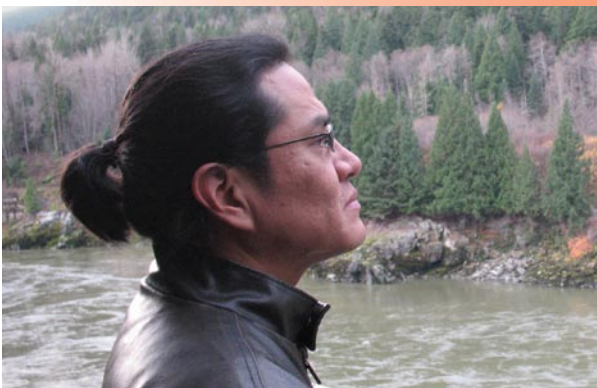
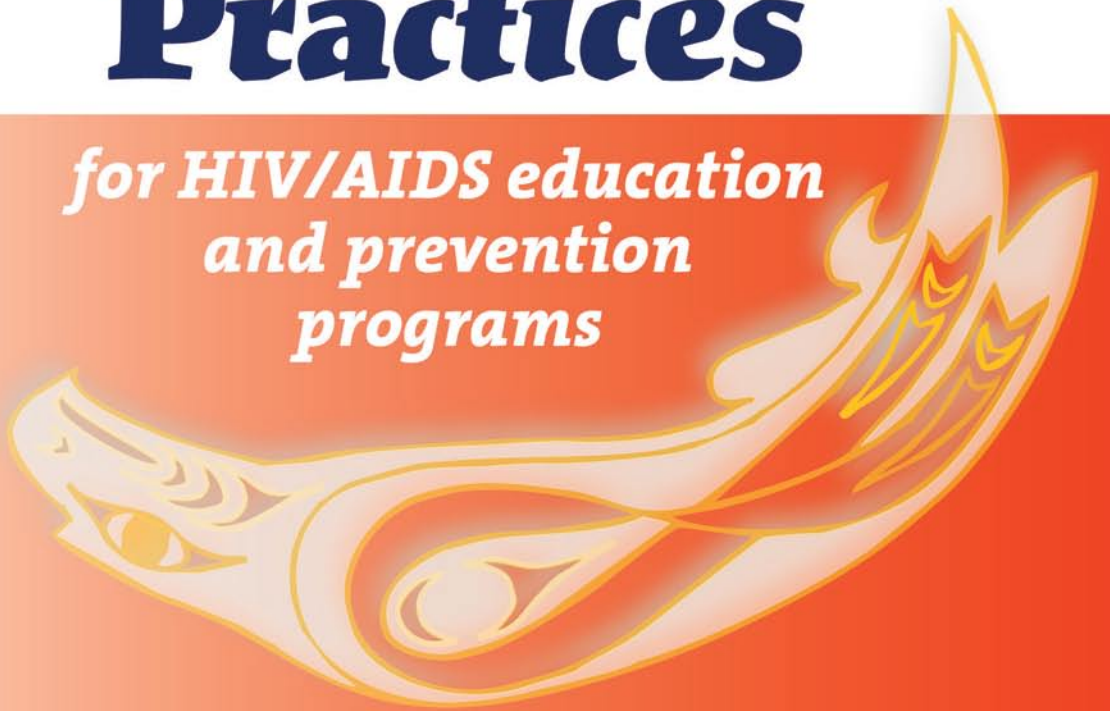


*A guide to*  
**Wise  
Practices**

*for HIV/AIDS education  
and prevention  
programs*





BC Centre for Disease Control  
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY





## **Table of Contents**

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- 1** What's In This Guide
- 1** Acknowledgements
- 2** Key Ideas
- 22** Successful Projects and Strategies
- 32** Support to Implement a Program  
in your Community
- 37** Suggested Reading





## What's In This Guide

This Guide to Wise Practices for HIV/AIDS education and prevention presents some ideas which may help you as you plan a program for your community. They are based on research and practice. They have been gathered from successful projects conducted both locally and around the world.

The Guide is divided into four sections:

- 1** *A statement of the key ideas*
- 2** *Some examples of successful projects and strategies*
- 3** *Information on groups that can help you implement a program in your community*
- 4** *Suggested readings*



## Acknowledgements

This guide was prepared by Marg Penney for Chee Mamuk (July 2008). Along with Marg Penney, Melanie Rivers (Chee Mamuk Program Manager) and Jada-Gabrielle Pape (Chee Mamuk Educator) wish to thank all the people who have kindly contributed their time and support to the creation of this guide.

Thank you to First Nations Inuit Health for funding this initiative.



Layout and design by Good Company Communications.



# Key Ideas





## Key Ideas in Brief



### **1** *Check the level of readiness in your community.*

HIV/AIDS is still a difficult subject for many people to talk about. Choosing strategies that will be accepted by your community is important to success.

### **2** *Decide who your target group is and get to know them.*

You might decide to focus on youth or parents or drug users. The better you know their needs and strengths, the more successful you will be. Involving them in the planning helps to make sure your project will work.

### **3** *Focus on key risk factors for that group.*

For youth it might be unprotected sex. For injection drug users it may be sharing needles. Build your program around what's most important to them.

### **4** *Bring key “opinion leaders” into the effort.*

Find out who people in your community respect and listen to. Get those people involved in your program.

### **5** *Check out the resources in your community and use them.*

Talk to people at your local health unit, friendship centre, hospital, or band office. Red Road HIV/AIDS Network Society has produced maps which can help you identify the resources in your community. Involve other people and agencies in the community. It's a big job. Get lots of help.

### **6** *Plan a variety of approaches.*

No one method will work with everybody. Use approaches that maximize participation. People learn best when they are actively involved in the process.

### **7** *Put a personal face on it.*

Giving people all the information about HIV/AIDS helps, but it's not enough. Experience has shown that when a person living with HIV/AIDS tells his or her personal story, with all its ups and downs, it really motivates people to do something.



**8** *Embed your strategy in Aboriginal culture.*

We have strong traditions and cultures. These are a source of pride and identity for our people. Incorporating cultural practices into your program will strengthen your approach.

**9** *You will have to shift attitudes.*

The stigma attached to HIV/AIDS is one of the biggest barriers to success.

**10** *Make sure you have the facts.*

There are a lot of myths out there. Take time to identify them and correct them. This is a rapidly changing field. Conferences and workshops not only provide new learning, they also help you recharge your own batteries and increase your network of contacts.

**11** *Consider a Harm Reduction approach.*

Some people always have and always will engage in behaviours like having many sexual partners, sex work, and drug use. A Harm Reduction approach seeks to meet those people where they are and avoid judging. The goal is to help them reduce the risks associated with the risky behaviours themselves, not to insist on abstinence.

**12** *Prepare for the long haul.*

Don't expect overnight results. Early on your strategies might involve general awareness. Later you may get into in-depth workshops. As word spreads, more people will get interested and their needs might differ from those who came on board early in the process.

**13** *Make it fun.*

HIV/AIDS is a serious problem but learning about it doesn't have to be depressing. There are some great instructional games to choose from. Seek them out. Try to ensure that people leave your sessions feeling positive and encouraged.

**14** *Evaluate as you go along and modify your approach as necessary.*

Check with the people you involve to see what's working and what's not. Change your approach as you go, if necessary.





# **I Check the level of readiness in your community.**

## **Is your community ready to talk about HIV/AIDS?**

Some people have told us stories of putting on in-depth workshops on HIV/AIDS prevention in their communities and having no one sign up for them. This likely means that the community wasn't ready for that level of intervention. There is still a lot of fear and stigma attached to HIV/AIDS. Some people feel it is only a "big city" problem. They think it cannot possibly exist in their small rural community.

If your community is at a lower level of readiness or in denial, you may need to start with individual one-on-one discussions. Making short presentations to existing groups with a related area of interest might work too. If your community is very aware of the problem and ready to get moving, then very different strategies are needed.

**THE COMMUNITY READINESS MODEL** offers a very good way of determining what the level of readiness of your community is. It involves identifying six key people and conducting interviews with them. The answers you get are then scored by two different people. Scores are then analyzed to see where your community is on this scale:

- 1 No Awareness
- 2 Denial/Resistance
- 3 Vague Awareness
- 4 Pre-planning
- 5 Preparation
- 6 Initiation
- 7 Stabilization
- 8 Confirmation/Expansion
- 9 High Level of Community Ownership

The model also offers suggestions for the best strategies to use at each level.

To find out more about the Community Readiness Model see [www.triethniccenter.colostate.edu](http://www.triethniccenter.colostate.edu)

Even if you can't do a complete readiness assessment using this model, take time to think about previous experiences you and others have had with trying to introduce new ideas into your community. Was the community open to them or was there a lot of resistance? Also ask yourself: What resources (people, time, money, space) do we have on which to build? Are any of our leaders likely to be supportive?

Taking the time to clarify how ready your community is will pay off in terms of greater chances of success.





## **2 Decide who your target group is and get to know them.**

Some programs fail because they try to provide “something for everyone.” Chances of success are better if you zero in on one target group, get to know them, and deliver a program that really meets their needs. You can always target a different group later on after you have some successes under your belt. Once you have decided on your target group, get to know their needs and interests.

Many successful projects have targeted youth. Chee Mamuk Aboriginal Program ([www.bccdc.org/content.php?item=96](http://www.bccdc.org/content.php?item=96)) at the BC Centre for Disease Control has recently conducted two successful projects with youth in small communities. In each case, they used a “Star in Your Own Stories” approach. In this approach, a small group of youth spent a weekend learning about HIV/AIDS and how to use video equipment, cameras, and microphones. Then they decided on what message they wanted to deliver and wrote the script, starred in, and shot their own video production. More detail about these projects and others is found in the “Successful Projects” chapter beginning on page 29.

If there is a needle exchange or drug treatment centre in your community, you might decide to focus on injection drug users. In this case, your main concern would be drug use and preventive measures users can take to reduce the danger of contracting HIV/AIDS. Getting to know their needs and their strengths and involving some of them in the delivery of your program will be essential.

### **Who do you want to reach?**



*A small group of youth spent a weekend learning about HIV/AIDS and learning how to use video equipment, cameras, and microphones. Then they decided on what message they wanted to deliver and wrote the script, starred in, and shot their own video production.*



### **3 Focus on key risk factors for that group.**

**Which risk factors do you want to focus on?**

*As one youth in a recent project said, "If you can't talk about it, you shouldn't be doing it."*

You will be more successful if you identify the key risk factor(s) for your target group. For youth, a key risk factor might be unprotected sex. The focus might be on condom use and the importance of HIV testing.

Of course, these should be put in the context of healthy attitudes about sexuality in general, including a willingness to speak openly about sexuality. As one youth in a recent project said, "If you can't talk about it, you shouldn't be doing it." Both young women and young men need to develop the skills to negotiate when and how to have sex with a partner, and they should feel confident in their right to decide when and if to have sex.

Focusing on a key risk factor does not mean neglecting others. Since unprotected sex might be more likely to take place when people are under the influence of drugs, for example, you need to address the interaction between the two. As another youth said, "You know when you're all on drugs of any kind, you do things you usually don't do or don't do it right and one thing can lead to another...".

For injection drug users, the focus may be on not sharing needles, using a mouthpiece on a crack pipe, or using filters. These can help stop the spread of HIV and Hepatitis B and C. However, don't miss the opportunity to add ideas about nutrition and ways to adopt a healthy lifestyle.



## **4** Bring key “opinion leaders” into the effort.

In every community, there are some people that everyone (or almost everyone) looks up to and respects, perhaps a chief or member of council, a brother, an aunt, or an outstanding athlete. Or it might be an elder, a teacher, a school counsellor, or a public health nurse. It is important to talk to these people and get their endorsement for your plans. Better still, get them involved.

In some communities, the strongest supporter of an HIV/AIDS program is a prominent community member whose life has been touched personally by the disease. If you can get people like this on board and they start talking to their friends, your message is more likely to spread quickly with a ripple effect through the community and with greater credibility than if you hadn't involved them.

**Who are the ones in your community that people listen to?**



Lucille Harms, Community Health Nurse, Kitamaat.



## **5 Check out the resources in your community and use them.**

**What resources can your community bring to help?**



Look around your community and see what resources are available to you. The local health unit may have knowledgeable staff, training materials, or rooms which can be used for workshops or organizing meetings. The Band Hall or Friendship Centre might be available for bigger events like community feasts. Check out local doctors and community nurses to see who has expertise in this field and involve them as much as you can. Sometimes, there is a particular teacher at the school who really connects with local youth.

Try bringing in a nurse or doctor who does testing so participants can meet him or her face to face. It's a lot less scary to go see someone you've met before than it is to approach someone who is a complete stranger. Alternatively, you could bring your youth group or community people to tour a local facility and meet the doctors and nurses on site. This has the added advantage of showing them where they may need to go if they ever need testing.

Red Road HIV/AIDS Network Society ([www.redroad.org](http://www.redroad.org)) has identified the resources available in all the communities across BC. This includes things like addictions services, clinics, HIV/AIDS testing services, counselling services, and much more. They have plotted these on a map which you can access on their website. They have also produced smaller, credit card-sized, fold-out maps of the North and the Vancouver area which show the location of agencies in these areas.



There are a number of organizations with a mandate to help communities all across the province. A sampling is listed below:

- ***Chee Mamuk, Aboriginal Program, BC Centre for Disease Control***
- ***Red Road HIV/AIDS Network Society***
- ***Healing Our Spirit, BC Aboriginal HIV/AIDS Society***

For details and contact information about these groups, see the “Support” chapter beginning on page 34.

There are also groups with a more limited geographical focus, like the Northern BC Aboriginal HIV/AIDS Task Force, Positive Living North, Okanagan Aboriginal AIDS Society, and many more. It’s a big job. Get lots of help.



Chee Mamuk staff and an Outreach Nurse can come to your community to educate.



## **6 Plan a variety of approaches.**

**Which approach will work best for your target group?**

No one method will work with everybody. Some of us remember what we hear. Others remember what we see written down. Make sure your message gets across in lots of different ways.

As a way of getting started, colourful posters with short, powerful messages will catch attention and get people thinking. There are also a number of good DVDs available. One of the best ways to reach youth is through other youth. Training young people to be peer educators is a very powerful strategy.

In some communities, elders are the best teachers. Some people are more comfortable learning in small groups. Whatever methods you use, make sure that people are actively involved in the process.



Condom holders with First Nations illustrations of “Wolves”, “Love Birds” and “Doe & Buck”, from Chee Mamuk.



Brainstorming session with Sto:Lo Nation youth.



## WALK THE RED ROAD

**HEPATITIS C LEARN PROTECT HEAL**

**IF YOU HAVE HEP C,** it's important to make healthy choices. Eat healthy foods. Cut back on or avoid alcohol because it hurts your liver. Manage stress. Exercise regularly – it helps with stress and boosts energy. See your doctor and dentist regularly. It's okay to show affection and share in ceremonies such as sweat, smudging and dancing.

**FIND A BALANCE.** Treatment works better when we walk the red road together. Prayer, meditation, smudging, traditional ceremonies, singing, dancing, drumming, sweat lodges and the longhouse, belief in the creator, belief in self – all can help. Remember you are not alone; there are people who can help you. Ask at a health clinic for a Hep C test – it's the only way you can know if you have it.

Chew Beach Aboriginal Program  
222 Main St. West  
Winnipeg, MB R2S 2P4  
504-944-7474

BC Centre for Disease Control  
www.bccdc.org

**For more information go to [www.bccdc.org](http://www.bccdc.org)**

## WALK THE RED ROAD

**HEPATITIS C LEARN PROTECT HEAL**

**HEP C is passed from blood to blood contact.** Don't share any drug equipment, including syringes, spoons, cotton or water. Don't share snorting equipment or crack pipes. Use condoms. Don't share razors, nail files, nail clippers or toothbrushes – they may have blood on them. Be careful about any contact with other people's blood.

**HEP C IS NOT SPREAD BY:** sneezing, shaking hands, hugging and kissing, sharing cutlery, toilet seats, skin contact with spit, pee, poo, vomit, public pools or mosquitoes. Remember, you are not alone; there are people who can help you. Ask at a health clinic for a Hep C test – it's the only way you can know if you have it.

Chew Beach Aboriginal Program  
222 Main St. West  
Winnipeg, MB R2S 2P4  
504-944-7474

BC Centre for Disease Control  
www.bccdc.org

**For more information go to [www.bccdc.org](http://www.bccdc.org)**

Put up posters as a way to raise awareness.



People may be most comfortable learning in small groups.



## **7 Put a personal face on it.**

**Who do you know who is living with HIV/AIDS who would share his or her story?**

Giving people all the right information about HIV/AIDS helps, but information alone does not change the way people behave.

When a person who is living with HIV/AIDS tells his or her personal story, with all its ups and downs, it really motivates people to do something. They see the real problems that people living with HIV face, but they also see the courage it takes to cope with it. They learn that with the right life style, nutrition, and care and support, people with HIV/AIDS can live a good life.

Healing Our Spirit ([www.healingourspirit.org](http://www.healingourspirit.org)) keeps a list of “guest speakers,” people living with HIV who are willing to talk to others. Chee Mamuk also can bring a person living with HIV to your community to share his or her story.



Melanie (Chee Mamuk) and Charlotte.



## **8 Embed your strategy in Aboriginal culture.**

We have strong traditions and cultures. These are a source of pride and identity for our people. Incorporating cultural practices into your program will strengthen your approach.

This could happen in a variety of ways. It may involve inviting Elders from the community to be a part of the workshops or projects you provide. It could be inviting drummers and singers to open and close a workshop. This will draw in more of your community. First you manage to get the drummers to the event and they may bring some friends or family. Also, the event is more meaningful to the community.

You could also include traditional ceremonies as a part of your project. For example, Chee Mamuk has created a DVD and guidebook on a “coming of age” project that incorporates traditions, community, and teachings with HIV and sexual health education. It involves supporting youth during the transition from youth to adulthood while teaching them how to be healthy, strong, proud adults.

Or you could incorporate traditional activities as a part of your initiative such as drum making, cedar bark weaving, or carving. These activities can motivate people to be a part of your event and create an opportunity to discuss HIV/AIDS.

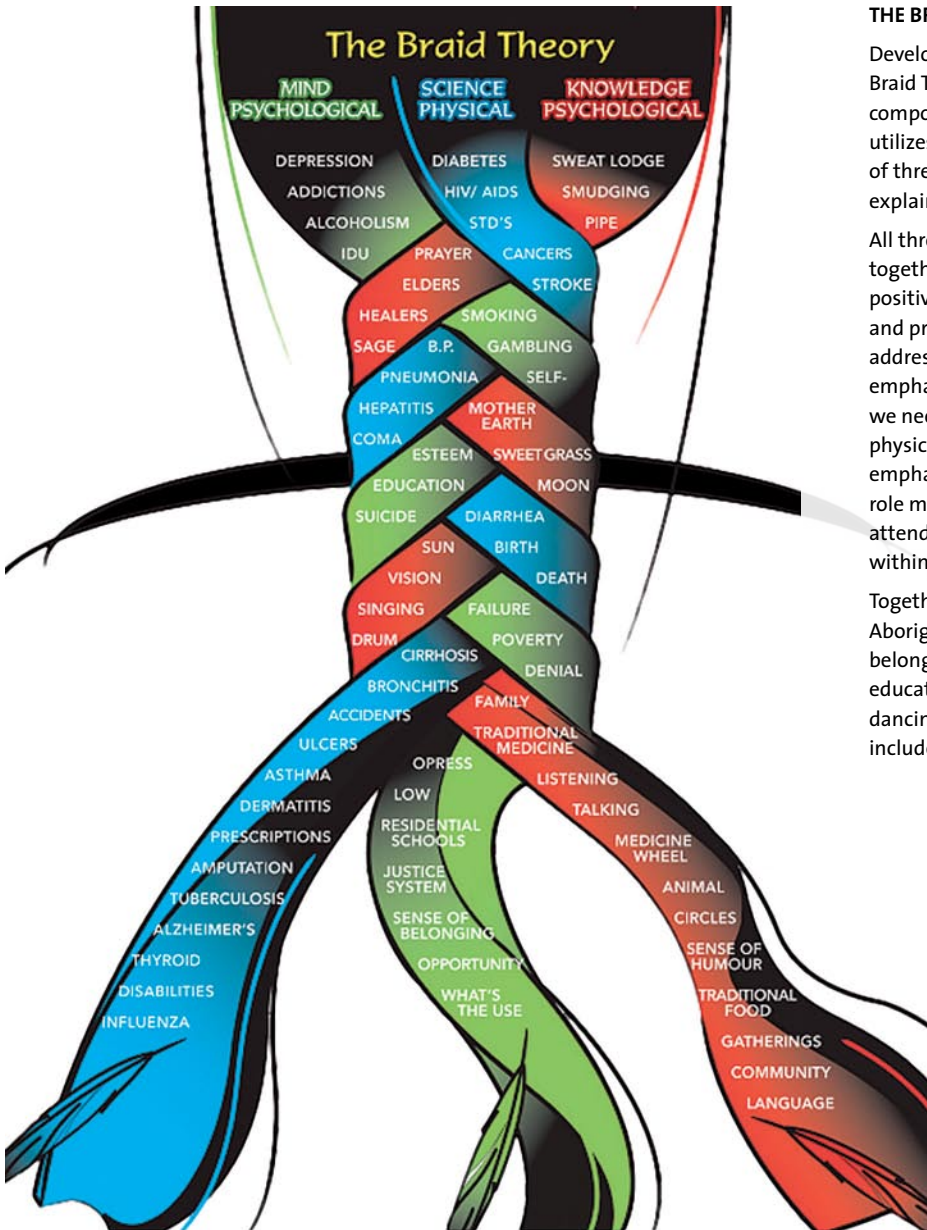


Invite local artists to perform cultural activities.

**What are your Aboriginal cultural practices that can strengthen your program?**



Lucy Barney in full regalia.



#### THE BRAID THEORY

Developed by Lucy Barney of Chee Mamuk, the Braid Theory describes the body as holistic, with components of Mind, Body and Spirit. The Braid Theory utilizes First Nation Oral Tradition about the strength of three strands in braided sweet grass or hair. It helps explain how healing or prevention can occur.

All three components intertwine; they are braided together. The mind deals with self image. From a positive aspect this increases a person's self esteem and pride in him or herself. The body component addresses the physical risks of STIs and puts an emphasis on risk reduction. To reduce these risks we need to take care of our bodies and respect our physical selves. The spiritual strand requires an emphasis on rehabilitating the culture, becoming a role model to one's friends, believing in the future, attending gatherings and finding the meaning in life within communities.

Together the strands of mind, body and spirit provide Aboriginal people with a sense of self worth, of belonging, pride, culture, ceremony, traditional education and medicine, prayer, responsibility, respect, dancing, singing, and spirituality that may or may not include religion.





## 9 **You will have to shift attitudes.**

Some people are homophobic. That means they fear and/or discriminate against homosexuals or two-spirit people. In native cultures of North America, the term “two-spirited” refers to people who combine both male and female spirits in one body. Others feel that drug users “deserve what they get.” There is still a lot of stigma surrounding people who have HIV/AIDS. Overcoming these fears and negative feelings is essential to the success of an HIV/AIDS program in your community.

People can have all the knowledge in the world, but if they are afraid of people with HIV or biased against them, no change will happen. Hearing personal stories from people living with HIV, meeting them and sharing their joys and sorrows can have a big impact on attitudes. Film and drama can also affect attitudes. Music has a way of going straight to the heart. Role-playing activities are good too.

As a person trying to bring about change in your community, you may have to examine your own attitudes as well. We all come with attitudes, beliefs and assumptions. These are a part of life. Examining our own attitudes can bring about real growth as we prepare to work in the HIV/AIDS area.



**Overcoming fears and negative feelings is essential to the success of an HIV/AIDS program in your community.**

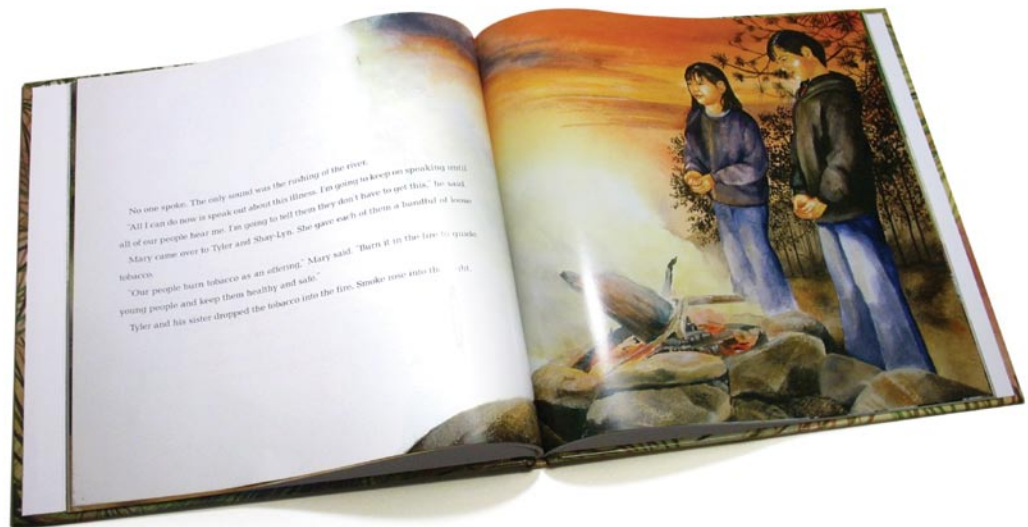
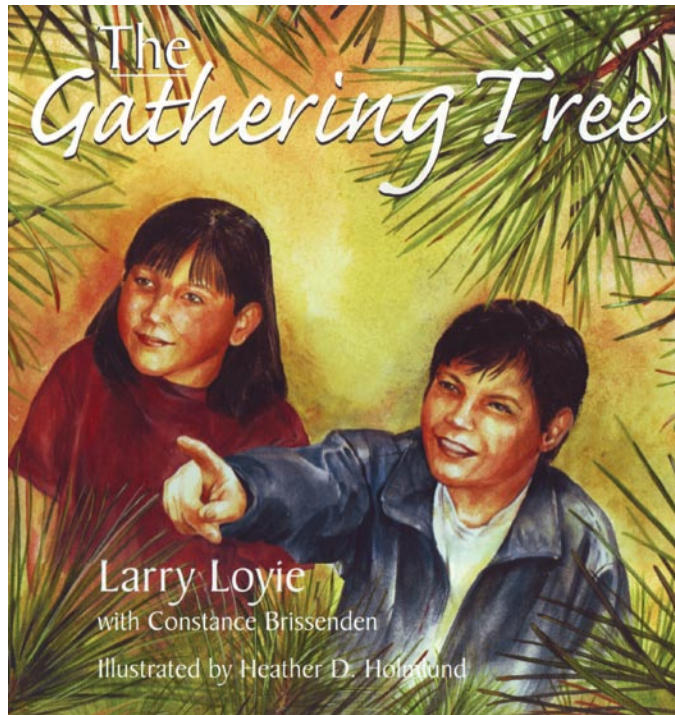
### **What are the attitudes in your community towards HIV/AIDS?**



A scene from “Stand True” - following a rumour through the community.



*The Gathering Tree*, by Larry Loyie with Constance Brissenden and illustrated by Heather D. Holmlund. This book shows how a family and community can support someone living with HIV.





# 10 **Make sure you have the facts.**

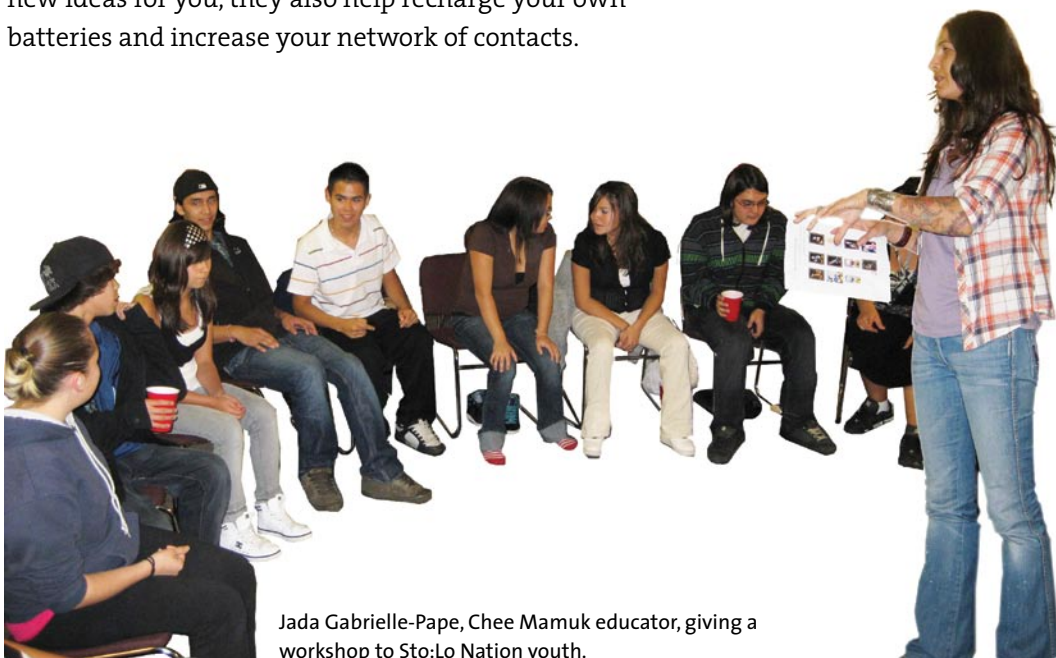
There are a lot of myths out there, mistaken beliefs about HIV/AIDS. People don't always know how it is transmitted, how HIV can develop into AIDS, which prevention measures work and which don't. A good practice in creating your program is to deal with those myths right at the beginning. Take time to identify and correct them.

Health professionals in your own community can help make sure your information is correct. There are also educators at Chee Mamuk, Healing Our Spirit, and other local AIDS organizations who can be contacted to verify the information you are giving your participants is right.

This is a rapidly changing field. New testing and treatment methods are being developed all the time. It is important that you keep your own knowledge up to date.

Healing Our Spirit holds an annual conference each year. Red Road Network Society holds quarterly skill-building sessions. Conferences and workshops not only provide new ideas for you, they also help recharge your own batteries and increase your network of contacts.

**Is your knowledge and information accurate and up to date?**

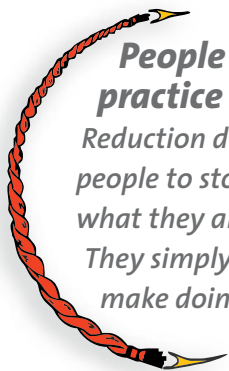


Jada Gabrielle-Pape, Chee Mamuk educator, giving a workshop to Sto:Lo Nation youth.



## **II Consider a Harm Reduction approach.**

### **How can 'Harm Reduction' help people?**



**People who practice Harm Reduction don't ask people to stop doing what they are doing. They simply try to make doing it safer.**

Some people always have and always will engage in behaviours like having many sexual partners, sex work, and drug use. There are many factors and life experiences that can lead a person to take risks, for example, sexual abuse. And for many people, choices are limited.

A Harm Reduction approach seeks to meet people where they are and help them reduce the risks associated with the risky behaviours themselves. Abstinence can be a part of the process but may not always be the end goal.

Front-line workers who practice Harm Reduction seek to develop respectful relationships and to avoid being judgemental. When community health nurses distribute condoms and encourage people to wear them during sexual intercourse, to prevent the spread of HIV and other sexually transmitted infections (STIs), they are using a Harm Reduction approach. Giving drug users clean needles so they don't have to share or re-use needles makes it less likely that they will contract various blood-borne diseases. Supplying them with clean water, mouth pieces for crack pipes and filters and showing them how to use these, reduces the risk that they will catch a disease. These are also examples of Harm Reduction.

People who practice Harm Reduction don't ask people to stop doing what they are doing. They simply try to make doing it safer.



## **12 Prepare for the long haul.**

This kind of change takes time. Don't expect overnight results. Early on your strategies might involve general awareness. Getting people to pay attention to the issue may take a while. That's why it is good to have your own support network to help you keep your spirits up.

Later on you may get people who are willing to commit to more in-depth workshops. Some may also get involved as volunteers and help you with the program.

As word spreads, more people will get interested and their needs might differ from those who came on board early in the process. Keep checking back with people to see how they are doing. You may have to go back to the beginning with people who get involved later, back to identifying those myths and correcting people's mistaken beliefs.

**Are you ready for the long haul?**

*It is good to have your own support network to help you keep your spirits up.*



Find people who will support your work.



# 13 **Make it fun.**

**Can you bring laughter to the process?**

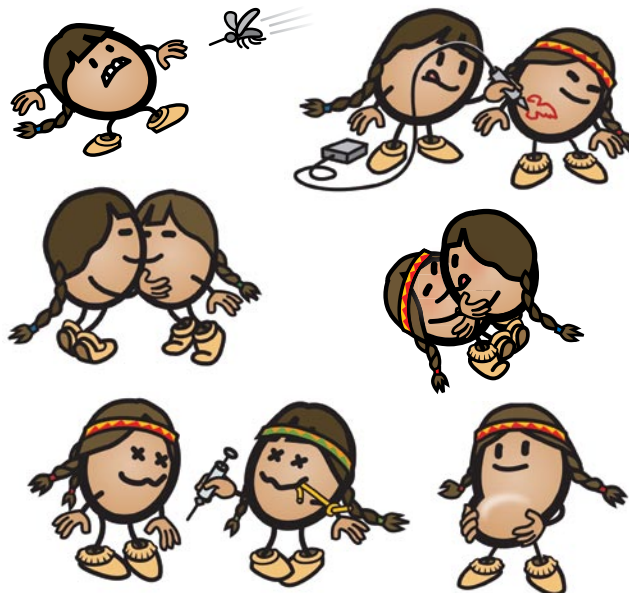


A sense of humour is important.

HIV/AIDS is a serious problem but learning about it doesn't have to be depressing. Condom relay races teach the proper method for putting on a condom (using a wooden model of a penis) while asking teams to do it under the pressure of time. When prizes are handed out to the fastest team, there are usually gales of laughter. One participant in a workshop told us how she used a banana to show her kids the proper way to put a condom on.

There are some great instructional games to choose from. Seek them out (see the Support to Implement a Program in your Community section). One involves the "Circle People" on laminated cards. The Circle People are doing different activities like sharing needles, having sex, hugging, and being bitten by a mosquito. These cards can be used to talk about all the ways HIV is and isn't transmitted in a light, fun way. Laughter is great medicine.

Educators at Chee Mamuk and Healing Our Spirit may have other suggestions for you. Try to ensure that people leave your sessions feeling positive and encouraged.







# 14 Evaluate as you go along and modify your approach as necessary.

Even the best program won't do everything right the first time around. Check with the people you involve to see what's working and what's not.

A simple feedback form could be used, or you can get someone (not you) to interview a few participants and get their reactions to the learning activities you are using. Then you and your team can brainstorm how to improve the strategies for the next session you do. Good programs are constantly changing and getting better.

**Are you prepared to evaluate and be flexible with your approach?**

**Overall, How Did You Find The Day?**  
Very Useful  
Useful  
Somewhat Useful  
Not Useful

I would have liked it Better If...

I Liked Best...

One important thing I learned was...

Will you be able to use the information in your work or life?  
Yes      Maybe      No

I would like to know more about...

Chee Mamuk, Aboriginal Program, STI/HIV Prevention and Control, BCCDC





# **Successful Projects and Strategies**





## Star in Your Own Stories/ Stand True

**Star in your own stories!**

**FUN! FREE!**  
No previous experience necessary. For more information contact your youth worker.

**Workshop Dates:**  
Friday October 3 evening  
Saturday October 4 all day  
Sunday October 5 all day

**2 day video workshop**  
**2 make positive sexual health messages**  
**4 youth by youth**

Help create a campaign which will be launched in YOUR community!  
Hands-on instruction with video gear.

**SPEAK UP!**

HELLO COOL WORLD.COM

In 2006/2007, Chee Mamuk launched a special project to educate youth about HIV/AIDS, while creating their own DVD. HIV/AIDS educators and staff from a new media company travelled to Kitamaat and spent two days in workshops with twelve youth. The youth learned about HIV/AIDS and the basics of creating a positive message campaign. They obtained “hands on” experience with the cameras and microphones. They participated in workshops which covered:

- sexual health, including HIV/AIDS, STIs, and various prevention practices;
- Aboriginal issues and the role of traditional culture in healing;
- local resources available to the youth for STI prevention and testing; and
- the steps in making a DVD, including how to use cameras and recording equipment.



In production on  
“Stand True”.



During brainstorming sessions, the youth decided to focus on the damage done by “spreading rumours” as the basis for the message campaign. They compared how quickly an STI can spread in a community just as a rumour can. They then wrote, acted in, and shot the DVD footage. They chose the title “Stand True” to symbolize their standing against rumour transmission and standing for wise sexual health decisions.

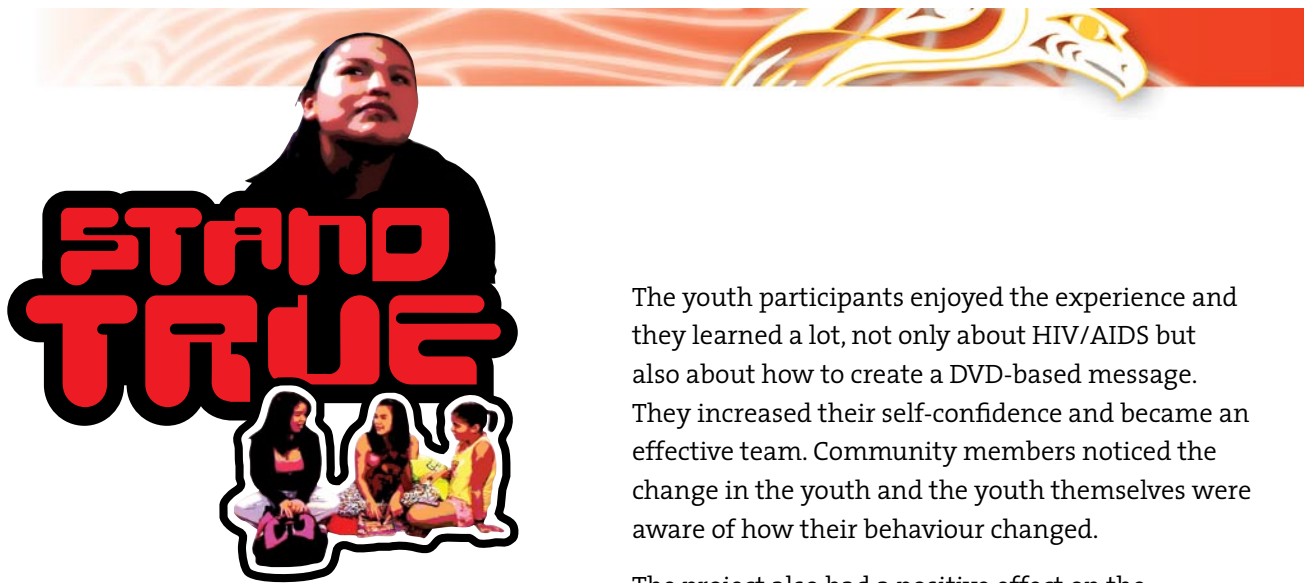
The media team edited the video and added graphics and voice-overs to create the finished product in DVD format. Give-away items (mugs, notebooks, and flashlights) with the “Stand True” message printed on them were produced. After two months, the team returned to the community for the world premiere of the Haisla youth’s DVD at a community feast. An estimated 200 community members viewed the DVD and publicly recognized the accomplishments of the twelve youth involved. Give-away items were distributed to community members to help spread the positive message.



Haisla Nation youth at the launch of “Stand True”.



“Stand True” merchandise - spreading the message.



The youth participants enjoyed the experience and they learned a lot, not only about HIV/AIDS but also about how to create a DVD-based message. They increased their self-confidence and became an effective team. Community members noticed the change in the youth and the youth themselves were aware of how their behaviour changed.

The project also had a positive effect on the community. People who are HIV positive are much better accepted by the community now. Family and friends were very proud of what the youth accomplished.

The impact of this project has gone beyond the community itself. The youth gave a presentation at a conference and a film festival. They have been invited by other communities to come and talk about the experience. There were so many requests that extra copies of the video and other materials had to be made. These young people are now leaders in their community.

*The impact of this project has gone beyond the community itself. The youth gave a presentation at a conference and a film festival. They have been invited by other communities to come and talk about the experience.*



Haisla youth learn to use a camera and microphone during the shooting of "Stand True".

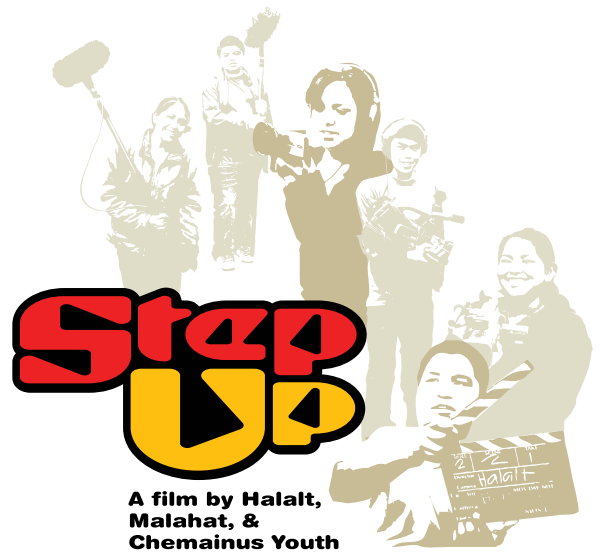
**Q:** What are 2 things that can spread in a community?

**A:** STI's and RUMOURS.



This model was used again with another group on Vancouver Island and was again successful. For more details, contact Chee Mamuk. To view the Star in Your Own Stories DVDs and campaigns go to [www.youthhavethepower.com](http://www.youthhavethepower.com).

While not all communities can afford a project like this, the important lesson was how successful the creative approach can be. Communities can find a creative project that youth can take ownership of. They can learn about healthy sexuality and then share what they create with the community. This could be photography, painting, music, or writing. For more ideas on arts-based projects, communities can contact Chee Mamuk or visit their website at [www.bccdc.org/content.php?item=96](http://www.bccdc.org/content.php?item=96).



Young filmmakers of "Step Up".



Youth are able to both get behind and in front of the camera.

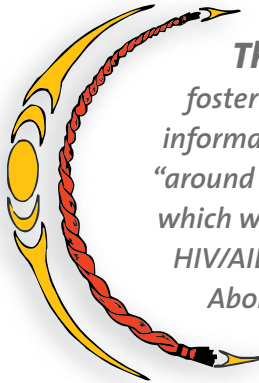


## **Around the Kitchen Table (ATKT)**

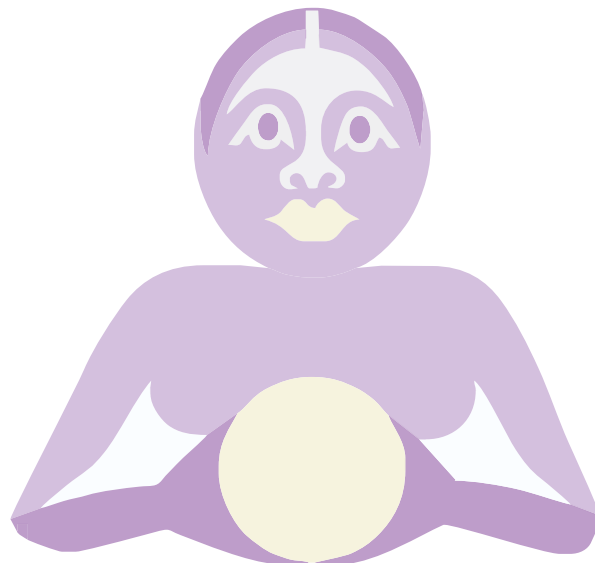
This project was designed “to empower Aboriginal women in remote communities to fight the spread of HIV/AIDS by reviving their traditional roles as healers.” Chee Mamuk staff and other trainers travelled to remote communities to conduct training. Local facilitators were hired to carry on the work in the communities after the training. A network was created to link these facilitators together so they could learn from each other and share ideas. Facilitators from communities that got involved early in the process became part of the training team for later communities.

The idea was to foster in each community informal learning activities “around the kitchen table,” which would combine HIV/AIDS education with Aboriginal cultural activities. Cultural activities included everything from making moccasins to preparing and preserving traditional foods. Six communities were involved.

The project provided the initial training of facilitators, combining HIV/AIDS information with exploration of elements of Aboriginal cultural, but each community decided on its own program of activities. It was estimated that over 360 people took part over the life of the project.



*The idea was to foster in each community informal learning activities “around the kitchen table,” which would combine HIV/AIDS education with Aboriginal cultural activities.*







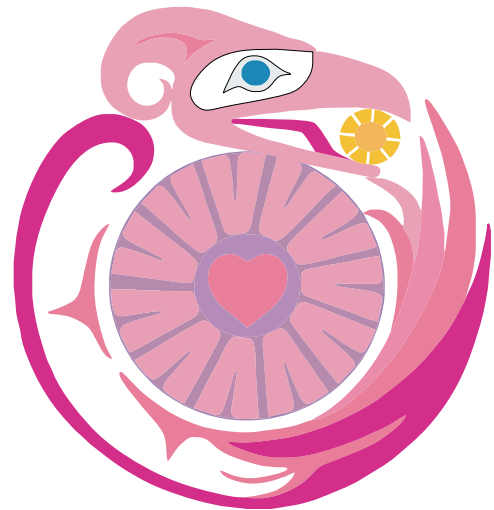
Evaluations of the training sessions were consistently positive. Short-term outcomes included increases in knowledge of HIV/AIDS and confidence in teaching others about cultural practices. Intermediate outcomes included perceived growth in five areas:

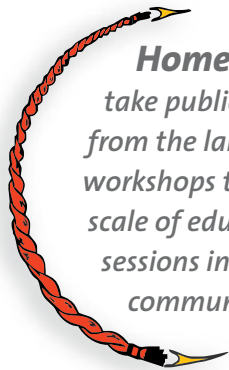
- cultural knowledge
- health knowledge
- cultural skills
- self confidence
- pride and cultural identity

Local facilitators reported increased self-care behaviours among the community members who had attended their sessions, as well as a “ripple effect.” Those who came to sessions passed their new knowledge on to others in the community. They also reported that the stigma related to HIV in their communities was decreasing. In each community, the local facilitators involved other local agencies in their programs. This has helped the activities continue even after the official end of the project.

Chee Mamuk continues to promote the model and to distribute the training materials developed for the project (DVD, table charts, and manual). Several communities have expressed a desire to implement the model and Chee Mamuk is seeking ways to support them.

**Local facilitators**  
*reported increased self-care behaviours among the community members who had attended their sessions, as well as a “ripple effect.”*





**Home Parties**  
take public education  
from the large scale of  
workshops to the small  
scale of educational  
sessions in the homes of  
community members.

## Home Parties

Lisa Sam and her colleagues of Nak'azdli Band in Fort St. James use Health Awareness Parties or “Home Parties.” Home Parties take public education from the large scale of workshops to the small scale of educational sessions in the homes of community members.

The concept is like that of the traditional Tupperware Party. You have a “hostess,” the home owner. She or he invites the guests and prepares the refreshments (your organization can provide them). Then you have the “representative” who brings the stuff to sell, in this case it is the educational piece. At the end of the session you can give the hostess a gift (such as a gift certificate to the grocery store, a basket of fruit or traditional foods). Rather than spend large amounts of money on workshops on HIV, where only few members come, you can spend small amounts on several home parties and reach larger numbers of people.

The goal is to have members feeling more comfortable with their surroundings and the people that they are with, so you have more participation. In the end people tend to learn more about the topic than they would in a larger setting because the barriers to learning are down. This strategy can be adopted for any topic and the nurse does not always have to run the party.

**Renada Walstrom** Community Health Nurse

**Aileen Prince** Health Director

**Lisa Sam** Community Health Nurse

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## **Walk With Me: Pathways to Health; Harm Reduction Service Delivery Model**

The Canadian Aboriginal AIDS Network (CAAN) has developed a manual called **“Walk With Me: Pathways to Health; Harm Reduction Service Delivery Model”**. It is a culturally safe Harm Reduction model designed to meet the needs of Aboriginal Women, Aboriginal Youth, Aboriginal People in Prison, and Aboriginal Two-Spirit Men. Harm reduction focuses on the reality that an individual’s readiness to change varies and that individuals may not be ready, willing or able to completely change risk behaviours. It focuses on developing a relationship with the client and providing a range of services that keep a person free from blood-borne infections like HIV and Hepatitis C, or from infections a person can get from having sex. Examples of Harm Reduction services are needle distribution, condom distribution, counselling, and the provision of methadone.

The “Walk With Me” model shows a process a community or organization can go through to develop Harm Reduction programs. The first step is to conduct an assessment or visioning exercise to review past, present and future goals of programming. Next is providing education on the issue to the community and determining prevention needs. After this step, communities can implement services and evaluate them on an ongoing basis. The manual outlines actions for change including actions for elected leaders, professionals, the community, and many more groups. This manual is now available from the Canadian Aboriginal AIDS Network. It can be downloaded from their website: [www.caan.ca/english/publications.htm](http://www.caan.ca/english/publications.htm).







# **Support** **to Implement a** **Program in Your** **Community**





## CHEE MAMUK

is a program of the BC Centre for Disease Control. Its mandate is to provide culturally appropriate, on-site, community based HIV/AIDS and Sexually Transmitted Infection education and training to Aboriginal communities, organizations, and professionals within BC. They can provide workshops, training, networking, and referrals. They also have a large collection of training materials in print and DVD formats. From time to time they conduct special projects like “Around the Kitchen Table” and “Star in your Own Stories”.

Chee Mamuk is located at 655 West 12th Ave. in Vancouver. Phone: 604-660-1673.

Its website is: [www.bccdc.org/content.php?item=96](http://www.bccdc.org/content.php?item=96)



## HEALING OUR SPIRIT

is a not-for-profit society dedicated to preventing and reducing the spread of HIV and AIDS, and providing care and support services to Aboriginal peoples infected with and affected by HIV/AIDS. It seeks to:

- increase awareness of HIV and AIDS in both urban and rural Aboriginal communities;
- provide educational workshops throughout BC on the prevention of HIV and AIDS;
- provide support to individuals living with HIV and AIDS, as well as to their families and caregivers;
- increase community accessibility to HIV and AIDS educational material and resources; and
- increase acceptance of people living with HIV and AIDS in their communities.

Its annual conference provides an opportunity for people working in the area throughout the province to come together, learn new skills, and exchange ideas.

Healing Our Spirit has offices at #100 - 2425 Quebec St. in Vancouver. Its toll-free number (in Canada) is 1-866-745-8884.

Its website is: [www.healingourspirit.org](http://www.healingourspirit.org)



## THE RED ROAD HIV NETWORK

is a provincial not-for-profit Aboriginal organization with more than 125 urban and rural members, including Aboriginal AIDS Service Organizations (ASO), non-Aboriginal AIDS Service Organizations with Aboriginal programs, Aboriginal Persons living with HIV/AIDS (APHAs), and Aboriginal community-based organizations that have HIV/AIDS programs. It seeks to:

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

Red Road conducted the mapping project which identified community resources to support Aboriginal people living with HIV/AIDS, and this can be viewed on their website. It holds quarterly skill building sessions and distributes a wide variety of publications useful to people working in this field.

Its offices are at 804 – 100 Park Royal S., West Vancouver.  
Toll free number: 1-866-913-3332

Its website is: [www.red-road.org](http://www.red-road.org)



**Red Road**  
HIV/AIDS NETWORK



## THE CANADIAN ABORIGINAL AIDS NETWORK (CAAN)



is a national non-profit coalition of individuals and organizations that provides leadership, support, and advocacy for Aboriginal people living with and affected by HIV/AIDS, regardless of where they reside. Its goals are to:

- provide accurate and up-to-date information about the prevalence of HIV in the Aboriginal community and the various modes of transmission;
- offer leaders, advocates, and individuals in the AIDS movement a chance to share their issues on a national level by building skills, education/awareness campaigns, and acting in support of Harm Reduction techniques;
- facilitate the creation and development of regional Aboriginal AIDS service agencies through leadership, advocacy and support;
- design materials which are Aboriginal specific for education and awareness at a national level, and lessen resource costs of underfunded, regional agencies by distributing and making available these materials wherever possible;
- advocate on behalf of Aboriginal people living with HIV/AIDS (APHAs) by giving them forums in which to share their issues and to facilitate the development of healing and wholeness strategies among the infected Aboriginal population; and
- build partnerships with Aboriginal and non-Aboriginal agencies which address the issues of Aboriginal people across jurisdictions, thereby improving the conditions in which Aboriginal people in Canada live through a continuous and focused effort.

CAAN's toll-free number is 1-888-285-2226

Its website is: [www.caan.ca](http://www.caan.ca)





## UNAIDS

is a partnership of ten international organizations:

- Office of United Nations High Commissioner for Refugees (UNHCR)
- United Nations Children’s Fund (UNICEF)
- World Food Programme (WFP)
- United Nations Development Programme (UNDP)
- United Nations Population Fund (UNFPA)
- United Nations Office on Drugs and Crime (UNODC)
- International Labour Organization (ILO)
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- World Health Organization (WHO)
- The World Bank

UNAIDS’ headquarters are in Geneva, Switzerland, but it supports projects in over 80 countries around the world. For over ten years, it has been spearheading a multi-faceted campaign to combat AIDS throughout the world, including a major research and publishing program. Over the years, the partners have accumulated a substantial collection of “best practices” in the form of detailed descriptions of specific projects, most of which are available from their website:

***[www.unaids.org](http://www.unaids.org)***



Joint United Nations Programme on HIV/AIDS

**UNAIDS**

UNHCR • UNICEF • WFP • UNDP • UNFPA  
UNODC • ILO • UNESCO • WHO • WORLD BANK



## Suggested Readings

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