The Red Road: Pathways to Wholeness, An Aboriginal Strategy for HIV and AIDS in BC

Implementation Guide
March 2001

Table of Contents

Background

The Red Road: Pathways to Wholeness, An Aboriginal Strategy for HIV and AIDS in BC, which was officially launched on February 1, 1999, is a pathway to increase the quality of life of all Aboriginal people. This is accomplished by respecting and integrating the traditional and cultural values and beliefs of individuals, families and communities. The Strategy supports the use of those traditions in the treatment of HIV/AIDS in Aboriginal and non-Aboriginal communities.

Implementation Guide

Purpose

To provide relevant information and concrete examples of what individuals and communities can do to make progress towards the strategic goals that have been outlined in the Strategy.

Who Should Use This Guide?

This Guide has been developed for use by any one that has an interest in the prevention and treatment of HIV/AIDS.

This may include health care professionals, educators, community service providers, band administrators, Aboriginal leadership, community members and families.

How Is This Guide Set Up?

The Strategy highlights 10 strategic goals. This guide has been set up to provide concrete examples and ideas intended to support individuals and communities as they begin to implement these strategic goals. The strategic goals are listed in this document for your review.

The examples and ideas provided are intended to foster discussion and activity related to the strategic goals.   It is hoped that these examples, or templates, can and will be altered to fit the unique needs of each community. Or even provide the impetus for an entirely new and different process or activity.

We anticipate that this guide will inspire community members to ask themselves, "How can we achieve all, or some, of the strategic goals?

The Strategic Goals

1. "Building Healthy Communities"   *What does health mean in your community? Which needs are being met, and what services are still required?*
2. "Raising Awareness of HIV and AIDS"   *Does your community have a good strong awareness about HIV and AIDS? If not, how come? What resources do you need to begin raising that awareness?*
3. "Preventing HIV Transmission"   *Prevention is key to protection. What activities need to occur in your community to support preventing HIV transmission?*
4. "Diagnosing HIV Infection and Starting Treatment Early"   *What prevents early diagnosis of HIV infection? Fear? Lack of awareness? What needs to be done to ensure early diagnosis and treatment of HIV in your community?*
5. "Maintaining the Health of Aboriginal People Living with HIV"   *While the ultimate goal is to prevent the transmission of HIV, there is a responsibility to ensure those living with HIV have access to the treatment and services that will maintain their health. What resources/activities are required in your community to ensure that treatments and services will be available to those that need them?*
6. "Caring for People with AIDS"   *There are very specific physical, emotional and spiritual requirements related to the health care needs of Aboriginal persons with AIDS. Are you able to meet those requirements within your community? If not, how will to plan to get the resources needed?*
7. "Providing Leadership"   *Does the leadership in your community or organization have a strong plan for the prevention and treatment of HIV/AIDS? How can you support those leaders in raising the profile and importance of HIV/AIDS on the social agenda?*
8. "Securing Funding for HIV/AIDS Services"   *Increasing and securing funding for HIV/AIDS services is the primary challenge which seems to impact all of the other strategic goals outlined in this document. Do you have satisfactory funding levels to meet the needs in your community? How can you increase those funds?*
9. "Training Necessary Personnel"   *What type of personnel does your community/organization require to begin to meet some of these strategic goals? Is training related to HIV/AIDS part of your human resource development plan? If not, how will you incorporate this component?*
10. "Research to Support Effective and Relevant Program Planning"   *What type of research/data/information is required at the community level to support good planning? Is there any provincial or national research that may be useful? How can you support or access this type of research?*

Implementing the Strategic Goals

There are a number of activities that may facilitate implementation of the strategic goals. The following is a list of suggested activities and valuable information on HIV/AIDS contacts and resources.

1. Conducting A Community Needs Assessment

When considering how to build a healthy community, a logical starting point for some may be to step back and assess what is already happening in your community. Recognize and honour the work that is already being done.

Step 1: Planning for a Needs Assessment

What is the current situation in your community? Here are some questions to consider:

   a. What are the socio-demographics of our community? How many people live here? How many are men/women? How many youth/elders?
   b. What types of challenges do we face? Drugs, alcohol, suicide, low retention rates in school, unemployment, etc.?
   c. What are we doing to ensure the health of our community? What types of health and social programs are available in the community?

➢ Be clear about the goals and objectives of your needs assessment. Consider how you are going to achieve those goals and objectives.
➢ Plan for what types of resources you will require. These may include funding, external specialist(s), materials and other services.

Step 2: Developing the Methodology

What will your research method be? What data will you collect and how will you collect it? Most needs assessments are conducted through basic research and survey implementation.

The research component will focus on basic data collection. You will likely want to collect the data on your community characteristics such as population figures broken down by age and sex, employment status/types, health status, etc. This information should be easily gathered from existing documents and reports. Indian and Northern Affairs Canada, Statistics Canada and Human Resources Development Canada are the federal government departments that you may wish to contact to access this type of information.

   ➢ If you are unsure how to contact the correct people in these departments, try calling 1-800-O-CANADA. This is a toll-free referral service for all of the

federal government departments. Before calling this phone number, prepare your questions and try to be as clear as possible regarding the information you wish to collect. And BE PATIENT. It may take a number of referrals before you connect with the right individual(s).

How will you gather information about the services that exist in your community and those who use them? You will likely talk to the service providers (health organizations, Friendship Centres, Band administrators, etc.). You will collect information about those that access the service, what their needs are, how they access the service, etc. As well, you will be documenting the types of services that exist. Be clear that this is not an evaluation of the service, but rather simply an opportunity to talk about the service and some of the challenges and successes that have been experienced in providing it to the community.

When establishing your methodology, there are a few tools to consider.

The Key Informant Survey: This survey will allow you to select very specific individuals from within the community who may have a vested interest and really know the issues. These individuals will likely work or volunteer in the area of HIV/AIDS and will therefore know the issues. You may choose to carry out this survey by individual interview (in-person or by telephone) or by mail out questionnaire. These surveys tend to be the most informative in terms of information collection, so you may wish to conduct the interview.

The Community Survey: To gather information directly from community members you will develop a questionnaire that focuses on collecting facts, perceptions and recommendations. This will allow individuals to discuss their ideas about community needs and their own experiences in accessing health and social services. The questionnaire may be administered through community focus groups/forums/meetings or individual interviews completed in-person, by telephone or mail out.

Here are some questions to consider for a survey/questionnaire:

- How are you involved with HIV/AIDS programs and services in this community?
- What do you think are some of the primary challenges we face in this community related to HIV/AIDS?
- Please list the HIV/AIDS programs and services that you are aware of.
- What do you feel is the highest priority issue for us to address?
- As a service provider, what are the greatest challenges in meeting the needs of those impacted by HIV/AIDS?
- What do you feel are the primary challenges faced by Aboriginal people related to HIV/AIDS?
- What types of resources are needed in our community and/or organization?

- Do you feel that there are adequate funding resources to meet HIV/AIDS service needs in our community? If not, how have/would you address this issue?
- Has any training related to HIV/AIDS been delivered to, or accessed by, your community and/or organization? If not, why? What type of training is required?
- What type of research do you feel is required at the community and provincial levels related to HIV/AIDS?

Step 3: Conducting the needs assessment.

Once all the planning is complete, the methodology is set and the tools are prepared, it is time to carry out the assessment. This may be done by community/organization staff or by an external assessor. This is the primary data collection phase. Be thorough and try to maintain the information collected in an organized fashion. This collection and analysis of this information will form the basis of the needs assessment report.

Step 4: Reporting the results.

The Needs Assessment Report
Name of Community/Organization

Conducted by:
Date:

PURPOSE OF NEEDS ASSESSMENT
- clarify the program/issue you are assessing and why you are assessing them
- describe the community
- highlight some of your goals and objectives

DESCRIBE THE PROCESS USED TO CONDUCT THE NEEDS ASSESSMENT
- summarize the process used to complete the assessment
- append the tools you used (surveys, contact lists, etc.)
- describe how you selected the participants and why

SUMMARIZE THE INFORMATION COLLECTED
- analyze the information you collected
- for yes/no questions, highlight the percentage of responses for each
- for multiple choice questions, consider charting the responses to show the similarities and/or differences in responses
- if the questions you asked require respondents to provide their own opinions or perspectives (qualitative data), summarize the information by showing trends and themes

PROVIDE AN OVERVIEW OF THE CURRENT SITUATION ON YOUR COMMUNITY
- identify gaps in service, challenges and successes
- highlight common themes in the responses provided by participants

PRIORITIZE NEEDS AND MAKE RECOMMENDATIONS.
- make recommendations based on analysis of the information collected
- identify short and long term goals
- make suggestions on how to achieve those goals
- plan for next steps

2.   Planning a Community Workshop

The primary purpose of conducting community workshops is to raise awareness about HIV/AIDS. The topics of your workshop may be set by the results of your needs assessment, or simply driven by community request.

Planning your workshop.

Allow yourself up to four months to plan for a workshop. The length of planning time will depend on the size of the workshop and the lead-time required to book presenters and facilitators.

Ensure there an interest in attending a workshop. Present your idea to a few select people in the community. These people may include:

- those whose permission you may need to proceed (leaders, program managers, etc.);
- those whose support will be integral to your success (health service providers, government officials, funding officers, etc.);
- those whose active participation is important to you (peers, HIV/AIDS specialists/presenters, leaders, etc.); and
- intended participants (community members, peers, leaders, etc.).

A positive response from these individuals is an excellent indicator of the potential success of your workshop.

There are a number of key questions to consider in planning your workshop.

- Who is your target audience? Participants may include community members (youth, elders, families, etc.), health service providers, leadership, etc.
- Where and when will the workshop be? Depending on your target audience, you must schedule your workshop to ensure maximum attendance. Location will depend upon the number of participants, the format of the workshop, the availability of free versus rental space and accessibility for the participants.
- What costs do you anticipate?   Some costs to consider are possible travel and fees for presenters, travel for participants, printing and distribution of publicity materials and invitations.
- How many facilitators and presenters will you have? This will affect your budget and the overall agenda for the workshop.

The following is a checklist that may assist you with workshop planning.

Workshop Planning Checklist	Activities/Timeframe/Assigned Too:
Establish Community Interest • Community/Organization Leadership • Health Professionals • Community Members • Others	

Planning Activities
• Fundraising
    1. Establish a budget.
    2. Target potential funding sources (band, tribal council, municipal government, provincial government, federal government, foundations, health organizations, health associations, etc.)
    3. Prepare and distribute proposal(s).
    4. Community activities (bake sale, bingo, raffle, etc.)
• Promotion/Advertising
    1. Announcements
    2. Posters
    3. Other
• Facilities and Equipment
    1. Location/Alternate
    2. Date/Alternate
    3. Supplies
• Invitations
    1. Presenters – preparation of information package.
    2. Participants – preparation of activities.
• Confirmations
    1. Set deadline.
    2. Ensure backup.
• Agenda, Workshop Format, Materials
    1. Date.
    2. Place.
    3. Presenters/Participants
    4. Opening Remarks/Prayer
    5. Activities/Format
    6. Evaluation
    7. Closing Remarks
• Post Workshop Activities
    1. Follow up with participants.
    2. Thanks you letters.
    3. Project Report (evaluation and financial statement)
• Other	

3. The Important Components of a Basic Proposal

The following is some important components of a basic proposal. It is important to remember that every potential funding source may have its' own application forms of proposal template.

The proposal outline provided here may prove useful when preparing unsolicited proposals for different potential funding sources (band, tribal council, municipal government, provincial government, federal government, foundations, health organizations, health associations, etc.). Please feel free to amend this proposal outline as necessary to meet your needs as the requesting organization.

Proposal Outline

Name of Community/Organization   *Include current address, telephone and facsimile. If there is any change to your contact information after submission of the proposal, remember to send updated information immediately. Failure to do so may result in unnecessary delay in processing.*
Name of Project Contact   *This will be the person responsible for the project. They should be the primary contact for the potential funder, should they have any questions regarding the proposal or the overall project. This will also ensure continuity of communication for the duration of the project.*
Name of Proposal   *What is the name of your project?*
Description of Project   *What is your project going to do, who will your target audience be and is there room for partnership with of communities/organizations? Please indicate here.*
Purpose of Project/Goal   *Why are you implementing this project? What do you see as the positive outcome of implementing this project?*
Project Methodology/Objectives and Activities   *How will you implement this project? Who will be involved?*
Project Timelines   *When will the project start? How long will it take?*
Project Benefits   *How will the project benefit the community(s) and its' members? What are the short and long-term benefits?*
Evaluation   *How will you evaluate the impact of the project? What is the intended outcome of the project? How will the community view the project? How will the project impact its' participants? How will you obtain community/participant feedback on this project?*
Budget   *The budget should specify all costs associated with implementing this project. If project costs exceed the funding levels available from the potential funder, please identify other funding sources to cover these costs.*

4. Potential Funding Sources

There are a number of potential funding sources. Some may be specifically targeted for HIV/AIDS projects, while others may be more generally applicable to aboriginal projects, community development or health projects.

Potential funders of general application may include bands, tribal councils, municipal governments, provincial government, federal government, foundations, health organizations, health associations, etc.

Other specific HIV/AIDS funding sources include:

The HIV/AIDS Prevention and Community Action Programs
Urban & Rural First Nations, Inuit and Metis Projects

Description:
The HIV/AIDS Prevention and Community Action Programs (PCAP), a component of the Canadian Strategy on HIV/AIDS (CSHA), supports community action in response to HIV/AIDS by funding projects undertaken by voluntary, non-profit, non-governmental organizations and community-based organizations that have identified a need to address HIV/AIDS issues in their community.

Funding Priorities:
Projects should build on existing work within the community, enhance partnerships and encourage sustainability and strive to make HIV/AIDS a part of the work being done by existing Aboriginal services/agencies that may not presently do this type of work.

Who can Apply?
In order of priority, community-based Aboriginal AIDS organizations, community-based Aboriginal organizations with HIV/AIDS programming, and community-based Aboriginal organizations with a health mandate and the potential to deliver HIV/AIDS programs or services.

The funding is designed to support activities in either urban or rural non-reserve settings. As these funds are intended only to enhance existing work in the community and not to fund new infrastructure, project funding cannot be used to support operational costs that are not associated directly with the project. Other kinds of projects that can not be supported with this fund include research activities or direct services such as medical treatment, needle exchange, etc.

Community-Based Research Scholarships

Under the Canadian Strategy on HIV/AIDS, the HIV/AIDS Policy, Coordination and Programs Division (HIV/AIDS Division), Health Canada, has announced a joint call for applications for community based-research scholarships. The joint call is to award scholarships available under the Community-Based Research Capacity-Building Program and the Aboriginal Capacity-Building Program for Community-Based Research. Each program is awarding scholarships of $18,000 annually to full-time master's and doctoral students who apply a community-based approach to HIV/AIDS research. Scholarships will be awarded for a maximum of two years.

Community-based research is a form of research in which principles of community involvement and collaboration are applied using culturally appropriate, scientifically accepted research methods. The research must produce information that is directly applicable to the community in which it takes place. Ultimately, community-based HIV/AIDS research supports the development of more effective HIV/AIDS programs and policies, leading to greater control of the HIV/AIDS epidemic in Canada.

The Aboriginal Capacity-Building Program for Community-Based Research is intended to increase community-based research capacity in First Nations, Inuit and Métis communities.

Scholarship Benefits:
Community-based research scholarships facilitate the development of community-based research expertise in Canada, thereby ensuring the availability of researchers who can conduct research projects using a community-based approach.

By promoting a community-based approach to research within recognized academic and other research institutions, the scholarships will further establish community-based research as an important part of the health research field.

Conditions of Eligibility:
Prospective researchers who believe that their work can have a significant impact on HIV/AIDS health policy or programs at the community level are eligible for community-based research scholarships.

Candidates for the master's and doctoral awards must be enrolled in a health or social sciences program and demonstrate that their research program integrates a community-based approach to HIV/AIDS research.

Application Process:
Health Canada's HIV/AIDS Division has produced an in-depth *Guide for Applicants* to assist with the application process for Community-Based Research Capacity-Building Program and for the Aboriginal Capacity-Building Program for Community-Based

Research. The *Guide* also describes the procedures and criteria for the peer review process, the conditions of eligibility that govern funding for the awards, and other useful information.

The *Application for a Community-Based Research Scholarship*, *Instructions for Completing the Application*, and the *Guide for Applicants* are available online at <http://www.aidsida.com> or by contacting the HIV/AIDS Division Project Officer at (613) 941-2150.

For additional information, please contact:
Project Officer
Community-Based Research Transition Team
HIV/AIDS Policy Coordination and Programs Division
Room B1830, Jeanne Mance Building
Tunney's Pasture, AL 1918B1
Ottawa, Ontario   K1A 1B4

Tel: (613) 941-2150   Fax: (613) 941-2399   E-mail: cbrcbp@www.hc-sc.gc.ca
Community-based fund raising events

5. Evaluation Plan

Evaluation is a very important component of all successful programs. Evaluation provides an opportunity to measure success and address challenges.

The first step is to determine why you are doing the evaluation and whom the evaluation is for. What exactly do you wish to evaluate? Finalize your evaluation goals and objectives. Remember to confirm you evaluation timeframe.

Determine the evaluation process.

Step 1 – establish key informants (people using program, program management, staff and volunteers, community Elders, community leaders, funders, related agencies/partners, etc.

Step 2 – review existing files/records. These documents will contain much of the information you will need to know about the program. These documents may include: the proposal for program funding, budget/financial statements, policies and procedures, status reports, case records, minutes, reports, newsletters, etc.

Step 3 – gather related data (assists in measuring success). Sources may include: census data, community studies, previous needs assessments, government publications, etc.

Step 4 - develop and implement evaluation tools, which may include written and interview questionnaires.

The following are some examples of questions you may choose to ask about HIV/AIDS, your community and related services. These questions provide a very good measure of the participants perceptions and experiences.

Rating applied to each question.
1. Strongly Agree
2. Agree
3. Don't know
4. Disagree
5. Strongly Disagree

As a result of activities of this community/organization:

a. Awareness has increased about the transmission of HIV/AIDS.	1 2 3 4 5
b. Awareness of healthy sexuality, healthy relationships and alternatives increased.	1 2 3 4 5
c. There is an increased awareness and sensitivity in the non-Aboriginal community regarding Aboriginal cultures, beliefs and values.	1 2 3 4 5
d. Traditional treatment and rehabilitation methods have been developed and access to mainstream medicine has improved.	1 2 3 4 5
e. Sensitive social support systems and services to Aboriginal people living with HIV/AIDS and their families has been developed and provided.	1 2 3 4 5

For those Aboriginal specific HIV/AIDS programs/services you have worked with please rate their effectiveness. Where appropriate, recommend how they can be improved. Ratings are 1 = Effective to 5 = Ineffective.

a. Information dissemination about HIV/AIDS   1   2   3   4   5
_____
_____
_____

b. Distribution of HIV/AIDS Prevention Resources   1   2   3   4   5
   (condoms, needles)
_____
_____
_____

c. Public education (presentations, etc.)   1   2   3   4   5
_____
_____
_____

d. Counselling and advocacy   1   2   3   4   5

_____
_____
_____

e. Access to support services   1   2   3   4   5

_____
_____
_____

f. Care and treatment   1   2   3   4   5

_____
_____
_____

g. Referrals for treatment   1   2   3   4   5

_____
_____
_____

h. Hospice care/housing   1   2   3   4   5

_____
_____
_____

Step 5 - analysis of information. Drawing conclusions and formulating recommendations. You are looking for patterns in the participant responses. You will justify your conclusions based on having a certain number of similar answers, identifying a chain of evidence, etc.

Step 6 - preparing a final report (Summary, Introduction/Evaluation Goals & Objectives, Methodology, Results & Analysis, Recommendations, Appendices).

The Evaluation Report
Name of Program (s)
Name of Community/Organization

Conducted by:
Date:

SUMMARY
- summarize the key facts and information contained in the report
- be clear, concise and complete just in case this is the only section your reader has time to fully read

INTRODUCTION/EVALUATION GOALS & OBJECTIVES
- describe why you conducted the evaluation

METHODOLOGY
- summarize the process used to complete the evaluation
- append the tools you used (surveys, contact lists, etc.)
- describe how you selected the participants and why

RESULTS & ANALYSIS
- present the results objectively
- you may choose to use graphs and charts to demonstrate the frequency and patterns in responses
- for yes/no questions, highlight the percentage of responses for each
- for multiple choice questions, consider charting the responses to show the similarities and/or differences in responses
- if the questions you asked require respondents to provide their own opinions or perspectives (qualitative data), summarize the information by showing trends and themes
- list your conclusions and explain them fully

RECOMMENDATIONS
- based on results and analysis, provide recommendations for future changes and possible expansion

APPENDICES
- you may wish to append your evaluation tools, raw data, participant list, etc.

Step 7 - preparing response/action plan to evaluation report recommendations. Identify short and long term goals and make suggestions on how to achieve those goals.

6.   Success Story: a look at a community that has had some success making HIV/AIDS a priority with highlights of what they have done.

"Pointe of Death" A Winner for Aboriginal Youth
Fifteen Aboriginal youth from Fort Smith, Northwest Territories, have won the prestigious Aegis award for their video "Point of Death." The award acknowledges peer recognition of outstanding video productions and non-network television commercials. The 29-minute film documents increasing awareness among young people of the connection between drug use and HIV. It shows how infection occurs and its consequences and discusses how it can be prevented. The video was made possible by considerable community support and by funding from Health Canada's HIV/AIDS Prevention and Community Action Programs.

The project began when the producer reconnected with a Fort Smith high school student. The two had collaborated on a video about suicide.

Auditions were held at a local high school, and nine youth were chosen to act in the video. Each was responsible for developing his or her character's story line and script, and a local drama instructor was hired to work with them on script development. An additional four students were picked to make up the research team. In Yellowknife other community members were interview who would appear in the video. The local "Challenge to Change: Fresh Start Program" (a program for youth at risk) was approached to find people interested in learning to operate video and sound equipment for the production. A Yellowknife professional/technician was brought on board to train on camera operation production and script writing.

The video was filmed over the course of five 12-hour days. A local Aboriginal band provided lyrics and music for most of the musical score; Dome Productions provided on-site recording and post-sound editing and worked with the band on the score. Mediaworks of Yellowknife did the final editing.

The video premiere took place at a community feast where local officials praised the team for their dedication and hard work and thanked community organizations for their involvement. "Point of Death" was also broadcast on CBC North and on APTN.

The video is used as a powerful educational tool that will continue to raise awareness of injection drug use and HIV/AIDS.

(Source: www.hc-sc.gc.ca/hppb/hiv_aids/can_strat/success/win_aboriginal.html)

7. Fact Sheets

Appendix 1 - CAAN Fact Sheets.

8. Supporting leadership.

Consistent and skilled leadership in the area of HIV/AIDS is key to achieving goals and motivating community members. Strong leadership will build community capacity and encourage empowerment of the community. The goal is not to control, but rather:

- effectively communicate the vision of the community,
- focus energy on results and inclusion,
- motivate individuals and organizations to act together for a common purpose, and
- develop effective processes to work through issues of concern and conflict.

Effective leaders build and maintain strong relationships in the community. A breakdown, or lack, of communication may hinder community involvement. Openness is key to success.

To ensure strong leadership, you may wish to consider:

- ensuring that those in leadership roles have a clear understanding of what is expected of them and what can be delegated to others;
- ensuring that community expectations are in line with what can be reasonably accomplished;
- supporting your leader with good processes, appropriate organizational structures and skill development;
- ensuring the goals and objectives of the community/organization workplan are clear and well understood;
- providing constructive feedback to those in leadership roles;
- acknowledging and building on successes; and
- not expecting those in leadership roles to assume all the responsibility.

Your leaders will need plenty of support to do their job successfully. Change can not occur without strong leadership, but leadership itself is not enough to effect change.

(Source: Frank, F & Smith, A (1999). HRDC. The Community Development Handbook, A Tool to Build Community Capacity.)

9. How to Access Red Road, Healing Our Spirit and Other Resources & Materials

Appendix 2 – The Red Road HIV/AIDS Network Resource Directory

10. Working with Provincial Health Authorities.

Ministry of Health

The mission of the Ministry of Health is to maintain and improve the health of British Columbians. In a regionalized health care system, the role of the Ministry of Health is to fund health authorities and monitor, evaluate and support their performance in governing and managing health care services. The ministry provides management and leadership of the health care system on behalf of the provincial government. The ministry's responsibilities include the following:

- establish and maintain the policy, legislative and organizational framework within which publicly funded health care services are provided to BC residents;
- define core services of the health care system, establish standards for those programs and monitor system performance;
- fund the health care system; and
- ensure coordination on system-wide or inter-regional issues.

Health Association of BC

The Health Association of BC is a non-profit, non-government association that assists its members in improving the quality and delivery of BC's health services. Its members are BC health authorities, health organizations, associations of health professionals and other organizations that support health care. The Health Association of BC:

- advocates for changes to the health system on behalf of members;
- works to influence the effective allocation of health resources;
- works with members and related organizations to educate and inform the public on health issues;
- provides members with education and a forum for communication, collaboration and problem-solving;
- coordinates member representation on various provincial and federal committees.

Health Authorities

Restructuring of BC's Health Authorities
The 52 existing health authorities will be merged to form a new governance and management structure with:
- 15 Health Service Delivery Areas in which patients have a broad range of coordinated hospital and community-based health services, within;
- 5 Health Authorities that govern, plan and coordinate services regionally, and participate with 1 Provincial Health Services Authority which coordinates and/or

provides provincial programs and specialized services, such as cardiac care and transplants.

Roles and Responsibilities of New Health Authorities

B.C.'s new health governance structure consists of six governing health authorities – a Provincial Health Services Authority and five geographic health authorities:

- Northern Health Authority
- Interior Health Authority
- Vancouver Island Health Authority
- Vancouver Coastal Health Authority
- Fraser Health Authority

Within these five health authorities are 15 health service delivery areas, to reflect the province's geography, as well as patient and physician referral patterns.

Governors of the five health authorities are primarily responsible for:

- identifying regional health needs, and planning appropriate programs and services, and ensuring programs and services are properly funded and managed.

Senior Staff for the 15 health service delivery areas are responsible for:

- managing the delivery of health services in their respective areas,
- meeting performance objectives set by regions, and
- ensuring community input into health service planning and evaluation for their areas.

The Provincial Health Services Authority is responsible for:

- working with five health authorities to plan and coordinate the delivery of provincial programs and highly specialized services such as transplants and cardiac care,
- ensuring that access and issues for these services are equitable addressed, and
- governing and managing the organizations having a particular focus on provincial progress (e.g. B.C Cancer Agency, Childrens and Women's Health Centre in BC etc.)

The Ministries of Health Services and Health Planning are primarily responsible for:

- developing provincial goals and province-wide standards,
- holding health authorities accountable for fulfilling their responsibilities, and
- ensuring appropriate health outcomes are achieved province-wide.

(Source: http://www.healthplanning.gov.bc.ca/socsec/roles.html)

It is very important to note that most of the Ministry of Health budget is allocated through these Health Authorities. In order to influence health services, programs and budgets,

Aboriginal communities and organizations must begin to work more extensively with their local Health Authorities.

As you plan different HIV/AIDS projects in your community, consider inviting representatives from your local health authority to participate. Or, at least, share information about your organization and planned activities with them.

11. Website Links

AIDS Virtual Library - www.quniverse.com/aidsvl

> This virtual library page deals with the social, political, and medical aspects of AIDS, HIV, and related issues. This site is maintained on a volunteer basis, and every attempt is made to keep it up to date,

BC HealthGuide Online - www.bchealthguide.org

> A valuable new addition to your BC health system that puts reliable, accurate health information at your fingertips 24 hours a day, seven days a week. BC HealthGuide Online - linking you to a comprehensive and current knowledgebase addressing more than 2500 common health topics, tests and procedures including information on health topics covered in the BC HealthGuide Handbook. BC HealthGuide Handbook - information on how to recognize, prevent, and seek appropriate treatment for dozens of common health concerns.

Canadian Aboriginal AIDS Network - www.caan.ca

Canadian AIDS Memorial Quilt - www.quilt.ca

Canadian Association for Community Care - www.cacc-acssc.com

Canadian HIV/AIDS Clearinghouse - www.clearinghouse.cpha.ca

> The Canadian HIV/AIDS Clearinghouse is the central Canadian source for information on HIV prevention, care and support for all front-line workers.

Canadian AIDS Society - www.cdnaids.ca

> CAS is a national coalition of community based HIV/AIDS organizations working to confront HIV/AIDS.

Chee Mamuk – www.bccdc.org/stdaids

The Community AIDS Treatment Information Exchange (CATIE) - www.catie.ca

> CATIE is a non-profit, community-based organization providing bilingual information on HIV/AIDS treatment and related health care issues to people living with HIV/AIDS and their care givers across Canada.

Canadian HIV/AIDS Trail Network - www.hivnet.ubc.ca/ctn.html

> CTN is a partnership committed to developing treatments, vaccines and a cure for HIV disease and AIDS, through the conduct of scientifically sound and ethical clinical trials.

Health Canada – www.hc-sc.gc.ca

Healing Our Spirit - www.healingourspirit.org

Canadian Strategy on HIV/AIDS – www.aidsida.com

> Health Canada is the lead federal department for issues relating to HIV/AIDS in Canada. The Department coordinates the Canadian Strategy on HIV/AIDS, which has a $42.2 million budget annually. Health Canada works closely with the provinces and territories through the Federal/Provincial/Territorial Advisory Committee on AIDS.

Pacific AIDS Network - www.pan.ca
> PAN was created to provide a forum for communications, mutual support and collective action for HIV issues throughout British Columbia and the Yukon.

Youth OnLine HIV/AIDS Education - www.pages.infinit.net/cocqsida/index.htm

Za-geh-do-win Information Clearinghouse - www.anishinabek.ca/zagehdowin

> This clearinghouse provides information about Aboriginal health, family healing, and family violence in various forms such as: books, reports, manuals, videos etc.

Red Road HIV/AIDS Network - www.red-road.org

Ministry of Health - www.gov.bc.ca/hlth

Do You Have Any Questions or Comments?

Please contact: Red Roads HIV/AIDS Network
                       804-100 Park Royal south
                       West Vancouver, BC, V7T 1A2
                       Tel: 604-904-3332 Fax: 604-904-3352
                       Email: info@red-road.org

COMMENT SHEET

We want to hear from you. If you have any comments regarding this Guide or the Red Road: Pathways to Wholeness, An Aboriginal Strategy for HIV and AIDS in BC, please complete this comment form and mail or fax it to the Red Road HIV/AIDS Network office.

In an effort to maximize information sharing and exchange ideas/models that are working, we would also be very pleased to hear about new activities that are occurring in your community or organization, related to HIV/AIDS. These activities could be featured in future newsletters/communiqués, profiled on the website or shared at future HIV/AIDS conferences.

Name:
Organization (if applicable):
Address:
Phone:
Fax:
Email:

Comments:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Glossary

Aboriginal: Indian, Metis and Inuit people (Constitution Act, 1982).

Aboriginal Community/Community: A group of Aboriginal people who share similar beliefs, traditional and culture. These groups exist through shared political, cultural, spiritual identity and/or organized for the purposes of jointly improving the quality of life for Aboriginal people in the community. Aboriginal communities include First Nation/Aboriginal communities, Metis people, Friendship Centres, Aboriginal urban-based organizations, and political organizations.

Aboriginal Family: Children, parents and their extended family, which may include blood and adopted relatives, in-laws and significant others.

Aboriginal Leadership: The formal Aboriginal leadership consists of Grand Chiefs, Chiefs and Band Councils and Boards of Directors and Executive of Aboriginal organizations, Informal Aboriginal leadership includes matriarchies, Elders, and influential individuals and/or families in Aboriginal communities.

AIDS (Acquired Immune Deficiency Syndrome): A group of diseases (a syndrome) that result from a breakdown in the body's disease defense system (immune system). With AIDS, a virus called the human immunodeficiency virus (HIV) attacks the immune system.

First Nation: An Aboriginal community, also known as a band under the Indian Act, with or without a land base.

Government: Aboriginal, municipal, provincial or federal governments.

Health: Health has traditionally been conceptualized by Aboriginal people as an integral part of all aspects of life and as a reflection of individual and collective relationships to the natural, social and spiritual environment.

HIV (Human Immunodeficiency Virus): The virus believed to cause AIDS. Having HIV is not the same as having AIDS. Some people who have the virus are healthy, and have none or only a few symptoms. Even if a person does not have symptoms, they are able to pass on the virus. A person may have HIV for several years before AIDS-related diseases appear. It is important to receive treatment early on in HIV infection in order to stay well longer.

Promotion: Activities, which focus on improving or maintaining the health of the individual, family or community before the presence of a health condition.

Training: The development of required knowledge, skills and attitudes needed to develop, implement, deliver and evaluate effective health programs and services. Training ranges from basic training to ongoing professional development.

Treatment: Active intervention to diagnose, treat or care for an illness.

Wellness: The balance of physical, mental, emotional, social environments and spiritual aspects of being.

Holistic Health: Physical, mental, emotional and spiritual aspects of the human being.