aboriginal youth in the processes of lowering HIV and AIDS infection levels and tracking the levels of infection among Aboriginal youth in Canada.

A way of looking at how HIV and AIDS affects and infects Aboriginal People, and Aboriginal youth, is through Epidemiological information. This information refers to “reports of cases of HIV/AIDS, how it was transmitted, and what populations are being infected through statistics”.¹⁴ It creates an evidence base and identifies priority populations in Canada, such as Aboriginal youth, who are more likely to be experiencing HIV infection. The Public Health Agency of Canada publishes HIV and AIDS epidemiological information, which provides an evidence base for projects on HIV and AIDS. For example,

- HIV test reports and AIDS diagnoses indicate that Aboriginal cases tend to be younger than non-Aboriginal cases.¹⁵
- **Between 1979 and 2008, 19.3% of reported AIDS cases among Aboriginal First Nations, Inuit and Metis) people were between 15 and 29 years old, compared with 14.8% of reported AIDS cases among non-Aboriginal people in the same group.**¹⁶
- At 43.8%, the IDU [Injection Drug Users] exposure category represented the largest proportion of cases... followed by MSM [Men who have sex with men] at 28.5% and then the heterosexual exposure category at 13.8%.¹⁷

Table 4. Comparison of age at time of diagnosis of reported AIDS cases and at time of test for positive HIV test reports* among Aboriginal and non-Aboriginal peoples.¹⁸

| | Aboriginal | Non-Aboriginal |
|---|--|-------------------|
| | n= number of cases with available information on age and ethnicity | |
| Reported AIDS diagnoses 1979-December 31, 2008 | n = 690 | n = 16,134 |
| < 15 years | 1.2% | 1.2% |
| 15-19 years | 0.1% | 0.3% |
| 19-29 years | 19.1% | 14.5% |
| 30-39 years | 45.2% | 43.4% |
| 40-49 years | 25.7% | 28.5% |
| 50-59 years | 6.7% | 8.9% |
| 60+ years | 2.0% | 3.2% |

¹⁴ ASHAC II.

¹⁵ According to Epidemiological information collected from 1979 to December 2008. *HIV/AIDS Epi Update* Public Health Agency of Canada, July 2010 [PHAC].

¹⁶ PHAC

¹⁷ PHAC

¹⁸ HIV/AIDS Epi Updates.

| Positive HIV test reports 1998-December 31, 2008 | n = 1891 | n = 5986 |
|---|-----------------|-----------------|
| < 15 years | 0.8% | 0.6% |
| 15-19 years | 4.8% | 1.0% |
| 19-29 years | 27.9% | 19.6% |
| 30-39 years | 36.0% | 35.8% |
| 40-49 years | 23.4% | 27.6% |
| 50-59 years | 7.2% | 15.4% |
| *For positive HIV test reports, the data are from provinces/territories with reported ethnicity (BC, YT, AT, NT, NU, SK, MB, NB, NS, PEI, NL). Note: Percentages rounded to one decimal point. | | |

It is necessary to keep in mind that although these rates indicate that HIV and AIDS is infecting and affecting the Aboriginal youth population at alarmingly high levels, it is essential to consider that effective strategies to lower HIV and AIDS infection will recognize that the Aboriginal youth population is very diverse. The success of this strategy requires consideration of flexible programming and jurisdictions, multiple ethnicity, geographic locations, levels of social isolation, languages, risk behaviour(s) or a combination these factors.¹⁹ This strategy recognizes that HIV and AIDS impacts Aboriginal youth in a variety of ways as there are many specific overlapping populations and Aboriginal youth may belong to one or a few at any given time. These populations include:

- Aboriginal People Living with HIV and AIDS (APHAs);
- Aboriginal Children;
- Aboriginal Men;
- Aboriginal Women;
- Aboriginal People who Inject drugs and/or use other drugs;
- Aboriginal People with Developmental Disabilities;
- Aboriginal People who are Street-Involved;
- Aboriginal People Involved in the Sex-trade;
- Aboriginal People who have been or are in Prisons;
- Transgender and Transsexual Aboriginal People; and,
- Two-spirit People (Gay, Lesbian, Bisexual, Inter-sexed).

¹⁹ ASHAC II.

Youth & Cultural Relevance

It is recommended that, when implementing and entrenching NAYSHAC, to include acknowledgment of the unique role of Aboriginal youth leadership within the diversity and variety of cultures among Aboriginal Peoples in Canada. For example, a few suggestions for implementing culturally appropriate, and youth-sensitive visions, goals and strategies include:

- Be flexible and use harm reduction approaches;
- Communicate and engage Aboriginal youth using plain language and consider that youth deliver effective messages to their peers using their own words;
- Develop resources that incorporate cultural concepts and youth-friendly approaches;
- Incorporate and be open to perspectives of diverse gender roles and sexual relations;
- Learn about Aboriginal youth from Aboriginal youth;
- Remember that building capacity and empowering Aboriginal youth requires that Aboriginal youth, regardless of identity and capacity level, are provided consistent opportunities to speak up, learn and educate themselves and their peers;
- Recognize that many Aboriginal youth are experiencing the generational effects of the Residential School System and colonialism; and,
- Remember that Aboriginal youth are diverse – within the distinct First Nations, Inuit and Métis populations there are many belief systems, values, principles, spirituality and teachings.

NAYSHAC Strategic Areas

- A. Wholistic Care, Treatment and Support for Aboriginal Youth;
- B. Aboriginal Youth HIV and AIDS Research;
- C. Broad-based Harm Reduction Approaches Targeted to Aboriginal Youth;
- D. Capacity Building for Aboriginal Youth;
- E. Legal, Ethical and Human Rights Issues Related to Aboriginal Youth;
- F. Partnerships, Collaboration and Sustainability; and,
- G. HIV and AIDS Prevention and Awareness for Aboriginal Youth.

Strategic Area A: Wholistic Care, Treatment and Support for Aboriginal Youth

Primary Objective: To increase youth peer-to-peer outreach, education, prevention and support.

Recommended Actions related to Wholistic Care, Treatment and Support for Aboriginal youth include:

- To increase Aboriginal youth-led projects and resources that provide information about HIV and AIDS, healthy sexuality and care, treatment and support;
- To increase access to care, treatment and support of HIV and AIDS by creating resources and campaigns targeted for HIV positive Aboriginal youth;
- To increase access to treatment and treatment information in plain language and translated to Aboriginal languages where appropriate;
- To advocate compassion for Aboriginal People Living with HIV and AIDS, especially those who are youth, so that they feel supported in becoming role models for accessing care, treatment and support;
- To increase the capacity of health and related service workers to deliver wholistic care models targeted towards Aboriginal youth in their local communities by providing information about Aboriginal youth in relation to HIV and AIDS;
- To promote non-judgmental counseling, testing, follow-up and after-care by sharing information with health care professionals about risk activities and the context surrounding Aboriginal youth and Aboriginal People Living with HIV and AIDS; and,
- To increase understanding that Aboriginal youth access care from networks that span multiple levels of government responsibility (interprovincial, urban, rural and Aboriginal communities).

B. Aboriginal Youth HIV and AIDS Research

Primary Objective: To increase research on HIV and AIDS in relation to Aboriginal youth's access to prevention efforts, education, care, treatment and support for HIV and AIDS; and to greater involve Aboriginal youth in this research.

Recommended Actions related to Aboriginal HIV and AIDS Research for Aboriginal youth includes:

- To increase Participatory Action Research and Community Based Research with Aboriginal youth;
- To involve Aboriginal youth in the identification of gaps and barriers to HIV prevention, education, care, treatment and support;
- To include a seat for an Aboriginal youth representative to sit at various levels of HIV and AIDS policy making, programming and governance; and,
- To conduct Environmental Scans of Aboriginal youth HIV and AIDS supports.

C. Broad-based Harm Reduction Approaches Targeted to Aboriginal Youth

Primary Objective: To increase youth peer-to-peer, arts based and harm reduction policies and practices available to Aboriginal youth in Canada, regardless of residence.

Recommended Actions related to Broad-based Harm Reduction Approaches for Aboriginal youth include:

- To acknowledge that to many Aboriginal youth, harm reduction means that youth engage in risky behaviours and that the risk of getting or transmitting HIV from these behaviours can be reduced by ‘meeting them where they are at’ to provide information and support in a non-judgmental way;
- To increase the use of harm reduction messages that are sensitive to the diverse beliefs, choices and approaches relevant to specific Aboriginal youth groups overrepresented in reported HIV and AIDS cases;
- To increase and provide facilitation and support for Aboriginal youth peer-to-peer projects that utilize arts based and harm reduction approaches in order to provide information and resources about HIV and AIDS, healthy sexuality, prevention, care, treatment and support;
- To share harm reduction strategies and tools targeted for Aboriginal youth with networks such as the Canadian Aboriginal AIDS Network’s mailing list to increase the availability of Aboriginal resources across Canada;
- To increase culturally relevant resources regarding safer sexual practices, information on risky behaviours for Aboriginal youth;
- To enhance access to ceremonies for Aboriginal youth who use substances by working with Aboriginal communities and Elders to balance personal choice while respecting ceremonial protocols; and,
- To decrease HIV infection levels in the Aboriginal youth population residing within prisons and youth rehabilitation facilities by promoting the use of harm reduction practices.

D. Capacity Building for Aboriginal Youth

Primary Objective: To increase youth cultural, identity and capacity building initiatives, skills, processes and resources necessary to prevent new infections and address the complex issues regarding HIV and AIDS as it relates to Aboriginal youth.

Recommended Actions related to Capacity Building for Aboriginal youth include:

- To bring Aboriginal youth voices together to communicate through events, activities, projects and campaigns that can bring a sense of alertness and urgency about HIV and AIDS as it affects Aboriginal youth across Canada and internationally;

- To support and provide resources for Aboriginal youth to attend and participate in the annual International World AIDS Conference;
- To create policy and programming for Aboriginal youth to lower HIV and AIDS infection levels, and to offer facilitation and support for Aboriginal youth involvement in the creation and updating of that policy and programming;
- To encourage and create space for Aboriginal youth to participate in resolution making related to HIV and AIDS at all levels;
- To support outlets for Aboriginal youth to express themselves and talk to their peers about HIV and AIDS awareness i.e. videos, posters, postcards, letters, training, presentations and workshops at Conferences and events;
- To support outreach to Aboriginal youth by creating cost-effective initiatives through social networking technologies such as: Facebook, Twitter, help lines, Youth websites, blogs and Utube;
- To create and advertise supports and opportunities for Aboriginal youth to get involved with planning, advocating for and supporting Aboriginal youth living with and affected by HIV and AIDS;
- To create grants, funding opportunities and supports for Aboriginal youth to apply for resources to promote HIV and AIDS awareness campaigns targeted to Aboriginal youth;
- To encourage Aboriginal youth to pursue health careers by providing incentives to participate in HIV and AIDS youth initiatives;
- To promote ongoing education, training and other professional development opportunities to decrease staff turnover in Aboriginal AIDS service organizations; and,
- To encourage Aboriginal youth, through building leadership opportunities, to connect to their traditions, cultures and to understand health through increased connections to their identity.

E. Legal, Ethical and Human Rights Issues Related to Aboriginal Youth

Primary Objective: To increase the ability of Aboriginal youth to provide their peers with HIV prevention and support by promoting the human right of Aboriginal people to access education and information that can prevent HIV and enhance their health and well-being.

Recommended Actions related to Legal, Ethical and Human Rights Issues for Aboriginal youth include:

- To increase access to culturally relevant information and education, including online resources, about HIV and AIDS targeted to Aboriginal youth and available to them regardless of residence;
- To increase awareness about disclosure of HIV status and the law relating to criminalization of HIV transmission;

- To increase capacity of Aboriginal youth and those delivering education, health services and care to Aboriginal youth to apply rights-based approaches to Aboriginal HIV and AIDS initiatives;
- To reduce barriers that Aboriginal youth face in accessing appropriate health care by engaging Aboriginal and Canadian governments to address jurisdictional barriers through involvement of Aboriginal youth in policy change.

F. Partnerships, Collaboration and Sustainability

Primary Objective: To increase the ability of Aboriginal youth to advocate and support their peers living with and affected by HIV and AIDS by engaging in partnerships at the individual, municipal, provincial/territorial, federal, and organizational levels.

Recommended Actions related to Partnerships, Collaboration and Sustainability for Aboriginal youth include:

- To increase funding for Aboriginal HIV and AIDS organizations and programs in Canada that include Aboriginal youth;
- To promote partnerships with organizations and key stakeholders, beyond health and social networks, that will reduce social and economic disparities that contribute to behaviours placing Aboriginal youth at an increased risk for HIV and AIDS;
- To increase instruments that can ensure ongoing partnerships to lower HIV and AIDS infection rates among Aboriginal youth i.e. Memorandum of Understandings, Accords, and Partnership Agreements that are dedicated to HIV and AIDS strategies and outcomes for, and involving, Aboriginal youth;
- To include Aboriginal youth in the meaningful partnerships between community organizations, various levels of government, the health care community and Aboriginal leadership to co-ordinate the delivery of sustainable prevention programs, treatment and support services;
- To include Aboriginal youth in working groups at the local, regional, national and international levels;
- To increase knowledge of good approaches to providing flexible and culturally relevant services, projects, policies and resources for Aboriginal youth in relation to HIV and AIDS through collaboration with Aboriginal communities;
- To increase the opportunity for Aboriginal youth to learn from and work with agencies/services that advocate on behalf of human rights;
- To create partnerships between youth councils that will increase the involvement of Aboriginal youth in joint advocacy surrounding HIV and AIDS; and,

- To provide service agencies and HIV clinics with context and resources to help them communicate and serve Aboriginal youth with cultural sensitivity and compassion.

G. HIV and AIDS Prevention and Awareness for Aboriginal Youth

Primary Objective: To reduce the HIV infection levels among Aboriginal youth in Canada by generally increasing understanding about HIV related risks.

Recommended Actions related to Prevention and Awareness for Aboriginal youth includes:

- To reduce stigma and discrimination surrounding HIV and AIDS;
- To meet with newly elected and non-elected Aboriginal leaders and community stakeholders to create awareness about HIV and AIDS among Aboriginal youth and to ask for greater involvement in policy direction/decisions that lead Aboriginal communities in responding to HIV and AIDS;
- To invite Aboriginal youth to guide and support the updating of manuals, toolkits and resources that inform their peers about HIV and AIDS;
- To reach Aboriginal youth early by targeting HIV and AIDS education and fact campaigns towards school aged children before they become sexually active or involved with substance use;
- To reach Aboriginal youth who are not necessarily within the school system through outreach and support;
- To increase participation of Aboriginal youth in annual Aboriginal AIDS Awareness Week events;
- To support youth-friendly and culturally sensitive, community-based social marketing approaches that present positive messaging targeted to Aboriginal youth; and,
- To meet gaps and barriers identified by Aboriginal youth by using research findings and information gathered from Aboriginal youth as basis for prevention and education resources.

Outcomes

NAYSHAC identifies seven key strategic areas, with a primary objective and goals related to each area. The strategies, objectives and goals can be implemented at individual, local, municipal, organizational, provincial/territorial, federal, and international levels. The suggested outcomes of NAYSHAC are the primary objectives of each strategic area, which include the following:

- To increase youth peer-to-peer outreach, education, prevention and support;

- To increase research on HIV and AIDS in relation to Aboriginal youth, care, treatment and support available to Aboriginal youth for HIV and AIDS; and to greater involve Aboriginal youth in this research;
- To increase youth peer-to-peer, arts-based and harm reduction policies and practices available to Aboriginal youth in Canada, regardless of residence;
- To increase youth cultural, identity and capacity building initiatives, skills, processes and resources necessary to prevent new infections and address the complex issues regarding HIV and AIDS as it relates to Aboriginal youth;
- To increase the ability of Aboriginal youth to provide their peers with HIV prevention and support by promoting the human right of Aboriginal people to access education and information that can prevent HIV and enhance their health and well-being;
- To increase the ability of Aboriginal youth to advocate and support their peers living with and affected by HIV and AIDS by engaging in partnerships at the individual, municipal, provincial/territorial, federal, and organizational levels;
- To reduce the HIV infection levels among Aboriginal youth in Canada by generally increasing understanding about HIV related risks.

Evaluation

It is recommended that the Federal government support evaluation through the Canadian Aboriginal AIDS Network - publisher of NAYSHAC and the host organization of the National Aboriginal Youth Council on HIV and AIDS. Evaluation will involve a determination of whether the outcomes of the strategy were realized by 2015. Evaluation data will be collected annually and progress tracked through an annual report card on each strategic area and outcome. The report card will identify emerging and priority issues that require greater focus each progressive year.

Overall Roles and Responsibilities²⁰

A wholistic approach to the high HIV and AIDS infection among Aboriginal youth entails that all Peoples in Canada have a role to contribute to implementing NAYSHAC. Four key groups are vital to fulfilling responsibilities for addressing all of CAAN's strategic plans, including NAYSHAC. These groups include: the Canadian Aboriginal AIDS Network; Aboriginal AIDS Service Organizations; Aboriginal communities and partner/collaborating organizations at all levels; and, the municipal, provincial/territorial, federal and Aboriginal governments and leadership.

²⁰ Overall Roles and Responsibilities is adapted from ASHAC II.

NAYSHAC seeks to enhance existing strategies and operational plans of individual organizations and programs. It also seeks to contribute to the aligning of these plans with a broader, Aboriginal youth targeted, national response to the overrepresentation of Aboriginal youth in the high infection levels of HIV and AIDS among Aboriginal Peoples in Canada.

CAAN

- Drive NAYSHAC through ongoing coordination of the strategy and reporting on the strategy at Aboriginal AIDS Awareness Week;
- Advocate for more Aboriginal funding for Aboriginal youth;
- Reserve a seat for an Aboriginal youth to sit on its Board of Directors;
- Advocate for more Aboriginal youth prevention programs and services that are developing according to NAYSHAC;
- Aboriginal youth, HIV and AIDS resource development and distribution;
- Link and network different communities within Canada and internationally;
- Promote harm reduction;
- Promote the following of ethical research principles such as: Ownership Control Access and Possession (OCAP) principles and Canadian Institutes of Health Research (CIHR) guidelines for health research involving Aboriginal communities; International Committee for Documentation of Cultural Heritage (CIPA), meaningful involvement and the rights of Aboriginal Peoples Living with HIV and AIDS and Aboriginal human rights;
- Provide a voice to political leaders at a high level of advocacy; and,
- Research and lobby for more openness from government agencies (i.e. prisons and youth rehabilitation facilities).

Aboriginal Organizations & AIDS Service Organizations

- Contribute to the development of National/Provincial/Territorial policy relating to HIV and AIDS among Aboriginal youth;
- Assist in the evaluation and monitoring of NAYSHAC;
- Disseminate NAYSHAC as a resources for colleagues, government representatives, Aboriginal youth, students and organizational stakeholders i.e. Board members and APHA members;
- Implement prevention and education efforts that will engage Aboriginal youth and hard-to-reach target groups within the Aboriginal youth population i.e. street involved youth;
- Involve Aboriginal youth in interventions from conception to project/program conclusion;

- Produce resources for raising awareness about HIV and AIDS among Aboriginal youth;
- Review NAYSHAC and identify goals, strategies and actions that can be incorporated into organizational work plans; and,
- Sustain peer support initiatives as an effective strategy for reaching Aboriginal youth and responding to the many needs of the diverse Aboriginal youth population.

Aboriginal community members and partner/collaborating organizations at all levels:

- Acknowledge within Aboriginal communities and schools that HIV and AIDS among Aboriginal youth is a serious health concern;
- Community health staff and schools can seek out and use youth-friendly Aboriginal HIV and AIDS campaigns and resources available to them from national, regional and provincial resources;
- Create supportive and open environments/policies and programs within Aboriginal communities and schools so that Aboriginal youth, especially those living with and affected by HIV and AIDS, feel welcome and without fear of discrimination and isolation;
- Learn about Aboriginal Peoples in relation to HIV and AIDS by reviewing NAYSHAC and other CAAN strategies;
- Parents can educate their children and youth about HIV and AIDS;
- Partner with other Aboriginal organizations, AIDS service organizations, First Nations, Friendship Centres, programs and schools to use strategic actions that lower HIV levels among Aboriginal youth;
- Include Aboriginal youth representative(s) on all projects involving HIV and AIDS;
- Promote healthy lifestyles early i.e. below fifteen years of age, as well as from age fifteen to twenty-nine;
- Reach out to those who do not access Aboriginal AIDS Service Organizations services or Aboriginal youth who may not access the school system i.e. street involved youth; and,
- Recognize the importance of community based efforts and their staff who have awareness of local issues and approaches, including community values and ways of sharing information.

Governments (municipal, provincial/territorial, federal and Aboriginal)

- Contribute resources to Aboriginal youth HIV and AIDS initiatives for at least two-year time frames and fund long-term actions;

- Create welcoming environments for Aboriginal youth by developing and enforcing non-discrimination policy and legislation;
- Seek out, employ, facilitate and support Aboriginal youth input to inform policy and program development related to HIV and AIDS and other issues affecting the health of Aboriginal youth;
- Review and include NAYSHAC in HIV and AIDS planning and policy-making as it affects Aboriginal youth;
- Include Aboriginal youth representative(s) on planning committees for Aboriginal HIV and AIDS;
- Contribute to prevention and awareness and remove barriers to capacity building by sharing in the ownership and responsibility of responding to Aboriginal youth HIV and AIDS;
- Leverage funding and time for Chiefs, Tribal Councils, Mayors, Members of the Legislative Assembly, Members of federal and provincial Parliament to learn about the unique needs of Aboriginal youth in responding to HIV and AIDS; and,
- Include Aboriginal youth in ongoing review and revision of policies, practices and approaches that affect Aboriginal youth.

Conclusion

The National Aboriginal Youth Strategy on HIV and AIDS in Canada serves as guidance and offers a holistic approach for Aboriginal Peoples across Canada to lower the high rates of HIV and AIDS, specifically among Aboriginal youth. NAYSHAC was developed with guidance and input from dedicated youth sitting on the National Aboriginal Youth Council for HIV and AIDS. The success of NAYSHAC is dependent upon the collaboration with CAAN and its partners and the ongoing meaningful involvement of Aboriginal youth across Canada in the shaping of HIV and AIDS related decisions, policy, programming, education and approaches. The strengths and social determinants of health that Aboriginal youth experience have been outlined within a human rights and harm reduction approach. In implementing NAYSHAC, it is highly recommended in implementing its strategies, objectives and goals. Most importantly, an integrated, collaborative, culturally relevant and youth-sensitive approach is central to the success of NAYSHAC. This strategy is offered by CAAN, with guidance and advice from Aboriginal youth, to improve the health and well-being of those living with and affected by HIV and AIDS in Canada.

