Behind the Pandemic in Aboriginal Communities

An Educational Resource Kit on HIV and AIDS
Behind the Pandemic in Aboriginal Communities:

An Educational Resource Kit on HIV and AIDS

A Resource Kit and Board Game
Exploring the Root Causes of HIV Vulnerability among Indigenous Communities
Credits

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Introduction to this Resource

What is this Educational Resource for?

Overview of the Population Health Approach: Influences of HIV Vulnerability among Aboriginal Peoples

Overview of the Educational Resource

Getting Ready to Facilitate this Educational Resource

Who Developed this Educational Resource and How?
What is this Educational Resource for?

Aboriginal peoples (First Nations, Inuit and Métis) make up just over 3% of the total population but 7.5% of all persons living with HIV and 9% of new HIV infections in Canada (PHAC, 2007). The overrepresentation of Aboriginal peoples in Canada’s HIV epidemic is an important illustration of the health inequalities that Aboriginal peoples face and the factors that create these inequalities.

Behind the Pandemic provides a participatory learning tool that skilled facilitators can use to foster greater understanding and the ability to address factors that contribute to the health inequalities facing Aboriginal peoples. It can be tailored to different audiences and settings, such as Aboriginal youth in schools, Aboriginal leaders in community settings, and people who currently or are being trained to inform, design, and implement health and social services, specifically around HIV and AIDS.

This resource is intended to:

• Introduce in a simple way the complex issues that contribute to the health inequities that Aboriginal peoples face.
• Encourage responses to HIV that look at social change as well as personal change.
• Be easy for facilitators to use.

Overview of the Population Health Approach: Influences of HIV Vulnerability among Aboriginal Peoples

It is common in North America to look at health through a portrait frame, focusing on the decisions and actions of individuals. A portrait frame focuses on attention on the risk – or likelihood – that a person will contract the HIV virus.

There is a growing understanding in Canada and around the world that the health and well-being of individuals and populations is affected not only by their behaviours and genetics, but also by the environment in which they live their everyday life. This means we need to broaden our view so that we can see the social, cultural, economic, political and historical factors that affect people’s ability to control the risk of becoming infected with HIV (i.e. vulnerability) and to live positively when one is living with HIV.

Diagram 1 shows the many factors that affect the likelihood that an Aboriginal person will be exposed to the HIV virus and that affect their ability to live well once infected:

The personal circumstances – or the social, physical and economic environments - in which a person grew up and lives their daily life affect the likelihood that they will engage in behaviours that may expose them to HIV as well as their ability to stay healthy once infected. These include whether a person has or can get the things they need to live comfortably such as education, employment, health care, decent housing, food, and clean water; whether they feel that they belong to and are valued and respected by their community; whether they are able to take part in society; and whether they have

1 Population data is from 2006. Epidemiological data is from 2005.
Diagram 1: Factors that affect HIV vulnerabilities

Factors affecting vulnerability:
- Food insecurity, Homelessness, Unhealthy lifestyle, Unsafe water supply, Insufficient & inadequate housing, Pollution, Unhealthy territories, Physical or sexual assault, Living in foster homes or group homes, Low income, Underemployed or unemployed, Poor working conditions

Factors affecting resiliency:
- Self-concept, Self-esteem, Critical awareness, Social inclusion, Community HIV competence, Community-based research, Cultural continuity, Positive youth role models, Culturally safe health services, Sexual & reproductive rights

Factors affecting resilience:
- Supportive Families, Greater involvement of people living with HIV/AIDS, Access to formal education, Community healing, Self-determination, Relational care, Community capacity, Sexual & reproductive rights

Factors affecting HIV risk:
- Social exclusion, Lack of social support networks, Limited or lack of education, Unhealthy child development, Mobility, Traumatic life events, Discrimination, Childhood abuse or neglect, Food insecurity, Homelessness, Poor working conditions

HIV Risk Behaviours related to sex, drug use, pregnancy and breastfeeding
experienced traumatic life events such as childhood abuse, sexual or physical assault, or been taken away from their family and placed in the child welfare system.

The everyday lives of Aboriginal peoples are affected by the **general socio-economic, cultural and environmental conditions** in Canada. This includes broad issues like the economic and social policies of our governments, the performance of the global economy, the design of our neighbourhoods and the health of our environment.

Many of the present day challenges and injustices faced by Aboriginal peoples are a result of **systemic and structural inequalities** related to colonization, racism, entrenched poverty, and historical trauma. These inequalities are a result of the unjust nature of the political and economic systems in a society and they affect a particular group of people as a whole.

While Aboriginal peoples are disproportionately affected in Canada’s HIV epidemic, it is important to recognize that not all Aboriginal peoples are at risk of HIV infection. Some people are more vulnerable than others as a result of other forms of social and economic exclusion related to gender, race, sexual orientation, and ability.

As well, Aboriginal peoples and communities have individual, family, community, and cultural strengths that provide a protective buffer from vulnerability. Resiliency is the ability of individuals and communities to “bounce back” from and cope with stressful and challenging circumstances better than expected.

The factors in **diagram 1** reflect the Public Health Agency of Canada’s (PHAC) **determinants of health**. The National Aboriginal Health Organization (NAHO) has identified additional factors – called the **broader determinants of Aboriginal health** - that contribute to present day injustices and health disparities faced by Aboriginal peoples. PHAC has identified twelve **determinants of health** that affect the health of Canadians and contribute to health inequities, including income and social status, education, employment and working conditions, social support networks, healthy childhood development, social environments, physical environments, personal practices and coping skills, biology and genetics, health services, gender, and culture. The broader determinants include colonization, globalization, migration, cultural continuity, access, territory, systemic poverty, and self-determination.
Overview of the Educational Resource

Educational Approach

“Behind the Pandemic” uses participant-centred learning approaches that are based on the idea/belief that people learn better through making meaning of experience rather than passively listening to lectures.

The educational resource provides instructions for setting up experiences that are used to stimulate discussion among participants and encourage them to make connections between the experience and the real world. The depth and complexity of discussions and what each participant learns is related to who they are (e.g., age, gender, life experiences) and who else is in the group.

Intended Learning Outcomes

“Behind the Pandemic” provides an opportunity for participants to:

- Learn how to use a population health lens to understand and respond to HIV epidemics.
- Foster dialogue and understanding around HIV vulnerability and impact among Aboriginal peoples.
- Increase empathy for Aboriginal peoples from groups that are particularly affected by HIV, including sex workers, drug users, and men who have sex with men.
- Encourage actions that increase access to HIV prevention, treatment, care and support in Aboriginal communities.

The Activity

The main activity in “Behind the Pandemic” workshop is based on the popular children’s game Snakes and Ladders, which was created in ancient India. The “Behind the Pandemic” adaptation of this game using canoes and rapids looks at how factors in people’s social, physical, and economic environments can put them at increased risk of contracting HIV and speed up disease progression or protect them from HIV and support positive living.

The rapids represent structural and systemic factors that contribute to the vulnerability of Aboriginal people, such as colonialism, racism, poverty, access to housing, employment, and food. They also include life experiences - such as child abuse, addictions, and family violence - that affect one’s ability to reduce HIV risk and live positively. The canoes represent factors within people, families, communities, and societies that help individuals to effectively navigate vulnerability and thrive even in difficult circumstances.

Navigating the Educational Resource

The educational resource includes:

- Step-by-step instructions for facilitating the activity and discussions within the workshop.
- An accompanying Power Point Presentation.
- Paper-based materials to implement the activity. Facilitator will also need to provide some additional materials, such as dice, player markers, flipchart paper and markers.
- Participant handouts to support learning and dialogue.
- Facilitator background notes.

Facilitator’s Note:

The facilitator has a very important role in participant-centred processes by guiding the group through the activities and creating a structure in which the group can discuss and learn. It is likely that you will also learn from the participants.
Getting Ready to Facilitate this Educational Resource

The following are some tips to help you get ready to facilitate Behind the Pandemic:

Handling Difficult Situations

Workshops on HIV can evoke strong opinions and emotions. You can increase your chances of skillfully handling difficult situations by understanding the potential issues that may arise and identifying potential strategies. Here are some potential issues:

Discomfort Talking About Issues Related to HIV: Talking about HIV means talking about many topics that are controversial, closely connected to people’s core values, or seen as sensitive or private - such as sexuality and drug use. It is not uncommon for participants to feel discomfort or embarrassed when talking about HIV. People coping with such feelings may seem disruptive to the facilitator and other participants. Facilitators can diffuse disruptive coping strategies by being comfortable talking openly about these issues, acknowledging that people may feel embarrassed, and leaving space for respectful humor. Providing an HIV 101 session before doing a Behind the Pandemic workshop can be helpful.

Current Critical Awareness of the Issues Affecting Aboriginal Health: Participants will be invited to discuss social issues and dynamics underlying HIV vulnerability. We hope that participants will be able to draw from their existing knowledge to enhance the learning experience for the group. Facilitators can draw on the additional information in the Background Notes for Facilitators to explain these issues and dynamics.

Perceptions of Responsibility: Participants may come with entrenched views that HIV is solely or primarily a result of people’s behaviour and that individuals are personal responsible for HIV prevention. This can contribute to resistance to the idea that the broader social, economic, political and historical factors influence people’s choices and behaviour. Facilitators may find it helpful to highlight the primary difference between the portrait and landscape frames, which is that individual choices and behaviours are connected to broader factors; this encourages people to look at both personal and social responsibility. Another strategy for disarming this resistance is to encourage participants to use the workshop as an opportunity to “try on” – or learn about and experiment with - the ideas in the population health approach, emphasizing that they are not obligated to adopt the ideas. The definitions of portrait and landscape frames can be found in the glossary at the back.

Unresolved Trauma: Participants may have lived experience with the issues raised within the activity. This may trigger emotional reactions for participants who have unresolved trauma, such as anger or sadness. Facilitators are encouraged to take steps to ensure the emotional safety of participants. This includes ensuring that participants are ready to engage in an educational discussion about these issues and providing referrals to appropriate services.
A Simplified World

*Behind the Pandemic* aims to highlight key issues related to HIV epidemics among Aboriginal populations. The key issues and dynamics have been simplified to enable participants to readily identify and explore those issues. This means that the diversity and richness of Aboriginal cultures and experiences are not adequately represented. We do hope, however, that highlighting these key issues and dynamics will provide a starting place for groups to discuss the complexity of these issues within their own communities.

Plan, Prepare and Practice

Planning, preparation and practice is required to effectively facilitate “*Behind the Pandemic*”. Plan by considering matters such as who will be in the audience?, what do they already know about the subject matter?, how much time will you have?, where will the workshop be held?, and what sorts of presentation tools will be available? Prepare by reviewing the workshop methodology as well as the materials for both participants and facilitators. Practice facilitating the workshop with a friendly audience who is willing to provide you with constructive feedback.

Consider Your Connection to the Community

Whether participants see the facilitator as an insider or outsider can influence the group dynamic and outcomes of this workshop positively or negatively. Take time to consider your connection to the communities in which you will facilitate the workshop. Take steps to create a positive group dynamic and learning experience if you think your connection to a community will have negative effects.

Tailor to Your Audience

*Behind the Pandemic* is intended for use with different audiences. Facilitators are encouraged to consider their audience and adapt the resource accordingly. Table 1 highlights potential audiences and issues to consider when adapting the workshop to different audiences.

Group Size

*Behind the Pandemic* is intended to encourage dialogue between participants. The activity is designed for a group of 5 to 15 participants. Facilitators can adapt it for more or fewer participants. If you are working with a larger group, consider having the participants do the main activity in small groups. You will require one facilitator and game set per small group.

Room Set Up

We recommend that *Behind the Pandemic* be used in settings where the participants will be most comfortable. This will vary from group to group; it is important to know your audience and make your decision based on their needs. How the chairs are set up in the room is one way that participants figure out what is expected from them. Chairs in rows facing forward tell participants that they are expected to listen. By putting the chairs in a circle, you give participants the cue that they are expected to actively contribute to the learning that will happen.
### Table 1: Potential Audiences and Adaptations

<table>
<thead>
<tr>
<th>Audience</th>
<th>Purpose</th>
<th>Potential Issues</th>
<th>Adaptation Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal peoples in school and community</td>
<td>Foster critical awareness of and social action on the broader issues</td>
<td>• Local norms</td>
<td>• Co-facilitate with a local Aboriginal organization.</td>
</tr>
<tr>
<td>settings</td>
<td>causing HIV vulnerability</td>
<td></td>
<td>• Invite a local Elder to help run the workshop.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Unresolved trauma</td>
<td>• Ask a local Elder to provide support to participants, if needed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Have a referral list for community support services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Literacy and numeracy issues.</td>
<td>• Facilitator or participants can volunteer to read the cards aloud.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Use the visuals to help explain concepts.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Limited understanding of HIV</td>
<td>• Hold an HIV 101 workshop in advance with your local AIDS Service Organizations or public health nurse.</td>
</tr>
<tr>
<td>Service providers</td>
<td>Service providers</td>
<td>• Limited understanding of Aboriginal peoples, cultures and experiences.</td>
<td>Hold one or more workshops in advance on Aboriginal peoples, cultures, and historical and present day experiences.</td>
</tr>
<tr>
<td></td>
<td>Build awareness and cultural humility for working with Aboriginal peoples</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University and college students</td>
<td></td>
<td>• Course hours may be inflexible and too short.</td>
<td>Split the workshop into two pieces. Deliver Stage 2 in one class period and Stage 3 the next class.</td>
</tr>
</tbody>
</table>

### Who Developed this Educational Resource and How?

This educational resource is a joint project of the Interagency Coalition on AIDS and Development (ICAD) based in Ottawa and the Canadian Aboriginal AIDS Network (CAAN) based in Vancouver.

It is an adaptation of Behind the Pandemic: Uncovering the Links between Social Inequality and HIV/AIDS educational resource, co-published by ICAD, AIDS Vancouver and USC Canada in 2004. The original Behind the Pandemic aims to engage Canadians in understanding and responding to the dynamics and social inequities underlying the global HIV pandemic. Behind the Pandemic has been well-received by organizations and participants: It has been used by AIDS Service Organizations, international development NGOs, faith-based organizations, unions, and on university and high school campuses, across Canada and around the world.
Facilitator’s Note: We recommend that before facilitating the workshop, you review the methodology as well as the materials for participants and facilitators. Consider running through the workshop with a friendly audience before facilitating it in a more formal setting.
**Overview of Workshop Agenda**

Outlined below are the activities along with approximate times for each. These times are guidelines only – don’t hesitate to increase their duration if required. It is important that you tailor the workshop to the needs and expectations of your audience. See *Tailor to Your Audience* on page 13 for ideas.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Recommended Time</th>
<th>Materials and Resource People</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 1 – Setting the Stage</strong></td>
<td>30 mins</td>
<td></td>
</tr>
</tbody>
</table>
| Brief Introduction to the Workshop            | 5 mins           | • Accompanying presentation - learning outcomes  
• Laptop and LCD projector                    |
| Welcome and Introductions                     | 20 mins          | • Consider inviting an Elder from the community. See Facilitator’s Note in Stage 1 for more details. |
| Workshop Etiquette (Social Norms)             | 5 mins           | • Accompanying presentation - workshop etiquette                                                |
| **Stage 2 – Background Information**          | 15 mins          |                                                                                               |
| Fred’s Story: Portrait thinking                | 5 mins           | • Accompanying presentation - Portrait and landscape frames                                     |
| Fred’s Story: Landscape thinking               | 5 mins           | • Flipchart or white board                                                                    |
| Introduction: From Portrait to Landscape Thinking | 5 mins          | • Markers                                                                                      |
| **Stage 3 – Rapids and Canoes**               | 35 mins          |                                                                                               |
| Activity Overview                             | 1 min            | • Accompanying presentation – instructions                                                     |
| Activity Rules                                | 4 mins           | • Game board                                                                                  |
| Activity                                      | 30 mins          | • Vulnerability Cards                                                                        |
|                                               |                  | • Resiliency Cards                                                                            |
|                                               |                  | • Facilitator’s Notes on Vulnerability Cards and Resiliency Cards                             |
|                                               |                  | • 5 dice                                                                                      |
|                                               |                  | • 5 player markers                                                                           |
|                                               |                  | • Flipchart paper or whiteboard                                                               |
|                                               |                  | • Markers                                                                                     |
| **Stage 4 – Debrief**                         | 60 mins          |                                                                                               |
| Hot Debrief                                   | 15 mins          | • Accompanying presentation - debrief questions                                               |
| Small Group on Vulnerability: Issue Exploration Tree | 10 mins      | • Accompaning presentation - small group work instructions                                     |
|                                               |                  | • Flipchart with an *Issue Exploration Tree* *(See box 2 on page 23)*                       |
| Small Group on Resiliency                     | 10 mins          | • Flipcharts for each group                                                                   |
|                                               |                  | • Markers for each group                                                                      |
| Large Group Discussion                        | 15 mins          | • Accompanying Presentation - large group discussion questions                                 |
|                                               |                  | • Flipchart or white board                                                                    |
|                                               |                  | • Markers                                                                                     |
| Introduction to the Population Health Approach | 10 mins          | • Accompanying Presentation - Background Information                                          |
|                                               |                  | • Participant handout - Background Information                                                |
| **Stage 5 – Wrap Up**                         | 5 mins           |                                                                                               |
| **Total Time**                                | 145 mins         |                                                                                               |
**Materials**

<table>
<thead>
<tr>
<th>Materials Provided</th>
<th>Additional Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Game board</td>
<td>• Laptop and LCD projector</td>
</tr>
<tr>
<td>• Participant handout</td>
<td>• Flipchart paper or whiteboards</td>
</tr>
<tr>
<td>• Accompanying presentation</td>
<td>• Markers</td>
</tr>
<tr>
<td>• Vulnerability Cards</td>
<td>• Dice</td>
</tr>
<tr>
<td>• Resiliency Cards</td>
<td>• Player markers</td>
</tr>
<tr>
<td>• Facilitator’s Notes on Vulnerability Cards and Resiliency Cards</td>
<td>• Referral list of local services and supports</td>
</tr>
</tbody>
</table>

**Procedure**

**Stage 1 - Setting the Stage**

**Brief Introduction to the Workshop**

**5 Minutes**

**Explain:**

- This workshop provides an opportunity to learn how to use a population health lens to look at and respond to HIV epidemics among Aboriginal peoples.

- The workshop focuses on the broad social, economic, political and historical factors that affect HIV epidemics among Aboriginal peoples in Canada.

- This way of looking at and responding to public health issues can be used with other health issues and other populations in Canada and around the world.

- The workshop may be set up differently than what you are used to. The workshop primarily uses interactive learning approaches. This means that participants will be engaged in an activity and discussion rather than listening to a lecture.

**Welcome and Introductions**

**5 Minutes**

**Welcome**

**Introductions**

Invite the facilitation team and participants to introduce themselves.
Workshop Etiquette (Social Norms)  
5 Minutes

**Explain:**

- Talking about HIV means talking about topics that many people find difficult to speak about or have strong opinions about. The Workshop Etiquette (see Box 1) provides some social norms that help to create a supportive group environment.

**Adaptation:**

- Depending on how much time you have and what you think will work best for the group, it may be better to develop social norms in collaboration with the participants. One way to do this is to have participants first reflect on the characteristics and qualities that make groups work well.

---

**Box 1: Workshop Etiquette**

*Contribute Your Experience and Thinking* – Most of the learning in this workshop comes from discussion among participants. Your ideas and experience are important.

*Respect* – HIV is connected to many issues that can be difficult for people to talk about and that may be connected to our values.

*Listen to Understand* – Listen with curiosity to the perspectives and insights of other participants.

*Take Care of Yourself* – Everyone is different. Choose the level of engagement that feels right for you. Take care of your physical and emotional needs: it is okay to get food, go to the bathroom, stretch, step out of the room or be an observer.

*Use Technology Respectfully* – Turn off and put away cell phones, laptops, etc. If a device must be left on, please put it on silent.
## Stage 2 - Background Information

<table>
<thead>
<tr>
<th>Fred’s Story: Portrait Thinking</th>
<th>40 Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Minutes</td>
<td></td>
</tr>
<tr>
<td>Read the first part of Fred’s story:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fred’s doctor put him on anti-retroviral therapy a few months ago. Fred is too scared to ask the doctor to repeat the instructions about when and how often he is supposed to take his medication, so he relies on what he remembers from that day.</td>
</tr>
<tr>
<td>Ask:</td>
<td></td>
</tr>
<tr>
<td>• What do we know about Fred based on this picture and the story?</td>
<td></td>
</tr>
<tr>
<td><strong>Possible Answers:</strong></td>
<td></td>
</tr>
<tr>
<td>• Fred has HIV.</td>
<td></td>
</tr>
<tr>
<td>• Fred is confused about his medications.</td>
<td></td>
</tr>
<tr>
<td>• Fred is afraid to ask his doctor to help him with his medications.</td>
<td></td>
</tr>
<tr>
<td>• What solutions do you see based on what you know about Fred from this picture and the story?</td>
<td></td>
</tr>
<tr>
<td><strong>Possible Answers:</strong></td>
<td></td>
</tr>
<tr>
<td>• Fred can ask a friend, family member, or support worker for help.</td>
<td></td>
</tr>
<tr>
<td>• Fred can tell his doctor or pharmacist that he does not understand how to take his medications.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fred’s Story: Landscape Thinking</th>
<th>5 Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read the second part of Fred’s story:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fred lives in a rooming house in a small city. He doesn’t want to ask any of the other roomers for help because then they will know he can’t read and that he is HIV positive. On top of this, he needs to figure out how to keep his medication cool now that the weather is warming up. The room he rents doesn’t have a fridge so he keeps his medications just outside his window.</td>
</tr>
</tbody>
</table>
Fred’s Story: Landscape Thinking
(continued)

Ask:

- What do we know about Fred based on this picture and the story?

**Possible Answers:**
- Fred lives in a rooming house.
- Fred does not have non-medical things like a fridge that he needs to stay healthy.
- Fred likely lives in poverty.
- Fred cannot read and is embarrassed about this.
- Fred is afraid of people finding out he is living with HIV. There may be high levels of HIV stigma in his community.

- What are some of the factors that affect Fred’s ability to take his HIV medications?

- What solutions do you see based on what you know about Fred from this picture and the story?

**Possible Answers:**
- Doctors can become more sensitive to their patients’ lives and can be encouraged to discuss possible obstacles to medical regimes and strategies with their patients.
- Medication instructions can be written for people with low literacy levels.
- Communities can try to reduce HIV stigma.

---

**Facilitator’s Note:**

The Overview of the Population Health Approach: Influences of HIV Vulnerability among Aboriginal Peoples provides further information on portrait frames, landscape frames and population health.

---

**Key Messages:**

**Portrait frames** are the dominant perspective used in North America to understand health and social issues. This way of looking at HIV encourages a focus on personal responsibility for HIV prevention, care and support.

**Landscape frames** encourage us to look at how people’s choices and behaviours are connected to broader events. This way of looking at HIV encourages a focus on personal and social responsibility for HIV prevention, care and support.

**Landscape frames** are connected to Canada’s population health approach which looks at what affects the health of populations and groups.
### Activity Overview

**1 Minute**

This activity is an adaptation of the popular children’s game *Snakes and Ladders*, which was created in ancient India.

We have adapted the main ideas of *Snakes and Ladders* to provide an opportunity to practise using a population health lens to understand the factors that contribute to HIV vulnerability and resiliency among Aboriginal peoples.

The process of the game and the opportunities for discussion are more important for our collective learning than is being the first to reach the 100th square.

### Activity Rules

**4 Minutes**

There will be **5 players** on the board; each player can be an individual or a small team to accommodate different group sizes.

Players will take turns rolling the dice to see how many squares they can move forward (maximum of 6 spaces).

If you land on a square with the top of a **rapid**, you slide down to the square at the bottom of the rapid and are given a **Vulnerability** card with the story of someone in your community who may be exposed to the HIV virus or who is currently living with HIV.

If you land on a square with the bottom of a canoe, you climb up to the square at the top of the canoe and are given a **Resiliency** card. **Resiliency** cards describe a characteristic or quality of your community that promotes the health and wellbeing of community members.

Whenever anyone lands on a rapid or canoe, we will stop for a discussion. We will use one of four frames to analyze the card:

- **Individual**: The thoughts, feelings, needs, and actions of main character.
- **Family**: The relationships, dynamics, and communication among the characters.
- **Community**: The relationships, support structures, and infrastructure among the individuals and family members.
- **Systemic**: The overarching structure under which communities must exist, including large systems such as education, justice, and health services.

After the activity, you will have the opportunity to further examine the information in the cards.
Play the Activity

30 Minutes

Have players roll the dice. Whoever gets the highest number starts.

Continue playing until a) someone reaches the 100th square or b) you sense the activity has become repetitive.

When players land on a rapid, give them a **Vulnerability Card** and use the questions on the *Facilitator’s Notes on Vulnerability Cards* to facilitate a group discussion.

When players land on a canoe, give them a **Resiliency Card** and use the questions on the *Facilitator’s Notes on Resiliency Cards* to facilitate a group discussion.

### Stage 4 - Debrief

**Hot Debrief**

15 minutes

**Explain:**

- We are going to take some time to talk about what happened in the game.

**Ask:**

- What were some of your feelings, thoughts, and reactions as you moved across the board?
- What happened that was most significant for you?
- How do the issues raised during the game relate to your experiences in the real world? What is similar? What is different?

**Small Group Work on Vulnerability**

10 Minutes

Give each group at least 2 pieces of flipchart paper and markers.

**Before splitting into small groups, explain:**

- You will create an Issue Exploration Tree on your flipchart paper based on information in the stories you collected during the game, as well as your existing knowledge and experiences.
  - The roots of the tree represent the factors that contribute to vulnerability. Try to determine the root causes for each of the identified factors by asking ‘but why?’ to understand what is behind factor.
  - The leaves represent the impacts – or the consequences – of HIV on individuals, families and communities.
  - The space around the tree represents the protective factors that enhance the resilience of the tree.

An example of an Exploration Tree can be found on the next page.
Box 2: Issue Exploration Tree - Analysis of a Vulnerability Card

The Issue Exploration Tree provides a visual tool to explore the layers of vulnerability and impacts of HIV in Aboriginal communities, and to begin to identify ways of creating change. In many HIV epidemics, a negative spiral is created with the impacts or consequences of HIV creating greater vulnerability.

Example: Fred’s Story
Fred lives in a rooming house in a small city. His doctor put him on anti-retroviral therapy a few months ago. Fred is too scared to ask the doctor to repeat the instructions about when and how often he is supposed to take his medication, so he relies on what he remembers from that day. He doesn’t want to ask any of the other roomers for help because then they will know he can’t read and that he is HIV positive. On top of this, he needs to figure out how to keep his medication cool now that the weather is warming up. The room he rents doesn’t have a fridge so he’s kept his medications just outside his window.
**Facilitator’s Note:**
Resiliency means being able to recover or bounce back from stressful and challenging life situations. Dealing with challenges can help people become stronger and better prepared to face future challenges. A person’s resiliency is affected by factors and conditions at the individual, family, and community level.

<table>
<thead>
<tr>
<th>Small Group Work on Resiliency</th>
<th>10 Minutes</th>
</tr>
</thead>
</table>
| • On a separate flipchart, brainstorm and write the actions that could be taken by people, communities, and governments to prevent new HIV infections and take care of people living with and affected by HIV in Aboriginal communities. Consider:  
  • Ways to strengthen the factors that build resiliency for individuals, families, and communities.  
  • Ways to address the factors that create vulnerability for individuals, families, and communities. |

<table>
<thead>
<tr>
<th>Large Group Discussion</th>
<th>15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Invite:</strong></td>
<td></td>
</tr>
<tr>
<td>Have each group share their tree and a summary of their discussion.</td>
<td></td>
</tr>
<tr>
<td><strong>Ask:</strong></td>
<td></td>
</tr>
</tbody>
</table>
| • What are some of the main factors that “cause” HIV vulnerability for Aboriginal peoples and communities? What are the root causes of these factors?  
• What are some of the main impacts of HIV on Aboriginal peoples, families and communities?  
• How do the impacts of HIV affect vulnerability to HIV within a community?  
• What are some of the factors that promote resiliency among Aboriginal peoples and communities?  
• What are some of the actions that can be taken to:  
  • Strengthen resiliency for individuals, families and communities?  
  • Reduce vulnerability for individuals, family and communities?  
• How do these strategies address personal responsibility and social responsibility in HIV responses? |

**Facilitator’s Note:**
The Background Notes for Facilitators: What Contributes to the Health Inequities Aboriginal Peoples Face in HIV Epidemics provides further information on health inequities, determinants of health, broader determinants of Aboriginal health, and resiliency and protective factors.

<table>
<thead>
<tr>
<th>Overview of the Population Health Approach</th>
<th>10 minutes</th>
</tr>
</thead>
</table>
| **Summarize** the following concepts using the accompanying presentation:  
• Health inequities  
• Determinants of health in Canada  
• Health inequities affecting Aboriginal peoples in the Canadian HIV epidemic  
• Broader determinants of Aboriginal health  
• Resiliency and protective factors |
## Stage 5 - Wrap Up

<table>
<thead>
<tr>
<th>Wrap Up</th>
<th>Invite: Participants to offer one word or a few words that describe their experience.</th>
</tr>
</thead>
</table>
| 5 minutes | **Share:**  

- Thank participants for their contribution and share your hopes for how they will use the information.  
- Provide participants with the fact sheets.  
- Provide a referral list for people who may wish to learn more about HIV or access services. |

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### Key Messages:

- Health is an important resource for daily life.  
- Health is connected not only to individual behavior but also to broader social, historical, political and economic factors.  
- Preventing HIV and supporting people to live positively works best when people have the skills to make the best choices possible and their life circumstances support healthy decisions.  
- Solutions for promoting health and closing health inequities often fall outside of the health sector.  
- The determinants of health and broader determinants of Aboriginal health affect people’s level of control over situations and behaviours that impact their health.  
- Determinants often cluster in a person’s life and interact in ways that reinforce each other positively or negatively.  
- The determinants of health and broader determinants of Aboriginal health are based on population data.  
- Individuals are unique and are affected by these broader factors in different ways and to different degrees.  
- There are many people, families and communities who cope very well or better than expected under adversity. This is known as resiliency.  
- There are factors that promote resiliency, known as protective factors.  

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*Facilitator’s Note:*

Endings and beginnings are important moments in the life of any group. Take at least a few moments to bring the workshop to a close. If an Elder opened your workshop, consider asking him or her to close the workshop as well.
Participant Materials

Activity Materials: Vulnerability Cards
Activity Materials: Resiliency Cards
Handout #1: HIV Basics
Handout #2: Presentation
**Activity Materials: Vulnerability Cards**

- **Facilitator’s Note:** If a participant lands on a square with the top of a rapid, s/he slides down to the square at its bottom and is given a Vulnerability card. Vulnerability cards describe micro- and macro-level factors that affect HIV vulnerability and impact for Aboriginal peoples. These factors – all of which affect one’s ability to reduce the risk of HIV and create a positive lifestyle – include structural and systemic issues such as colonization, racism within health care systems, and laws and policies that contribute to health inequities; limited access to the key resources of housing, employment and food; and life experiences with child abuse, addictions or family violence.

*We recommend that these cards be printed on a heavy paper stock.*
Frankie’s Story

Frankie has been confused his entire life: People see him as a male based on his body but in his heart he knows he is a girl. Frankie has become more confused and distraught since he hit puberty and his body started changing.

Frankie’s family is unable to understand his behaviour nor why he is so upset. They have tried to get help for Frankie. They’ve talked with the school counselor, their doctor, and a social workers but no one seems to have any helpful information.

Aaron’s Story

Aaron recently moved to a new city to start university. He realized a few years ago that he feels the same way about other guys as his friends feel about girls. Aaron is afraid of how his family and friends will react if they find out. He spent his high school years trying to keep his attraction to other guys hidden.

Moving away has been a fresh start for Aaron. He has discovered the gay village downtown and has been to a few big parties with some older guys he has met. He really likes how open the men in the village are about liking other men, but he hasn’t met any other Aboriginal gay men. He feels a bit like he’s living two lives: he can be Aboriginal but not gay at home, or gay but not Aboriginal in the village. He likes how free of these worries he feels when partying.

Carla’s Story

Carla heard that you can only get HIV if you have anal sex with a gay guy. Another girl told her that she had heard this in health class. Since Carla doesn’t go to health class because it’s not a pre-requisite, she is taking the girl’s word for it. She is glad the girl shared this information with her, because she would never ask her mom questions about anything related to sex or HIV. When her new boyfriend pressured her into having sex behind the arena last night, she figured that it would be safe not to use a condom as long as she had been taking her birth control pills regularly.
Fred’s Story
Fred lives in a rooming house in a small city. His doctor put him on anti-retroviral therapy a few months ago. Fred is too scared to ask the doctor to repeat the instructions about when and how often he is supposed to take his medication, so he relies on what he remembers from that day. He doesn’t want to ask any of the other roomers for help because then they will know he can’t read and that he is HIV positive. On top of this, he needs to figure out how to keep his medication cool now that the weather is warming up. The room he rents doesn’t have a fridge so he’s kept his medications just outside his window.

JP’s Story
When Jean-Pierre (JP) became a ward of the courts, he lived in a series of foster homes until he was ten. He was adopted by a white couple after all avenues to place him with his own relatives were exhausted.

Things went well until JP became a teen and started to feel alienated from his adopted family and his community where he was the only Aboriginal kid. He loved his adopted family, but he felt that they just didn’t understand what it was like for him to be the only brown one in the family and the only brown face at school. He started to skip school and talk back to his mom. JP ended up getting kicked out of the house when he got into a big fight with his dad about the hard rules his parents wanted him to follow. He couch surfed for a while thinking he would eventually return home, but his adopted dad wouldn’t let him come back, so he hitchhiked to the city. He hasn’t talked to his adopted family since.

Mark’s Story
Lately, all the talk about the Truth and Reconciliation process has stirred things up at Mark’s house. He knows that his dad went to residential school for over ten years, but his dad never talks about it. One day a worker from the community centre came by and asked his dad to attend an information session and, boy, was that a mistake. Mark’s dad got really mad, kicked the worker out and yelled at Mark for letting the worker in. After that, his dad started drinking again, so Mark took off to his auntie’s place. But it was no better there. Mark’s auntie had gone to the residential school too. Mark knows that his family had a bad time in the school; he just wishes they could get over it. He feels like he can’t talk to his family about his own struggles with school or his dreams of going to university. He doesn’t want to hurt their feelings or set them off again.
Jessica’s Story

Jessica is thirteen years old and lives in an inner city neighbourhood with her mother and her aunt. She started experimenting with drugs a few years ago with some of the other kids in her class. They would “borrow” a bit of pot or poppers from someone’s parents or older brother or sister. Jessica caught her aunt shooting up with her boyfriend in the living room. Her aunt offered her some cocaine to try if she promised not to tell her mother. Jessica now shoots up a few times a week with her aunt.

Tori’s Story

Lately, Tori’s older cousins have been pressuring her to join their gang, the largest gang in the east side of the city. Tori feels like she belongs in this group of girls and guys - they seem to really care about her and her life. In order for Tori to join the gang officially, she will have to have sex with six guys from the gang. She’s heard of gangbangs before and figures that even though it would really hurt it would be worth it just so that she could have a “family” that really cares about her. Besides, it couldn’t be any worse than her uncle touching her.

Valerie’s Story

Valerie and Martin have been married for nine years. During the second year of their marriage, it seemed like Valerie was getting sick all the time. The doctor finally suggested that they do an HIV test – just to rule it out. The test came back positive. Valerie was scared to tell Martin. She’d seen how others were treated when their HIV status was known by their family and community. She was afraid that her husband might walk away from their marriage and maybe even try to take their baby boy away. However, Martin was very supportive. He and the baby were also tested –luckily they both tested negative. Since that time, they’ve had two more children – both of whom are HIV-negative.

Valerie knows her husband and children sometimes have a hard time because of her HIV. The thought of her dying makes them sad and they are often subjected to ignorant comments from other people in the community. Valerie and Martin also find it challenging to make their sex life as safe as possible but still fun. Valerie has been looking for programs in her community that could help her family, but everything is only for people living with HIV and not their partners or families.
Jennifer’s Story

Jennifer’s birth certificate says she is a girl, but she has always felt in her heart that she is a boy. Growing up in a rural community wasn’t easy for Jennifer. She left home for the big city a few months ago.

She had just enough money to buy the bus ticket and a few meals. Her first stop once she arrived in the city was a youth shelter. The shelter had lots of great services but she didn’t like how the staff treated her. She felt like the staff were looking down on her for being Aboriginal and, even worse, they were only willing to give her a room in the girls’ dormitory. She went to an Aboriginal drop-in centre to see if they could help her out, but she felt like the staff there seemed uncomfortable with her acting like a boy.

Now she is staying with an older man. Jennifer doesn’t really want to have sex with this man, but it’s not so bad considering he makes sure Jennifer has a roof over her head, food, and, best of all, treats her like the boy she knows she is.

Natalie’s Story

Natalie desperately wants to do something after graduating from high school. Her mom has been pressuring her to go to the open house for Aboriginal students at one of the universities downtown. Natalie doesn’t want to go, though. She just can’t bear the thought of people staring at the “white girl” when she walks into the room or having people tell her she’s not Aboriginal. She is tired of having to explain her background to people again and again, or having to prove how Aboriginal she is to every Aboriginal person she meets. She thinks it might be easier to forget about trying to be Aboriginal and just be the white person everyone thinks she is.

Paula’s Story

Paula has been married to Harry for almost fifteen years. They have three young children together. Paula is a teacher in the small town where she and Harry grew up. Harry wasn’t able to find work in the area and took a job at a remote mine. He is usually gone for two weeks and then home for two weeks. It’s been hard on them and the kids, but they’ve always done their best to make it work. However, in the last few months, Paula has noticed that Harry has been acting differently – he calls less when he’s away and hasn’t been as affectionate when he’s at home. She has started to wonder if he has a girlfriend who also works at the mine.
Michelle’s Story

Michelle is seventeen. She’s been living on her own in the city since she left her aunt’s home two years ago. Michelle had moved in with her aunt when she was just thirteen. There had been a series of no-good boyfriends in her mother’s life and the last had ended up killing her. However, Michelle had never felt safe in her aunt’s home: her aunt was often drunk and would hit Michelle and call her names.

When Michelle first moved to the city, she thought she’d get a part-time job so that she could get her own apartment and finish high school. As a result, Michelle has been staying with various relatives and friends. She has continued with her high school courses, but finds it difficult because she often doesn’t know where she will sleep or where she will get her food in the next week. She recently met a nice man who has been buying her nice clothes and taking her out to restaurants.

Mary’s Story

Mary has been living with HIV for five years. The youngest of her two sons is also living with HIV. Mary is considering moving back home with her parents. It’s getting harder and harder to live in the city. Her costs keep going up, but her welfare cheque remains the same. She doesn’t feel safe in their neighbourhood. Lately, she’s had to spend more and more time in bed sick. Mary knows that moving back home will mean asking her parents to make space for her and the children in an already crowded house. She’s also worried about how the community will react if anyone finds out she and her son are living with HIV.

Rebecca’s Story

Rebecca finally got the job of her dreams. But no one at work knows that she is trans so she feels like she has to live in the closet all over again. The place Rebecca works prides itself on being an open organization, but she has heard the homophobic and misinformed remarks several of her colleagues have made over the last month. She loves this job, but feels like she’s not being true to herself because she is hiding her identity as a proud trans woman. She doesn’t know what to do and the anxiety is getting worse every day.
Troy’s Story

Troy tested positive for HIV a year ago when he was twenty-two years old. He’s received lots of information from his doctor and from the local AIDS Service Organization about how people can live long and healthy lives despite HIV. Many of things they suggested – like vitamins, fresh fruits and vegetables, regular exercise, and massages – cost money. Troy is barely able to cover his rent and other expenses with the money from his job. Although some items are available for free through the AIDS Service Organization, it’s hard to get there with his work schedule.

Jacques’ Story

Jacques has big dreams of becoming an architect one day. He wants to be as famous as Douglas Cardinal, the Aboriginal architect from Canada who has designed buildings around the world! Jacques worked hard at the literacy program, and then he worked hard at the community college to get the marks he needed to get into an architecture program.

Aboriginal people are supposed to get help with their education, but Jacques recently found out that his application for funding was turned down. The administrative assistant from his band council told him that even though tuition is going up and there are more people who want to go to school, the funding available hasn’t been increased in years.

Jacques looked into other options like bursaries and loans, but he can’t see how he’ll be able to cover his tuition plus the living expenses for himself and his daughter. He’s wondering if he should just give up on his dream and take a job at the mine that’s opened up near his home community.

Ramona’s Story

Ramona has been working the streets for the past four months. It’s legal to sell sex, but not to negotiate with potential clients. This means that most often she can’t get a read on her client before getting in his car. She knows that many girls have been beaten up pretty bad or even raped. She hopes it won’t happen to her.
Vulnerability Card

Vulnerability Card

Vulnerability Card

Vulnerability Card
**Charlie’s Story**

Charlie has been a teacher in a fly-in community for the past two years. He’s seen girls as young as fourteen leave school early when they become pregnant. He has befriended a community health nurse for the region. She’s told him that this situation isn’t unusual in many fly-in communities— that the rates of sexually transmitted infections and unintended pregnancies are very high throughout the region.

Charlie would like to do something to help his students, but he keeps running into obstacles. The school where he teaches at is chronically underfunded and lacks access to specialized teachers and high quality resources. He doesn’t have a background in sexuality education and isn’t comfortable with the idea of talking about sex with his students. He did try to find some teaching resources through the Ministry of Education’s website. It took forever for the materials to download through the school’s slow Internet connection and then he discovered that the materials were more than fifteen years out of date and didn’t reflect the reality of his students’ lives!

**Jill’s Story**

Jill has been living with HIV for three years. About a year ago she started working with a traditional healer at the local health centre. She really likes this type of healing - it is helping her not only to learn more about her culture but also to take control of her HIV.

Just recently the doctor at the health centre discovered that Jill’s immune system was getting too weak, so he referred her to an HIV specialist in a nearby city. The specialist put Jill on anti-retroviral therapy. While telling Jill how to use the medications, the specialist said, “Are you doing any of that traditional healing stuff? I really hope you won’t do anything stupid like go off your drugs.” Jill felt really disrespected and thought the doctor didn’t know the first thing about why she would see a traditional healer in the first place.

**Jane’s Story**

Jane recently returned to her community after having been evacuated for the fourth year in a row because of flooding. Each time it happened she and her four kids would move in with her aunt down south until the flood waters receded, the water system was flushed, and the school and clinic were cleaned. The first couple of years hadn’t seemed so bad, but this year her family can’t drink the water unless it’s been boiled first, and now mould has begun growing in her house. Jane doesn’t have enough money to get the mould cleaned out. She is really tired of having to deal with one bad situation after another.
Tiffany’s Story

Tiffany has just had her second baby. She went for her first pre-natal check-up when she was about four months pregnant. The doctor recommended an HIV test as part of the standard screening. Her test came back positive. The doctor told her about the risks to the baby for getting HIV. He made sure she had the necessary medications and arranged for her to have a c-section. He also told Tiffany that the baby could contract HIV through breastfeeding and recommended that she use baby formula instead. Tiffany has been trying to buy formula but it’s too expensive. Her family is also pressuring her to breastfeed. She has been thinking about telling them why she wants to use formula, but is afraid of how they may react if they find out she has HIV.

Andrew’s Story

When Andrew was three years old he was taken away from his birth family and put into foster care. When the foster family he had been with for many years couldn’t keep him any longer, his social worker moved him to a nearby city because there wasn’t another foster family in his home community. He ended up being moved into five different homes in two years, including two group homes. His last few years in care had been particularly difficult.

Recently Andrew has begun transitioning out of care. He is happy to have his own place, but he is finding it hard to be responsible for the cooking, cleaning and managing the bills – especially since he can’t even cover all his expenses with the money Children’s Aid gives him. He’s also feeling lonely now that he’s all on his own. He recently made some new friends. They like to come over and party.

Adam’s Story

Adam’s girlfriend gave birth to his first baby – a little girl - while he was in jail. He has decided he wants to be a good father to his daughter when he gets out. He has gotten his GED and has started taking some distance education courses through a local college. He works hard not to draw too much attention from the other prisoners. One of the other prisoners gave him a few tattoos using some homemade equipment and ink. They were careful not to get caught by the guards because it would have meant spending time in isolation.

Adam is going to be moved to a half-way house soon. He is looking forward to being able to see his girlfriend and baby girl more often.
Vulnerability Card

Vulnerability Card

Vulnerability Card

Vulnerability Card
Armand’s Story

Armand lives in a small town near his home community. He wants to get help with his problems with alcohol. A few weeks ago he got up the nerve to go into the addictions agency to ask for help. The worker said that they would be glad to help and invited him to join in a prayer to ask Jesus for help with his addictions. Because Armand had been raised by his grandparents who had followed their traditional ways, he had not grown up with any type of organized religion. He felt weird about having to pray to Jesus, but he went through the motions anyway so that he wouldn’t hurt the worker’s feelings. But since then he has never gone back and he feels like he has nowhere to turn.
Vulnerability Card
Activity Materials: Resiliency Cards

- Facilitator’s Note: If a participant lands on a square with the bottom of canoe, s/he slides up to the square with the top of the canoe and draws a Resiliency card. Resiliency cards describe factors at the individual, family, and community level that foster people’s ability to cope with difficult or challenging situations, such as those associated with HIV vulnerability and impact.

We recommend that these cards be printed on a heavy paper stock.
Community Healing and Self-Determination

Elders, health care professionals, educators and some of the women in the community are concerned about the level of social crisis in your community; poverty, addictions, family violence, and youth suicide. They have been working to help community members overcome the collective trauma suffered at residential school.

They have been connecting people to their traditional language and ways of recovery and healing. There are weekly sharing circles on various topics at the community centre. Sometimes people have a hard time talking about their experiences and they break down. But the Elders are there to help by being available for private talks and to keep the traditional medicines burning. As word gets out about how safe people feel, more and more participants arrive for the circles. People are getting a lot more comfortable talking about solutions and what can be done to help address the many issues facing them and other families in the community.

Culturally Competent Health Services

The doctors and nurses in your region are working with the Elders to learn how to improve healthcare for their Aboriginal clients. The Elders have shared traditional teachings about health and wellness, and are helping the doctors understand some of the historical and present day issues that affect their Aboriginal clients’ health. In return, the doctors and nurses are teaching the Elders about biomedical terminology, procedures and treatments for various diseases and illnesses.

The doctors and nurses made some changes to their practice following the meeting with the Elders. Now when patients come into the health centre the nurses ask them if they would like to visit with the traditional healer in addition to seeing the doctor about their health concerns, and they’ve set up a mobile clinic to reach their clients who have a hard time traveling from their village to the town.

Community HIV Competence

The community health nurse in your community is concerned about how HIV is affecting the members of your rural community. A few years ago, the nurse realized that there was a growing number of families in which one or more people were living with HIV. Community leaders have since put together an intergenerational support group for people living with HIV and their families. The support group has become a source of strength for its members. The support group is becoming educated about HIV. As well, the members of the group draw on traditional teachings and practices to reduce stigma and discrimination and promote healthier choices. Community leaders have been able to find some Aboriginal-specific information and even some money to support these efforts. They have now partnered with a nearby university on a project to develop a sexuality education curriculum for Aboriginal children and youth and their families. As part of the project, Elders and parents have been talking about how people used to learn about sexuality and have been discussing traditional teachings on healthy relationships and sexuality.
Cultural Continuity

You live in a community that celebrates Aboriginal culture. You regularly visit the community centre for feasts, cultural events, and ceremonies. Elders at the centre are drawing on traditional teachings to encourage the community to open the circle to Aboriginal people living with HIV and to those who are most affected by HIV. The community centre recently hired staff to do outreach with two-spirited Aboriginal people.

Access to Formal Education

An alternative high school for Aboriginal students runs out of the Friendship Centre in your community. Students work towards their Secondary School Diploma and learn about Aboriginal cultures, languages, and traditional teachings about the role of young men and women. Students take part in cultural events held at the Friendship Centre and are encouraged to volunteer with programs like the Senior’s Outreach Program and the Day Care.

The Friendship Centre holds a big event each year to celebrate the students’ achievements. Chiefs and other VIPs from the surrounding communities join the students’ families to honour the students who have graduated. Most of the students are the first in their families to graduate from high school and to go on to post-secondary studies.

Supportive Families

Julia comes from a strong and proud family, anchored by her grandparents. Her grandparents raised nine healthy children despite being residential school survivors and living in crushing poverty. They realized the value of a solid education and succeeded in encouraging their children to pursue careers in health care, education, law enforcement, the arts, and computer sciences. Because of their foresight, Julia has many positive role models and a closely-knit extended family network.

When Julia figured out she wanted to pursue relationships with women, she needed to know she had the support of her grandparents but was afraid that they would reject her. Instead her grandmothers told her, “Come here my girl. We love you no matter what. Let’s go for a walk. I have something to tell you.” Her grandmother then shared that in times past women like her were revered in traditional societies and held a special role in the community. “Times have changed, unfortunately, but I want you to know that you come from a history of proud people, proud to be exactly who they are.”
Building Community Capacity

Everyone was excited about the theatre company coming to the community. It was an Aboriginal theatre company and they had Aboriginal actors, designers, directors, and producers and all of them were coming to hang out with the kids. Some of the kids had even seen them on TV!

Three kids from the community were chosen to continue working with the theatre company. They were told that if they kept their marks up this year, they could go on tour with the company next year. All year long kids talked about how much fun they had with the theatre company and how they couldn’t wait to work with them again.

One of the teachers at school started a drama club. So many kids showed up that he had to create two drama clubs. They decided to interview their Elders and collect stories to write a play about the history of their community. The Elders were pleased to be asked to share their stories with the kids. The leaders in the community were so encouraged that they decided to give them some money to help with the production of the play.

Youth Role Models

Your community health centre and the school have partnered to develop a project on healthy sexuality that combines traditional teachings with western practices. The arts-based program teaches youth about healthy relationships, sexual and reproductive rights, and creative ways to reach other youth, among other things. They are engaged and passionate about their work and are excited to be recognized as mentors in their communities. Many of these youth are also active in cultural activities like pow-wow dancing and drumming. They have found many ways to draw on these cultural activities as well as traditional teachings to empower their peers to make changes in their lives.

Culture and Resiliency

The health centre in the city has a very busy schedule of visiting Elders and traditional healers. One Elder has come to town specifically to give a name to a new baby. This baby is the daughter of a woman who received her spirit name from this Elder, as did her mother. Even though this family has lived in the city for over two generations, it is very important for them to continue to practise their traditional ways, and receiving a name is an important ceremony and celebration. Next year, when the Elder comes through town again, the baby will have her walking out ceremony. Many of the extended family will attend the ceremony; some will even travel from out of town to support the family with a feast and ceremonies.
### GIPA and Research

A few years ago, the AIDS service organizations (ASOs) in your community recognized that there were more and more Aboriginal people testing positive for HIV. The ASO’s executive director knew that her staff had limited understanding of how to work with Aboriginal communities or what services Aboriginal people living with HIV wanted or needed, so she contacted a professor from a nearby university who was an expert in Aboriginal health. She thought that the professor would just tell her what to do. Instead, the professor suggested that they set up a community-based research project to work with Aboriginal people living with HIV in order to identify the best practices in providing care and support.

The project is now just about finished. Not only has the project revealed rich information that will improve AIDS services for Aboriginal communities, it has also been an empowering experience for the Aboriginal peer researchers. One of the peer researchers mentioned that it felt good to do something so significant for their community, and another said that she liked doing research so much that she has applied for a job as a research assistant.

### Critical Awareness and Social Change

Some of the Aboriginal students at the local university have formed a student club to promote the visibility of Aboriginal youth and to advocate for their needs. The students have held several workshops to help Aboriginal youth explore and express how their lives and communities are affected by past and present day injustices. At one of the workshops, several members who are Two-Spirited talked about the difficulties they had experienced in their high schools and home communities. Now the students have decided that they want to develop a joint project to fight back against homophobia in high schools and rural communities. They have convinced a number of people and groups to partner with them on this project, including an Aboriginal professor in the Education department and a provincial organization that supports LGBTQ youth.
There is no vaccine to prevent HIV. There is no cure for HIV but there is treatment. Anyone can be infected with HIV.

What are HIV & AIDS?

HIV is a virus that can make you sick.
- HIV weakens your immune system, your body’s built-in defence against disease and illness.
- You can have HIV without knowing it. You may not look or feel sick for years, but you can still pass the virus on to other people.
- Without HIV treatment, your immune system can become too weak to fight off serious illnesses. HIV can also damage other parts of your body. Eventually, you can become sick with life-threatening infections. This is the most serious stage of HIV infection, called AIDS.

HIV stands for Human Immunodeficiency Virus.
AIDS stands for Acquired ImmunoDeficiency Syndrome.

There is no cure for HIV... but there is treatment.
- There is no cure for HIV, but with proper care and treatment, most people with HIV can avoid getting AIDS and can stay healthy for a long time.
- Anti-HIV drugs have to be taken every day. They cannot get rid of HIV but they can keep it under control.

Who can get HIV?
Anyone can be infected with HIV, no matter...
- your age
- your sex
- your race or ethnic origin
- who you have sex with

How does HIV get passed from one person to another?
- Only five body fluids can contain enough HIV to infect someone: blood, semen (including pre-cum), rectal fluid, vaginal fluid and breast milk.
- HIV can only get passed when one of these fluids from a person with HIV gets into the bloodstream of another person—through broken skin, the opening of the penis or the wet linings of the body, such as the vagina, rectum or foreskin.
- HIV cannot pass through healthy, unbroken skin.

The two main ways that HIV can get passed between you and someone else are:
- through unprotected sex (anal or vaginal sex without a condom)
- by sharing needles or other equipment to inject drugs (including steroids)

HIV can also be passed:
- by sharing needles or ink to get a tattoo
- by sharing needles or jewellery to get a body piercing
- by sharing acupuncture needles
- to a fetus or baby during pregnancy, birth or breast-feeding

HIV cannot be passed by:
- talking, shaking hands, working or eating with someone who has HIV
- hugs or kisses
- coughs or sneezes
- swimming pools
- toilet seats or water fountains
- bed sheets or towels
- forks, spoons, cups or food
- insects or animals

HIV & Sex

HIV can be passed during unprotected sex.

This means:
- vaginal or anal sex without a condom
- oral sex without a condom or dental dam (a piece of latex used to cover the vulva or anus)
- sharing sex toys

Oral sex is not as risky as vaginal or anal sex, but it’s not completely safe.

Protect yourself and your partner(s) from HIV and other sexually transmitted infections (STIs).

You can have sex with little or no risk of passing on or getting HIV. This is called safer sex.

Safer sex also helps protect you and your partner(s) from other STIs, such as gonorrhea and syphilis.

People can have HIV or other STIs without knowing it because these infections often do not cause symptoms. You could have HIV or another STI and not know it. Also, don’t assume that your partner(s) knows whether they have HIV or any other STI. The only way to know for sure is to be tested.

To practise safer sex...
- Use a latex or polyurethane condom correctly every time you have vaginal or anal sex.
- Use only water-based or silicone-based lubricants. (Oil-based lubricants can make latex condoms break.)
- Get tested for STIs regularly. Having an STI increases your risk of getting and passing on HIV.
- Avoid sharing sex toys, and if you do, cover each one with a new condom before each use. It is also important to clean your toys between vaginal and anal use.
- Use a condom or dental dam every time you have oral sex.
- Choose forms of sexual stimulation that pose little or no risk for HIV, like masturbation or sensual massage.

HIV & Pregnancy

HIV can pass from a woman to her baby:
- during pregnancy
- at birth
- through breast-feeding

Protect your baby.

If you are HIV-positive and pregnant, proper HIV treatment and care can reduce the risk of your child being HIV-positive to less than 2 percent.

Talk with your healthcare provider to find out more.

If you are pregnant or thinking about getting pregnant, get tested for HIV.

If you are HIV-positive, with proper treatment you can have a healthy pregnancy and a healthy baby.
HIV & Drug Use

HIV can be passed on through shared needles and other drug equipment.

Sharing needles and other drug equipment is very risky.

Another virus called hepatitis C can also be spread when sharing drug equipment. Hepatitis C damages the liver. It is passed when the blood from someone who has hepatitis C gets into the bloodstream of another person.

Protect yourself and the people you do drugs with.

If you use drugs, there are things you can do to protect yourself and use drugs in a safer way. This is called harm reduction.

To practise safer drug use…

- Use a clean new needle and syringe every time you use.
- Use your own drug equipment (such as pipes, bills, straws, cookers, water, alcohol swabs) every time. Never share equipment, not even with your sex partner.
- Get new needles and supplies from your local harm reduction program, needle exchange or community health centre.
- Get tested for HIV and hepatitis C. If you know that you have HIV or hepatitis C, you can take steps to protect yourself and others.

If you do not have access to a needle exchange…

- As a last resort, your own needles can be cleaned before each time you use them, but it is still best not to share with other people. Cleaning means flushing the syringe twice with clean water, twice with bleach, and then twice with new water. Each flushing should last 30 seconds. This will kill HIV, but it will not protect you from hepatitis C.

HIV & Blood Products

Since November 1985, all blood products in Canada are checked for HIV. A person’s risk of getting infected from a blood transfusion in Canada is extremely low.

There is no chance of getting HIV from donating blood.

HIV & the Law

If you have HIV, you have a legal duty to tell your sex partner(s) before having any kind of sex that could put them at “significant risk” of getting HIV.

- The law is not completely clear on what “significant risk” means. It is clear, however, that unprotected vaginal or anal sex is considered to pose a “significant risk” of HIV transmission.
- People with HIV have been convicted of serious crimes for not telling their sex partners they have HIV (not disclosing their status) before having unprotected vaginal or anal sex.

- The law is not clear about whether people with HIV must disclose their status before having sex using a condom or before having oral sex (without a condom).

For more information on HIV and the law, contact the Canadian HIV/AIDS Legal Network. It may be able to refer you to a lawyer but cannot provide you with legal advice.

www.aidslaw.ca
info@aidslaw.ca
416-595-1666
You are better off knowing if you have HIV.

If you know you have HIV, you can get the treatment and care you need to stay healthy and avoid passing it on to others.

If you think you may have been exposed to HIV, it is important to get tested.

- The only way to know if you have HIV is to get tested. The HIV test is a simple blood test.
- After HIV enters the body, it may take time before the test can detect the virus (this is known as the window period). Different HIV tests have different window periods.
- Don’t wait. Speak to a health-care provider about getting tested for HIV as well as other STIs and hepatitis C.

You can’t tell whether you have been infected with HIV by how you feel.

- Some people have flu-like symptoms when they first get infected (fever, sore throat or swollen glands). But some people have no symptoms at all.
- You can have HIV and not know it.

If you test positive:

- There have been significant advances in the care and treatment of HIV, and with the right treatment, you can stay healthy.
- To protect yourself and your partner(s), practise safer sex and do not share drug equipment.
- Get connected. Contact CATIE for more information on HIV services in your area.

Need more information and resources on HIV or hepatitis C?

Contact CATIE at:
1-800-263-1638
416-203-7122
www.catie.ca
info@catie.ca
CATIE accepts collect calls from Canadian prisons.


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CATIE Ordering Centre Catalogue Number ATI-40223

About one in every four Canadians with HIV does not know they have it. The only way to know for sure if you have HIV is to get tested.

An HIV test could save your life.
Behind the Pandemic in Aboriginal Communities: An Aboriginal Resource Kit on HIV and AIDS

Interagency Coalition on AIDS and Development
And
Canadian Aboriginal AIDS Network

Aboriginal Peoples and Health Inequities

• Status and non-status Aboriginal peoples (First Nations, Inuit, and Metis) face many health inequities compared to the Canadian population as a whole.

• Health inequities mean that some people or groups have a better chance of being healthy than others.
Activity Purpose

- Increase awareness of the underlying social, historical, economic, and political factors that contribute to the health inequities of Aboriginal peoples.

- Encourage health practitioners and communities to shift their focus from taking action at the individual level to taking action on these broader issues.
Portrait frame

• Many people look at HIV through a portrait frame.

• Such a frame focuses on individuals, their behaviours, and the risk – or likelihood – that they will contract the HIV virus.
  – Examples of risk: unprotected sexual activity, sharing injecting equipment, and pregnancy, birth and breastfeeding.

• One result is that most HIV research, programs, and services focus on personal responsibility and changing people’s behaviour.
Landscape Frame

• Landscape frames look at what is going on around people and how that affects their behaviour, health, and well-being.

• This is known as vulnerability.
  – Social, cultural, economic, political, and historical factors affect people’s ability to control the risk of becoming infected with HIV and to live positively if one is living with HIV.

• This approach encourages people to look at personal responsibility and social responsibility.

A Population Health Lens

• Looks at the health of a population and groups within population.

• Tells us that the health of populations and groups is affected by the social, economic, and physical environments which influence whether people feel that they belong to and are valued and respected by their community; have or can get things they need to live comfortably - like education, jobs, health care, decent housing, food, and clean water; and are able to take part in society.

• Aims to improve the health of the entire population and to reduce health inequities among groups by looking at “root causes.”
Activity Instructions

• An adaptation of *Snakes and Ladders*.

• An opportunity to practice looking at HIV issues through a population health lens.

• An emphasis on *process and discussion* rather than being the first to reach the last square.
Activity Instructions cont’d

• 100 squares on a path that can be seen as “life’s journey” or daily life.

• Rapids: slide down to the bottom square and receive a *Vulnerability Card.*
  – story of someone in your community who may be exposed to the HIV virus or who is currently living with HIV.

• Canoes: slide up to the top square and receive a *Resiliency Card.*
  – characteristic or qualities of your community that promote the health and wellbeing of community members.

Activity Instructions cont’d

• Cards direct our attention to different levels of analysis:
  – **Individual:** The thoughts, feelings, needs, and actions of main character.
  – **Family:** The relationships, dynamics, and communication among the characters.
  – **Community:** The relationships, support structures, and infrastructure among the individuals and family members.
  – **Systemic:** The overarching structure under which communities must exist, including large systems such as education, justice, and health services.
Questions for Vulnerability Cards

• Who in this card is vulnerable to HIV?
• What are the ways they could contract HIV?
• What are the factors that make them vulnerable?
• What are the root causes of these factors?

Questions for Resiliency Cards

• What factor(s) is/are being highlighted in this card?
• How might this/these factor(s) help people and communities to stay healthy?
Hot Debrief

• What were some of your feelings, thoughts, and reactions as you moved across the board?

• What happened that was most significant for you?

• How do the issues raised during the game relate to the real world? What is similar? What is different?

Small Group Work

• **Step 1**: Create an issue exploration tree based on your collective experience during the activity.
  – **Roots**: The factors that contribute to vulnerability.
    • Ask “but why?” to get to the root causes.
  – **Leaves**: The impacts (or consequences) of HIV on individuals, families, and communities.
  – **Space around the tree**: The factors that support resiliency and protect people and communities from HIV.
Fred’s Story

Fred lives in a rooming house in a small city. His doctor put him on anti-retroviral therapy a few months ago. Fred is too scared to ask the doctor to repeat the instructions about when and how often he is supposed to take his medication, so he relies on what he remembers from that day. He doesn’t want to ask any of the other roomers for help because then they will know he can’t read and that he is HIV positive. On top of this, he needs to figure out how to keep his medication cool now that the weather is warming up. The room he rents doesn’t have a fridge so he’s kept his medications just outside his window.

Small Group Work cont’d

• **Step 2:** Brainstorm strategies to prevent new infections and take care of people who are living with HIV. Consider:
  – Ways to strengthen resiliency.
  – Ways to reduce vulnerability.
Large Group Discussion

• What are some of the main factors that “cause” HIV vulnerability for Aboriginal peoples and communities?
  • What are the root causes of these factors?

• What are some of the main impacts of HIV on Aboriginal peoples, families and communities?

• How do the impacts of HIV affect vulnerability to HIV within a community?

• What are some of the factors that promote resiliency among Aboriginal peoples and communities?

Large Group Discussion cont’d

• What are some actions that can be taken to:
  • Strengthen resiliency for individuals, families and communities.
  • Reduce vulnerability for individuals, families and communities.

• How do these strategies address personal responsibility and social responsibility in HIV responses?
Understanding Health Inequities

• Health inequities result from social factors, such as access to education and income.

• Differences in these factors are associated with exclusion related to social characteristics such as gender, race, ethnicity, and sexual orientation.

• Differences are considered unfair or unjust.

The Root Causes:
Determinants of Health

1. Income and Social Status: This is the most important determinant of health. People are more likely to be healthy the more money they have and the smaller the gap between the rich and the poor in their society.

2. Education: People are more likely to be healthier when they have more education. Education affects people’s ability to get a well-paid job and to have control over their lives.
Determinants of Health cont’d

3. **Employment/Working conditions:** People are healthier and live longer when they have more control over their work and less job-related stress.

4. **Social Support Network:** People are healthier and more self-determined when they know that they can turn to their family and friends for emotional, social, and financial support.

5. **Healthy childhood development:** People’s health, well-being, and coping skills are affected by what happens during the prenatal period and their childhood.

Determinants of Health cont’d

6. **Social environment:** People are more likely to be healthy when their community and country finds ways to help and support its members.

7. **Physical environment:** People are more likely to be healthy when they have access to adequate housing, nutritious food, clean water and air, and good sanitation.
Determinants of Health cont’d

8. **Personal health practices and coping skills:** How people deal with stress and take care of themselves affects their health.

9. **Biology and genetic endowment:** People are more or less likely to develop diseases or health problems depending on the biology of their body.

10. **Health services:** Health services can help people stay healthy and to regain their health if they are sick or injured.

Determinants of Health cont’d

11. **Gender:** Whether one is a girl/woman, boy/man, or transgender person affects one’s health. Some gender-related health differences are biological and others are related to social norms and inequalities.

12. **Culture:** People are less likely to be healthy if their culture is different from mainstream society, if their culture and language is not valued by mainstream society, or if they can’t get health information and services that are appropriate for their culture.
Root Causes: Broader Determinants of Aboriginal Health

- The determinants of health explain only a fraction of these health inequities.

- National Aboriginal Health Organization (NAHO) has identified additional determinants that shape the socio-political context of Aboriginal peoples’ lives and challenge their individual and collective wellbeing.

- These additional determinants illustrate that many current health dilemmas are rooted in harmful practices and policies from the past and present.

Broader Determinants of Aboriginal Health cont’d

- **Colonization**: Historical and present day policies and practices challenge the ability of Aboriginal peoples to thrive as individuals and communities and to be healthy. Examples include residential schools, the Indian Act, forced relocation of Inuit, and road allowance for Metis.

- **Self-Determination**: Aboriginal peoples and communities are healthier when they have autonomy and can control decisions that affect their lives.
Broader Determinants of Aboriginal Health cont’d

- **Poverty**: Systemic poverty threatens the health of Aboriginal peoples and communities. This poverty can be traced back to colonization and ongoing enforced dependency upon government bodies. Aboriginal communities may not have the resources to access and maintain housing and infrastructure such as roads, water, and sewage. Aboriginal peoples living in urban centres may not have adequate resources to access safe housing, nutritious food, education, adequate employment, and other resources.

Broader Determinants of Aboriginal Health cont’d

- **Cultural continuity**: Aboriginal peoples and communities are healthier when their cultures, languages, and traditional practices are kept alive and valued.

- **Migration**: Aboriginal peoples are highly mobile, often moving back and forth between urban and rural communities. This can have implications for support networks, educational continuity, housing, and access to important community events and practices.
Broader Determinants of Aboriginal Health cont’d

- **Access**: Aboriginal people that live in rural and remote communities face obstacles when accessing timely and appropriate health care services and often have to travel for specialized attention.

- **Territory**: Lands and resources are critical sources of Aboriginal knowledge systems and practices. When the land is not healthy, the people are not healthy.

- **Globalization**: One impact of globalization is a reduction in government spending on social and health services, which contributes to budget and service limitations compared with growing populations and complex health needs.

Resiliency and Protective Factors

- It is important to recognize the resiliency of Aboriginal peoples and communities in the face of great adversity.

- Resiliency is the ability of individuals and communities to “bounce back” from and manage stressful and challenging circumstances better than expected.

- Resiliency is fostered by protective factors at the individual, family, community, and system level.
Further Resources

- www.naho.ca/publications/determinants.pdf
- http://www.who.int/social_determinants/en/
Facilitator’s Materials

Background Notes: Further Information on Factors Affecting HIV Vulnerability and Impact Among Aboriginal Peoples

Diagram #1: Factors that Affect HIV Vulnerabilities

Facilitator’s Notes on Vulnerability Cards

Issue Exploration Tree

Facilitator’s Notes on Resiliency Cards
Background Notes for Facilitators: Further information on factors affecting HIV vulnerability and impact among Aboriginal peoples

Many factors affect the likelihood that an Aboriginal person will be exposed to the HIV virus and that affect their ability to live well once infected:

The personal circumstances – or the social, physical and economic environments - in which a person grew up and lives their daily life affect the likelihood that they will engage in behaviours that may expose them to HIV as well as their ability to stay healthy once infected. These include whether a person has or can get the things they need to live comfortably such as education, employment, health care, decent housing, food, and clean water; whether they feel that they belong to and are valued and respected by their community; whether they are able to take part in society; and whether they have experienced traumatic life events such as childhood abuse, sexual or physical assault, or been taken away from their family and placed in the child welfare system.

The everyday lives of Aboriginal peoples are affected by the general socio-economic, cultural and environmental conditions in Canada. This includes broad issues like the economic and social policies of our governments, the performance of the global economy, the design of our neighbourhoods and the health of our environment.

Many of present day challenges and injustices faced by Aboriginal peoples are a result of systemic and structural inequalities related to colonization, racism, entrenched poverty, and historical trauma. These inequalities are a result of the unjust nature of the political and economic systems in a society and they affect a particular group of people as a whole.

While Aboriginal peoples are disproportionately affected in Canada’s HIV epidemic, it is important to recognize that not all Aboriginal peoples are at risk of HIV infection. Some people are more vulnerable than others as a result of other forms of social and economic exclusion related to gender, race, sexual orientation, and ability.

As well, Aboriginal peoples and communities have individual, family, community, and cultural strengths that provide a protective buffer from vulnerability. Resiliency is the ability of individuals and communities to “bounce back” from and cope with stressful and challenging circumstances better than expected.

The factors in diagram 1 reflect the Public Health Agency of Canada’s (PHAC) determinants of health. The National Aboriginal Health Organization (NAHO) has identified additional factors – called the broader determinants of Aboriginal health - that contribute to present day injustices and health disparities faced by Aboriginal peoples. PHAC has identified twelve determinants of health that affect the health of Canadians and contribute to health inequities, including income and social status, education, employment and working conditions, social support networks, healthy childhood development, social environments, physical environments, personal practices and coping skills, biology and genetics, health services, gender, and culture. The broader determinants include colonization, globalization, migration, cultural continuity, access, territory, systemic poverty, and self-determination.
Colonization

- Indigenous peoples globally have a shared history of colonization which is characterized by exclusion, separation from their territories, banning of spiritual practices, isolation and stripping of political power, all intended to remove their individual and collective identities.
- Colonization can be understood as the unequal relationship between the State and Indigenous peoples, resulting in paternalistic policies, insufficient investments in infrastructure and separation from socio-political and spiritual resources. The direct consequence is individual and collective damage, forced poverty, and cultural disruption.
- Aboriginal peoples’ systems of governance, education, health care and justice were viewed as inferior and replaced with incompatible systems based on European values and methods.
- The residential school system is a key example of colonization in Canada. The federal government and churches used residential schools as a tool to force First Nations, Inuit and Métis children to conform to European/Western norms and lifestyles. Residential schools were an emotional weapon used against Aboriginal peoples as a way to break their spirit, family and community systems.
- Another important example is the forced relocation of Inuit in northern Canada from their home communities in the 1930-40s to establish a Canadian presence in remote locations, cutting them off from traditional territories and Inuit cultural practices that established resilience and order within their world.
- When health services are framed in a mainstream perspective/approach, they ignore the collective history of oppression and violence experienced by Aboriginal peoples and do not include Aboriginal forms of recovery and healing that incorporate more holistic approaches to wellness.

Poverty

- Poverty affects people’s life circumstances, such as the kind of housing they live in, their access to food and clean water, and their ability to do well in school.
- In many societies, people living in poverty are judged and made to feel ashamed; they are blamed for their living situation and viewed as lazy, uneducated and taking advantage of social support.
- This deprivation and stigma can affect people’s choices. Cuts to social support by governments mean lower benefits for social assistance – even as rent and food costs increase – leaving single parents with inadequate resources to feed their children and pay the rent. Some vulnerable people may decide to engage in sex work to get food for themselves or for their children.
- Daily life is stressful without adequate money to cover one’s basic necessities, and there may be no money available to cover the non-medical and non-insured expenses of living with HIV such as healthy food, vitamins, and baby formula for HIV+ mothers, or even the cost of travel back to home communities and access to traditional healers.

Low Literacy and Lack of Access to Formal Education

- Low Literacy is one of the biggest barriers facing Aboriginal people in Canada today.
- People with low literacy skills tend to remain in lower paid, low skilled jobs that offer little chance of improving their quality of life.
Gender and Gender Inequalities

- Gender norms and inequalities between men/boys and women/girls contribute to HIV epidemics around the world.
- For Aboriginal women, gender cannot be viewed in isolation. Rather, it overlaps with race and social location to produce intense disadvantages rooted in the historical and current marginalization of Aboriginal women. In order for a gender analysis to apply to an Aboriginal context in a meaningful way, a culturally relevant approach incorporates values and traditional teachings intended to promote a greater degree of equality between men and women.
- A gender-balanced approach has more relevance with First Nations cultural philosophies of traditional egalitarian societies and is a noble way to combat colonization. Furthermore, traditional gender-balanced societies encourage respect for all members of society - including women, men, boys, girls, elders, two-spirited and transgender people.
- Aboriginal women often make up a larger percentage of individuals testing positive for HIV. In Canada, Aboriginal women make up almost half of the HIV positive tests for which ethnic status is known. And in Canada’s poorest neighbourhood (Downtown Eastside, Vancouver), Aboriginal women living with HIV are more likely to die than other Vancouver women.
- Gender combines with other social characteristics like age, race, and ethnicity to create poor health for Aboriginal women, girls, and transgender people.
- Aboriginal women are often said to be the poorest of the poor. Women who lack economic security may have little power in their intimate relationships, or decide to engage in commercial sex work to make ends meet.

Gender-based violence

- Aboriginal women and girls face high rates of sexualized and racialized violence. This includes physical, emotional, and sexual abuse from an intimate partner or family member; targeted violence against Aboriginal sex workers; intimidation and verbal abuse; rape; and witnessing violence against other Aboriginal women.
- Internationally, Indigenous women are victims of sexual violence at alarming rates and this can be viewed as an extension of on-going colonization, racism, militarism, displacement, and poverty-inducing models of economic development.
- Attempts to address gender-violence must be created with the meaningful participation of Indigenous women themselves based on their holistic vision of wellness and socio-political realities.

Child Welfare System

- Many Aboriginal people who are living with HIV and/or belong to groups particularly vulnerable to HIV infection (such as women, sex workers, injecting drug users and street-involved youth) have been in foster care as children and youth.
- Aboriginal children, specifically First Nations children, continue to be over-represented in the child welfare system of Canada.
- Poverty, substance misuse, and poor housing are cited as key factors contributing to the elevated rates of Aboriginal children being placed in care. These factors must be understood in the broader structural context linked to the socio-economic conditions of Aboriginal peoples, the results of which are not fully reflective of personal deficits.
- Once placed in care, Aboriginal children often experience further trauma. They
may be cut off from their family, community, and culture, which in turn will lead to feelings of abandonment, low self worth, and poor social skills, requiring additional support to prepare for success in adulthood.

Mental Health, Substance Misuse and Addictions
- Aboriginal communities have high rates of depression, suicide, substance misuse, and addictions. Aboriginal youth are particularly affected.
- These high rates have been linked to historical and present day experiences of colonization and are made worse by racism and social and economic exclusion.
- Some people turn to alcohol and drugs to cope with the immediate stresses of living in poverty and the historical and present day injustices that limit their ability to earn a dignified living.
- Substance misuse contributes to risky sexual behaviour, including unprotected sex.

Access to Health Care
- Many Aboriginal people live in rural and remote areas with limited access to Western health care facilities and medical professionals such as physicians, dentists, nurses, nutritionists, and mental health professionals.
- Most healthcare workers are trained in the Western medical model, which focuses on individuals and biological aspects of health; they may have a limited understanding of Aboriginal models of health and lack awareness of broader factors affecting Aboriginal people’s health.
- Medical professionals might also make harmful assumptions about Aboriginal clients. For example, they might assume that all Aboriginal people have the same beliefs and spiritual practices, and therefore offer one-size fits all interventions.
- Aboriginal people may distrust institutions based on experiences in the past that did not accommodate language skills, restricted visiting hours, limited definitions of family and impeded access to spiritual support.
- Aboriginal women face barriers accessing health and social services. They are more likely to use services when they are gender and culturally-sensitive. This includes reflecting Aboriginal models of health and wellness, providing a welcoming space for children, and ensuring that women and their children are safe from abusive partners, police who have a warrant for their arrest or want to take away their children, and others who may harm them.

Lack of Research on HIV and Aboriginal Peoples
- Research is essential in HIV responses around the world. Decisions about policies and funding are often guided by research about which groups are being infected with HIV, how people are contracting the virus, social and behaviour factors, and service use.
- The way conventional research is conducted is often rooted in Western models of science. These models ignore Aboriginal ways of knowing and explore issues that may not be a priority for Aboriginal communities. They may use research methods that are incompatible with Indigenous worldviews where reciprocity and respect are fundamental starting points for inquiry. Furthermore, the way that data is collected, interpreted, and reported may hide or misrepresent key socio, economic, and cultural disparities within Aboriginal communities.
- It is possible for different worldviews to explore issues for mutual benefit, but the

Indigenous Models of Health: Indigenous peoples around the globe - including First Nations, Inuit and Métis within Canada - have traditional models of health and wellbeing that are distinct from the biomedical model commonly used in Western societies. These unique and diverse outlooks models of health are shaped by the historical interconnectedness to territory, physical environment, language, traditional practices and access to resources of each Indigenous group. Common features of Indigenous models include a holistic view of health and well-being that includes a balance of four elements - the physical, spiritual, emotional and mental - and the understanding that the health of individuals and the health of communities are closely connected, reflecting the collective perspective within Indigenous belief systems.
approach must be undertaken with integrity and purpose.

- Research should strive to develop the capacity of individuals and communities and must allow the widest possible participation of the targeted communities.

Marginalized groups:
Some Aboriginal people belong to groups such as sex workers, drug users, prisoners, transgendered people and men who have sex with men. These groups face additional forms of social and economic exclusion, including from within Aboriginal communities.

a) Prisoners
- Most prisons have rules that prohibit or discourage prisoners from engaging in sexual activity, tattooing and injection drug use.
- Prisoners continue to have sex, get tattoos and inject drugs, but risk being punished if caught by prison staff; participating in banned activities usually results in restrictions of movement and restricted access to programming.
- Such policies make it impossible for prison staff or community organizations to provide clean injecting equipment, safe tattooing equipment, dental dams, condoms and even basic education on developing safer sex and tattooing practices inside prisons.

b) Sex workers
- Male, female and transgender sex workers have sexual contact with a large number of people. This puts them at high risk of getting infected with many forms of sexually transmitted infections and even to HIV.
- Canada’s laws on sex work increase vulnerability. It is legal to be a sex worker but almost every activity associated with sex work is illegal. This creates conditions that increase risk: laws that prohibit people from talking about exchanging sex for money make it hard for sex workers to screen potential clients or negotiate condom use, and laws that make it illegal to run a bawdy house or live off the profits of sex work force some women to work on the street.
- Aboriginal sex workers also face high rates of violence.

c) People who use drugs
- Many countries have prohibitionist drug laws and policies, which try to limit the supply and demand for drugs through public education, policing, and imprisoning drug traffickers and users.
- These efforts have not been effective at stopping drug use among citizens of many countries, but do contribute to HIV vulnerability by creating unsafe conditions for people who use drugs and by making it hard for them to access health services that can prevent the spread of HIV and Hepatitis C, such as clean needles.
- Criminalizing drug use also contributes to an increased population of HIV+ prisoners, increasing vulnerability within prisons.

d) Men who have Sex with Men
- Homophobia can make it hard for men to accept their attraction to other men and can contribute to low self-esteem and internalized homophobia. This can make it hard for men who have sex with men to access information and services to help take care of their health; contribute to high risk sexual practices with male partners such as anonymous sex, multiple partners, and unprotected sex; and increase the
vulnerability of their female partners who may think they are in a monogamous relationship.

- For many Aboriginal communities, even heterosexual sex is not an easy topic to discuss openly, and understanding and accepting the reality of men who have sex with men is even harder and creates silence around its existence in communities.

**Resiliency and Protective Factors**

Many Aboriginal people and communities thrive in the midst of stressful or challenging circumstances. This resiliency is fostered by protective factors at the individual, family, community, and system level. These include:

**Individual Strengths:**
- The way that people see and feel about themselves affects their choices about relationships, sex, and substance use. A positive self-concept supports healthy decisions.
- Self-concept is affected by family and social environment. People are more likely to feel good about themselves when they are accepted, appreciated, and included.
- Critical awareness means understanding how people’s life circumstances, choices and actions are shaped by broader historical, social, cultural, economic, and political factors. Critical awareness can help marginalized people to de-personalize experiences of stigma and exclusion, and help them to see that the circumstances of their life is influenced by these broader factors.

**Social Inclusion:**
- Social inclusion means people are accepted, valued, and have equal opportunities.
- Social inclusion promotes a positive self-concept and helps people to access the resources they need to be healthy, such as education, meaningful employment, housing, good food, and clean water.

**Cultural Continuity:**
- Cultural continuity refers to the intergenerational connectedness of individuals, families and communities. It is the way in which Aboriginal languages, spiritual practices and cultural traditions are transmitted and maintained.
- Elders carry out a sacred role of reinforcing these teachings that provide an anchor for moving through life with an Aboriginal philosophy.
- Cultural knowledge and practices give meaning to life and assist with present day challenges.

**Cultural Competence, Cultural Safety, and Relational Care:**
- Cultural competence is a term used to describe the skills, knowledge and attitudes that enable health practitioners to provide respectful care to patients of diverse cultures.
- Cultural safety acknowledges that health care delivery exists within its own social, political and historical context. Cultural safety shifts the focus from cultural awareness to health care practices that attempts to rebalance the power relationship between health practitioner and patient.
- Cultural safety is successful when the complete being of an Aboriginal patient is respected and health care interventions and follow-up is negotiated by both parties.
through collaboration and shared responsibility.

- For Aboriginal clients, a culturally safe health care environment considers their historical context and honors who they are now; it respects interactions based on humility and reciprocity and allows for a mutual exchange of information.
- Relational care is an important Aboriginal approach to health care provision because it captures the physical, social, emotional, and spiritual dimensions of human connection.
- Healthy care relationships foster positive outcomes for Aboriginal patients who are accessing treatment and support, specifically when they are HIV positive. Without healthy care relationships many patients discontinue care because they feel stigmatized or judged.
- Respectful care relationships reflect the seven sacred teachings: love, respect, courage, honesty, wisdom, humility, and truth.
- Relational care operates in an environment of open communication, acceptance, and accommodation of desired level of care of Aboriginal people living with HIV. It is mindful of both short and long term stages of care.

**Community HIV Competence:**

- The most effective responses to HIV are generated and guided by community members.
- HIV competent communities have knowledge and skills to prevent HIV infections and to provide care and support to community members living with and affected by HIV; safe social spaces to discuss information about HIV and what this looks like in the community; a sense of ownership over the problem of HIV in the community and a sense of responsibility for finding solutions; confidence in the community’s ability to respond to HIV; a sense of solidarity; and access to relationships and resources to support the community to respond effectively.
- Responding to HIV/AIDS is one of many priorities that test Aboriginal community capacity. Issues such as safe drinking water, insufficient funding allocations, growing populations, substandard housing, high unemployment, and resource extractive developments are significant obstacles to health and well-being. These issues require immediate attention.

**Self-Determination:**

- The important role of people living with HIV – particularly young people – and affected communities in HIV responses is enshrined in the Principle of Greater Involvement of People Living with HIV (GIPA) from the Paris Declaration and the Declaration of Commitments from the United Nations Special Session on HIV/AIDS.
- The active and meaningful participation of people living with HIV and affected communities in HIV helps to ensure that programs, services, and policies are culturally competent, relevant and, in turn, effective; that they strengthen community HIV competence; and that they nurture the resiliency of involved individuals.
- Aboriginal self-determination occurs when the individual and community are in control of their situations. Self-determination is a right that was all too often taken away from the First Nations, Métis, and Inuit in Canada. Communities all over Canada have been and are asserting their right to self-determination in many ways including regaining control of community infrastructures, land claims, treaties, and the delivery of health services through health transfers.
Sexual and Reproductive Rights

- Sexual and reproductive rights are human rights.
- Sexual rights are about sexuality, sexual orientation, gender identity, and sexual health. They include the right to express and enjoy one’s sexuality, experience sexual pleasure, learn about sexual health, access sexual health services, and practice safer sex.
- Reproductive rights are about fertility, reproduction, and reproductive health. This includes the right to choose if, when, how many, and with whom one wants to have children.
- When other individuals, communities, and governments respect, protect and fulfill these rights, people are better able to take care of their sexual health and prevent HIV infections.

Wise Practices

The primary focus of Behind the Pandemic is to increase understanding of the broad social, cultural, historical, political, and economic factors that contribute to HIV vulnerability and resiliency. The following resources are suggested for those who are interested in learning more about wise practices for HIV responses within Aboriginal communities. They can be found on the CAAN website: http://www.caan.ca.

- Aboriginal Strategy on HIV/AIDS in Canada (ASHAC)
- CAAN Wise Practices
Diagram 1: Factors that affect HIV vulnerabilities

- Systemic & Structural Inequalities Affecting Aboriginal Peoples
- General Socio-Economic, Cultural and Environmental Conditions

Vulnerability - resulting from one's personal circumstances

Resiliency - a protective buffer from vulnerability

HIV Risk
Behaviours related to sex, drug use, pregnancy and breastfeeding

- Self-concept, Self-esteem, Critical awareness, Social inclusion, Community HIV competence, Community-based research, Cultural continuity, Positive youth role models, Culturally safe health services, Sexual & reproductive rights
- Supportive Families, Greater involvement of people living with HIV/AIDS, Access to formal education, Community healing, Self-determination, Relational care, Community capacity, Sexual & reproductive rights

- Food insecurity, Homelessness, Unhealthy lifestyle, Unsafe water supply, Insufficient & inadequate housing, Pollution, Unhealthy territories, Physical or sexual assault, Living in foster homes or group homes, Low income, Underemployed or unemployed, Poor working conditions
- Social exclusion, Lack of social support networks, Limited or lack of education, Unhealthy child development, Mobility, Traumatic life events, Discrimination, Childhood abuse or neglect

Diagram 1: Factors that affect HIV vulnerabilities
Facilitator’s Notes on Vulnerability Cards

- **Facilitator’s Note**: This table provides a summary of the key factors that contribute to vulnerability to HIV or make it difficult to live positively as represented by each Vulnerability Card. The table also provides questions and probes that you can use to facilitate dialogue and foster critical analysis regarding the issues presented in each card. The table is organized first by the level of analysis and then alphabetically by the name of the main character in the card. Participants may identify other issues in the cards depending on their experience and knowledge.

*We recommend that you print this table and refer to it as needed during activity.*
<table>
<thead>
<tr>
<th>Card</th>
<th>Key Issues Affecting Vulnerability</th>
<th>Suggested Questions and Probes</th>
</tr>
</thead>
</table>
| All Cards | • Colonization  
• Intergenerational trauma  
• Poverty  
• Systemic racism | 1. Who in this card is vulnerable to HIV?  
2. What are the ways they could contract HIV?  
3. What are the factors that make them vulnerable?  
4. What are the root causes of these factors? |
| Individual | | |
| Aaron | • Homophobia among family, high school, and home community.  
• Racism within mainstream gay culture.  
• Lack of positive role models of Aboriginal gay men.  
• Identity confusion: Aaron is having difficulties reconciling his Aboriginal identity with his sexual identity.  
• Substance use to cope with stress.  
• Aaron has migrated to the city, which has provided an opportunity to explore his sexual identity.  
• Questionable healthiness of Aaron’s relationship with the older men. | What are some possible challenges facing Aboriginal youth in determining their sexual orientation?  
What is at the root of some tensions with diverse sexualities in Aboriginal communities – both urban and rural? |
| Carla | • Misconceptions about sex and HIV risk.  
• Insufficient and ineffective sexual health education.  
• Carla has difficulties talking with her mother about sexuality and sexual health. | |
| Frankie | • Many people – including professionals – are unaware of transgender identities and issues.  
• Frankie has little support to help him understand his gender identity.  
• Frankie’s family has little support to help them understand their son’s gender identity and how to support him. | What is the difference between sex and gender? |
| Fred | • Doctor is not aware of the social issues that may be affecting his patients’ lives.  
• Low literacy level affects Fred’s ability to understand how to take his medications.  
• Fred’s shame about not being able to read is a barrier to asking for help.  
• Fred’s fear of being stigmatized as a result of his HIV status is a barrier to asking for help.  
• Poverty affects the kind of shelter Fred can access. | How does one’s literacy affect one’s potential to be a self-determined individual?  
What kinds of things could be in place at the doctor’s office to ensure that patients truly understand directions and feel safe to ask questions? |
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| Family | Jacques | • Even though Jacques is highly motivated to attend post-secondary school, he faces significant barriers to making his dream come true.  
• Educational attainment is a key determinant of one’s earning ability. Income levels significantly affect one’s health and well-being.  
• Students who are single parents often require additional support, such as quality day care and clean and accessible housing in a safe neighbourhood. | What are some of the barriers that Jacques faces in getting his degree?  
How does one’s education affect one’s health? |
| | Jessica | • Poverty affects where families can find housing. Poor families are often forced to live in unsafe neighbourhoods in overcrowded and substandard housing.  
• Jessica’s aunt may be coping with her own history of trauma and may not understand the harm she is doing to her niece.  
• High prevalence of violence and substance misuse exists in the neighbourhood.  
• Adolescents have limited access to information about safer injecting and clean injecting equipment. | What are some possible root causes that would cause an aunt to encourage her niece to try drugs? |
| | JP (Jean Pierre) | • JP had many traumatic childhood experiences, including abuse and/or neglect in his family of origin, being taken into care, and being moved between foster homes.  
• Probable alienation from JP’s community and culture when adopted by a White family.  
• JP is confused about his identity and may not have someone who can support him to understand his Aboriginal identity and navigate racism.  
• Lack of understanding by adoptive parents of JP’s experiences of racialization.  
• Limited vocabulary for naming and discussing his experiences and emotions.  
• Overly authoritarian parenting style.  
• JP has been compelled to migrate. He may not have a support network in the city and adequate financial resources.  
• The adoption has broken down. | What is adoption breakdown and how does it affect adoptees?  
What may face JP if he tries to become involved in the Native community/non-Native community?  
What may face JP if he tries to reunite with his birth family? |
| | Mark | • Unresolved trauma exists among residential school survivors.  
• This family conflict is really about the feelings arising as a result of the information session; people are not coping well with memories/feelings and are dealing with these memories/feelings in a dysfunctional way. | Why might the conversations about residential school cause conflict in Mark’s family?  
How do family troubles contribute to young people’s vulnerability to HIV? |
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<tbody>
<tr>
<td>Tori</td>
<td>• Family environment is chaotic and often unsafe.</td>
<td>What do gangs provide for their members that many feel is missing in their lives?</td>
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<td></td>
<td>• Leaving school early has implications for Tori’s long-term earning ability.</td>
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<td></td>
<td>• School was not a good experience for Tori. Many schools are not set up to</td>
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<td></td>
<td>adequately support students living in adverse conditions. Tori may have</td>
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<td></td>
<td>experienced racialization and/or not felt connected with the curriculum.</td>
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<td></td>
<td>• Tori has few options for economic and emotional support.</td>
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<td></td>
<td>• Gangs may use gender-based violence and unsafe sex acts.</td>
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<td>Valerie</td>
<td>• HIV and HIV stigma affect people’s partners and children.</td>
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<tr>
<td>(and Martin)</td>
<td>• HIV programs and services are often set up for individuals.</td>
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<td></td>
<td>• Women living with HIV often put the needs of their children and partner before their own.</td>
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<tr>
<td>Community</td>
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<tr>
<td>Jennifer</td>
<td>• Transphobia and/or lack of understanding of transgender people in Jennifer’s</td>
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<td></td>
<td>home community and social services.</td>
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<td></td>
<td>• Racism and lack of understanding of Aboriginal people in social service sector make it difficult</td>
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<td></td>
<td>for Jennifer to access services</td>
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<td></td>
<td>• Jennifer has migrated, perhaps in hopes of acceptance, anonymity and better access to services.</td>
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<td></td>
<td>• Jennifer has inadequate financial resources and social support.</td>
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<td></td>
<td>• Lack of negotiating power within survival relationships.</td>
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<tr>
<td>Mary</td>
<td>• Social assistance payments are often insufficient to cover one’s basic needs.</td>
<td>How will moving ‘home’ affect her health care and her well-being?</td>
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<td></td>
<td>• People who rely on social assistance may be forced to live in substandard housing and/or unsafe</td>
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<tr>
<td></td>
<td>neighbourhoods.</td>
<td>What sort of stresses might it place on her community if she moves home?</td>
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<td></td>
<td>• Many rural Aboriginal communities have insufficient housing stock resulting in overcrowding.</td>
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<td></td>
<td>• Mary fears exists that she, her children, or her family will be stigmatized if she returns</td>
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<td></td>
<td>to her home community.</td>
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<td></td>
<td>• If Mary moves back home, the added stresses on the family could impact family dynamics.</td>
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<td></td>
<td>• Mary may have limited access to specialized medical attention, services and pharmacists in her</td>
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<td></td>
<td>home community.</td>
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| Michelle    | • Michelle likely has trauma related to witnessing gender-based violence in her home, her aunt’s alcoholism and verbal abuse.  
• Lack of positive examples of healthy relationships.  
• Migration.  
• Chaotic life.  
• Difficulties completing high school.  
• Unclear whether the relationship with the man is healthy. | How might childhood trauma contribute to HIV vulnerability?  
How does witnessing gender-based violence contribute to girls’ HIV vulnerability? |
| Natalie     | • Natalie does not feel accepted in Aboriginal communities.  
• Natalie wants to reject her Aboriginal identity because of this rejection.  
• Identity confusion exists. | How might the alienation that multiracial youth sometimes face contribute to their HIV vulnerability? |
| Paula (and Harry) | • There exists a lack of long-term sustainable employment opportunities in Paula’s home community.  
• Separation from one’s family and living in isolation increases the likelihood that migrant labourers will visit sex workers, have an affair, or use substances. | What makes it difficult for couples to discuss their sexual practices and health? |
| Rebecca     | • Transphobia.  
• Impact of transphobia on mental health. | How does anxiety affect people’s choices about sex and substance use? |
| Systemic   |                                                                                                  |                                                                                       |
| Adam        | • Adam feels pressured to get tattooed in prison, possibly to fit in.  
• Anti-tattoo policies are common in prisons. Tattooing continues covertly with unsafe equipment and conditions.  
• Such policies make prisoners and their families vulnerable to HIV. | What are some reasons that prisoners may get tattoos even though the equipment is unsafe and they may be punished if caught? |
| Andrew      | • Trauma related to childhood experiences of neglect or abuse.  
• Trauma related to being removed from his family, removed from his community and culture, and transferred between homes.  
• Stress related to coping with a significant transition.  
• Insufficient preparation and support for independent living.  
• Insufficient funds from Child Welfare System.  
• Weak social support network.  
• Weak ties to his Aboriginal culture and community. | How does coping with stressful situations affect one’s vulnerability to HIV? |
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| Armand | • Lack of appropriate addiction treatment services exists in rural communities.  
       • Some faith-based social services impose their religious beliefs on service users which can create a barrier.  
       • Armand’s desire for secrecy increases social isolation and chances of depression and/or using again if he has been clean for a while.  
       • Armand has feelings of being judged by the religious-based service organization. | How is Armond’s access to addiction services affected by the religious beliefs of the organization providing the service? |
| Charlie | • Youth in the community are vulnerable.  
       • The community is geographically isolated. There may be few positive social and recreational options for youth. There may be high levels of poverty in the community.  
       • Little support exists for adolescent parents to continue their education.  
       • Teacher has little training in sexuality education and isn’t comfortable talking about the subject.  
       • Available resources are not culturally competent or up-to-date.  
       • Limited access to the Internet affects access to information. | What does a “fly-in community” mean?  
What might be some of the positives and negatives for young people associated with living in a “fly-in community”?  
What might be some of the cultural barriers or taboos faced when addressing sexuality with Aboriginal teens? |
| Jane | • Community regularly floods – possibly due to climate change or damming of nearby rivers.  
       • Inadequate housing exists; there is insufficient money to upgrade.  
       • Drinking water supply is unsafe.  
       • The extreme challenges of the physical environment create vulnerability – i.e., avoiding HIV infection is not the biggest concern. | How does the quality of one’s housing and access to drinking water affect one’s HIV vulnerability? |
| Jill | • Doctor does not understand the importance of traditional medicine and healing practices for his patient or how such practices can compliment Western medicine.  
       • Racism and a feeling of superiority of Western medicine are implied by doctor. | How might what the specialist said affect the relationship with Jill?  
What do you think the specialist meant to communicate? What could the specialist have said differently? |
| Ramona | • Laws create unsafe conditions for street-level sex workers.  
       • There exists high levels of violence against sex workers with limited access to justice. |  |
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| Tiffany | - Canada’s health system covers the costs of doctor’s visits and hospital stays, but does not cover prescriptions or non-medical expenses such as baby formula.  
- The non-insured health benefits for First Nations and Inuit administered by FNIHB of Health Canada provide extended coverage to First Nations and Inuit. The list of approved expenses is always under review and people often have to wait for the final decision from the provider.  
- Baby formula is expensive for people living in poverty and may not be readily available through food banks.  
- The doctor fails to understand the factors affecting Tiffany’s ability to implement his advice.  
- Fear of facing HIV stigma creates stress and affects choices. | What kinds of expenses are covered by Canada’s health care system? |
| Troy | - Many of the factors or conditions that support positive living are non-medical expenses and must be covered out of pocket.  
- The working poor may not be able to afford these additional expenses. They may also not be able to access free services depending on the agency’s hours. | What are some of the challenges to positive living that are encountered by the working poor? |
Fred’s Story
Fred lives in a rooming house in a small city. His doctor put him on anti-retroviral therapy a few months ago. Fred is too scared to ask the doctor to repeat the instructions about when and how often he is supposed to take his medication, so he relies on what he remembers from that day. He doesn’t want to ask any of the other roomers for help because then they will know he can’t read and that he is HIV positive. On top of this, he needs to figure out how to keep his medication cool now that the weather is warming up. The room he rents doesn’t have a fridge so he’s kept his medications just outside his window.

Results

Root Causes

Underlying Issues

Systemic racism
Unresolved intergenerational trauma
Colonization
Facilitator’s Notes on Resiliency Cards

- **Facilitator’s Note:** This table provides a summary of the protective factors represented by each Resiliency Card. The table also provides questions and probes that you can use to facilitate dialogue and foster critical analysis. The table is organized by the title of the Resiliency Card. Participants may identify other issues in the cards depending on their experience and knowledge.

*We recommend that you print this table and refer to it as needed during the activity.*
<table>
<thead>
<tr>
<th>Card</th>
<th>Key Protective Factors</th>
<th>Suggested Questions and Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cards</td>
<td></td>
<td>1. What factors are being highlighted in this card? 2. How might this/these factor(s) help people and communities to stay healthy?</td>
</tr>
</tbody>
</table>
| Access to Formal Education                | • Literacy and education provide people an opportunity to become self-actualized, self-determined members of society.  
  • Provides an opportunity for people to earn a high school diploma no matter what age they are.  
  • Possibly adapts curricula to account for various learning styles or has access to specialized teachers for supplemental assistance in completing high school.  
  • Incorporates Aboriginal traditions and cultures.  
  • School is part of the community and the community is reflected in the life of the school through such things as community feasts, language, and elder visits. | In what ways can educational attainment help a community’s health?                                                                                   |
| Building Community Capacity               | • Positive role models and mentors for younger people in the community.  
  • Community supports and recognizes individual’s gifts.  
  • Community has provided extra resources to ensure success of the program.  
  • Elders are recognized as important human resources.  
  • Youth are recognized for their enthusiasm and abilities and are supported and celebrated by the community.  
  • Community successfully partners with outside agencies. | What are the links between health and a strong sense of self?  
  What happens to a community when people from that community are celebrated?                                                                          |
| Community Healing and Self-Determination  | • Community is working to heal historical traumas that underlie current social problems.  
  • Community has named the problem and taken ownership for finding solutions.  
  • Community incorporates traditional practices in healing from trauma.                                                                                     |                                                                                                                                                 |
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<tr>
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<th>Key Protective Factors</th>
<th>Suggested Questions and Probes</th>
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<tbody>
<tr>
<td>Community HIV Competence</td>
<td>• Community has shown solidarity with people living with and affected by HIV.</td>
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<td></td>
<td>• Community has identified culturally appropriate solutions.</td>
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<td></td>
<td>• Community has access to external resources.</td>
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<td></td>
<td>• Dialogue among children, parents, grandparent and extended family has increased.</td>
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<td>Critical Awareness and Social Change</td>
<td>• Youth are taking the initiative to support each other through post-secondary school.</td>
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<td></td>
<td>• Youth have taken a leadership role in fostering critical awareness among their peers and challenging harmful social norms (e.g., homophobia).</td>
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<td></td>
<td>• Youth are building partnerships that support their efforts to create social change.</td>
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<tr>
<td>Culturally Competent Health Services</td>
<td>• Attempts are being made to bridge Western and Aboriginal models of health and wellness.</td>
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<tr>
<td></td>
<td>• Doctors want to understand and overcome barriers to health services.</td>
<td></td>
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<tr>
<td></td>
<td>• Aboriginal models of health and wellness are recognized and respected.</td>
<td></td>
</tr>
<tr>
<td>Cultural Continuity</td>
<td>• Community has provided extra resources to ensure success of the program.</td>
<td>How will the whole community benefit from the outreach to the two-spirit community?</td>
</tr>
<tr>
<td></td>
<td>• Elders are recognized as important human resources.</td>
<td>How might one’s health be impacted by participating in traditional gatherings and community events?</td>
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<tr>
<td></td>
<td>• Community encourages members to learn about issues that are affecting the whole community.</td>
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<td></td>
<td>• Opportunities exist for individuals and communities to recuperate and engage in traditional practices such as life-course ceremonies, feasts, hunting, and language.</td>
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</tr>
<tr>
<td>Card</td>
<td>Key Protective Factors</td>
<td>Suggested Questions and Probes</td>
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</tbody>
</table>
| Culture and Resiliency                    | • Health centre recognizes importance of providing both western and Aboriginal health care services including traditional health and ceremonies.  
• Community members travel to city to celebrate family ceremonies.  
• Family traditional practice are cornerstone of health and well-being.                                                                                       | How might actively participating in traditional and ceremonial practices contribute to one’s health and well-being?  
What might be the generational health effects for this family?  
How is each community’s health (city and reserve) affected by the active participation in these ceremonies? |
| GIPA and Community-Based Research         | • The researcher and organization are practicing the “Principle of Greater Involvement of People Living with HIV” (GIPA) by actively involving Aboriginal people living with HIV.  
• GIPA strengthens the effectiveness of HIV responses and contributes to the self-determination and personal development of people living with HIV.  
• Community-based research helps to build community capacity.  
• Respectful research is about reciprocity and recognition.  
• Academics respectfully and ethically partner with community partners.  
• Community acknowledges the existence of HIV/AIDS  
• Individuals and communities are gaining knowledge and skill in community-based research.                                                                     |                                                                                                                                                     |
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<th>Card</th>
<th>Key Protective Factors</th>
<th>Suggested Questions and Probes</th>
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| Supportive Families| • Grandparents understand and have tried to manage the impact of their trauma on their children and grandchildren.  
• Grandparents understand and accept their granddaughter.  
• Grandmother provides the granddaughter with a cultural reference to help the girl feel accepted.                                                                                                                                   | What are some of the generational effects of health on this family?  
How might the grandmother’s knowledge help others who are coming out?  
How important is acceptance to an individual’s health?                                                                 |
Aboriginal peoples are individuals who identify themselves as Aboriginal and are accepted by members of their community as Aboriginal; have a historical link to the land from the time before colonization or annexation; have a strong link to territories and natural resources; have distinct social, economic, and political systems; have distinct languages, cultures, beliefs and knowledge systems; want to maintain their identity as distinct peoples and communities; and are from non-dominant groups in society (UNPFII in Papan, 2009). Aboriginal peoples include Métis, Inuit, and First Nations regardless of where they live in Canada and whether they are ‘registered’ under the Indian Act of Canada.

AIDS is the acronym for Acquired Immune Deficiency Syndrome. This is a medical diagnosis given when a person is at an advanced stage of HIV disease.

Broader determinants of Aboriginal health incorporate the historical socio-political context to situate contemporary health disparities that are evident in Aboriginal communities (First Nations, Métis, and Inuit). These broader determinants attempt to capture the policy environment that has created chaos for individuals and communities and continues to challenge resilience.

Community HIV competence describes a community’s readiness and ability to respond to HIV epidemics. HIV competent communities have an accurate understanding of HIV, safe social spaces to discuss how HIV relates to their own lives, solidarity among community members, a sense of ownership over the problem, a sense of responsibility to contribute to solutions, confidence in the community’s ability to effectively respond, access to outside resources (financial, technical, etc.) and networks to support efforts.

Cultural competence is a term used to describe the skills, knowledge, and attitudes that enable health practitioners to provide respectful care to patients of diverse cultures.

Cultural continuity describes the intergenerational capacity to transmit and reinforce Aboriginal knowledge and cultural practices in families and communities.

Cultural safety is a term that is replacing cultural competence. It shifts the focus of culturally appropriate health services from the sole responsibility of the health practitioner to a shared responsibility of the health practitioner and patients. Cultural safety is an outcome whereby patients and health practitioners work together in an equal and respectful manner to decide how to manage the patient’s health. This exposes and manages power relationship inherent in health care services.

Determinants of health are the non-medical determinants that include gender; culture; income; employment and working conditions; income and social support; healthy child development; physical environment; social environment; and personal health practices and coping skills.

Gender refers to the expectations placed on people of a particular sex about how they should or should not feel, behave, and think about themselves, their bodies, and their roles in relationships and society. These expectations vary across cultures and historical times.
**Gender norms** refer to the expectations societies have about how men/boys and women/girls should think, feel, and behave. Gender norms influence people’s sexuality and intimate relationships.

**Health inequalities** are differences in health status experienced by individuals or groups. These differences can be the result of biological factors, personal practices, chance, or differences in access to the social determinants of health (PHAC, 2008).

**Health inequities** are differences in health status experienced by individuals or groups that result from social factors such as poverty and access to education; these differences are considered unfair or unjust.

**Heterosexism** is the assumption that all people are heterosexuals. This contributes to the social and economic exclusion experienced by two-spirited Aboriginal people.

**HIV** is the acronym for Human Immunodeficiency Virus. This is the virus that causes AIDS.

**Homophobia** is stigma and discrimination based on sexual orientation.

**Landscape frames** are a way of looking at an issue so that the focus is on the relationship between the individual and the broader social, cultural, economic and political environment.

**LGBTQI** is an acronym for lesbian, gay, bisexual, transgendered, two-spirited, queer, questioning, and intersex. It is an umbrella term used to describe people whose sexual and/or gender identity does not fit with mainstream expectations of heterosexuality being the normal or better.

**Men who have sex with men (MSM)** describes a behaviour associated with HIV transmission rather than how people self-identify. It includes men who identify as gay or bisexual, transgendered, and heterosexual. Discriminatory laws and homophobia contribute to MSM pursuing heterosexual relationships.

**Population Health Approach** was developed by Health Canada to improve the health of the entire population and to reduce health inequities among groups by looking at “root causes.” Unlike the biomedical approach which focuses on health at an individual level, the population health approach focuses on the health of a population and groups within population – with “health” being seen as a capacity or resource rather than a status.

**Portrait frames** are a way of looking at an issue so that the focus is on individual behaviours and risk.

**Resiliency** means being able to recover or bounce back from stressful and challenging life situations. Dealing with challenges can help people become stronger and better prepared to face future challenges. A person’s resiliency is affected by factors and conditions at the individual, family, and community level.
**Risk** is the likelihood that someone will become infected with HIV. It is related to behaviours – such as unprotected sex and sharing injection equipment – in which there is a chance that the HIV virus will move from one person to another. The degree of risk depends on many factors, such as personal behaviours (e.g., whether condoms are used correctly and consistently) and biological factors (e.g., whether someone has an active STI).

**Social determinants of health** – see Determinants of health

**Social inclusion** means people are accepted, valued, and have opportunities to realize their full potential.

**Transgender people** is an umbrella term that describes people whose gender identity does not match the gender they were assigned at birth or which is assumed by others in society (2-Spirit People of the 1st Nation, 2008). Trans-people include people who are transgender, transsexual, and androgynous, among others.

**Two-Spirited** is a term that many lesbian, gay, bisexual, transgender and intersex First Nation and Métis people in Canada use to describe themselves. This term is linked to a concept found in traditional societies in which some people were considered inherently sacred as they had a balance of both masculine and feminine energies.

**Vulnerability** refers to factors that reduce a person’s ability to control the exposure to risk.
About the Authors

Lia De Pauw, MHSc, works with organizations and communities to address the broad social, political, and economic factors underlying health inequities. Lia’s work primarily focuses on youth engagement as a health promotion strategy, community-based HIV responses, critical health literacy and the social determinants of health. Lia is a skilled educator, facilitator and writer. She has authored educational resources, health promotion guides, and fact sheets that are used provincially, nationally, and internationally – including the original Behind the Pandemic. She is an owner and principal consultant in Spark Public Health Group (www.sparkhealthgroup.ca).

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