**Provincial assessment of Métis needs regarding issues surrounding HIV/AIDS: Seed Grant Project**

**Shining Mountains Living Community Services**

**Dates of project: August 1, 2012 – March 31, 2013**

**INDEPENDENT EVALUATION REPORT**

**Metis Support Services**

**February, 2011**

***This review was conducted by an independent team. The views expressed in this report are those of the reviewers and do not necessarily reflect the views of ACHF, or the Alberta or Canadian Governments.***

***Introduction***

The Provincial assessment of Métis needs regarding issues surrounding HIV/AIDS: Seed Grant project was designed as an initiative which aimed to address an existing gap in research and assessment on a provincial level surrounding the needs of Metis organizations and Communities with respect to HIV/AIDS. Research was undertaken in 3 major areas to determine priority needs of Metis Communities: Education, Prevention/awareness of HIV/AIDS, and Harm reduction readiness and requirements. There is currently no provincial assessment of Métis needs regarding issues surrounding HIV/AIDS.

**Activity Background**

*Objectives, Design and Implementation History*

The Provincial assessment of Métis needs regarding issues surrounding HIV/AIDS initiative was designed to assist organizations and service providers (Aboriginal and non-Aboriginal) to improve service delivery to Métis individuals and communities, based on their collective responses to survey data regarding the specific HIV and HCV knowledge, understanding, demographics, and to assess current understandings of HIV and HCV prevention and education amongst Métis populations.

The project was implemented from August 2012 to February 2013 and research data was collected through a survey and interview process in both Rural and Urban Communities and included Métis individuals who are HIV and/or HCV positive, registered and non-registered Métis individuals within Alberta, and who are between the ages of 18-55+, who identify as male or female, regardless of biological sex, Métis organizations and Councils, and Métis leadership in zones 1-6. 81 responses were received from Community members and organizations, and 18 responses were received from Métis Leadership.

***Scope and Sample size***

The scope of this research project was provincial, and included respondents from the following: Métis Leadership: Regions 1 – 6, Métis Settlement – General Council, Métis general population, Métis Health workers (on Settlement), organizations with Métis clientele (urban and rural off-Settlement), Métis people who are HIV+, Community members (urban and rural off-Settlement). Specifically, 65 written responses were received from Northern Alberta (38), Central Alberta and Southern Alberta (27). The remaining 16 respondents preferred to respond through Traditional Oral means, rather than a written response.

While all ages, status, geographical demographic areas, and sexes were surveyed, respondents to the survey produced a sample that primarily consisted of respondents who were between the ages of 18-35 (59 of 81 respondents), lived in Rural areas of Alberta (69 of 81 respondents) and were registered with Métis recognized status in the province of Alberta (71 of 81 respondents). Additionally, most respondents were registered in Northern Alberta.

***Outcomes***

The intended outcomes of the project of assessing the HIV/HCV knowledge and needs of Métis population were achieved. However, it must be noted that this outcome was achieved only on a sample size of 81 respondents and 18 Métis Leadership representatives. The data obtained from this information, however, stated clearly that there are significant gaps in knowledge of HIV/HCV information in Alberta. 67 of 81 respondents did not know the meaning of the acronyms HIV or HCV, or the difference between HIV and HCV. However, only 5 of 81 respondents believed that HIV and HCV were important health issues in Métis Communities. 43 of 81 respondents stated that on a scale of 1 to 10 (with 10 being the most important), providing services that reduce risk and risky behaviours that lead to infections is most important (“10”). Data collected from Métis Leadership indicated that 13 out of 18 respondents saw reducing risk and risky behaviours as a concern in Métis Communities. Comments provided as suggestions for how to reduce risky behaviours strongly indicated a need for increased education and awareness, better access to condoms, encouragement good communication between parents and youth, and increased alternate activities for youth. 63 of 81 respondents also stated that there are no services in their communities available to reduce risk or risky behaviours, however, in some communities there were services for Non-Aboriginal and/or First Nation individuals. Of the services that were identified, no respondents stated that their Métis Community was well aware of any efforts or services to reduce risky behaviours (8 or better on a scale of 1-10).

The community climate, data is a very important outcome for organizations and service providers to Métis populations. 45 of 81 respondents felt that there are circumstances in which Métis community members should be refused services related to HIV and/or HCV infection, education, and awareness, when others feel threatened, particularly if individuals are under the influence.

With respect to effective programming by Métis communities to support efforts to reduce risk, only 13 of 81 respondents indicated that brochures were given out, and 37 respondents stated that the community supported education, and the inclusion of speakers in awareness campaigns. Métis Leadership responses to their involvement in reducing risk and risky behaviours 12 of 15 respondents indicated that they were not involved at all, while the remaining 3 respondents indicated they were involved at a level 4 on a scale of 1-10. However, when asked if Métis Leadership would support additional efforts, 14 of 18 respondents indicated that they would support efforts through listening to information provided. 13 of 18 respondents support youth programs, however, 5 respondents do not have funds or space to provide these services to youth in their communities.

Of particular note were responses received to the question of whether Métis Leadership is actively developing strategies and plans to reduce risk, on the survey distributed to Métis Leadership. 17 of 18 respondents indicated that they are not doing so. No respondents indicated that this was happening. However, when asked about willingness to actively be involved in the planning of such strategies, 14 respondents indicated a 7 or higher on a scale of 1-10 with respect to their commitment to become involved.

The main barriers for Métis Communities to risk reduction indicated a strong aversion to talking about sex, and a lack of knowledge about HIV/HCV (65 of 81 respondents). An important identified solution was identified to address these barriers by 36 of 81 respondents; the need for information and programming to be Métis specific, delivered by and for Métis people, as opposed to current information that is primarily targeted towards First Nations or Non-Aboriginal populations.

With respect to Harm Reduction initiatives, 70 of 81 respondents stated they were not knowledgeable of harm reduction initiatives in Métis Communities, and the main mode of disseminating information occurred in Métis Communities at an annual health fair. When asked what type of services were needed in Métis Communities with respect to HIV/HCV prevention and education, the top2 priorities indicated were Métis specific information and Access to free condoms. However, with respect to other Harm reduction initiatives such as a needle exchange and crack pipes, only 5 of 81 respondents indicated this was needed in Métis Communities. With respect to Métis Leadership responses to priorities around risk reduction, prevention, awareness, and harm reduction in Métis Communities, 13 of 18 respondents were generally supportive of prevention and education initiatives, with a strong emphasis on condom availability, increased workshops for youth, and increased distribution of informational pamphlets in Métis Communities. However, all respondents indicated that they would not support a needle exchange in their community.

Intended outcomes, such as the collection of data on the needs of Métis Communities with respect to HIV/HCV were achieved, with the additional unintended outcomes of created and natural opportunities to provide prevention and awareness workshops through this project. In addition, the questions surrounding Harm Reduction, in particular, assisted in assessing both Leadership and Community readiness for Harm Reduction initiatives in Métis communities, and determining, especially from a leadership perspective, how better to “meet communities where they are at.” Clearly, respondents in the sample data were comfortable with condom distribution in Métis Communities, but were strongly opposed to needle exchanges. This information may be valuable to engage Métis organizations and Leadership in further discussion with Métis populations regarding the continuum of Harm Reduction, however, this must be done at a pace and in a manner in which Métis Communities are comfortable, and one in which Métis specific Cultural Practices and values are respected and information is delivered by Métis organizations and presenters in these Communities, as it was strongly felt, particularly, amongst those participating in oral interviews, that presentations by Non-Aboriginal or First Nations organization or presenters may not be seen as relevant to Métis populations or Leadership.

Through this project, Shining Mountains Living Community Services (SMLCS) has become better informed with hard data collected, to the needs of Métis Communities and Métis Leadership with respect to HIV and HCV education, awareness, prevention and readiness for Harm Reduction initiatives. Further, the data collected has assisted SMCLS in engaging Métis Leadership in discussion of HIV and HCV at a level in which they may be able to be further informed of the needs of Métis Communities, and provide Leadership based on those needs with respect to HIV/HCV prevention, education, awareness, and harm reduction initiatives. Of particular note was the willingness of the majority of Leadership surveyed to become involved in strategic planning to address identified needs.

Due to the data collected from this project, SMLCS in its own work planning, is now better able to focus efforts on identified needs, and with the information provided by Métis Communities and Leadership, provide more focused HIV and HCV prevention, awareness, and education to Métis Community Service providers, and Leadership, and connect these entities with organizations and resources, including ACCH, and organizations funded by ACHF when applicable and/or requested. In this manner, Métis Community Service providers will have a wider range of resources from which to draw upon for information or referral of clients who are living with HIV, HCV or who are co-infected, or for community members who wish to have more information on prevention and awareness of HIv and HCV, particularly, as identified in the survey, Métis youth.

***Lessons Learned, Reminders Given, and Future Recommendations***

At the beginning of this project, a survey was developed under the assumption that individuals would feel more comfortable giving information through a written response, and with the intention of collecting hard data to assess the needs of Métis populations with respect to HIV and HCV in their communities. While this method of data collection was successful with Métis Leadership for the most part, it was only moderately successful with respect to Métis Service providers and individuals. Métis Practices, in responding to research questions and needs assessments, particularly in rural areas, are often oral, and there is some hesitancy in providing written responses. The survey provided opportunities to provide oral responses, and while this is much more time intensive than written responses, future projects of this nature must include and prioritize qualitative, rather than quantitative data, as it may be seen to better recognize and respect Métis Traditions and Practices.

Quantitative and qualitative data that was collected reflected a significant gap in knowledge of issues surrounding HIV and HCV, including what the acronyms mean. It was noted through this project, that often, community members are inundated with many acronyms for various purposes, and was stated by some community members that they would prefer to `say what it is` rather than utilize an acronym, and that ``it feels more real`` when the words are explained, rather than ``a bunch of letters. `` Clearly, the significant gap in awareness and knowledge of HIV and HCV in Métis Communities indicates that previous programming, if existent, was not effective in providing awareness and prevention in a manner which could be easily understood by Métis populations. Future recommendations for programming as a result of data collected include workshops and prevention awareness that is ongoing, Métis specific research, programming, and prevention and education workshops by and for Métis capacity builders who are known to community members, and programming and research that actively engage Métis Communities in formats other than written formats.

With respect to Harm Reduction readiness: As noted in the data collection, there is a reluctance to speak about sex openly in some Métis Communities, particularly in rural areas of Alberta. However, community members have expressed a need for more accessible free condoms as a harm reduction initiative. Future projects may include the provision of condom supplies to health service providers in Métis Communities, but in a respectful manner, and mindful of the reluctance to discuss sex in these communities. Data collected shows that neither Métis Community members, nor Métis Leadership is willing, at this point to support a needle exchange in Métis Communities, and education on this part of the continuum of harm reduction may further discourage, rather than encourage harm reduction practices. Harm Reduction education for Métis Communities must occur slowly, and with caution to ensure readiness.

Building on the impacts that this project has had on Leadership, in that Leadership is now better informed of the needs of Métis populations with respect to HIV and HCV, and is willing to become more involved at a strategic planning level to address these issues. Future initiatives include further discussion between SMLCS and leadership on the feasibility of this potential initiative, and if feasible, identifying additional stakeholders and partners for such an initiative.

Given that this initiative generated only a sample of responses, a wider and more varied survey, including more qualitative data to ensure accurate assessment may be needed, particularly in urban areas, and amongst youth. However, given that the sample generated responses from areas throughout Alberta, the survey can be viewed as a sample of the needs of Métis Communities and Leadership. Data collected will be utilized, with the understanding of this limitation, to ensure that capacity building programming by SMLCS reflects the sensitivities of Métis Community members to discuss sex, and provide safe opportunities through a capacity building process with service providers for members to do so, and receive prevention and education material and information in a format that is, understandable, and relevant to members Cultural, practical, and emotional comfort level. SMCLS will also utilize the data collected to tailor workshops and presentations in Métis Communities to reflect the needs of community members to understand the basics before the details (ie: using and explaining the full names for HIV and HCV before explaining the symptoms of each, avoiding acronym use where possible, and engaging community members and health providers actively, and assessing readiness for harm reduction regularly).

Overall, the project was successful as a seed research project, however much more research is needed, particularly amongst Métis populations living in urban areas, and amongst youth, in order to gain a larger sample. Initiatives to best engage youth in research projects may be more effective with the addition of a youth researcher who is Métis in future research projects. In urban areas, it may be advantageous to connect with partner organizations of SMLCS to obtain a wider urban sample, and maximize responses to the surveys.