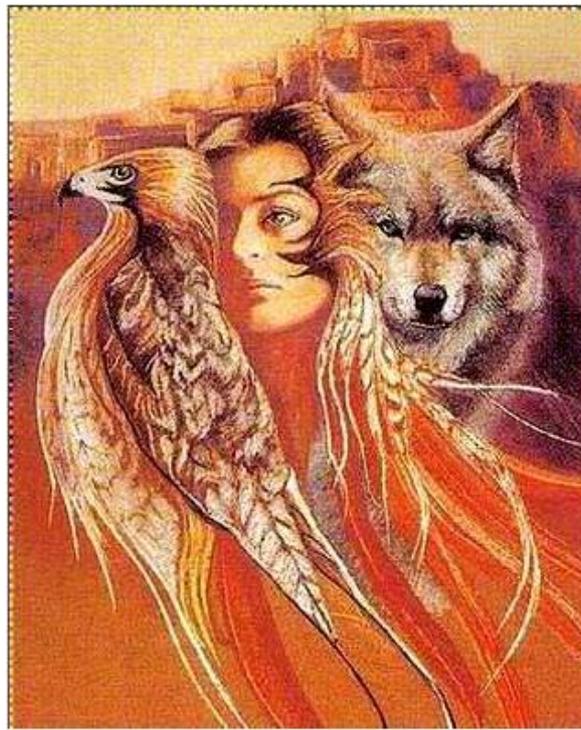


Situation of HIV/AIDS intervention and prevention among Aboriginals in Quebec



*First Nations of Quebec and Labrador Health and Social Services
Commission (FNQLHSSC)*



AIDS (YOU ARE NEVER ALONE)

AIDS was always just a word
yet now it bears your name,
But it has not changed how I feel about you,
I love you just the same.

We should never judge one another
with thoughtless words or deeds,
For all we have within us,
are wounds that made us bleed.

So you have an illness
none of us quite understand,
It doesn't make you a different person,
nor less a woman or a man.

You are still that same sweet person
that I have always known,
No matter how far the distance between us,
in my heart you will always have a home.

Jennilee Wahsquonaikeshik, 20 years old
Algonquin Nation of Timiskaming (Notre Dame du Nord)
Recipient of the First Price of the 2002 « Let's talk about HIV/AIDS » Contest.

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EXECUTIVE SUMMARY

The purpose of this report is to provide a portrait of the situation and to assess the needs for HIV/AIDS control among Aboriginals in Quebec. In order to achieve this goal the FNQLHSSC contacted during the spring of 2002, 96 workers and counsellors working for the following:

- Health and Social Services Centre located in First Nations and Inuit communities in Quebec
- Aboriginal organizations located outside First Nations communities (Native Friendship centres, Aboriginal treatment centres and associations, etc.)
- Quebec Community based HIV/AIDS Organizations
- Public Health Branches in all Regional Health and Social Services Boards of Quebec

In all the FNQLHSSC contacted a total of 138 individuals. We asked the individuals who were surveyed to complete a questionnaire, describing their activities and their needs. 96 of the respondents completed the questionnaire, which represents a very high response level of 69.6 %. Through the survey it conducted, the FNQLHSSC was able to learn the extent to which HIV/AIDS issue in Aboriginal communities is of great interest to both Aboriginal and non-Aboriginal stakeholders. In addition to the very high response rate achieved in the survey, investigators also learned how much case workers appreciated having the opportunity to talk about this subject. The report summarizes the main trends that emerge from analysis of the data and the responses for each category of respondents. Three descriptive case reports are included in the Appendix, that describe “success stories” of HIV/AIDS projects that have proved to be good examples in the communities.

Careful analysis of the data contained in the responses has highlighted the following three issues:

- In most Aboriginal communities and organizations in Quebec, *no HIV/AIDS based programs have been established*. Prevention activities are scarce and very few communities have any designated resources to work on this issue. Likewise, there are almost no non-Aboriginal organizations that offer programs or activities targeted at Aboriginal clientele.
- *Direct information exchange* between Aboriginal and non-Aboriginal communities is very poor. In fact Aboriginal communities seem to be poorly informed about the resources, training or events that are available in their region.
- In non-Aboriginal communities, the shortage of financial resources, coupled with poor knowledge about Aboriginal affairs are the main obstacles to the implementation of projects that target an Aboriginal clientele. In fact most non-Aboriginal case workers would be happy to develop a network of contacts and to obtain the support and the tools that would help them set up HIV/AIDS control programs that target Aboriginal clientele.
- The Quebec HIV/AIDS community-based organizations expressed great interest in Aboriginal issues as well as a willingness to broaden their own grasp of the situation so they could develop a cooperative approach and provide better outreach to Aboriginal clientele.

- All respondents, regardless of their category expressed their need for *more extensive training with respect to the HIV/AIDS problem among Aboriginals* and many expressed at the same time that they would themselves be interested in becoming trainers.
- The needs expressed within First Nations and Inuit communities were mainly related to HIV/AIDS prevention, public awareness and the need to fight against HIV/AIDS related discrimination. The situation is in fact the direct opposite of the situation prevailing in Aboriginal organizations based outside the communities, where there is greater need for support for Aboriginal People living with HIV/AIDS (APHA), whose needs range from palliative care, housing, detoxification, etc. *We can therefore infer that Aboriginals living with HIV/AIDS tend to leave their communities and settle in urban centres, where they can get the support they need from organizations outside their communities.*
- One question remains open: where do Aboriginal People living with HIV/AIDS (APHA) go to get care? Whereas most Aboriginals surveyed that their native brethren living with HIV/AIDS *leave their communities* in order to get treatment, their non-Aboriginal counterparts believe that Aboriginals living with HIV/AIDS are treated *in their communities*. Thus there appear to be conflicting visions with respect to access to care and treatment services.
- According to Aboriginal counsellors, non-Aboriginal health establishments and community organizations are not equipped to provide specific services to Aboriginals living with HIV/AIDS. Most respondents from HIV/AIDS community based organizations are of the opinion that universally accessible services are a mixed blessing. They realize that if they had a better understanding of Aboriginal realities they would be in a better position to help this specific clientele, who so far do not use their services.

Considering the above-mentioned observations, it is essential that more activities be organized to allow community counsellors to increase their knowledge, to broaden their expertise, to have better access to training and to establish networks. Our initiatives should be aimed at filling the gap created by the lack of resource persons, at building bridges between Aboriginal and non-Aboriginal communities through information sharing, at creating opportunities for meetings and information exchange, and at training people who can provide liaison between the communities. We must also ensure that information is more effectively shared across the network and that we develop the appropriate tools and disseminate the right information in order to increase the amount of prevention activities that can be locally organized. Finally, we must understand that urban Aboriginal organizations and First Nations and Inuit Health Centres located in the communities do not deal with the same clientele and do not have the same needs. While responding adequately to their specific needs respectively, it is essential however that HIV/AIDS control be seen from a global perspective, from both inside and outside the communities.

INTRODUCTION

PREAMBLE

The First Nations and Inuit of Quebec HIV/AIDS Permanent Committee, which was created in 2000, has the mandate to provide recommendations to the FNQLHSSC regarding the implementation of the Circle of Hope, the First Nations and Inuit of Quebec HIV/AIDS Strategy. The permanent committee is made up of First Nations and Inuit representatives, and representatives of various organizations and government departments. The work of the permanent committee and the FNQLHSSC has provided the Quebec region with an effective strategy for combating HIV/AIDS in the Aboriginal communities. Since its implementation, the strategy has gained recognition throughout Canada.

The permanent committee indicated that to complete its work, it would need a document presenting an overall portrait of the situation and needs in HIV/AIDS prevention and intervention in the Aboriginal communities in Quebec. It accordingly recommended that the FNQLHSSC carry out a survey “*to determine what has been done in this area and in particular, to learn about ‘success stories’ that could be a source of inspiration to other communities*” (Knowledge component in the Circle of Hope 2001-2002 action plan). Indeed, even though the Aboriginal peoples in Canada have been identified as one of the population groups most vulnerable to HIV/AIDS, little work has been done on HIV/AIDS issues in Quebec’s Aboriginal communities. The lack of information has made it difficult to establish comprehensive action plans. More specifically, there is no information on the services and tools available for HIV/AIDS prevention or for efforts to support Aboriginal people with HIV/AIDS. Yet such information is indispensable for the Circle of Hope to develop projects based on existing evidence.

This document seeks to meet a need expressed by the permanent committee and by numerous other players, Aboriginal and non-Aboriginal alike, wishing to get involved in the fight against HIV/AIDS in our nations. It presents an overall portrait of the situation both in and outside the communities. This portrait also takes account of what is being done through partnerships between Aboriginal and non-Aboriginal organizations.

In December 2001, the Circle of Hope launched an HIV/AIDS awareness campaign under the theme “*AIDS does not discriminate: It can strike anybody, in the city as well as in the communities. That’s why we have to join forces to fight it.*” This document looks at the HIV/AIDS services and tools available to all Aboriginal people in Quebec, whatever their place of residence, sex and sexual orientation, status, home community, age, etc. It is intended to help us know more about the strengths and weaknesses in the current situation and about the activities undertaken in the Aboriginal and non-Aboriginal communities to create bridges between these two worlds and build a solid network for combating HIV/AIDS.

HIV/AIDS AND ABORIGINAL PEOPLE

There are 11 Aboriginal Nations in Quebec with a total population of close to 74,000 living both in and outside the communities throughout the province. These Nations are: Abenaki, Algonquin, Atikamekw, Cree, Huron-Wendat, Malecite, Mi’gmaq, Mohawk, Montagnais, Naskapi and Inuit. Quebec covers a vast territory, and important distances separate the communities. Two-thirds of

First Nations people living in their communities speak their first language, but just 30% report being able to read it. The Aboriginal population is the group showing the fastest growing fertility rate in the province. The *Report on the Analysis and Interpretation of the Regional Health Survey – Quebec Region* (FNQLHSSC, 1999) indicates that the Aboriginal fertility rate is 2.7%, compared to 1.7% for the population of Quebec overall. Also, 73% of the Aboriginal population is 45 years of age or younger. Diabetes affects 10% of the population. 73.7% of Aboriginal people consider substance abuse (alcohol and drugs) to be the greatest threat to the security of their communities, and 79.5% felt that a return to traditional ways and beliefs would be a good way to promote the well-being of the communities. The main source of income in the communities is social assistance (35.1%), followed by employment (31.6%) and employment insurance (10.8%).

In the past ten years, the number of new First Nations and Inuit HIV/AIDS cases each year in Canada has risen dramatically. This trend is opposite to what has been observed in the Canadian mainstream population, where the number of AIDS cases has stabilized. Even though Aboriginal people represent 2.8% of the Canadian population, they accounted for 9% of new HIV cases in 1999. The annual proportion of Aboriginal HIV cases rose from less than 1.0% before 1990 to 10.0% in 1999. As of December 31, 2001, a total of 18,026 AIDS cases had been reported to the Centre for Infectious Disease Prevention and Control (CIDPC) in Canada. Of that number, 437 were reported as being Aboriginal. Proportionally speaking, there are more HIV/AIDS cases among two Aboriginal groups, women and people younger than 30, than in the corresponding non-Aboriginal groups. Furthermore, there is a much greater proportion of cases among Aboriginal injection drug users (IDUs), with a rate of 35.5%, than among non-Aboriginal IDUs, with only 6.0%. Certain risk factors and behaviours contribute to the spread of HIV among all population groups. According to various studies, these risk factors are encountered more frequently among First Nations and Inuit people. Multi-generational trauma, the history of cultural oppression, and the experience of the residential schools are some of the negative elements that have had a profound impact on the self-esteem of First Nations and Inuit people. Statistics give an overview of the scope of the situation and show there is a real risk of a tragic epidemic if means for combating this scourge are not rapidly implemented.

Among Aboriginal people, the use of injection drugs is an important risk factor. 26.9% of Aboriginal men with AIDS are IDUs. As of December 31, 2001, 102 cases of Aboriginal women with AIDS had been reported, and of that number, 64.9% were caused by injection drug use. The percentage of Aboriginal IDUs with AIDS has increased significantly, going from 10.3% before 1992 to 29.5% in 1996 and then to 52.9% in 2001. Recent evidence for this trend is found in surveillance data, which shows that the Aboriginal population is over-represented in certain population groups that use injection drugs. The frequency with which injection drug use is mentioned as a risk factor is a major difference between Aboriginal and non-Aboriginal AIDS cases. This is particularly true for Aboriginal women. Nationwide, injection drug use is the main HIV risk factor for 50% of Aboriginal women and 19% of Aboriginal men. The corresponding risk levels for non-Aboriginal women and men are 7.4% and 3.2%. According to Remis (2001), about 10% of all IDUs in Canada are Aboriginal. Thus, an estimated 8,000 Aboriginal people are IDUs. This figure comes to about 1% of the entire Aboriginal population, which is estimated at 800,000. With the prevalence of HIV among Aboriginal IDUs estimated at about 15%, the number of Aboriginal IDUs with HIV in Canada comes to about 1,200. Lastly, an estimated 1,477 Aboriginal people have both HIV and Hepatitis C (HCV).

Aboriginal women have been identified as one of the population groups most vulnerable to HIV and HCV. The high rates of alcohol and substance abuse, conjugal violence and abuse, incest and unwanted pregnancies among Aboriginal women shows us why we must give more importance to HIV/AIDS and hepatitis C prevention for this group. Health Canada estimates that the HIV infection rate for young Aboriginal people is higher than for their counterparts in the non-Aboriginal population. Unprotected sexual relations between Aboriginal men are still the main cause of HIV for that group. Two-Spirited People are also considered to be particularly at risk for HIV/AIDS. This vulnerability is reinforced by the discrimination they face from people in their own community and from the non-Aboriginal homosexual population, as well as by the absence of prevention and support services for them. As indicated in a 1998 report on AIDS by the Canadian HIV/AIDS Legal Network, problems of jurisdiction and funding are barriers to the implementation of comprehensive programs for combating HIV/AIDS among Aboriginal people. Indeed, jurisdiction for these programs depends on whether the clientele is on-reserve or off-reserve. But the Aboriginal way of life is characterized by a strong movement to urban centres and among the communities. It is difficult to design and run global Aboriginal programs that take this factor into account.

In Canada, the often difficult living conditions of Aboriginal people in urban centres make them vulnerable to HIV/AIDS. Because of discrimination and a lack of resources in the communities for Aboriginal people with HIV/AIDS, a large number of them go to the cities where they can receive services anonymously. But it appears that they do not find the support they need, either in their community or in the cities. In the communities, they suffer the consequences of the workers' lack of knowledge concerning HIV/AIDS and of prejudice on the part of the mainstream population regarding the illness. In urban centres, a number of economic and socio-cultural barriers limit their access to health services. Little work has been done on HIV/AIDS and urban Aboriginal people. However, a survey conducted by the Native Friendship Centre of Montreal in 2001 presents an overall portrait of the situation of Aboriginals in Montreal and on the use (or non-use) of HIV/AIDS services in the city. The survey, which involved interviewing 20 friendship centre clients and 83 non-Aboriginal workers, revealed the following:

- Aboriginal people who go to the Native Friendship Centre of Montreal are often engaged in high risk activities without knowing they are at risk. Most of them know very little about HIV/AIDS.
- Most Community-based HIV/AIDS Organizations in Montreal have identified Inuit women as the most visible at-risk group. Many of these women are caught up in a cycle of abuse that includes violence, survival sex, alcohol and drug abuse, and abusive relationships. Poverty and homelessness are frequently the lot of these women, most of whom have left their community because they were victims of physical or sexual abuse.
- Montreal service providers have identified injection drug use as one of the causes of HIV among their Aboriginal clients, whom they describe as generally having a disorganized way of life (e.g. injection drug use, homelessness, substance abuse, alcoholism, abusive relationships and prostitution). Many of them stay at shelters.
- Aboriginal people in Montreal who are at risk and/or living with HIV/AIDS have limited access to health services:

“They appear to access only the most basic services – emergency shelter, medical treatment, food and clothing banks. Most refuse follow-up of any kind. Several people with Hepatitis C refuse treatment. Several services providers indicated that their clients are reluctant to go for HIV testing or do not come back for results”

- Aboriginal people with HIV/AIDS make little use of care, treatment and support services. If they do, it is at a highly advanced stage of the illness. Many do not take their medication regularly, and some do not take their medication at all. They refuse to participate in non-Aboriginal support groups.

The majority of Montreal service providers say it is difficult to gain the trust of their Aboriginal clientele. Many are frustrated at seeing their services being underused by Aboriginal clients and indicate that they have highly limited knowledge of the historical, cultural and social reality of Aboriginal people.

FIRST NATIONS OF QUEBEC AND LABRADOR HEALTH AND SOCIAL SERVICES COMMISSION (FNQLHSSC)

The First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) was created in 1994 by the Assembly of First Nations of Quebec and Labrador (AFNQL). Its mission is to improve the physical, mental, emotional and spiritual well-being of First Nations and Inuit people, families and communities, in full respect of their culture and local autonomy. It helps communities develop, implement and improve health and social services programs designed by First Nations and Inuit organizations according to the needs of the communities and their members. Its role is to help First Nations and Inuit communities in Quebec and Labrador defend, maintain and exercise their inherent rights to health and social services, and to help them develop and deliver these programs. Each Aboriginal community in Quebec and Labrador and each institutional member of the FNQLHSSC appoints a health and social service delegate as its representative to the FNQLHSSC, which is administered by a board of directors made up exclusively of Aboriginal members. It receives its mandates at an annual general meeting bringing together the delegates of the Aboriginal communities and organizations throughout Quebec and from Labrador. The FNQLHSSC administers some 20 programs in First Nations and Inuit health and social services, including:

First Nations and Inuit Regional Longitudinal Health Survey (FNIRLHS)
First Nations Child and Family Services
First Nations Income Security Framework Policy
First Nations and Inuit Tobacco Control Strategy (FNITCS)
Non-insured Health Services (NIHS)
Canadian Prenatal Nutrition Program (CPNP)
Quebec First Nations Child Care Initiative
First Nations and Inuit Health Information System (FNIHIS)
First Nations Head Start (FNHS)
Home care
Diabetes
HIV/AIDS

¹ *Native Friendship center of Montreal (2001), “Breaking the Walls of Silence : Aboriginal People and HIV/AIDS in Montreal, HIV/AIDS Needs Assessment : Final report .» Prepared by Sweetgrass Consulting for the Native Friendship Centre of Montreal and La Direction de Santé Publique, Régie Régionale de la santé et des Services Sociaux de Montréal Centre.*

CIRCLE OF HOPE – BACKGROUND

The First Nations and Inuit population is more vulnerable to HIV infection than is the Canadian mainstream population. In acknowledgement of this fact, the Assembly of First Nations of Quebec and Labrador (AFNQL), which brings together the Grand Chiefs of the First Nations, mandated the FNQLHSSC in 1998 to develop and implement a strategy to combat HIV/AIDS in the First Nations and Inuit communities in Quebec. In 1998, a working group was created to develop such a strategy. This working group, known as the *First Nations and Inuit HIV/AIDS Working Group*, was made up of First Nations and Inuit representatives, federal and provincial government representatives, and representatives from the regional Health and Social Services Boards. This groundbreaking collaborative work led to the development of a strategy based on a comprehensive, common and concerted vision for dealing with the various aspects of the HIV/AIDS scourge. That strategy is the “*Circle of Hope: The First Nations and Inuit of Quebec HIV/AIDS Strategy*” which got under way in February 2000. The strategy, based on a holistic approach, has five main components (knowledge, prevention, care & treatment, healthy communities, and coordination) for overall and immediate action to prevent the spread of HIV in the First Nations and Inuit communities from reaching epidemic proportions. Since the adoption of the strategy, the *First Nations and Inuit of Quebec HIV/AIDS Permanent Committee* has had the mandate to provide recommendations to the FNQLHSSC to ensure the success of the strategy. This committee is made up of First Nations and Inuit representatives, and representatives from various organizations and government departments. It also has as members a person with HIV/AIDS and an Aboriginal youth representative, to benefit from the experience of the groups these people represent. The permanent committee adopted a three-year action plan (2002-2005) aimed at implementing a number of activities and establishing a network for combating HIV/AIDS in our communities.

Since the adoption of the strategy, the FNQLHSSC has devoted a great deal of work to the implementation of its action plan. This involves carrying out projects throughout the year in communications and prevention, worker training, distribution of materials, networking, etc. It produces two editions a year of the Circle of Hope newsletter with a print run of 1,400. This newsletter serves as a forum for the sharing of information by people involved in the fight against HIV/AIDS. On December 1, 2001, the FNQLHSSC launched its first HIV/AIDS prevention and awareness campaign for Aboriginal people. This Circle of Hope campaign is based on the following tools: poster (*AIDS does not discriminate*), radio information bulletins, a contest (*Tell me about AIDS*), poster (*AIDS – You’re never alone*), poster and brochure (*You are an Aboriginal person . . . then AIDS concerns you too*), poster (*Proud to be Aboriginals, we are doing our part to prevent the spread of HIV in our communities*), the Circle of Hope newsletter, press releases, conferences, etc. In addition to offering direct support to the communities and organizations wanting to develop HIV/AIDS projects, the FNQLHSSC represents the interest of Aboriginal people in Quebec to various HIV/AIDS advisory committees.

FIRST NATIONS AND INUIT OF QUEBEC HIV/AIDS PERMANENT COMMITTEE

The FNQLHSSC created the First Nations and Inuit of Quebec HIV/AIDS Permanent Committee to present recommendations for developing various projects. The committee, which meets four times a year, is made up of 11 voting Aboriginal members as follows: an Aboriginal person with HIV/AIDS, an Elder, an Aboriginal youth representative, several First Nations community health

representatives, a Montagnais/Innu nurse, Cree and Inuit delegates, and workers with urban Aboriginal organizations and Aboriginal treatment centres. Government representatives (MSSS, Health Canada and INAC) also sit on the committee, but without voting rights. The committee's mandate is to present recommendations to the FNQLHSSC to ensure the effective implementation of a holistic HIV/AIDS strategic plan for First Nations and Inuit people living on and off-community. The objectives of these recommendations are as follows:

- Bringing about collaboration by federal, provincial, regional, and First Nations & Inuit organizations to implement a holistic strategic plan (mental, physical, emotional and spiritual) that recognizes, supports and promotes Aboriginal rituals, healing, history and values.
- Coordinating and implementing the First Nations and Inuit HIV/AIDS strategy through the participation of the First Nations and Inuit, particularly people living with or affected by HIV/AIDS.
- Supporting and facilitating the communities' work to implement their own strategies.
- Informing the communities and helping them obtain funding from the available sources.

The permanent committee was consulted at each stage in the survey reported on in this document (development of questionnaires, conducting of interviews, evaluation of preliminary reports, and preparation of this final report).

PRESENTATION

OBJECTIVES

As recommended by the permanent committee, in the spring of 2002, the FNQLHSSC began a survey to describe the situation and assess needs for material in the fight against HIV/AIDS in the Aboriginal communities. Our goal has been to find out more about the strengths and weaknesses in the current situation to help better direct our actions. More specifically, the objectives are:

- 1) Describe the network of organizations, institutions and individuals involved in the fight against HIV/AIDS in the Aboriginal communities in Quebec.
- 2) Draw up a portrait of the prevention & intervention tools and services available throughout the province to support Aboriginal people, so as to better identify the strengths and weaknesses in the current situation and to develop a network of contacts for workers.
- 3) Describe what is being done or has been done on and off-community in the fight against Aboriginal HIV/AIDS in order to identify the lacks and needs in prevention and support.
- 4) Present community activities that can serve as examples. The promotion of these 'success stories' will encourage other stakeholders/organizations to develop similar projects. Some success stories can also be used as prevention or intervention models.

METHODOLOGY

Sampling Plan and Questionnaire Development

It was decided to collect data from four main HIV/AIDS stakeholder groups:

- 1) Aboriginal community Health Centres in Quebec
- 2) Main Aboriginal organizations (in and outside urban centres and including those offering addiction treatment services)
- 3) Quebec Community-based HIV/AIDS Organizations
- 4) Coordinators of infectious diseases services in the Public Health Boards (PHBs - Directions de la santé publique) in all regions of Quebec

The FNQLHSSC worked with the consulting firm NCS to design the survey's tools, namely four bilingual questionnaires for the above-mentioned groups. The questionnaires were approved by the permanent committee after modifications were made. Each questionnaire contained about 50 questions and required an average of 45 minutes to complete. The questions focused on the availability and description of the following programs and services in the communities, organizations and regions:

- Programs for combating HIV/AIDS among Aboriginal people
- Activities for combating HIV/AIDS among Aboriginal people
- HIV/AIDS prevention tools for Aboriginal people
- Information received regarding HIV/AIDS and Aboriginal people
- Training received on HIV/AIDS and Aboriginal people
- Available care, services and treatment
- Main needs (tools, information, training, access to care and treatment, contacts, resources, etc.) for combating HIV/AIDS among Aboriginal people
- Future projects, and expectations concerning the work of the FNQHLSSC and the Circle of Hope

The FNQLHSSC first identified the people in charge of HIV/AIDS activities in and outside the Aboriginal communities. It then telephoned these people to invite them to take part in the survey. In all, 138 persons were contacted by the FNQLHSSC, and 96 completed the questionnaire. The response rate was 69.6%, which represents an excellent participation rate.

Data Collection

To collect data, the FNQLHSSC hired two bilingual people who conducted the survey under the supervision of the HIV/AIDS technical coordinator. They first received training on HIV/AIDS and Aboriginal people, the Circle of Hope, and the survey's objectives. They were also trained on how to answer the main questions they might be asked and received a survey protocol. Eight pre-tests were administered to evaluate the validity of the questionnaires and to determine the most effective method for administering the survey. Some questions were subsequently modified to facilitate understanding. The people who participated in the pre-test all showed strong interest in the project. They said the questionnaire was long, but that this was necessary in order to obtain a realistic portrait of the situation. Many of them said they were very pleased to be able to express

themselves directly on the subject. Several asked if they could do the questionnaire by telephone, even though that would take at least one hour. The pre-tests confirmed the importance of establishing telephone contact between the respondents and the FNQLHSSC interviewer. This method made it possible to explain the project, establish an atmosphere of trust, deal with any eventual questions and offer assistance in completing the questionnaires. It demanded a great deal of the interviewers' time. However, because of the characteristics of the Aboriginal communities and of the subjects covered, it proved to be much more effective than administering the questionnaire by mail. The choice of this method explains the exceptionally high response rate of 69.6%. The data were gathered between March 16 and April 19, 2002.

Response Rate

138 people were contacted by the FNQLHSSC, and 96 of them completed the questionnaire. The response rate for all categories combined was 69.6%, and as follows for each group:

- First Nations and Inuit community Health Centres: 40 / 56 = 71.43%
- Aboriginal organizations: 10 / 13 = 76.9%
- Public Health Boards: 14 / 18 = 77.7%
- Community-based HIV/AIDS Organizations: 32 / 51 = 62.74%

First Nations and Inuit Community Health Centres: 71.4%

Forty of the 56 Health Centres that received the questionnaire completed it. All the Aboriginal communities in Quebec were represented by one or more communities, as follows: Abenaki (2), Algonquin (8), Atikamekw (3), Cree (5), Huron-Wendat (1), Inuit (9), Malecite (1), Mi'gmaq (3), Mohawk (2), Montagnais (6) and Naskapi (1).

Aboriginal organizations (in and outside urban centres, including those that offer addiction treatment services): 76.9%

Ten of the 13 organizations that were contacted completed the questionnaire.

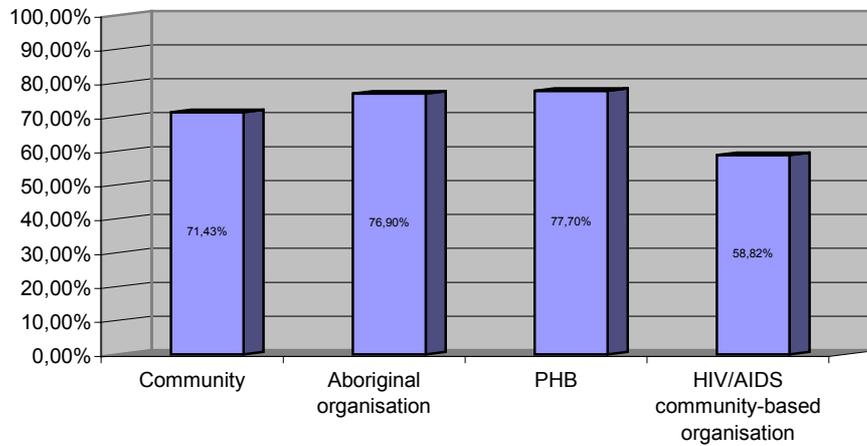
Coordinators of infectious disease services in the Public Health Boards (Directions de la santé publique- PHBS) in all Quebec regions: 77.7%

The person responsible for the HIV/AIDS file at each public health directorate was contacted. Fourteen of the 18 questionnaires sent to the PHBs were completed, for a response rate of 77.7%.

Quebec Community-based HIV/AIDS Organizations: 62.74%

Fifty-one Quebec Community-based HIV/AIDS Organizations were contacted, and 32 participated in the survey, including three provincial organizations, 14 in Montreal, three in Quebec City, two in Trois Rivières, and 10 in other regions.

Response rate by categorie



Analysis of data and preparation of the report:

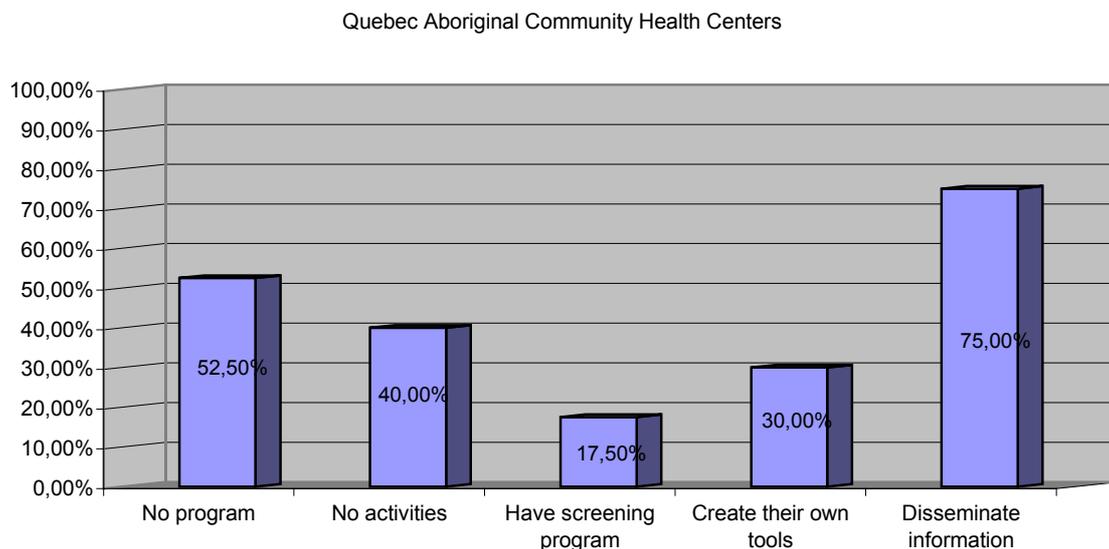
The Department of Mathematics and Statistics at the University of Montreal processed and carried out a statistical analysis of the data. A first quantitative analysis of the open-answer questions was conducted by the consulting firm NCS, which submitted a report to the FNQLHSSC. With that document as their starting point, the FNQLHSSC and the permanent committee prepared the final report, which outlines the main trends detected by the survey and presents information sheets on success stories. The final report was prepared by the HIV/AIDS technical coordinator with the FNQLHSSC.

RESULTS: HEALTH CENTRES IN THE FIRST NATIONS COMMUNITIES AND INUIT VILLAGES IN QUEBEC

Forty of the 56 Health Centres that received the questionnaire completed it. All the Aboriginal Nations in Quebec were represented by one or more communities as follows: Abenaki (2), Algonquin (8), Atikamekw (3), Cree (5), Huron-Wendat (1), Inuit (9), Malecite (1), Mi'gmaq (3), Mohawk (2), Montagnais (6) and Naskapi (1). Some communities are close to urban centres, while others are several hundreds of kilometres from a town or city, and some are inaccessible by road. The most remote are in Nunavik, several hours by air from Montreal.

More than half of the Health Centres (52.50%) **do not have an HIV/AIDS program**. The programs that some do have deal primarily with prevention and awareness. The overall Aboriginal population is the target clientele of these programs, although some target more specifically youth or women. Very few of the communities (17.5%) have an HIV screening program. Even more surprising only two communities have support programs for people with HIV and people affected by HIV. Some respondents gave a brief description of their programs; they seek to prevent HIV/AIDS primarily by promoting safe behaviours and distributing condoms (particularly to high school students). Distribution of needles was also mentioned. Also, few partnerships have been developed for these programs. Health Canada was mentioned as the main funding source. Only three communities have evaluated their programs.

Although there were few programs, some Health Centres (60.00%) **held regular or occasional HIV/AIDS activities**. But this means there were no such activities, even occasional ones, in 40% of the Aboriginal communities in Quebec.



Examples of activities included:

- Community radio broadcasts on HIV/AIDS
- Anonymous screening and needle distribution in the Health Centres
- Prevention and awareness workshops, testimonials, and distribution of ribbons for World AIDS Day
- Distribution of condoms in schools and local stores
- Prevention activities in schools
- Marches in villages (with HIV/AIDS posters)
- Meetings and conferences at the health centre with the collaboration of care personnel and community workers
- Individual consultations offering psychological support for people with HIV/AIDS
- Distribution of brochures, posters and calendars

In general, the target population was the entire Aboriginal population, and in particular, youth, who are reached at the schools and/or youth centres. Some communities integrated cultural and traditional values by getting elders involved in local prevention activities. For example, an opening ceremony by the Medicine and Healing Circle begins prevention activities in one community. The respondents felt that community activities had several benefits; by getting preventive information to all people in the community, they created greater openness among members to learn and talk more about the problem.

Close to one-third of the communities (30.00%) had developed their own prevention/awareness tools, with brochures and posters the most common ones reported.

Regular mail was the primary means used by the communities to distribute information. Fax, and e-mail were not a first choice. 82.50% of respondents wanted to receive HIV/AIDS information by mail. A large majority of communities (72.50%) received information on HIV/AIDS, primarily from the FNQLHSSC and Health Canada. We noted that the information dealt mostly with prevention (62.50%) and Aboriginal health & HIV/AIDS (52.50%). Only 37.50% of the Health Centres received information on HIV/AIDS care and treatment. Fewer than half of the centres (47.50%) received information on training and resources available in their region. Most of the centres (75.00%) distributed the information they received.

The results showed that awareness/prevention services, usually provided by the community nurse and community health representative, were the main HIV/AIDS services in the communities. We noted an **absence of HIV/AIDS care and treatment services**, and of support for people with HIV. When asked where people with HIV/AIDS receive care, most respondents said that care was given outside the communities (in hospitals, CLSCs and medical clinics). They reported that these people did not contact the community Health Centres, urban Aboriginal centres, or non-Aboriginal community organizations. Even though services did not seem to exist, the respondents showed a strong interest in, and need for, care and treatment; 45.00% of respondents said they needed information on traditional treatment that could help people with HIV/AIDS. More than half of the respondents said they would like to receive information on new testing and would like to learn about strategies for countering discrimination against people with HIV/AIDS, and strategies for providing home care to people with HIV/AIDS. Lastly, 42.50% of respondents reported they would like information on the accessibility of new medications.

60.00% of respondents felt it was “Very Important” to receive information on **how to plan and hold prevention activities**. The activities for which they need support were, in order of importance:

- HIV/AIDS awareness tools for youth
- HIV/AIDS awareness tools for women
- General information on HIV/AIDS prevention
- HIV/AIDS awareness tools for injection drug users

The respondents did not feel they needed HIV/AIDS awareness tools for elders.

Regarding **information**, the respondents considered it to be “Very Important” to receive information on:

- Training and resources available in their region
- HIV/AIDS and Aboriginal health
- HIV/AIDS prevention
- Recent medical research and scientific discoveries

Very few respondents felt it was important to receive information on the legal aspects of HIV/AIDS.

The results clearly showed a need for Health Centres to provide **HIV/AIDS training**, and a great interest by them to provide such training; 72.50% of respondents would like such training, while 65.00% wanted to know what training was available in their region. The respondents considered it to be “Very Important” to receive training on the following themes, in order of importance:

- Prevention for youth
- Prevention for women
- Basic information on HIV/AIDS
- Prevention for injection drug users
- Palliative care for people with HIV/AIDS
- Home care for people with HIV/AIDS

More than half of the respondents (52.50%) were interested in receiving training that would allow them to become HIV/AIDS trainers themselves.

65.00% of respondents said they needed to develop their network of contacts.

Several respondents would like to carry out the following programs in their communities:

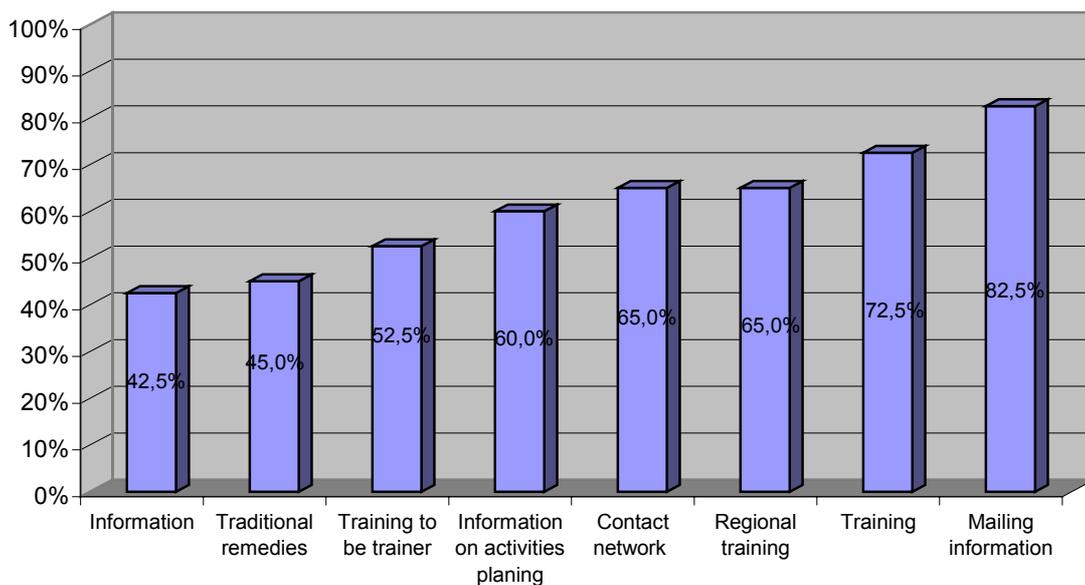
- Develop permanent support and prevention structures
- Continue with educational campaigns in elementary and secondary schools
- Implement an intervention program for people with HIV/AIDS and their families
- Hold HIV/AIDS discussion workshops bringing together youth, parents and elders

- Provide at-risk groups with the most recent information available
- Have community youth gather medicinal plants
- Distribute promotional brochures and posters

The respondents indicated that the FNQLHSSC and the Circle of Hope could help them in the following ways:

- Provide information on all training available in their region
- Offer training adapted to the learning pace of all people involved
- Train people to become HIV/AIDS trainers
- Inform care personnel and other workers about treatment and testing procedures
- Develop prevention material based on the needs of the people in the communities
- Help with the search for new funding
- Monitor the use of funding allocated to the communities
- Provide all relevant information coming from other Aboriginal communities
- Propose guest speakers with HIV/AIDS
- Distribute information on recent research and discoveries

Main community needs



Some communities suggested developing local Aboriginal human resources. Respondents also stressed the importance of offering a continuum of prevention activities and support services for members of the communities. They felt it would be a good idea to invite Aboriginal youth to HIV/AIDS information sessions. Lastly, they felt that prevention tools for reaching their youth clientele should be developed in collaboration with partners in the communities.

RESULTS: ABORIGINAL ORGANIZATIONS (IN AND OUTSIDE URBAN CENTRES, INCLUDING THOSE THAT OFFER ADDICTION TREATMENT SERVICES)

Twelve organizations (nine francophone and three anglophone) participated in the survey.

Aboriginal treatment centres provide the population with prevention services, and counselling/rehabilitation services for problems related to HIV/AIDS, alcohol and drug abuse, and all other dependencies.

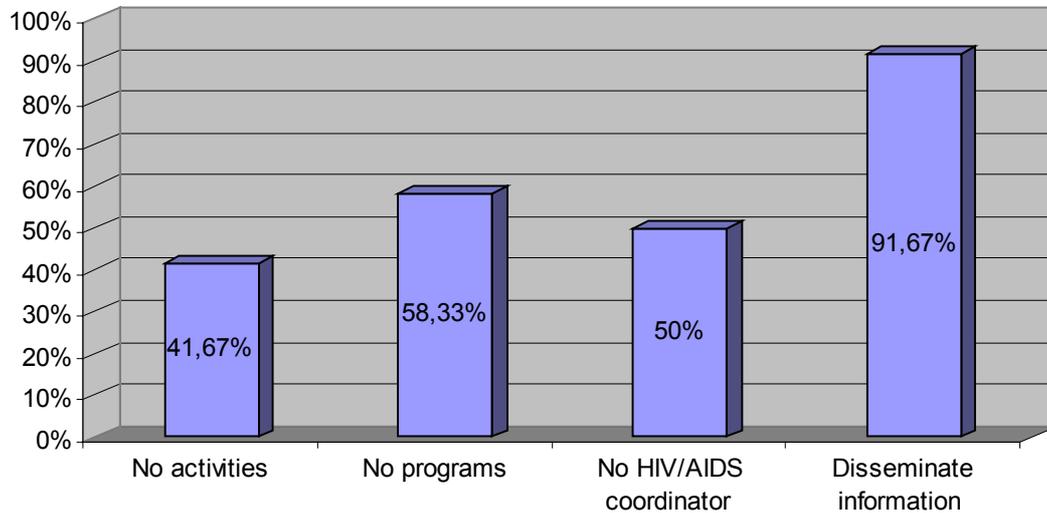
The Native Friendship Centres are urban organizations that support Aboriginal people experiencing difficulties with the socio-economic realities of urban life. They act as specialists in a variety of fields and offer a single window for health and social services, employment and training services, housing, emergency assistance, referral services, and information services for Aboriginal people in urban areas. They also serve as places for multicultural exchanges with other Aboriginal and non-Aboriginal groups in Quebec.

Half of the respondent organizations did not have an HIV/AIDS coordinator, and the majority (58.33%) had not developed any kind of HIV/AIDS program. Programs that did exist were primarily in prevention and awareness (41.6% of respondents). The target clientele here was the population as a whole and the following groups: women, Two-Spirited People, injection drug users, and sex trade workers. One organization offered a needle exchange program. Two had evaluated their programs. Health Canada and the Public Health Boards were the main funding sources mentioned by the respondents. Very few partnerships had been developed, although some organizations collaborated with the FNQLHSSC, non-Aboriginal community organizations or the MSSS public health directorate in their region.

Even though there were few programs, more than half of the organizations (58.33%) ran **regular or occasional HIV/AIDS activities**, including:

- Conferences
- Videos
- Distribution of educational brochures
- Dissemination of information on HIV/AIDS, sexually transmitted diseases, testing, and the use of condoms
- Presentations on the Circle of Hope strategy
- HIV/AIDS prevention and awareness workshops
- Awareness campaigns for target clienteles
- Blood and cytological testing for men and women
- Distribution of free condoms
- Prevention activities in the schools
- Meetings and conferences with testimonies by people living with HIV/AIDS
- Doing research on the accessibility of resources in the region
- Scientific research on the assessment of Aboriginal needs regarding HIV/AIDS
- Distribution of brochures, posters and calendars
- Use of games and videos for building awareness
- Writing of articles on HIV/AIDS

Aboriginal organisations



Some organizations integrated cultural and traditional values through the active involvement of elders and through workshops based on Aboriginal realities. The respondents indicated that working with clientele these ways had brought good results.

One of every four organizations had developed HIV/AIDS prevention and awareness tools, with brochures, posters and newsletters as the primary tools.

The majority of these organizations (75.00%) received HIV/AIDS information, mostly on prevention. More than half (58.33%) received information on HIV/AIDS care and treatment. One-third received information about training and resources available in their region. Mail was the primary means for receiving HIV/AIDS information. Still, 50.00% of respondents also received information by fax and 41.67% obtained information by e-mail and by Internet searches. The main sources of information were Health Canada (66.67%) and the FNQLHSSC (41.67%). Some respondents also reported that they received information, in order of importance, from the Canadian Aboriginal AIDS Network, the MSSS public health directorate in their region, and Community-based HIV/AIDS Organizations. 91.67% of respondents distributed the information they received through display stands or by giving it to people in discussion groups.

The results showed that awareness and prevention activities were the main services provided by these Aboriginal organizations. Regarding the availability of services for Aboriginal people with HIV/AIDS, most respondents mentioned such services were in places outside the communities (i.e., hospitals, CLSCs, medical clinics). They reported that people with AIDS did not seek services from the community Health Centres, nor from urban Aboriginal organizations and non-Aboriginal community organizations. Several respondents felt that the non-Aboriginal organizations did not provide Aboriginal people with HIV/AIDS services based on their needs. Some thought that the limited number of Aboriginal clients, the remoteness of the communities

and the lack of information on cultural differences were factors having a negative impact on the degree to which services from non-Aboriginal organizations could be adapted in their region for Aboriginal people. The results also showed a strong need and interest among Aboriginal workers regarding care and treatment. Following are the services that the respondents identified as being important to develop:

- Home and palliative care
- Support services and services based on the specific needs of the Aboriginal clientele
- Therapeutic counselling
- Explaining HIV/AIDS issues and the progress of the illness in people with HIV/AIDS to all the people involved

Contrary to the situation in the community Health Centres, the organizations in this category indicated urgent needs for services and support intended for Aboriginal people with HIV/AIDS. 66.67% of respondents considered it “Very Important” to receive information on new AIDS testing, and a large majority (75.00%) want information on access to HIV/AIDS treatment. Lastly, 66.67% of respondents needed to know how to develop a nutrition program for people with HIV/AIDS. The respondents also needed information on workshops offered by healers/elders and on traditional treatments that could help people with HIV/AIDS.

Half of the respondents felt it was “Very Important” to receive information on how to plan and conduct prevention activities. They also felt it was “Very Important” to receive the following tools, in order of importance, to support their **prevention activities**:

- HIV/AIDS awareness tools for youth
- Lists of regional organizations involved in prevention
- HIV/AIDS awareness tools for injection drug users
- Descriptions of effective prevention activities
- HIV/AIDS awareness tools for women
- General information on HIV/AIDS prevention
- Awareness tools on the transmission of HIV/AIDS

The respondents felt it was not very important to have HIV/AIDS awareness tools for elders.

Regarding **information**, the respondents felt it was “Very Important” to receive information on:

- Training and resources available in their region
- Aboriginal health and HIV/AIDS
- HIV/AIDS prevention
- Legal issues
- Organizations involved in the fight against HIV/AIDS in the Aboriginal communities

The results clearly show a need for Health Centres to provide **HIV/AIDS training**, and a great interest by them to provide such training; 83.33% of respondents would like such training, while 65.00% wanted to know what training was available in their region. The respondents considered it to be “Very Important” to know what training was available in their region.

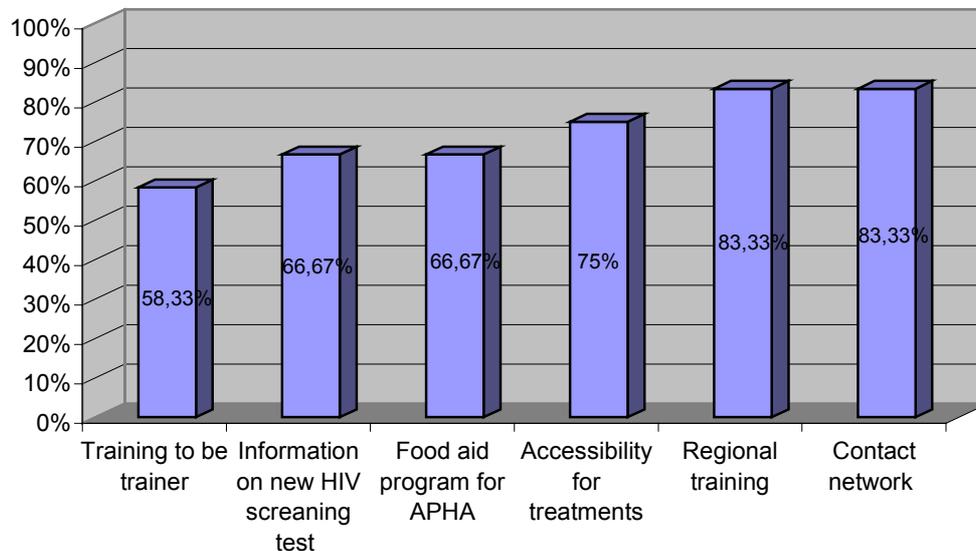
The respondents felt it was “Very Important” to receive training on the following services to people with HIV/AIDS, in order of importance:

- ✓ Care and treatment
- ✓ Palliative care
- ✓ Home care
- ✓ Therapeutic counselling

More than half of the respondents (58.33%) were interested in receiving training to become HIV/AIDS trainers themselves. 83.33% of respondents indicated a need to develop their contact networks. The partners with whom they felt they could develop contacts were, in order of importance:

1. Regional Health and Social Services Boards
2. Health Canada
3. Other Aboriginal community organizations
4. Canadian Aboriginal AIDS Network
5. FNQLHSSC

Aboriginal organisation needs



Future Projects

Several respondents said they would like to see the following projects in their organizations:

- Offer permanent support and prevention structures based on the needs of the Aboriginal clientele

- Continue distributing information on prevention and testing procedures
- Hold culturally appropriate awareness activities for at-risk groups
- Implement an intervention program for people with HIV/AIDS and their families
- Hold workshops on the following themes: safer sex; violence; risk of transmission to the foetus during pregnancy; biological vulnerability of women, etc.
- Offer training on HIV/AIDS issues
- Develop partnerships between Aboriginal and non-Aboriginal organizations to establish a specific location for needle pick-up, exchange and distribution
- Distribute publicity brochures and posters

When asked how the Aboriginal communities could help them, the respondents indicated that the communities could help by:

- Specifying their needs and priorities regarding information and services
- Establishing partnerships with off-reserve Aboriginal organizations and all other organizations involved in the fight against HIV/AIDS
- Training qualified personnel in the communities
- Making information available in the communities (e.g. schools, CLSCs, municipal offices)

When asked how the FNQLHSSC and the Circle of Hope could help them, the respondents answered:

- Maintain the recognition of off-community Aboriginal organizations by the First Nations and Inuit of Quebec HIV/AIDS Permanent Committee
- Make available all important and recent information (including scientific research) on HIV/AIDS
- Offer training to people based on their specific learning paces
- Develop prevention material based on the needs of the Aboriginal clientele
- Contribute to the search for new funding sources
- Distribute any relevant information coming from other Aboriginal communities
- Distribute recent scientific information (research and discoveries)

Lastly, some organizations said they wanted to continue working with all parties involved in prevention, awareness and information activities, and at the same time continue activities on a regular or occasional basis. Respondents also stressed the importance of updating information on HIV/AIDS to keep pace with new knowledge.

RESULTS: PUBLIC HEALTH BOARDS (DIRECTIONS DE LA SANTÉ PUBLIQUE) OF THE REGIONAL HEALTH BOARDS (QUEBEC MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX)

The mission of the Quebec Public Health board (PHB) is to improve the health and well-being of the population. They seek to achieve this objective by using early prevention as much as possible to prevent the emergence of health and wellness problems. Two PHBs are in territories where the population is mostly Aboriginal: the Cree Board of Health and Social Services of James Bay and the Nunavik Regional Board of Health and Social Services. A total of 14 PHBs took part in this survey.

Six PHBs reported that they had a regional program with medium-term objectives for the fight against Aboriginal HIV/AIDS. But the majority of them (71.43%) did not have a person specifically in charge of this file. Also, in 71.43% of cases, there was no Aboriginal person working at the PHB.

When asked what factors were barriers to implementing HIV/AIDS projects for Aboriginal people, the respondents stated the following, in order of importance:

- Lack of resource people at the PHB
- Cultural barriers
- Language barriers and geographical isolation

The majority of respondents had hardly any information on the Aboriginal communities in their region. Many acknowledged the distinct character of the Aboriginal communities and said they lacked knowledge on the state of health in the Aboriginal communities. When asked what the main issues in Aboriginal health were, they replied:

- Sexually transmitted diseases
- Vulnerability of Aboriginal people to HIV/AIDS
- Accidental and intentional trauma
- Psychosocial problems
- Obesity
- Diabetes
- Cardiovascular illnesses
- Lung disease
- Problems due to unhealthy housing and poor water quality

Nevertheless, several respondents said they knew about certain interesting HIV/AIDS initiatives developed by Aboriginal organizations, for example:

- The Circle of Hope's HIV/AIDS action plan
- HIV/AIDS awareness programs for students
- Needle exchange, collection and distribution site for injection drug users
- Off-community intervention sites developed in co-operation with a CLSC, PHB, or substance abuse centre
- Occasional prevention activities (e.g. STD/HIV information kiosk on Valentine's Day)

Half the respondents said they did not know which HIV/AIDS services in their region were used most frequently by the Aboriginal clientele. The services mentioned by the other respondents included clinical, testing, prevention and detox services. Several respondents said that the mainstream services had been adapted to Aboriginal people. According to them, Aboriginal people with HIV/AIDS received care primarily in the hospitals and CLSCs, as well as at community Health Centres, urban Aboriginal organizations and treatment centres.

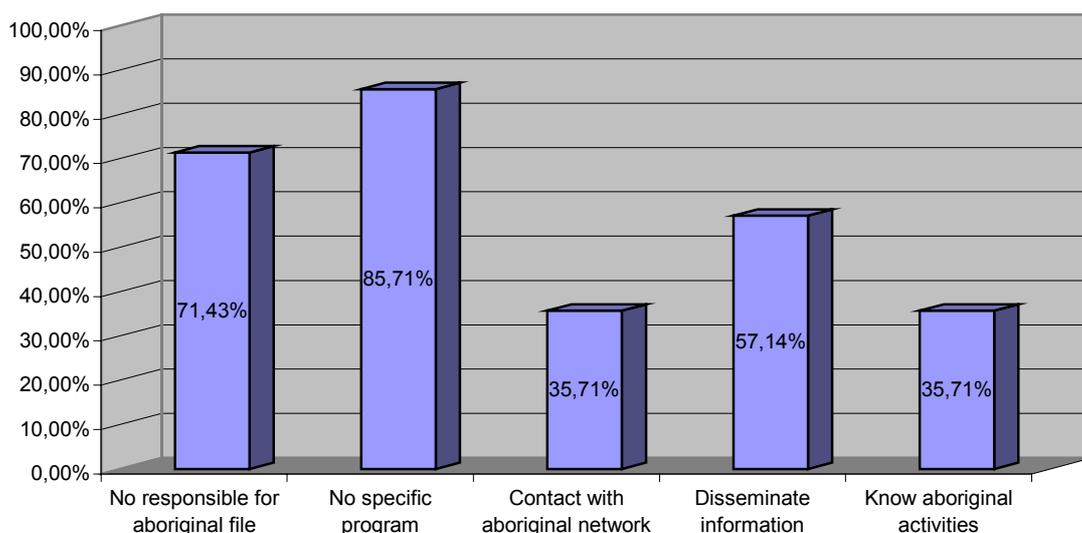
When asked what they felt were the main strengths of the services for Aboriginal people in their regions, the respondents replied:

- Involvement of community members in the development of projects such as anonymous HIV/AIDS testing, and needle exchange sites.
- Presence in the communities of services that are free, well structured and based on Aboriginal culture and language.

As for the main weaknesses in the services for Aboriginal people in their regions, the respondents mentioned:

- Workers' lack of expertise in HIV/AIDS, which means a lack of specialized services
- Frequent staff turnover, meaning a lack of stability, coordination and collaboration with the Aboriginal communities involved
- Alarming lack of respect of confidentiality for the identity of clients at the Health Centres and dispensaries
- Difficulty in establishing contacts due to language barriers
- Discrepancies between provincial and federal funding, with impacts on the development of health services related to HIV/AIDS

Public Health Board



The respondents suggested several means for improving the situation:

- Support and supervision of health services workers
- Improvement of specialized services by recruiting new physicians who are qualified to work in HIV/AIDS
- Development of partnerships with the communities
- Development of off-community services based on Aboriginal cultures
- Simplification of requirements for proposals submitted to Health Canada
- Full integration of health services into the provincial health system

85.71% of the PHBs had not developed specific programs for combating HIV/AIDS among Aboriginal people. The reasons for this were as follows: no need identified, the PHB does not have the budget to develop this kind of program, and the Aboriginal communities have their own services/programs. Some respondents stressed the importance of implementing, in collaboration with the CLSCs and community organizations, intervention sites for vulnerable clientele. These sites would involve screening, education, needle distribution, and psychological support for people with alcohol/substance abuse problems.

Two PHBs reported having programs (needle exchange, prevention, awareness, harm reduction). The objectives of these programs were:

- Promote the Circle of Hope's HIV/AIDS strategy
- Support the Aboriginal communities in the work to implement services and projects based on their needs
- Carry out HIV/AIDS prevention activities in the Aboriginal communities
- Reduce the rate of STDs in the Aboriginal communities
- Implement anonymous HIV/AIDS testing services
- Promote existing services (e.g. anonymous testing and needle-exchange sites)
- Maintain contacts according to the Health Centres' needs

The partners involved in these programs are the Aboriginal communities' Health Centres and social services, the Native Friendship Centres and Quebec's Ministère de la Santé et des Services sociaux .

The clientele targeted by these programs are mainly injection drug users, sex trade workers, youth, the Aboriginal population in general, and people with HIV/AIDS. The programs seem to have increased the contact between Aboriginal and non-Aboriginal workers and created more interest in the communities to get involved in training offered by the PHBs.

A minority of respondents (35.71%) was able to give examples of activities in the Aboriginal communities. The activities they mentioned were:

- HIV/AIDS and STD prevention/awareness
- Sex education for youth
- HIV/AIDS awareness visits and testimonials by Aboriginal people with HIV/AIDS
- Broad-based anonymous STD testing
- Needle pick-up, exchange and distribution

- Distribution of condoms
- Training and information on HIV/AIDS and substance abuse

The target clientele for these activities are the overall Aboriginal population, pregnant women, high school students, street kids, injection drug users, sex trade workers, and people who are sexually active.

Three PHBs helped to create HIV/AIDS prevention and awareness tools for the Aboriginal clientele (brochures, posters and radio bulletins).

Just over half (57.14%) of the PHBs distributed HIV/AIDS information in the Aboriginal communities. Several respondents felt this was the job of the Health Centres and that the PHBs did not have to get involved.

The majority of respondents (64.29%) receive information on Aboriginal people and HIV/AIDS. The main sources are the FNQLHSSC, Health Canada and the Canadian Aboriginal AIDS Network. Only half of the PHBs distributed information they received to organizations in their region.

No regions offered HIV/AIDS training to workers. The majority of respondents (71.43%) felt this training could be given in the Aboriginal communities.

Only 35.71% of respondents had developed a network of contacts with Aboriginal organizations. In most cases, these contacts are with the FNQLHSSC, the Canadian Aboriginal AIDS Network, and national Aboriginal organizations. However, 57.14% of respondents indicated a need to develop a network of contacts to develop HIV/AIDS projects for the Aboriginal communities. The organizations with which they mainly wanted to establish stronger contacts were the FNQLHSSC and the First Nations and Inuit communities.

In prevention, the respondents wanted to receive, in order of priority:

- List of effective prevention and/or intervention activities in the Aboriginal communities
- List of regional organizations working in Aboriginal HIV/AIDS prevention
- HIV/AIDS awareness tools for Aboriginal injection drug users
- Awareness tools for Aboriginal people on the transmission of HIV/AIDS

The training the PHBs would like to give in their regions were, in order of importance:

- Prevention for Aboriginal women
- Prevention for Aboriginal youth
- Prevention for Aboriginal injection drug users
- Development of community projects in the Aboriginal communities
- Information and statistics on Aboriginal health
- Development of contacts

When asked how the Aboriginal communities could help them, 57.14% of respondents had nothing specific to state. Several said they would like to be kept informed regarding the various

Aboriginal strategies that are developed. On the other hand, 64.29% of respondents indicated that they have expectations as to what the FNQLHSSC and the Circle of Hope can do to support them. Examples cited here included:

- Learning how they can help the FNQLHSSC and the Circle of Hope
- Creating an action plan for anonymous HIV/AIDS testing in the Aboriginal communities
- Receiving tools and materials based on Aboriginal culture and traditions
- Creating a network of contacts to mobilize decision makers
- Developing training and research
- Promoting harm reduction to facilitate access to prevention programs
- Informing workers about training available in their region

Some respondents added that they would like to see certain projects in their region and that they wanted to:

- Apply the Circle of Hope HIV/AIDS strategy
- Establish contacts with the Aboriginal communities and be available to support community projects
- Help the Aboriginal communities implement structured action plans
- Enhance Aboriginal workers' knowledge of HIV/AIDS issues
- Continue working to reduce the rate of STDs in their region
- Implement integrated STD-HIV/AIDS clinical services
- Develop a specific program for injection drug users
- Offer adapted training on HIV/AIDS harm reduction
- Provide services to Aboriginal sex trade workers

When asked how the FNQLHSSC could help them, the respondents suggested various means:

- Informing Band Councils and chiefs about the importance of having HIV/AIDS action plans for the Aboriginal communities
- Providing expertise and resources
- Distributing information on an ongoing basis on actions undertaken in the communities, and on Aboriginal culture and traditions, to promote better communication between the PHBs and the communities
- Offer training adapted to the learning rate of all people involved
- Have decision makers hold meetings
- Contribute to the search for new funding by lobbying Health Canada

Several respondents suggested it was necessary to:

- Encourage the Aboriginal communities to develop intervention strategies based on their needs
- Work as partners in offering consulting services to the Aboriginal communities
- Develop care and treatment services based on Aboriginal realities
- Hold a conference to inform the communities about promising and effective interventions
- Increase the staff at the PHBs in order to better meet the specific needs of the Aboriginal communities

RESULTS: QUEBEC COMMUNITY-BASED HIV/AIDS ORGANIZATIONS

Thirty (30) Quebec Community-based HIV/AIDS Organizations participated in the survey. Of that number, 27 were francophone and 3 were anglophone. Their mandate consists in offering various HIV/AIDS services (e.g. prevention, education, awareness, counselling, housing and rehabilitation).

Only two of these organizations had formal HIV/AIDS strategies for Aboriginal clientele. Six of them (20%) had a person in charge of their work to combat HIV/AIDS among Aboriginal people. But only one indicated having an Aboriginal person as an employee.

When asked what factors were barriers to implementing an HIV/AIDS project for Aboriginal clientele, the respondents named, in order of importance:

- Lack of financial resources
- Lack of knowledge of the Aboriginal communities
- Geographical isolation
- Lack of appropriate resource people

Target clientele were, by order of priority, women injection drug users, and youth.

The majority of respondents had almost no information on the Aboriginal communities in their regions. When asked what they felt were the main issues in Aboriginal health, several stated they did not have enough knowledge to answer. The answers that were given included:

- Sexually transmitted diseases
- Vulnerability of Aboriginal women to HIV/AIDS
- Substance abuse
- Dropping out of school
- Conjugal and family violence
- Psychosocial problems (suicide)
- Crime
- Discrimination
- Poverty and unemployment
- Isolation of Aboriginal people in urban centres

For the most part, the Community-based HIV/AIDS Organizations did not offer services specifically for Aboriginal clients. Their services are more for the population in general. Still, several respondents stated that they offered services based on individual needs, whether the client is Aboriginal or non-Aboriginal.

Services specifically intended for Aboriginal people were:

- Awareness
- Training
- Psychological support
- Rights advocacy

➤ Personal care

The respondents mentioned that the HIV/AIDS services used most often by their Aboriginal clientele were prevention, psychological support and awareness.

Several respondents said that the health services in their region were geared towards the mainstream population, and not specifically towards Aboriginal people. They reported that Aboriginal people with HIV/AIDS were treated primarily by the hospitals, the CLSCs, the community Health Centres and the urban Aboriginal organizations. A majority of respondents (66.67%) reported that their regions offered the same services to Aboriginal and non-Aboriginal people alike. Thus, health services are offered to all without discrimination. The respondents felt that universality of health care without discrimination was both a strength and a weakness.

They suggested several means for improving the situation. Those means included:

- Support and supervise health services workers
- Develop more effective links with the health system through activities and services based more on the specific needs of the Aboriginal clientele
- Develop partnerships with the Aboriginal communities and organizations
- Ensure the availability of qualified human resources
- Increase funding
- Carry out an HIV/AIDS needs assessment for the Aboriginal clientele

93.33% of respondents stated that their organizations had not developed HIV/AIDS programs specifically for the Aboriginal clientele. Some respondents mentioned that the lack of time, human resources and funding was a barrier to the development of such programs. Several added that their programs were universal, that they did not know what the Aboriginal clientele's needs were and that they didn't have any budget for Aboriginal programs.

Three respondents described the programs their organizations have developed. These programs, in prevention, testing and awareness, were for the Aboriginal population overall and/or Aboriginal people with HIV/AIDS. The objectives of these programs were:

- Create an atmosphere of trust allowing for the development of solid, permanent links with Aboriginal communities and organizations
- Adapt new services to the specific needs of the Aboriginal clientele
- Offer psychological support to promote the complete social integration into the community of people with HIV/AIDS.

Ten respondents (26.71%) said they had participated in HIV/AIDS activities for Aboriginal people. Those activities included:

- Information/prevention evenings held in collaboration with the health centre and the youth centre in one Aboriginal community
- High school visits for HIV/AIDS awareness/prevention
- Information, prevention and awareness kiosk for STDs and HIV/AIDS at an Aboriginal event

- Anonymous STD testing
- Training and information on substance abuse and HIV/AIDS

Very few respondents indicated that they sent information to the Aboriginal communities. But the majority of them (60.00%) received information on HIV/AIDS and Aboriginal people, mostly from Health Canada, the FNQLHSSC and the Canadian Aboriginal AIDS Network. They received very little information from the PHBs.

66.67% of respondents offered training on HIV/AIDS prevention, care and treatment.

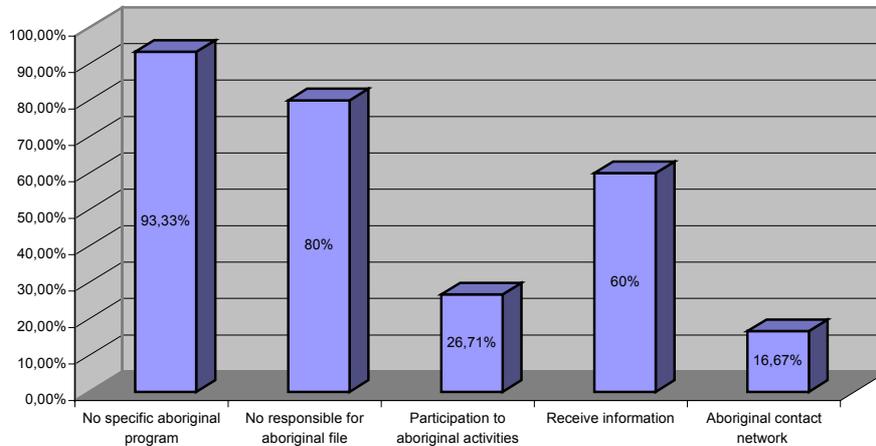
Networking with Aboriginal groups appeared to be little developed. Only 16.67% of respondents had a network of contacts with organizations involved in HIV/AIDS and Aboriginal people, while 56.67% stated they needed to develop contacts to facilitate the fight against HIV/AIDS for the Aboriginal clientele. The groups they would like to establish contacts with were, in order of importance:

- First Nations and Inuit communities
- Canadian Aboriginal AIDS Network
- FNQLHSSC
- Quebec's Ministère de la Santé et des Services sociaux
- Health Canada

Relatively few respondents (33.33%) needed information on how to plan and hold prevention activities for the Aboriginal clientele. However, they needed support in a variety of ways to get involved in those activities. With regard to prevention, they said they would like to receive a list of organizations working in Aboriginal HIV/AIDS prevention in their region, and a list of effective prevention/intervention activities for the Aboriginal clientele. They would also like to have prevention tools for the following target clienteles, by order of priority:

1. The overall Aboriginal population
2. Aboriginal injection drug users
3. Aboriginal youth
4. Aboriginal women
5. Two-Spirited People

Quebec Community-based organisations



Training topics that the respondents considered to be particularly relevant were as follows, by order of importance:

- Adapting their work to Aboriginal realities
- HIV/AIDS and Aboriginal people
- Establishing contacts
- Information on Aboriginal health
- Aboriginal medicine
- Prevention for Aboriginal youth
- Prevention for Two-Spirited People
- Current Aboriginal situation and organizational structure
- Aboriginal history and culture

With regard to support for people with HIV/AIDS, the respondents said they primarily needed methods for combating discrimination against Aboriginal people with HIV/AIDS and for ensuring these persons' social and occupational integration. They felt it was "Very Important" to know about the accessibility to treatment by Aboriginal people and about traditional HIV/AIDS treatments.

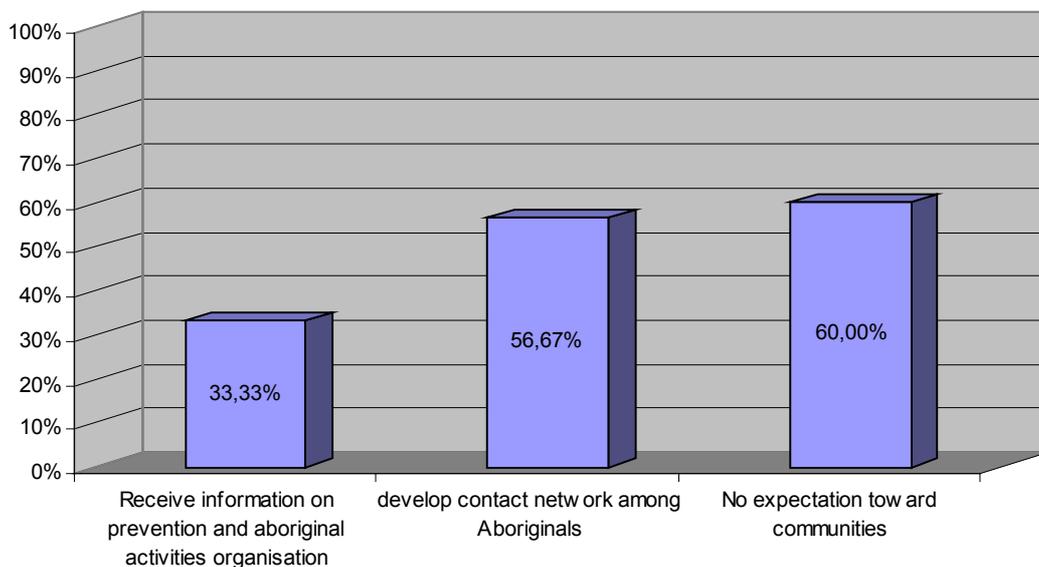
The majority of respondents (60.00%) stated they had no specific expectations from the First Nations and Inuit communities in Quebec. Some mentioned that they wanted to establish partnerships with Aboriginal communities and/or organizations to unite their efforts in the fight against HIV/AIDS.

Similarly, the majority of respondents (56.67%) stated they had no specific expectations from the FNQLHSSC and the Circle of Hope, although some would like to be better informed about their roles and mandates. The respondents would also like to receive concrete means for creating and strengthening links with all involved parties in the Aboriginal communities.

Some respondents added they would like to see their organizations run certain projects, such as:

- Establish contacts with the Aboriginal communities and be available to support community projects
- Implement an HIV/AIDS prevention/awareness campaign for Aboriginal youth and the overall Aboriginal population
- Help the Aboriginal communities implement structured action plans
- Share experiences and effective work tools with the communities
- Give Aboriginal workers adequate training to enhance their knowledge
- Reach more Aboriginal people in urban centres by way of appropriate activities

HIV/AIDS Quebec community-based organisations



The respondents suggested various means by which the FNQLHSSC could help them. Those means included:

- Distribute information on Aboriginal myths and customs
- Provide advice and methods for workers in Quebec HIV/AIDS organizations to help create links with the Aboriginal communities
- Make expertise and resources available, and promote partnerships
- Offer training based on the learning paces of all people involved
- Contribute to the search for new funding sources
- Conduct a needs assessment

Respondents also felt their organizations should share expertise and help the Aboriginal communities in their fight against HIV/AIDS, as part of the overall work on HIV/AIDS in Quebec.

SUMMARY OF RESULTS BY CATEGORY

HEALTH AND SOCIAL SERVICE CENTRES IN THE FIRST NATIONS AND INUIT COMMUNITIES OF QUEBEC

Most of the Health and Social Service Centres (75%) of the First Nations and Inuit communities of Quebec do not have an HIV/AIDS coordinator. The survey showed that more than half (52.5%) of the communities have no HIV/AIDS program and that only 17.5 % of the Health Centres provide screening services. In a similar fashion, 40% of the communities offer no HIV/AIDS related activities. Although the communities receive a wealth of information on this issue from the FNQLHSSC and from Health Canada, it appears that very little of the information about the services and the resources that are available in their region gets to them. Counsellors and caseworkers proved to be quite interested in obtaining information on training that is available regionally, and expressed their interest in taking HIV/AIDS related training. Many of them (52.2%) expressed interest in taking some kind of train the trainer course. We noted that, in the communities, there is an absence of HIV/AIDS specific services for persons living with HIV/AIDS. Interests tend to focus more on prevention and awareness than on support services. We should also point out that the reverse is true in Aboriginal organizations outside the communities, where services are much more geared towards support for Aboriginal persons living with HIV/AIDS, palliative care, housing, psychological support, detoxification, etc. It may be valid to observe that Aboriginal persons living with HIV/AIDS tend to leave their communities and elect to seek services in an urban centre. 65% of the respondents stated that they would like to see the development of a network of contacts in the area of HIV/AIDS control. For most of the respondents, the awareness activities should be directed first and foremost at the Aboriginal population on the whole, youth, women and political decision makers. According to their responses, Two-Spirited People and the elders are not part of the target groups.

ABORIGINAL ORGANIZATIONS (IN AND OUTSIDE URBAN CENTRES, INCLUDING THOSE THAT OFFER ADDICTION TREATMENT SERVICES)

Most of the organizations that responded to the survey do not have any person who is specifically designated to the HIV/AIDS issue and the majority (58.33 %) do not offer any specific program in this area. A sizeable number of them (41.67%) do not organize any HIV/AIDS activities or programs. Counsellors and caseworkers (83.33%) displayed a great deal of interest in finding out more information about training that is available in their region. Just like caseworkers who work in the community centres, many of them (58.33%) expressed interest in HIV/AIDS related training, especially in train the trainer type programs. As we mentioned above, the major needs of these organizations focus on the different types of support available to people living with HIV/AIDS. It may therefore be correct to assume that they are dealing with a larger population of Aboriginal persons living with HIV/AIDS (APHA) than in the community centres. They also expressed their interest in developing a network of contacts (83.33 % of the respondents said they would like to develop a network of contacts).

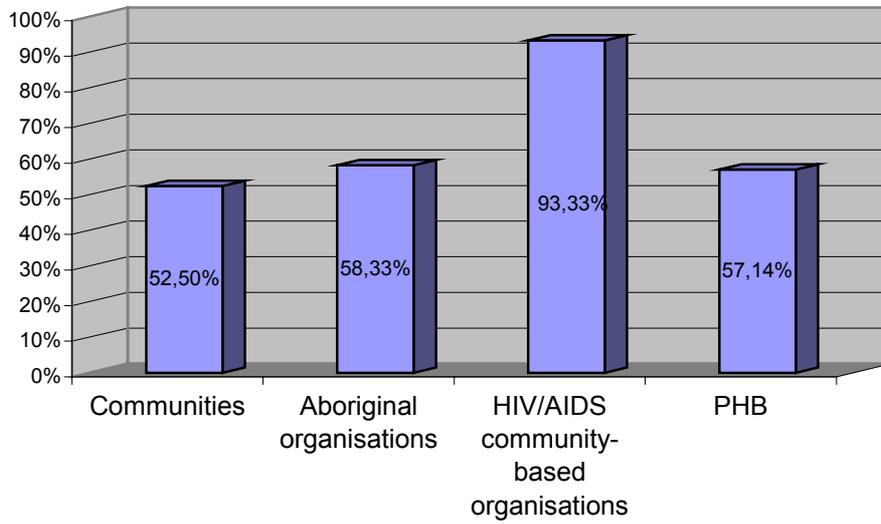
QUEBEC COMMUNITY-BASED HIV/AIDS ORGANIZATIONS

93.33% of the participating organizations have no specific HIV/AIDS program that is directly mainly at Aboriginal clients. The lack of financial resources, the lack of familiarity with Aboriginal culture, geographical barriers and the lack of human resources are considered to be the main obstacles to the implementation of projects that would involve an Aboriginal clientele. Several stated that their programs were open to all, Aboriginal and non-Aboriginal without discrimination, and others mentioned that their programs focused on a global approach to the individual. Most of the respondents stated that they had very little concrete information about the First Nations that were located in their own region. The question as to whether or not a program adapted to all can meet the specific needs of a clientele, that is often stigmatized, and about which they have little information, remains open. Very few organizations distribute information to Aboriginal communities and most of them (more than 70%) have no contacts with the native communities. However, more than half of the respondents would like to develop a network in order to develop HIV/AIDS control programs in Aboriginal communities. Respondents from the HIV/AIDS community sector would like to receive, in the following order of priority, the lists of all organizations that do prevention work with the Aboriginal populations of their regions, the list of effective activities/intervention offered in the Aboriginal environment, as well as any awareness material that specifically targets Aboriginal persons. Most of the respondents would like to receive training on the following topics: *how to adapt our resources to the Aboriginal environment, HIV/AIDS in aboriginal communities, the possibility of creating contacts with Aboriginal individuals, and general information on Aboriginal health issues*. Although too few initiatives for HIV/AIDS control in the Aboriginal environment have been launched by Quebec community organizations, it is quite clear that such organizations are keenly interested in Aboriginal issues about which they would like to learn more and with whom they would like to engage in the development of cooperative projects in order to better meet the needs of their own Aboriginal clientele.

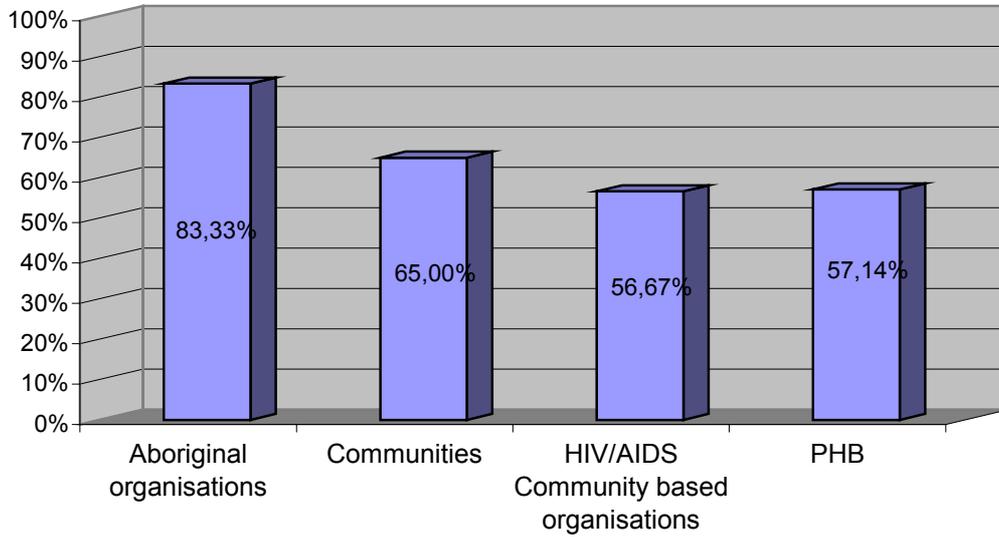
PUBLIC HEALTH BRANCHES

Most PHBs that responded to our survey have no regional program for HIV/AIDS control in the Aboriginal population. 71% of them have no dedicated personnel to work specifically with Aboriginals. According to PHB resource persons, the main obstacles to the creation of HIV/AIDS control programs in an Aboriginal environment are the lack of resource people, cultural barriers, linguistic barriers and geographical isolation. Most PHB workers do not have any information about the Nations that are located within their region and half of them stated that they did not know what HIV/AIDS related services are the most often used by the Aboriginal clientele in their region. However, they did seem to have a pretty good understanding of the major health issues faced by Aboriginals in their region. Although many respondents (64.29%) said that they receive information about HIV/AIDS in the Aboriginal population, only half of them send out their own material to Aboriginal communities. Again we have seen that there is a great deal of openness and interest in the Aboriginal population, since 64 % of the PHB staff would like to see the development of a network with the participation of First Nations and Inuit organizations and communities.

Organisations without HIV/AIDS program for Aboriginals



Need to develop contact



THOUGHTS ON FUTURE SOLUTIONS

- In most Aboriginal communities and organizations in Quebec, there are *no HIV/AIDS related programs*. Activities are few and far between and few communities have resources assigned to this file. Likewise, Public Health Branches and community based HIV/AIDS organizations that offer programs or activities targeted at Aboriginal clientele are almost non-existent.
- *Direct information exchange* between Aboriginal and non-Aboriginal communities is very poor. Although most respondents stated that they did receive information from the FNQLHSSC, information exchange within the network, such as from community based HIV/AIDS organizations to the communities is very poor. Aboriginals are disappointed that they do not receive any information about resources, training or local events that are accessible to their communities.
- In non-Aboriginal communities, the shortage of financial resources, coupled with poor knowledge about Aboriginal affairs, the geographical separation and the lack of resource persons are the main obstacles to the implementation of projects that target a Aboriginal clientele. Most of the respondents stated that they had no information about the Aboriginals present in their region. Nonetheless, the majority of them stated that they would like to *develop a network of contacts* in order to establish HIV/AIDS control projects in Aboriginal communities. For this reason, they would like to receive the list of organizations that are engaged in prevention among the Aboriginal communities of their regions, the list of activities, the methods of intervention that are effective in Aboriginal communities as well as any tools that have been designed to increase awareness among Aboriginals.
- Although at the present time very few HIV/AIDS control initiatives have been launched by Quebec community groups, it does however appear that such organizations have a strong interest in Aboriginal affairs and are extremely willing to increase their knowledge and to develop cooperation in order to better meet the needs of Aboriginal clientele.
- Most respondents, regardless of category, expressed the *need for more training* as well as strong interest in becoming trainers. Aboriginal community workers stated that they would like to update their knowledge of HIV/AIDS and learn how to implement community-based projects. Most HIV/AIDS organizations would like to have access to training that will help them adapt their intervention work to Aboriginal realities and gain a better understanding of this milieu. PHBs showed interest in making Aboriginal oriented training available in their region.
- The needs of First Nations and Inuit communities are mainly related to HIV/AIDS prevention, public awareness and the need to fight against HIV/AIDS related discrimination. It is striking to see how much the situation is in fact the direct opposite of the situation prevailing in Aboriginal organizations located outside the communities, where there is greater need for support for Aboriginal persons living with HIV/AIDS (APHA), whose needs range from palliative care, housing, detoxification, etc. *We can therefore infer that Aboriginals living with HIV/AIDS tend to leave their communities and settle in urban centres, where they can get the support they need from organizations outside their communities.* The questions of discrimination, the lack of resources for APHA in their communities and *their departure from their communities* are subjects that should be dealt with in more extensive studies.

- One question remains open: where do Aboriginals living with HIV/AIDS (APHA) go to get care? In response to this question, most Aboriginal community workers referred to sources *outside Aboriginal communities*: hospitals, CLSC, medical clinics and establishments created for the general Quebec public, the resources of which they felt were poorly adapted to First Nations and Inuit cultures. Non-Aboriginal community workers were of the opinion that APHA receive care *in their own communities and from Aboriginal organizations*. We therefore note that there are two opposite visions of available access to care and treatment services. The question remains open and should also be dealt with through further study.
- The following question also elicited many comments: the question of *how well adapted are the services to the needs of Aboriginal clientele*. According to Aboriginal counsellors, non-Aboriginal health establishments and community organizations are not equipped to provide specific services to Aboriginals living with HIV/AIDS. For counsellors from Public Health and from Quebec community organizations, the services they provide are adapted to the general public and are not specifically geared to the Aboriginal clientele. Many stated furthermore that the Quebec health network does not differentiate between services for Aboriginals and non-Aboriginals, as universal health services are designed for all. A few respondents stated that the services available to the general population are also adapted to the Aboriginal population, but the majority of the respondents felt that universal services often represent a mixed blessing. Quebec community-based groups realize that if they had a better understanding of Aboriginal realities they would be in a better position to help this specific clientele, who so far do not use their services very extensively.

Through the survey it conducted, the FNQLHSSC was able to learn the extent to which **HIV/AIDS issue in Aboriginal communities is of great interest to both Aboriginal and non-Aboriginal respondents**. In addition to the very high response rate achieved in the survey, investigators also learned how much case workers appreciated having the opportunity to talk about this subject. Considering the above-mentioned observations, it is essential that more activities be organized to allow community counsellors to increase their knowledge, to broaden their expertise, to have better access to training and to develop their networks. Our initiatives should be aimed at filling the gap created by the lack of resource persons, at building bridges between Aboriginal and non-Aboriginal communities through information sharing, at creating opportunities for meetings and information exchange, and at training people who can provide liaison between the two communities. We must also ensure that information is more effectively shared across the network and that we develop the appropriate tools and disseminate the right information in order to increase the amount of prevention activities that can be locally organized. Finally, we must understand that urban Aboriginal organizations and First Nations and Inuit Health Centres located in the communities do not deal with the same clientele and do not have the same needs. While responding adequately to their respective specific needs, it is essential however that HIV/AIDS control be seen from a global perspective, from both inside and outside the communities.

SUCCESS STORIES

Project Name and Dates: *Projet centre-ville Val-d'Or- "Pikatemps"* – began in the fall of 2001

Contact Persons: Pauline Clermont, nurse, Public Health Directorate, Abitibi-Témiscamingue Regional Health and Social Services Branch
Salomé McKenzie, Algonquin community worker in Lac Simon

Project Objective: Offer services to support street kids, injection drug users and sex trade workers in downtown Val-d'Or. Services include vaccination against hepatitis A and B, and testing (HIV, STDs, hepatitis).

Funding: Self-funded (the project has been made part of the core activities of the partners involved)

Communities and Organizations Involved:

Lac Simon	Centre Normand (substance abuse)
Grand Lac Victoria	Street workers
Val-d'Or and surrounding area	Regional HIV/AIDS care clinic
Native Friendship Centre of Val-d'Or	Public Health Directorate
Vallée-de-l'Or Health Centre (CLSC)	

Project Description:

The initiative is based on **the mobilization of Aboriginal and non-Aboriginal workers to run a joint project**. A public health warning had been made by the director of a needle exchange site, a pharmacist in downtown Val-d'Or who had distributed 9,500 needles, 60% of which were for Aboriginal people. The public health directorate held a meeting with key people in various organizations to discuss the problem and share information. Participants gave their opinions on the situation in the town and in the Aboriginal communities, and discussed possible solutions. It was decided to create an intervention site in downtown Val-d'Or and to establish a team of Aboriginal and non-Aboriginal workers to offer new services. It took nine months to get the project off the ground.

The public health directorate coordinated the work to implement the project. In the winter of 2002, Band Councils and other organizations concerned by the issues were informed about the project. An 'intercultural' team of workers was created, and team members received eight days of training on the following themes:

- Front-line substance abuse intervention (for all members)
- Vaccination (for the nurses)
- Prevention for injection drug users
- Sessions on homosexuality and adaptation of interventions

The Kiteisakik Band Council provided office space in downtown Val-d'Or, and the "Pikatemps" clinic officially opened in the spring of 2002. In the summer of that same year, memoranda of

understanding were signed by the partners, and communications tools based on the needs identified were developed. In six months, 17 intervention evenings were held, with 89 people (including 40 Aboriginal people) participating. Fifty-two people were vaccinated and 39 received HIV testing. At the same time, Lac Simon began its own planning to implement the Circle of Hope strategy. Workshops were held to determine the priority objectives. An information session was held for health centre workers and a prevention workshop was held for women in the community. Lac Simon is planning an awareness session on AIDS for students and the entire population, and a conference to demystify homosexuality. It wants to adopt a three-year plan linked to the Circle of Hope.

The impacts of the Pikatemps project are: better access to injection material, better knowledge of community resources, increased knowledge, the desire to go further, and strong personal satisfaction of all people involved in the project.

Even though the project has encountered some difficulties, there are several factors contributing to its success. These factors include the openness, mutual trust and strong commitment of partners, the establishment of common objectives, a flexible decision-making mechanism, the sharing of leadership and responsibilities, etc.

The project's initiators say that to unite energies for a common project, there must be mutual respect and trust, careful attention to the community's needs and hopes, the development of common objectives, and recognition of one's own competencies as well as those of all other partners. This approach is fostering the determination and autonomy of all partners, and is thus making the process more dynamic. With just a touch of creativity and passion, this approach is demonstrating exceptional benefits.

“Partnership is defined as the interdependent association of persons to pursue a common goal in mutual recognition of their areas of expertise. The partners share their perception of the situation and their resources, which allows them to put their competencies to full use and creates a feeling of trust.”
L’Infirmière du Québec, novembre/décembre 2001, Bouchard, 1999.

For more information, please contact:

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Project Name and Dates:	<i>Wolf Lake HIV/AIDS Awareness Project</i> - April 1, 2002 to March 31, 2003
Project Director:	Sonia Young
Project Objective:	Carry out HIV/AIDS prevention and awareness activities for community members, and youth in particular
Communities Involved:	Wolf Lake and Timiskaming
Organizations Involved:	Wolf Lake First Nation, Temiskaming High School In collaboration with: FNQLHSSC, AIDS Community Care Montreal, Centre des R.O.S.E.S and others
Funding:	FNIHB- Health Canada

Project Summary:

The project is an initiative of Sonia Young, who is a nurse at Wolf Lake, an Algonquin community with 247 members. It follows a first project that ran in 2001-2002. In planning the project, Ms. Young first contacted the FNQLHSSC to find out available funding sources, and about useful contacts and resources. The FNQLHSSC helped her prepare an application for funding from Health Canada (FNIHB-Quebec region), which then approved the project. Ms. Young also contacted several Community-based HIV/AIDS Organizations (AIDS Community Care Montreal, Centre des R.O.S.E.S., Canadian HIV/AIDS Clearinghouse, Canadian Aboriginal AIDS Network, etc.), which provided her with tools and resources. The Band Council created an HIV/AIDS documentation centre, with brochures, documentaries and other information resources.

The project coordinator and two young community members attended several training workshops on combating HIV/AIDS in the Aboriginal communities. This allowed them to develop a network of contacts, obtain new tools and find out new ideas. In the fall, two workshops for youth were held at the hall of the Wolf Lake Band Council. The first workshop, for youth aged 10 to 16, began with a 30-minute awareness documentary video. This was followed by a discussion period led by the project coordinator and a young man from the community with HIV/AIDS. The second workshop was for the 16-19 age group. In October, the youth held a walkathon for HIV/AIDS awareness. 35 community members (children, teenagers and young adults) took part. A dinner followed the walkathon.

In January, an awareness day was held at the Timiskaming High School, with the support of the school's principal and teachers. One hundred and twenty-three secondary V students took part. Several speakers came to talk about HIV/AIDS. They included Dr. Brook, workers from AIDS Community Care Montreal and a young man with HIV/AIDS. The testimony of this person had a profound impact on the students. Throughout the day, the students were able to ask many questions to the workers and the physician. For their part, the teachers found out ideas for

activities to carry out as follow-up to the workshop. The event was a big success; 96% of the students who completed the evaluation form asked for more similar workshops, and said they would like adults to attend with them. The project coordinator later got the students' opinions and recommendations concerning the continuation of the project in future years.

For more information, please contact:

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Project Name and Dates:	<i>Urban Aboriginal HIV/AIDS Prevention Project</i> 2001-2002
Project Director:	HIV/AIDS Coordinator
Project Objective:	HIV/AIDS awareness and prevention for Aboriginal people living in Montreal
Communities/Organizations:	Native Friendship Centre of Montreal and many partners
Funding:	Montreal Centre Regional Health and Social Services Board, and Health Canada – funding for off-reserve First Nations, Inuit and Métis communities

Project Summary:

The mission of the Native Friendship Centre of Montreal (NFCM) is to improve the quality of life of the urban Aboriginal community in Montreal. It offers services to some 1,000 Aboriginals from various Aboriginal Nations in Canada and the United States. The main objective of the project is to carry out education and prevention activities for people at risk. The target clientele is the Aboriginal population overall, and in particular, youth, women, Two-Spirited People, elders, injection drug users, and sex trade workers. Awareness activities are designed to provide information to the clientele at the NFCM so that they can make well-informed decisions about their everyday life. An elder is present at most activities to integrate a cultural component into the activities (e.g. Prayers, Sharing Circle, Purification ceremonies, etc.).

Several awareness tools for the Aboriginal clientele have been developed (postcards, bookmarks, brochures, posters and newsletter) to inform them about high-risk activities and prevention methods, and to create awareness of HIV/AIDS. These tools are distributed at activities and are shared with other organizations throughout Quebec and Canada.

Day-long events are held about three times a year at the NFCM. Three or four workshops on HIV/AIDS issues are given at these events. Meals are provided and the days end with entertainment such as games and karaoke dances. These events attract, on average, 60 to 100 people, including regular NFCM clients and workers with Community-based HIV/AIDS Organizations. Regular evaluations of all activities have indicated that participants are satisfied with the activities. The events we hold allow us to reach community members who otherwise would receive practically no information on HIV/AIDS.

Anonymous HIV and STDs screening, along with vaccinations, are offered on special days at the NFCM in collaboration with the AIDS intervention centre of the Montreal Métro CLSC.

From June to December 2001, the NFCM carried out a survey to draw up an overall portrait of the HIV/AIDS services for Aboriginal people in Montreal. Interviews were held with 69 Aboriginal and non-Aboriginal organizations, and with 20 clients of the NFCM. The survey showed the extent of the needs of First Nations and Inuit people living in Montreal, and allowed

us to propose a certain number of initiatives for improving the situation. The report on the survey is available from the NFCM.

For more information, please contact:

Native Friendship Centre of Montreal

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E-mail: uaaa@nfc.org

GLOSSARY

AIDS : Acquired Immunodeficiency Syndrome

APHA: Aboriginal Person living with HIV/AIDS

CATIE : Canadian AIDS Treatment Information Exchange

CPAVIH : Comité des Personnes Atteintes du VIH/sida (Individuals living with HIV/AIDS committee).

HCV : Hepatitis C Virus

HIV : Human Immunodeficiency Virus

IDU: Injection Drug User

OCAP: Ownership, control, access and possession. These are important principles to Aboriginal research.

PHB: Public Health Board

STD (STI): Sexually Transmitted Disease (Sexually Transmitted Infection)

TWO-SPIRITED PEOPLE: People possessing characteristics of different genders. In the past in Aboriginal cultures, they were often known as "two spirit people" and were deeply respected by their Nations.

PARTICIPANTS' COMMENT

Letter from a participant:

“In my community locally we do not have in reality a HIV/AIDS program. If the funding is given regionally it is somewhere else. Presently in our Community, the only program that I know of about HIV/AIDS is that the Local Clinic would do the blood test for HIV if a client is requesting to have one. The nurse will explain about the blood test and ways to prevent AIDS (one visit for both). As a Public Health Nurse and mother of five Youth, I would like to see a community-based prevention program such as:

- *Workshops*
- *Newsletters*
- *Integration of a prevention activities program within the Wellness Centre services*
- *Training for workers*
- *Condoms accessibility*

A program that may be implemented for the Community and by the Community such as the Head Start Program, Brighter Futures, etc. Those programs have weekly activities for the children and families, which include our Elders. If the funding is sent regionally, often it doesn't reach our Community thus defying the purpose of its mission.

Meegwetch.”

“Our village is small and fortunately not very much at risk. Personally, I have already had a lot of training and information.”

“I don’t know anyone here who has AIDS. But an AIDS program is still necessary and it would be good to have a resource person who could visit the communities because the questionnaires can be difficult at times to understand!”

“The FNQLHSSC can help us by providing more information and training. It can help us because it is closer to our reality.”

“We need to inform young people and encourage them to attend information sessions. It’s not always easy to reach the people in my community because we don’t have any AIDS cases yet.”

“It is very hard to work and teach about AIDS. People think they can not get HIV, only Gay people.”

“I’d like to receive as much information as possible on what is happening in the other communities.”

“We’ve had just one case in the community and this person has had to go far away for treatment. The people here know little about how to take care of all aspects of their health.”

“In our community the community health worker there try to talk about STD not to increase more.”

“I want my people to have a healthy life and I want help for that. “

“We need to have more training so that the community workers could do the work rather than hiring outside the community to educate our people!”

“Most people with HIV+ change their address to be outside the community.”

“My focus is on the kids in school. The more we introduce this subject to them the more aware they are. I don’t have funding. I do this in my work time in collaboration with teacher in school! And I use documentation that are provided to us by organisation.”

“FNQLHSSC should conduct research that will help our communities better serve our people fight against HIV/AIDS.”

“Thank you for your good work!”

“I would like any input you can offer to help us reach Aboriginal Women in Quebec. Thanks for making me aware of a great lack of services aimed toward Aboriginal women living with HIV/AIDS. This questionnaire has made us aware of the lack of services, projects aimed towards Aboriginal women. I fell the need to be more connected to Aboriginal communities and to pass the information.”

“We don’t know how to identify the Aboriginal clientele at risk. We don’t know about Aboriginal culture and about the nations. Is the approach for Aboriginal people different from the approach for non-Aboriginal people?”

“Superb initiative!”

“I’d like to see a conference held to present success stories from elsewhere!”

“We need more details on the needs in the Aboriginal communities. We are now establishing an approach for first contact, in an atmosphere of trust, and this is helping to identify needs. There are several reserves near us, and we will be very pleased if we can do something to improve the ways in which Aboriginal people’s needs regarding HIV/AIDS are met.”

“I had the help from the Commission’s HIV/AIDS coordinator. She was very helpful in getting the initial funding. Her continued support as a contact person for continued help will be greatly appreciated. It has been the first time we had a project of HIV/AIDS and hoping to continue this in the future. We want to keep doing prevention and Awareness in our community.”

“The FNQLHSSC could help us by providing more information (general and specific) on the Aboriginal clientele.”

“For the very near future we would like to have an HIV/AIDS education program (prevention and treatment) for workers and members in the communities. The FNQLHSSC could help us by providing training to workers in the communities.”

“We are very open to the idea of sharing expertise!”

“Future: I don’t know because similar cases have never happened in our community. However, it would be a good idea to have information sessions.”

“We’d like to develop a network of contacts to break down the isolation of our Aboriginal clientele. Aboriginal people do not receive specific services. They receive the same services as those offered to the rest of the population. The Aboriginal community is integrated into the non-Aboriginal community. The main strength of services for Aboriginal people is that they are part of the services offered to the Quebec population as a whole. These services could be improved through the full integration of health services into the provincial system. FNQLHSSC: The FNQLHSSC could help by keeping us informed about what other PHBs, organizations and communities are doing.”

“The FNQLHSSC could provide condoms (funny) for free!!!”

“We have housed Aboriginal people from Quebec and elsewhere in Canada. We work with these people just as we work with the other communities. Some have died at our centre. Aboriginal people have said they were satisfied with our services.”

“Our organization makes no distinctions based on race, sex, ethnic origin, etc.”

“The Aboriginal communities lack the financial resources needed to develop intervention programs with specific objectives. It would be a good idea to provide them with funding, for which they would be accountable. We often get the impression we have to push the communities to get them to develop intervention strategies based on their situation.”

“We are doing our part. Thank you, and we invite you to come and see us.”

“About research of funding: “It is a pain because they have too many criterious – they do not have project presented and we are so busy and not enough people. Notre centre de santé est toujours au minimum de personnel. Il serait intéressant d’aller recruter des gens de la communauté autre que notre personnel afin d’amener une autre approche que médicale concernant ce problème et autre. Line Roy, Chef de programmes (soins infirmiers). We have to work on that like on other sickness in a positive way. Information is not enough... people must discover ways to feel better about themselves (selfesteem, social skills, parenting skills...)”

“We don’t see ourselves as having a leading role but rather as a partner, a consultant that can help the community plan services based on the Aboriginal reality. But we offer our services at the request of the community, which plays the real leading role in this matter.”

“Last year, the Aboriginal community got strongly involved in this file. It demonstrated lots of energy and enthusiasm, and an extraordinarily positive sense of cooperation!”

LIST OF RESPONDENTS

Aboriginal Health Centres:

- Betsiamites
- Cacouna
- Chisasibi
- Eagle Village
- Eastmain
- Ekuanitshit
- Gesgapegiag
- Gespeg
- Inujivik
- Inukjuak
- Kahnawake
- Kanesatake
- Kangiqsualujuaq
- Kangirsuk
- Kawawachikamach
- Kitigan Zibi
- Anishnabeg
- Kuujjuakapiic
- Kuujuaq
- Lac Simon
- Listuguj
- Manaouane
- Matimekosh-Lac-Saint Jean
- Mistissini
- Natashquan
- Mashteuiatsh
- Obedjiwan
- Odanak
- Pakua Shipi
- Pikogan
- Quaqaq
- Rapid Lake
- Tasiujaq
- Timiskaming
- Uashat-Mani-Utenam
- Umiujaq
- Waskaganish
- Waswanipi
- Wemotaci
- Wendake
- Wolf lake
- Wôlinak

Aboriginal organizations:

- Centre d'amitié autochtone de Montréal
- Centre d'amitié autochtone de La Tuque
- Centre d'amitié autochtone de Senneterre
- Centre d'amitié autochtone de Val D'Or
- Centre de réadaptation Wapan
- Femmes Autochtones du Québec
- Mawiomi Treatment Center INC
- Miam Uapukun
- Onen'to Kon treatment Services
- Wanaki Center

Public Health Boards:

- PHB Côte-Nord
- PHB Abitibi-Témiscamingue
- PHB Bas Saint-Laurent
- PHB Crie
- PHB de Lanaudière
- PHB de Québec
- PHB Estrie
- PHB- Gaspésie-Îles-de-la-Madeleine
- PHB Laval-13
- PHB Montérégie
- PHB Nord du Québec
- PHB Nunavik
- PHB Outaouais
- PHB Saguenay Lac St Jean

Community-based HIV/AIDS organizations:

- Action Séro-Zéro
- Action Sida Côte Nord
- AIDS Community care Montreal
- BLITS
- Bureau régional d'action SIDA
- Cactus
- Centre de ressources et d'intervention en santé et sexualité
- Centre des ROSÉS
- Centre for AIDS Services Montreal
- Centre Sida Secours
- COCQ-Sida
- Dopamine
- Fondation d'aide directe - sida Montréal
- Gap Vies
- GEIPSI
- Hébergement de l'envol
- IRIS Estrie
- Les enfants de Béthanie
- Maison Amaryllis
- Maison du Parc
- Maison René' inc
- MIELS-Québec
- MIENS
- MTS-SIDA
- Montérégie: aide et prévention
- Point de repères
- Regroupement des personnes vivant avec le VIH/Sida à Québec
- Ruban en route
- Sidaction
- Sida-Vie Laval
- SIPE- Lanaudière
- Société canadienne de l'hémophilie - section Québec
- Spectre de Rue

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To get further information...

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QUESTIONNAIRE FOR ABORIGINAL HEALTH CENTRES²

1. Is there a coordinator assigned to the HIV/AIDS file in your community? NAME.
2. Have you developed a program related to HIV/AIDS in your community? If so, why? If no, go to question 13
3. What are the objectives of the program?
4. What type of program is it? Check the appropriate answer(s) among the following choices:

<i>Prevention</i>	<i>Syringe exchange</i>
<i>Awareness</i>	<i>Support of affected and infected persons go to question 4.1</i>
<i>Screening</i>	<i>Other (specify)</i>
<i>Harm reduction</i>	
- 4.1. If you checked that you offer a support program for affected and infected persons, specify what type of support: Check the appropriate answer(s), among the following choices:

<i>Medical</i>	<i>Financial aid</i>
<i>Psychological</i>	<i>Supportive care</i>
<i>Food</i>	<i>Other (specify):</i>
<i>Home support</i>	
5. What is your program's target group? Check the appropriate answer(s) among the following choices:

<i>General Aboriginal population</i>	<i>Users of injection drugs</i>
<i>People living with HIV/AIDS</i>	<i>Sex-trade workers</i>
<i>Youth</i>	<i>Inmate(s) and ex-inmate(s)</i>
<i>Two-Spirited People</i>	<i>Others (specify):</i>
<i>Elders</i>	
6. Can you give us a brief description of your program?
7. Do you integrate cultural and traditional Aboriginal values within your programs? If so, how?
8. Have you performed an evaluation of your HIV/AIDS program(s)? If not, go to C

<i>A) If so, how did you proceed?</i>	<i>C) What are the outcomes of the program(s)?</i>
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- B) What were the conclusions drawn from this evaluation?**
9. Can you indicate which of the following partners you work with within the context of your HIV/AIDS program? Check the appropriate answers among the following choices:

<i>FNQLHSSC</i>	<i>Health Canada</i>
<i>Other First Nation and Inuit communities</i>	<i>Regional Health and Social Services Board</i>
<i>Aboriginal organizations outside the community</i>	<i>Ministère de la Santé et des Services sociaux</i>
<i>National Aboriginal organizations</i>	<i>Other (specify):</i>
<i>Non-Aboriginal community organizations</i>	
10. What are your sources of funding?

<i>Community activities</i>	<i>Regional Health and Social Services Board</i>
<i>Band Council/Town council</i>	<i>Ministère de la Santé et des Services sociaux</i>
<i>Health Canada</i>	<i>Other (specify):</i>
11. Do you know where to obtain funding for the programs/activities related to HIV/AIDS in your community? If so, please specify:
12. Do you expect to maintain the program once the funding is exhausted? Which funding source do you plan to approach for additional funding?
13. In your community, are there on-going as well as one-time activities related to HIV/AIDS? If no, proceed to question 16.
14. Enumerate on-going as well as one-time activities related to HIV/AIDS that take place within your community
15. Please answer the following questions with regards to the two main activities mentioned in question 14:

<i>A) What is the origin of this activity?</i>	<i>D) Do you expect to maintain the activity once the funding is exhausted? Which funding source do you plan to approach for additional funding?</i>
<i>B) Can you describe it?</i>	<i>E) What is the target clientele?</i>
<i>C) When and where does the activity take place?</i>	

2 Others questionnaires are modified versions of this one.

F) What language is spoken during the activity?
G) What is the number of participants?
H) Are cultural and traditional values integrated within this activity? If so, please specify:
I) Have you performed an evaluation of your activity?
If not, go to L

J) If so, how did you proceed?
K) What conclusions were drawn from this evaluation?
L) What are the outcomes of this activity?
M) Do you plan on repeating the activity?

16. Have you developed prevention and awareness tools to address HIV/AIDS in your community? If not, go to question K. If so, please answer the following questions:

A) What type of tools are they? Check the appropriate answers among the following choices:
Brochure
Poster
Bulletin
Radio program
Calendar
Theatre play
Song
Video
Web Site
Other (specify)

B) Why did you develop these prevention and awareness tools?

C) How were these tools used or distributed?

D) Which clientele did these tools target?

E) What language(s) was(were) used?

F) Are cultural and traditional values integrated within these tools? If so, please specify:

G) Have you performed an evaluation of these tools? If not, go to J

H) If so, how did you proceed?

I) What were the conclusions drawn from this evaluation?

J) What are the outcomes of these tools?

K) According to you, what is/are the most efficient prevention and awareness tool(s) in your community?

17. Do you receive information on the HIV/AIDS theme? If no, proceed to question 20.1. If so, on what subject(s)?
HIV/AIDS care and treatment
Aboriginal health and HIV/AIDS
HIV/AIDS prevention
Documentation on training and resources available in your area
Other (specify):

18. How do you currently receive this information? Check the appropriate answers among the following choices:
By mail
By e-mail
By fax
Through personal research on the Internet
Through magazine subscriptions
Through other personal research
Through personal contacts
Other (specify)

19. Who provides you with this information? Check the appropriate answers among the following choices:

FNQLHSSC
Canadian Aboriginal AIDS Network
Canadian Inuit AIDS Network
National Aboriginal Organizations (AFN, ITC, NIICHO, etc.)
Health Canada
Regional Health and Social Services Board
Ministère de la Santé et des Services sociaux
Non-Aboriginal organizations for the fight against HIV/AIDS
Other (specify):

20. Do you disseminate the information you receive? If so, how is the information disseminated? Check the appropriate answers among the following choices:

Distribution of documents
Articles in the local newspaper/bulletin
Radio message
Display stand at the Health Centre
Focus group
Other (specify):

20.1 In what language do you wish to receive information on HIV/AIDS?

21. Have you received any training on HIV/AIDS over the last three years? If so, how? Check the appropriate answers among the following choices:

In-house training at the Health Centre
Aboriginal associations and organizations
If so, which ones
Conference,
Seminar, forum
Health Canada
Training offered by your Regional Health and Social Services Board
Non-Aboriginal associations and organizations
CEGEP, college or university courses
Other (specify)

22. Are you currently following a training program on HIV/AIDS? If so, what main themes were addressed during the training? Check the appropriate answers among the following choices:

Care and treatment
Prevention
Traditional medicine

<i>Community projects development</i>	<i>HIV/AIDS and youth</i>	<i>HIV/AIDS and mental health</i>
<i>Rights of Aboriginals living with HIV/AIDS</i>	<i>HIV/AIDS and women</i>	<i>HIV/AIDS and Elders</i>
	<i>HIV/AIDS and addiction</i>	<i>Other (specify):</i>
	<i>HIV/AIDS and prostitution</i>	

23. Would you like to follow any training related to HIV/AIDS over the next year? If so, please specify:

24. Among the following services related to HIV/AIDS, which ones are offered in your community? Check the appropriate answer(s) among the following choices:

<i>Prevention</i>	<i>Lodging</i>	<i>Community health representative</i>	<i>Professional reintegration</i>
<i>Awareness</i>	<i>Home support</i>	<i>Community nurse</i>	<i>Supportive care</i>
<i>Training</i>	<i>Financial aid</i>	<i>Needle exchange</i>	<i>Food aid</i>
<i>Disintoxication</i>	<i>Personal care</i>	<i>Screening</i>	<i>Does not know</i>
<i>Psychological support</i>	<i>Addiction worker</i>	<i>Social reintegration</i>	<i>Other, specify:</i>
<i>Advocacy of rights</i>			

25. According to you, where do Aboriginals infected with HIV/AIDS receive their care? Check the appropriate answer(s) among the following choices:

<i>At the community Health Centre</i>	<i>Hospital, CLSC/medical clinic</i>
<i>In Aboriginal organizations outside the community</i>	<i>Does not know</i>
<i>In non-Aboriginal community-based organizations</i>	<i>Other (specify)</i>

26. In my community, the people working with me in the HIV/AIDS file and/or myself need to receive:

<i>General information on HIV/AIDS prevention</i>	<i>HIV/AIDS and the Aboriginal population in general awareness tools</i>
<i>HIV/AIDS and youth awareness tools</i>	<i>HIV/AIDS transmission modes awareness tools</i>
<i>HIV/AIDS and women awareness tools</i>	<i>Efficient prevention activities descriptions</i>
<i>HIV/AIDS and injection drug users awareness tools</i>	<i>List of organizations doing prevention in my area</i>
<i>HIV/AIDS and Two-Spirited People awareness tools</i>	<i>Other (specify):</i>
<i>HIV/AIDS and Elders awareness tools</i>	

27. In my community, the people working with me in the HIV/AIDS file and/or myself need to receive information on:

<i>HIV/AIDS in general</i>	<i>Training and resources available in my area</i>
<i>HIV/AIDS care and treatment</i>	<i>HIV/AIDS prevention</i>
<i>Aboriginal health and HIV/AIDS</i>	<i>Legal questions</i>
<i>Organizations involved in the fight against HIV/AIDS in Aboriginal communities</i>	<i>Medical research and recent scientific discoveries</i>
	<i>Other (specify):</i>

28. How would you like to receive information on HIV/AIDS in the future?

<i>By mail</i>	<i>Through Web Sites</i>
<i>By e-mail</i>	<i>Through magazine subscriptions</i>
<i>By fax</i>	<i>Other (specify):</i>

29. In my community, the people working with me in the HIV/AIDS file and/or myself would like to know about:

<i>Training available in my area</i>	<i>Training available on an international level</i>
<i>Training available on a provincial level</i>	<i>Other:</i>
<i>Training available on a national level</i>	

30. In my community, the people working with me in the HIV/AIDS file and/or myself would like to receive training on:

<i>HIV/AIDS care and treatment</i>	<i>Prevention and bispiritual persons</i>
<i>Palliative care for people living with AIDS</i>	<i>Prevention at the workplace</i>
<i>Home care for people living with HIV/AIDS</i>	<i>Awareness and Aboriginal Leaders</i>
<i>Basic information on HIV/AIDS</i>	<i>Traditional medicine and HIV/AIDS</i>
<i>Prevention and youth</i>	<i>Holding workshops on HIV/AIDS</i>
<i>Prevention and women</i>	<i>Community projects development</i>
<i>Prevention and injectable drugs users</i>	<i>Rights of Aboriginals living with HIV/AIDS</i>
<i>Prevention and Elders</i>	<i>Other (specify):</i>

31. Would you be interested in receiving training that would enable you to become an HIV/AIDS training agent ?

32. Do you need to develop your contact network? If so, check among the following choices:

33. In my community, the people working with me in the HIV/AIDS file and/or myself need information to develop the following services: A) Traditional medicine related to HIV/AIDS: I need to know about:

<i>Workshops offered by Healers/Elders</i>	<i>Traditional remedies that can help people living with HIV/AIDS</i>
	<i>Other (specify)</i>

B) Screening: I need to have information on:
New tests
Compulsory reporting system
Developing an anonymous screening system
Other (specify):

C) Prevention/awareness: I need to have information on:
Developing a needle exchange site
Planning and organizing prevention activities
Other (specify):

E) Support for people living with HIV/AIDS: I need to know how to develop:

Lodging people living with HIV/AIDS
Psychological support for people living with HIV/AIDS and the people around them
Food aid for people living with HIV/AIDS
Financial support for people living with HIV/AIDS
Supportive care for people living with HIV/AIDS

D) Treatment/medication: I need to have information on:

Accessibility to HIV/AIDS treatments
Accessibility to new medications
Implementation of a home care system for people living with HIV/AIDS
Palliative care methods for people living with HIV/AIDS
Disintoxication methods for people living with addiction problems (drugs, alcohol, etc.)
Other (specify):

Home support services for people living with HIV/AIDS
Social and professional reintegration of people living with HIV/AIDS
The fight against the discrimination experienced by people living with HIV/AIDS
Other (specify):

34. In the near future which project for the fight against HIV/AIDS would you most like to carry out in your community and why?

35. How could the FNQLHSSC help you?

36. In conclusion, is there something else you would like to share with us concerning the fight against HIV/AIDS in your community?

Thank you for your collaboration!



**FIRST NATIONS OF QUEBEC AND LABRADOR HEALTH AND SOCIAL SERVICES
COMMISSION (FNQLHSSC)**

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Improve the physical, mental, emotional and spiritual well being of First Nation and Inuit individuals, families and communities in respect of their local autonomy and culture. By helping the communities that wish to initiate, develop and promote comprehensive health & social programs and services as designed by First Nations and Inuit organizations recognized by our First Nations and Inuit.

The role of the FNQLHSSC is to assist Quebec and Labrador First Nations and Inuit communities and organizations in the defence, maintenance and the exercise of their inherent rights IN HEALTH AND SOCIAL SERVICES as well as to help them in the realization (delivery) and the development of THESE programs.

1 - To ensure services shall be available to assist as requested by First Nations and Inuit communities and MEMBER organizations of the FNQLHSSC in exercising our inherent rights and autonomy to design and control health and social services delivery to members of our respective nations.

2 - Upon request from First Nations and Inuit communities to promote SUCCESSFUL community models and to provide technical support to First Nations and Inuit organizations for health and social services innovative and traditional practices, research, development and training.

3 -In respect of existing community practices and needs, to maintain AND IMPROVE communication and consultation with First Nations and Inuit communities and MEMBER organizations of THE FNQLHSSC in order to ensure that health and social services programs are adapted to our needs.

4 - To promote, facilitate and support the exchange of information and ideas between First Nations and Inuit communities and MEMBER organizations of the FNQLHSSC on all aspects of health and social services development initiatives.

5 - Upon request, to support and assist First Nations and Inuit communities and MEMBER organizations of the FNQLHSSC to ensure recognition of our full jurisdiction and/or authority over health and social services.

6 - To support the development of capacity building within First Nations and Inuit communities and member organizations of the FNQLHSSC to be able to take on increased health and social services responsibilities at the community level.