Positively Native
FACILITATION GUIDE: A RESOURCE FOR LEADING DISCUSSIONS ON HIV/AIDS AND STIGMA IN AMERICAN INDIAN/ALASKA NATIVE COMMUNITIES
FOREWORD BY BILL HALL (TLINGIT)
The Positively Native project was created to provide community advocates with tools for starting conversations around the topic of HIV/AIDS stigma. In the accompanying twelve-minute video, three Native people (Bill Hall, Shana Cozad, and Hamen Ides) share their experiences with the stigma they have experienced as a result of living with HIV/AIDS. They share a powerful message: Native people can overcome HIV stigma by coming together to support one another.

It is our hope that this video will spark conversations about stigma as it relates to the individual’s own beliefs on HIV/AIDS. If you come across a person living with HIV/AIDS, what is your first thought about that person? If it’s a negative thought, that’s stigma. The end goal of this conversation is what would it take for individuals (when they hear about the impact that stigma has on our community) to set aside those beliefs and be tested for HIV. You can have all the thoughts and beliefs you want on HIV, but are those thoughts and beliefs worth your life?

At this stage, there is no cure for this disease, and the sad reality is our people are still dying from this disease. We need to get to a place where we realize that AIDS is here; ignoring it won’t make it go away. And the impact of becoming HIV Positive is life-altering. The thoughts you might have about people living with AIDS will now be the thoughts of others about you if we don’t accept this disease for what it is, educate our family and friends about this, and take the necessary steps to protect ourselves. If everyone in this room takes this to heart and begins this difficult conversation with family and friends, we can change the face of AIDS and the impact it has on our people.

—Bill Hall (Tlingit)
Overview

Positively Native is a toolkit that includes:
- A presentation on the basics of HIV, including transmission, prevention, treatment, stigma and discrimination, and epidemiology of HIV in American Indian/Alaska Native (AI/AN) communities.
- A short video in which three American Indian/Alaska Native people share their experiences with stigma and discrimination as a result of living with HIV.
- Discussion questions corresponding to the video.
- A facilitator’s guide.

The toolkit is intended to be used in both urban and tribal American Indian/Alaska Native communities and may be used at community events and/or as part of already existing programs, like youth clubs and elder programs. Please consider using the toolkit to commemorate National Native HIV/AIDS Awareness Day (NNHAAD), which falls on March 20th of each year.

Objectives

For participants to become informed about the transmission, prevention, and treatment of HIV.

Introduce participants to HIV stigma and discrimination through the stories of American Indian/Alaska Native people living with HIV.

To develop ideas on how participants can help stop HIV stigma and discrimination in their communities.

Format

Present the basics of HIV PowerPoint (~10 minutes).
- Presenter notes are included with the PowerPoint.
- In addition, there is space for the facilitator to make notes.
- As you present the PowerPoint, consider talking about local programs and resources available to community members (e.g. HIV testing, free condoms, needles exchanges, etc.) Watch the Positively Native Video (~12 minutes).
- Before the event begins, ensure that you can play the video embedded in the PowerPoint presentation.
- If the embedded video will not play, access the video from YouTube (see link below).

Facilitate the discussion (~20 minutes)
- If there are more than 10 people in the audience, break up into groups of 5-6 people.
- In each group, there should be a facilitator and notetaker.
  - The facilitator and notetaker may be staff from your organization, trusted staff from partner organizations, or community members who are comfortable with facilitation and/or notetaking.
- The facilitator should have a copy of the discussion questions (located in appendix), and the notetaker should have a flipchart and marker. If flipcharts aren’t available, use regular paper.

Report Back (~10 minutes)
- Once groups are finished discussing the question, have each group select one person to report back to the larger group on the question.
- All groups don’t need to report back on every single question.

Materials
- Computer that is connected to working speakers
- https://www.youtube.com/watch?time_continue=722&v=gZNMsyAswLo (Positively Native video)
- Copies of discussion questions for facilitators
- Flip chart or paper for notetakers
- Markers for notetakers
Notes

The components of the toolkit may be split up among different staff and community members. For example, if you work in a clinic, it may be useful to have a medical provider give the presentation on the basics of HIV, a social worker facilitate the video discussion, and a community member be the notetaker. However, please ensure that someone is in charge of keeping time, bringing materials, ensuring the computer sound and video work, etc.

If you find yourself with questions about HIV as you read through the facilitation guide, please see the resource list on pg. 12 for more information about HIV. If you have additional questions, please contact the Urban Indian Health Institute.

If you are using this toolkit as part of a community event for NNHAAD, consider the following:

- Open the event with a blessing.
- Serve a meal before or after the presentation, video, and discussion.
- Invite HIV-focused community organizations to participate in a resource fair.
- Have a raffle with prizes.
- Offer free hepatitis C and HIV testing. If your organization does not offer these services, invite another organization to do so.
- Offer free condoms.
- Encourage the leadership of your organization to attend.
Introduction
Slide 1

- Welcome the audience.
- Introduce yourself, including your tribal affiliation (if applicable) and your role at your organization.
- Give a brief overview of the presentation, video, and discussion.
  - For example, “Today, we’re going to talk about the basics of HIV, watch a video about how stigma has impacted three American Indian/Alaska Natives living with HIV, and then we’ll have a chance to discuss the video.”

HIV Basics: What is HIV/AIDS (~10 minutes)
Slide 2

**What is HIV/AIDS?**

- HIV = Human Immunodeficiency Virus
- AIDS = Acquired Immunodeficiency Syndrome

- HIV is a virus that attacks cells in the body’s immune system.
- Without treatment, it becomes increasingly difficult for the immune system to fight off infections and diseases, such as pneumonia and certain cancers.
- The presence of these infections and diseases indicate that a person has AIDS, the last stage of HIV infection.

**Stages of HIV Infection include:**

**Stage 1: Acute infection**
- People have a large amount of the virus in their blood at this stage and are highly contagious.
- Flu-like illness may be experienced by people with acute infection.

**Stage 2: Clinical latency**
- The HIV virus reproduces at low levels at this stage.
- There may be no symptoms.
- People who take their HIV medicine may stay in this stage for decades.

**Stage 3: AIDS**
- Marked by symptoms such as chills, fever, sweats, swollen lymph glands, weakness, and weight loss.

HIV Basics: Transmission

Slide 3

Sexual contact and sharing needles to inject drugs are the most common ways AI/ANs are contracting HIV.

HIV Basics: Prevention

Slide 4

Everyone between the ages of 13 and 64 should be tested for HIV at least once.

However, people with the following risk factors should be tested more often:

- Men who have sex with men.
- Had sex with a partner who has HIV
- Had more than one partner since last HIV test
- Injected drugs or shared needles with others
- Exchanged sex for drugs or money
- Been diagnosed or treated for an STI
- Treated for hepatitis or TB

Tips for condom use:

- Check the expiration date
- Make sure there are no tears in the condom
- Store in a cool, dry place
- Use water or silicone-based lubricant to prevent tears.

HIV Basics: PrEP and PEP

PrEP and PEP are for all genders and sexes.

In assessing eligibility for PrEP, the following risk factors will be considered:

- Having a sexual partner with HIV in the past 6 months.
- Inconsistent condom use for the past 6 months.
- Having been diagnosed with an STD in the past 6 months.
- Having an injection partner with HIV.
- Sharing needles, syringes, or other equipment to inject drugs.
- Having a partner with HIV and are considering getting pregnant.


HIV Basics: Treatment

While there is no cure for HIV, treatment is available that allows people to live long, healthy lives.
HIV Basics: Stigma and Discrimination

Slide 7

When stigma is internalized, it can lead to feelings of shame, fear of disclosure, isolation, and despair. Unfortunately, such feelings can keep people from getting tested and treated for HIV.


HIV Basics: HIV in AI/ANs

Slide 8

In 2017, the crude number of HIV and AIDS diagnoses were higher in whites than in American Indians/Alaska Natives. However, when you take population size of each race group into account, meaning the white population being much larger than the AI/AN population, the rate of HIV and AIDS is higher in AI/ANs than in Whites.

It’s important to mention that racial misclassification, which is when a AI/AN person is often classified as white in their healthcare record, definitely plays a role here, most likely making the number of diagnoses in AI/AN higher than what is reported here in these numbers.
From 2010 to 2016, AI/ANs were only one of two racial groups to see an increase in HIV infections (the other was Asians; however, Asians have the lowest rate of HIV infection among all racial and ethnic groups).

Once the video is over, go through agreements before beginning discussion or breaking into groups.

---

As a reminder:
- If there are more than 10 people in the audience, break up into groups of 5-6 people.
- In each group, there should be a facilitator and notetaker.
  - The facilitator and notetaker may be staff from your organization, trusted staff from partner organizations, or community members who are comfortable with facilitation and/or notetaking.
- The facilitator should have a copy of the discussion questions (located in appendix), and the notetaker should have a flipchart and marker. If flipcharts aren’t available, use regular paper.
- Once groups are finished discussing the question, have each group select one person to report back to the larger group on the question.
- All groups don’t need to report back on every single question.
Closing
Slide 13

Answer any questions the audience may have and thank them for coming to the event.
ADDITIONAL RESOURCES

General HIV

HIV Basics (CDC)
https://www.cdc.gov/hiv/basics/index.html

HIV Overview (National Institutes of Health)
https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/19/45/hiv-aids--the-basics

About HIV and AIDS (HIV.gov)

HIV and AI/ANs

HIV/AIDS (IHS)
https://www.ihs.gov/hivaids/

Project Red Talon
(Northwest Portland Area Indian Health Board)
http://www.npaihb.org/project-red-talon/

HIV Among AI/ANs (CDC)
https://www.cdc.gov/hiv/group/racialethnic/ian/index.html

Youth HIV/STI Education

Native Voices
(Northwest Portland Area Indian Health Board)
https://www.healthynativeyouth.org/curricula/native-voices

HIV Stigma

Facts about HIV Stigma (CDC)
https://www.cdc.gov/hiv/basics/hiv-stigma/index.html

HIV Stigma and Discrimination (Avert)
https://www.avert.org/professionals/hiv-social-issues/stigma-discrimination

Pre-Exposure Prophylaxis (PrEP)

Pre-Exposure Prophylaxis (CDC)

Ready, Set, PrEP (HIV.gov)

Cyber Tipi of PrEPahHontoz
https://prepahhontoz.com/
## Bios

### Bill Hall (Tlingit)
Bill Hall, a member of the Tlingit tribe of Southeast Alaska, has been living with HIV for more than three decades in which time he has become a courageous advocate sharing his experience as an HIV+ Native individual and honestly detailing his battles with depression and cancer. Bill serves on the community advisory board (CAB) of DefeatHIV, is a member of the Multicultural HIV and Hepatitis C Action Network (MHHAN) and is a tireless community partner and advisor of Seattle Indian Health Board and Urban Indian Health Institute. He is unyielding in his hope for a cure for HIV and resolute in his belief that reducing stigma is fundamental to improving the health outcomes and lives of those living with HIV. He has touched countless lives throughout Indian Country and beyond. Each month he hosts and cooks a homemade meal for Defeat HIV’s CAB meeting!

### Shana Cozad (Kiowa)
Shana Cozad is a full-blooded Native American enrolled with the Kiowa Tribe of Oklahoma. Shana has been a noted, recognized public speaker and HIV/AIDS prevention educator since 1994. Shana has spoken at numerous schools, universities, AIDS memorials, AIDS Walks and World AIDS Day events. Some highlights of their advocacy include being featured in POZ Magazine, Keynoting for the 3rd Annual Circle of Harmony Conference, and being on the Keynote Panel for the National Native American AIDS Awareness events around the country. Shana’s story is also among the women’s voices in River Huston’s book “A Positive Life.” She has been interviewed numerous times throughout the years by television, newspaper, and national radio sources. She won the Richard Shackleford Memorial Award for outstanding service and care within the HIV community in Tulsa, Oklahoma. She serves as a member and advisor with various HIV coalitions and HIV planning committees, particularly in Native American communities.

### Hamen Ides (Lummi)
Hamen Ides is a member of the Lummi Nation of Washington, with ties to the Makah Nation on the Olympic Peninsula. Hamen is a Founder and Executive Director of Ti-Chee Native AIDS Prevention.