



AHA CENTRE

A PROJECT OF CAAN

Wise Practices 2019 – Oral Presentations and Workshops

“A Two-Eyed Seeing Approach to Wholistic Healing and Wellness for People with Drug Use Experience”

Presenter(s):

Matthew Fischer, Candice Norris

Canada is currently facing a drug overdose crisis. In many Indigenous communities, the crisis is driven by injection drug use, and these communities are now facing related medical complications such as HIV and HCV. Other realities of life including sex work, homelessness, stigma, discrimination, and disconnection from community, land, and culture are fueling the situation.

The purpose of this project is to better understand cultural wellness interventions for Indigenous people who have drug use experience. As declared in Article 24 of *The United Nations Declaration on the Rights of Indigenous Peoples*, Indigenous peoples have the right to their traditional medicines, and to maintain their health practices.

This project was designed to build on ancestral wisdom, community knowledge and lived experience. Researchers on this study employed a Two-eyed Seeing framework, where both Indigenous and Western Ways of Knowing are complementary to one another. The project was piloted in two sites – Sturgeon Lake First Nation, a First Nation community in Saskatchewan and an urban Indigenous group of Two-spirited men in Vancouver, British Columbia. A retreat led by Elders and Knowledge Holders and featuring activities grounded in culture and ceremony was held at each site. These included the Medicine Wheel Spirit Shadow Dance (MWSSD), a strengths-based tool based on medicine wheel teachings used to promote self-exploration and healing.

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The research findings showed that land- and culture-based healing is effective at restoring and promoting wellness for Indigenous people who use drugs. We also found that MWSSD provides a shame-free space for sharing, learning and healing. We assert that culture and ceremony offer a promising path towards wellness for Indigenous persons and communities impacted by HCV, HIV and substance use.

“Hepatitis C in Abitibi- Temiscamingue Region of Quebec”

Presenter(s):

- **Donna McBride, Michèle Deschamps**

Hepatitis C is a liver disease caused by the Hepatitis C virus (HCV). The virus spreads through contact with blood. Over time and without treatment, HCV can damage the liver and cause liver cancer. HCV is curable. A short presentation and update on the special projects on Hepatitis C in the Algonquin Communities in Abitibi- Temiscamingue Region of Quebec. A description of the project's advancement, challenges and successes. How they are working with CAAN and the Community Readiness Model to help develop their Hepatitis c program in the communities.

“Exploring Factors of HIV and HCV Prevalence Among First Nations, Metis and Inuit Communities Living in Precarious Conditions in Montreal”

Presenter(s):

Sylvain Beaudry, Carrie Martin

Etude Rencontre-Encounter Study is about the HIV and Hepatitis C prevalence of precarious Indigenous people in Montreal. The results indicated a need for a simple port of entry for access to services to test and follow up regarding HIV, Hep C, STI's and drug consumption as well as a Cultural Safe place.

“The Elevate Ambassadors Initiative – Building Bridges”

Presenter(s):

Charles Bottle, Beatrice Spade, Yvonne Hunter, Simon Moonias

This project funded by ViiV in 2018 ignited a chain of reactions by developing community leadership focused on reducing stigma and peer led education. By increasing the capacity of HIV+ leaders IPHAs involved in the Ambassadors' Program received training and work experience needed to form effective

collaborations with other programs and individuals, thereby impacting an even larger audience.

Data from the program's evaluation contributed to the small but growing body of local evidence on the impact of traditional Indigenous healing practices on community building and HIV prevention and treatment. Information regarding testing, treatment and support services offered by Elevate has reached a wider Indigenous audience through IPHA engagement.

Project outcomes included increased rates of HIV testing and a decrease in HIV transmission rates among Indigenous people facing higher HIV exposure risks in the Thunder Bay area. As well as enriching the capacity of IPHAs in the community and supported their own personal development.

In this presentation individuals who participated Ambassadors' Program will share their journey, personal benefits and lessons learned to becoming a community leader.

“Culturally specific and gender based STBBI interventions designed by and for Indigenous women and girls”

Presenter(s):

Abrar Ali, Stephanie Smith, Victoria Weapenicappo

Through engagement sessions with incarcerated Indigenous women we heard that there are many gaps in accessing health services and supports, including education, not only within prisons but also upon release. These barriers may lead to increased risk of STBBIs and/or a fracture in continuity of care after release which may ultimately contribute to a deterioration of HIV/HCV infections. The aim of this project was to develop an evidence- based, culturally safe, STBBI intervention that is designed by and for incarcerated Indigenous women to increase their knowledge, awareness and self-efficacy towards STBBIs.

“Peer Indigenous Research Associates: Our Journey into Research”

Presenter(s):

Hazel Debbie Cardinal

Robert Chippeway, Corinne Ducharme

Meaningful inclusion and collaboration with Indigenous persons living with HIV (PLWH) is essential for the creation of impactful research. Going beyond the inclusion of Indigenous ways of knowing in research, to including Indigenous PLWH in each step as researchers, is an important part of reconciliation.

Indigenous PLWH often participate in research but may not have access to training needed to take a larger or leading role. To build capacity in research, we need Peer Indigenous Research Associate (PIRA) training and teaching of resume/CV related skills to build the bridge from participant to researcher. We are becoming PIRAs and we would like to share our journey, the skills we have learned, and the empowerment we have gained through this.

“Indigenous HIV Leadership: Preliminary Findings from a Scoping Review”

Presenter(s):

Jasmine Cotnam, Doris Peltier

The call for the greater involvement of people living with AIDS (GIPA) in responding to HIV has long been a guiding principle in the HIV/AIDS movement. Indigenous community leaders have critiqued GIPA as ‘ill fitting’ towards mobilizing Indigenous leadership. As part of a larger project exploring ways leadership can be approached holistically through Indigenous worldviews, we report on findings from a scoping review (SR) of Indigenous approaches to leadership in the HIV/AIDS movement.

“Indigenous Masculinity and HIV Wellness: Preliminary Findings of a Scoping Review”

Presenter(s):

• **Aaron Li**

Indigenous peoples in Canada are disproportionately represented in the HIV epidemic in Canada where it is estimated that “[they make] up 12.2% of new HIV infections and 8.9% of those living with HIV in Canada” (PHAC, 2014, p. 1). Of the 6,380 HIV- positive Indigenous people diagnosed at the end of 2011, slightly more than half occurred among Indigenous men. It is critically important to explore the ways Indigenous men come to learn and practice a positive masculine identity as they respond to the challenges of living with chronic illness, such as HIV/AIDS.

“Indigenous women managing stress through increased knowledge and culture”

Presenter(s):

Anita Benoit, Catherine Moses, Jasmine Cotnam

This workshop will include an overview of the ‘Reducing stress and improving Mental Health and Wellness Among Indigenous Women with Socio-Economic Insecurities, Living with and Without HIV’ study which developed a stress-reducing intervention for Indigenous women that is culturally-based, strength-focused and community-directed. In addition to the overview, an experiential learning session will include stress reduction activities and a cultural arts-based activity. These activities will integrate knowledge exchange between workshop attendees and facilitators.

“Stamsh Silhanay Lhawat: Warrior Women Healing”

Presenter(s):

Bernice Thompson, Sharon Jinkerson Brass, Candice Norris

This study captures the experiences and wisdom of a group of Indigenous women residing in Vancouver's Downtown Eastside (DTES) in the development of a culture- and land-based, Indigenous-led, wellness program which includes strategies for prevention and intervention of infectious (HIV/HCV) and chronic diseases in urban settings.

“Niikaniganaq – All my Relations: reducing stigma through circles and ceremony”

Presenter(s):

Sharp Dopler, Christina Bendevis, Mike LaFramboise, Ross Saunders, Dawn Lyons

In 2018, we secured funding for a 1-year catalyst grant designed to address HIV-related stigma by bringing together academics, IPHAs, Knowledge Carriers, nursing students and staff members of six community organizations who provide health or related services to IPHAs in four seasonal land-based ceremonies/meetings to break down barriers, build relationships, and build capacity to provide HIV-stigma free and culturally safe care for IPHAs in Ottawa-Gatineau. This presentation will share what we learned throughout this project through an interactive process.

“Ethnicity and Health: Building Intercultural Solutions for Equitable Tuberculous Care with Indigenous Peoples Locally and Globally”

Presenter(s):

Trevor Stratton, Wendy Wobeser, Charles Bottle, Igah Sanguya, Marc-André LeBlanc, Marlene Larocque

Where recorded and reported, rates of TB for Indigenous Peoples have been much higher than for the non-Indigenous population. To END TB we need to bring this burden down. Identified barriers are the HIV syndemic and antimicrobial resistance. But more challenging are community engagement and social interventions. The history of TB in many communities is painfully related, in part, to the role of residential schools in amplifying this airborne infection and “Indian” hospitals or sanatoria where treatments were, at times, inhumane. Delivery of programming in remote regions must be appropriate to the community, owned by them, evaluated, and used to improve outcomes elsewhere. Good programs are needed to ensure good treatment outcomes, prevent unnecessary suffering and the development of drug resistance.

“What is an HIV Older?: A mini CBR-Workshop Exploring Land Based Wellness and the Concept of an HIV Older”

Presenter(s):

Sherri Pooyak, Val Nicholson, Sandy Lambert, Madison Wells, The WoW Team

The workshop will introduce community-based research in a hands-on way by using the WoW project as a test-case. Participants will learn about the concept of HIV Olders and be guided through a land-based teaching specific to HIV Wellness. Olders will then lead a sharing circle that asks: *“How do you perceive the roles of **HIV Olders** in building the capacity of IPHAs to optimize their whole-istic wellness within a land-based approach?”*

“Digging Deep: Examining the Root Causes of HIV and AIDS Among Aboriginal Women”

Presenter(s):

• **Margaret Kisikaw Piyesis**

This study identifies the services used by HIV positive Indigenous women, the barriers to accessing health care, the influence of systemic racism and intergenerational trauma on health outcomes, recommendations for care, the desire among Indigenous women to learn, and the tremendous capacity for resilience demonstrated through direct quotations from the participants.

“Trans PULSE Canada Research Project”

Presenter(s):

Carol Lopez, Randy Jackson

Trans PULSE Canada is a national community-based survey of the health and well-being of trans and non-binary people in Canada. Trans PULSE Canada aims to describe and compare health outcomes and access to care for trans people across provinces/territories and builds on success in Trans PULSE Ontario (2005-2014). The full 70-minute version of the survey includes information on health, health care experiences, social experiences, and questions designed by and for nine priority populations: those who are Indigenous, non-binary, living with a disability, living in rural areas or the North, sex workers, racialized, immigrants, youth, or elders. The second version is a 10-minute short form which prioritizes key items. The survey can be completed in English or French online, on paper, or via telephone (with a language interpreter or with assistance). Peer Research Associates working online and in the larger cities can meet participants with a tablet to collect data. Participants must be age 14 or over, live in Canada and identify as a gender other than what they were assigned at birth. Trans PULSE Canada has a Priority Population Consultation Team (PPCT) for each of the study's nine priority populations. PPCTs are a small selected group of people who bring expertise in the form of lived experience, community knowledge, research experience, or in-depth knowledge of policy and practice. The Indigenous PPCT is led by Trans PULSE Canada's Indigenous Leadership Group who will submit a separate grant led by Indigenous team members to develop a qualitative follow-up study of Indigenous participants using decolonizing and Indigenous methodologies. A scoping review will be drafted by the Indigenous Leadership Group that explores health-related experiences of Indigenous trans, non-binary and two-spirit populations. Findings from the review and preliminary findings from the 2019 survey will guide the grant proposal and Indigenous follow-up study within the larger Trans PULSE Canada project.

“HIV and Infant Feeding: Developing resources relevant to Indigenous Communities”

Presenter(s):

Nicci Stein, Sarah Khan, Lena Serghides, Doris Peltier, Sheila Nyman

Exclusive formula feeding is currently recommended in Canada, as it eliminates HIV transmission risk. The risk of HIV transmission is low when the mother has a fully suppressed viral load but is not zero (i.e. undetectable does not = untransmittable for breastfeeding). Women living with HIV in Canada want to be able to make informed choices about feeding their babies and may have questions about HIV transmission and infant feeding.

To address these questions, the workshop presenters and facilitators have developed a number of resources aimed at providing infant feeding education and support to pregnant women and mothers living with HIV, including a video,

fact sheets and a toolkit. These resources will be shared in the workshop and participants will engage in consultation about whether they are applicable and relevant in their communities and how Indigenous communities can lead the adaptation of current resources and/or the development of new resources for them to be effective tools.

We are interested in conducting a community consultation with Indigenous women to determine the need for and type of resources for their own communities and to explore the need for a longer-term project led by Indigenous communities to develop culturally appropriate infant feeding resources.

