

Symposium Description (250 words max.)

Symposium Lead (name and affiliation): Sharon Bruce, University of Manitoba

Rationale for Symposium: Our project is multi-phased and includes multiple partners. A symposium will allow us to discuss context, methods, findings and implications.

Topic description

Title: “*Women healing living the good life*”: Indigenous Women Defining and Directing a New Paradigm for HIV Health Policy and Services in Manitoba, Canada

In Manitoba, approximately 35% of people living with HIV are women, which is significantly greater than the national average of 22%. Of the women living with HIV in Manitoba, the majority are Indigenous (First Nations, Metis or Inuit). In addition to a higher prevalence, Indigenous women experience delays in diagnosis, and face barriers accessing and engaging in HIV treatment and support, and other health services. Given this context, the purpose of this research is to inform development of health services and policy for Indigenous women living with HIV. This project is part of a larger national cohort study (Canadian HIV Women’s Sexual and Reproductive Health Cohort Study – CHIWOS) that aims to assess the availability, uptake and effect of women-centered HIV services.

The project name, “*Women healing living the good life*”, was received through ceremony with the project Knowledge Keeper and Elders. This name highlights the project’s commitment to healing, ceremony, community-building and spirituality, which are all central aspects of Indigenous health.

Principles central to achieving the goal of transforming health services for Indigenous women living with HIV include: operating from and applying a decolonizing lens; conducting research that is led by and is meaningful to those most affected by HIV; and proceeding in a way that honours the dignity and spirit of all those involved. This symposium will review project activities; knowledge generated and discuss implications for health services and research.

Presentation one: Structural Drivers of HIV in Manitoba

Authors and affiliations: Laverne Gervais, Ka Ni Kanichihk (Indigenous Community Organization)

Overview: The excessive burden of HIV among Indigenous women is best understood when viewed through historical and anti-racist lenses. Structural drivers of HIV include historical and ongoing government policies that have separated Indigenous people from healthy spaces (e.g., land dislocation), promoted assimilation (language, culture) and fostered inequitable resource distribution. These policies in turn influence proximal (e.g., health behaviours) and intermediate (e.g., health systems) determinants of health, and structure risk for HIV acquisition, disease trajectory and outcomes. Indigenous women living with HIV (peers) identified complex trauma, violence, flawed and unjust systems and racism as causes of HIV and barriers to being well.

Presentation two: Environmental Scan of HIV Services

Authors and affiliations: Marissa Becker, University of Manitoba

Overview: The Medicine Wheel, which includes emotional, physical, spiritual and mental dimensions of health, was the conceptual model that guided exploration of services available for Indigenous women living with HIV. We identified and conducted interviews with 12 organizations. A range of services are available including primary care, crisis care, peer-led support, harm reduction and HIV specialist services. Three organizations offered services specifically for people with HIV. Some community programs are rooted in peer engagement in both day-to-day operations and decision-making roles. In general, services are fragmented, difficult to access and disconnected from aspects of Indigenous wellness including spirituality and relationships.

Presentation three: Māmawi wāhkôtowin: An Arts-Based Approach to Understanding Wellness and Living with HIV among Indigenous Women in Winnipeg, Canada

Authors and affiliations: Adina Lakser, University of Manitoba

Overview: Restructuring health services for Indigenous women living with HIV requires an understanding of their perceptions of what it means to be well and how systems may assist in this process. We held arts-based workshops to better understand wellness. Data generation included creation of a medicine wheel quilt using words and images. Supporting activities included ceremony, teachings from a Knowledge Keeper, discussion, a feast and healing activities. Wellness included communicating with and listening to others, learning from Elders, walking, knowledge acquisition and being out with family. Peers valued health professionals but saw wellness as prerequisite to benefitting from medical care.

Presentation four: Application to Policy and Health Services

Authors and affiliations: Sharon Bruce, University of Manitoba

Overview: We created a service and research framework for Indigenous women living with HIV that is asset-based, historically informed and incorporates cultural humility and spirituality. An asset-based approach recognizes that Indigenous women have skills and resources, and that practitioners are responsible for creating environments to foster those skills. Historically informed care requires

reflection upon the processes and consequences of colonization, and development of approaches that address what matters to Indigenous women. Cultural humility requires practitioners (decision-makers) to reflect upon and recognize the power they hold and to work towards neutralizing the power dynamic with patients/clients and facilitating a more egalitarian environment.