

Embodied and Evolving Indigenous HIV Leadership: An Example from GIPA Homefire



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In 2014, Tony Nobis (IPHA and community member) identified that an IPHA-led and specific response is required beyond what CAAN currently provides to Indigenous Peoples Living with HIV. This project honours that request.

We have no conflicts of interest to declare



Background

IPHA involvement is central to effective responses.

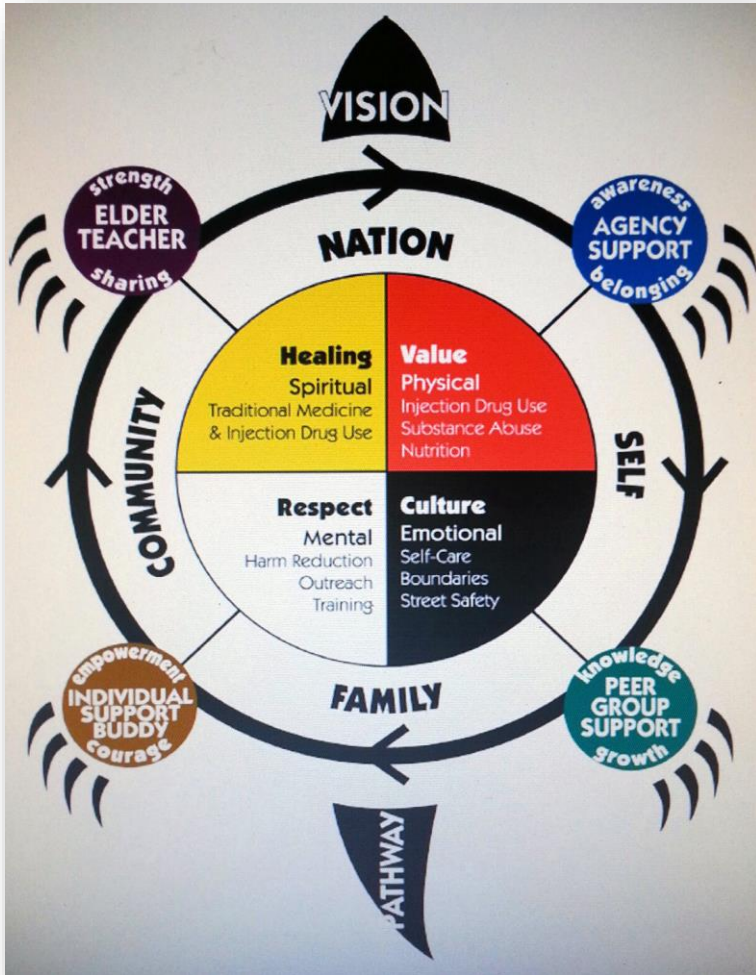
“Whereas the APHA Caucus has identified the need for long-term strategic planning;”

The GIPA Homefire project began from a community-identified need ...

“Be it resolved that CAAN support the APHA Advisory Committee to develop a long-term plan for an APHA Leadership Development Strategy and formalize mentorship.

... and to support those carrying heavy burdens as leaders.

“How to support IPHAs specifically in leadership roles, it is up to all of us; support is key for learning”



Aboriginal IDU Harm Reduction Training Project, Winnipeg 2001.

Research Design

“This should be peer-led not institutional led”

The project itself is a unique example of how to “Indigenize” the Greater Involvement of People with AIDS (GIPA) principles from the ground up. With extensive IPHA participation, the project unites Indigenous methodologies with literature and Indigenous leadership experience, with creative implementation of community-based research principles.

“This project is very important to us as positive people”

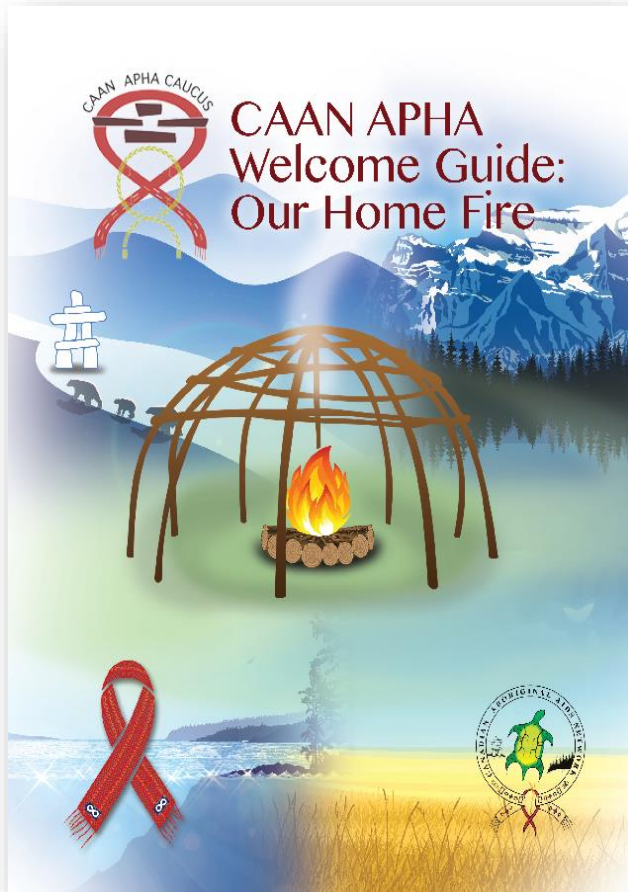
From inception, execution and evaluation to recommendations, the process through which the GIPA Homefire came to be was iterative and constantly evolved alongside the exposure to the experience and networks of IPHAs. The breadth of questions that survey and interview participants were asked were culturally grounded, respected traditional teachings, and suggested that ongoing engagement with IPHAs was integral to strengthening the quality of research.

“We are looking for a form of GIPA that is different than the mainstream”

Project members participated in committees that focused on grant writing, survey development, ethics, a critically focused literature review, presented at conferences, networked with community partners, and wrote and reviewed and scoping review manuscript for a journal submission.



Lessons learned



The majority of our team members are people living with HIV. Positioning IPHAs in leadership positions on the team was deliberate and necessary and challenged us to re-think the ways in which we work together as a team.

“The medicines are part of the answer”

IPHA leadership shaped the research project in important ways. For example, bringing in traditional medicines and ceremony helps to create a safer space for all of the team to work together without hierarchy .

“We are the land”

“The land is ceremony”

“We are ceremony”

Redefining leadership helped us to think through our research protocol. Knowledge gained through the literature review process, which prioritized IPHA review and decision making at every step, restructured our planned committee work. We reorganized in ways that met the specific and shifting needs of IPHAs to be involved in the work by balancing workloads and highlighting what we wanted to respond to with our work.

Conclusions



Painting by Anna Tyers

The team privileges the identities, desires, needs and understandings of IPHAs as the heart of the project.

“The next step will be taking the learnings we get from the project and look at how to implement them”

The process of conducting the GIPA Homefire project is reflective of constituting the very conditions needed for supporting IPHA leadership.

“We are looking for a form of GIPA that is different than the mainstream”

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