

Journal of Indigenous HIV Research

Volume 12 – Winter 2021



### ***Brief Overview of CAAN***

CAAN, previously known as The Canadian Aboriginal AIDS Network, is a national, not-for-profit organization:

- Established in 1997
- Represents over 400 member organizations and individuals
- Governed by a national thirteen member Board of Directors
- Has a four member Executive Board of Directors
- Provides a national forum for members to express needs and concerns
- Ensures access to HIV/AIDS-related services through advocacy
- Provides relevant, accurate and up-to-date HIV/AIDS information

### ***Mission Statement***

CAAN provides a National forum for Aboriginal Peoples to wholistically address HIV and AIDS, HCV, STBBIs, TB, Mental Health, aging and related co-morbidity issues; promotes a Social Determinants of Health Framework through advocacy; and provides accurate and up to date [resources](#) on these issues in a culturally relevant manner for Aboriginal Peoples wherever they reside.

### ***Acknowledgements***

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### ***Editorial Policies: Purpose and Audience***

The JIHR is an annual on-line and paper journal published by CAAN as a service to its members and anyone with an interest in Indigenous Community-Based Research.

The JIHR is a peer-reviewed journal which welcomes contributions from any author. Priority however, may be given to an author of Indigenous ancestry/background, should manuscripts of comparable quality be available. First consideration will be given to innovative articles covering areas identified as HIV/AIDS research-intensive which demonstrates the use of Community-Based Research (CBR) methods and/or philosophy.

Articles published in JIHR are directed toward several audiences. The primary audience is Indigenous HIV and AIDS service organizations and Aboriginal people living with HIV and AIDS (APHAs). The JIHR secondary audiences include community leaders, policy and decision-makers, and anyone with an interest in HIV and AIDS, particularly within Indigenous populations and communities.

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## Volume 12 Introduction

### Letter from the Editors

At the time of writing this introduction to Volume 12 of the JIHR, we are happy to report that the AHA Centre, along with our ‘sister centre’, the CBR Collaborative Centre at REACH, have been invited by our funders at the Canadian Institutes of Health Research (CIHR) to apply for a year-long extension to our funding. A successful application would mean one more year that the JIHR will support our research community by sharing your work with the world, so please wish us luck and stay tuned—we may just have a few surprises in store!

When planning JIHR Volume 12 last year, we decided to look back on our work to see if there was a common thread that could serve well as a theme for the next call for papers. The AHA Centre was funded to support our community—Indigenous People Living with HIV (IPHAs); Indigenous and allied researchers; students; front-line and health care providers; and policy makers—in all aspects of research, and to help us find ways to work together to bring positive change to Indigenous communities affected by HIV and AIDS across the land. We identified Capacity Bridging as our theme for Volume 12 with all of these things in mind.

Capacity Bridging can be seen as a concept that has evolved alongside Indigenous HIV Community-based Research (CBR) over time. In recent conversations with Co-Directors Renée Masching and Charlotte Loppie and our colleagues Tracey Prentice and Doris Peltier from Visioning Health, we learned that there is no clear origin of the term Capacity Bridging, even though it’s been in use for a decade or more. Dr. Loppie shared that, “...when we first talked about it, I remember it was like: ‘What can we say that doesn’t use the word *building*? that doesn’t assume that communities don’t have capacity themselves’, and that’s how I’ve been using it for years.” Everyone around our virtual table agreed that the concept will change and grow alongside our understanding of Indigenous Ways of Knowing and Doing (IWKD) as it evolves. The collection of articles that make up Volume 12 of the JIHR speak to this adaptability of the Capacity Bridging concept and its ability to suit different contexts and spaces over time.

Volume 12 begins with a suite of three papers written by the Two-spirit HIV/AIDS Wellness and Longevity Study (2SHAWLS) research team. The team sets the stage with an Introduction to 2SHAWLS, giving context to the project and the papers that follow. *Resilience among two-spirit males who have been living with HIV long term: Findings from a scoping review* discusses the health research literature that grounded the team in their research question and helped them identify what holes exist in resilience research.

*Indigenizing Scholarship to Examine Resilience Among HIV-positive Two-spirit Men: Lessons learned from the 2-Spirit HIV/AIDS Wellness and Longevity Study (2SHAWLS)* provides a comprehensive overview of the research methods that the team used. More importantly, the team also offers a detailed description of the Indigenous research methods, inspired by the Anishinaabe Medicine Wheel created during the 2SHAWLS project. As the article’s title suggests, lessons learned (from research processes, engagement with Western Research Ethics Boards and working cross-culturally) are shared here as well.

Research findings are presented in “*Our Gifts are the Same*”: *Resilient Journeys of Long-Term HIV-Positive Two-Spirit Men in Ontario, Canada*. This paper outlines the seven paths to

resiliency that were uncovered throughout the course of the 2SHAWLS research project as participants shared aspects of what it meant to live well for 2Spirit men living with HIV.

In “*A Sacred Undertaking*” towards Developing an *etuaptmumk* (Two-eyed Seeing)-framed Collaborative Research Project and Partnership: the Sanctum 1.5 Hope Through Strength Project, Sarah Smith and her team describe the Hope Through Strength Project, which aims to centre Indigenous Ways of Knowing and Doing in the development of future programming for Sanctum 1.5., a 10-bed home for pregnant and post-natal women living with, or at risk of contracting HIV. The paper discusses a range of perspectives on collaborative processes, such as *etuaptmumk* (Two-eyed Seeing) and ethical space. In keeping with the theme of Volume 12, authors also discuss the concept of *Capacity Strengthening*, which builds upon and expands the concept of Capacity Bridging.

The paper that closes out Volume 12 is a commentary titled *Applying Concepts of the Life Course Approach in the Context of a Holistic Indigenous Lens to Create Recommendations or the Future of Addressing the Complexities of HIV*. This commentary, submitted by Leanne Varney and team, is a synopsis of research that occurred during the intersections of COVID-19, the opioid crisis and the HIV epidemic in Northern, rural and remote British Columbia. The team offers a host of perspectives and recommendations that can be taken up in intervention work and many other HIV and STBBI research contexts.

We would like to take this opportunity to thank all authors, peer reviewers and translators for your contributions to JIHR Volume 12. These are trying times across the land, and we sincerely value your knowledge, and the time and commitment you have generously given to ensure that the voices of Indigenous people living with HIV are championed and shared in this way.

Marni, Sherri, and Jennifer

