



# Acts of allyship working in partnership with the Métis community to pilot Dried Blood Spot Testing for HIV, HCV, HBV, and syphilis in Alberta

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## **DRUM & SASH OVERVIEW**

DRUM & SASH is a five-year, CIHR-funded, implementation science team grant to support First Nation and Métis communities in Alberta, Canada to develop shared care models for HIV, HCV and other STBBIs. As part of the multi-cultural DRUM & SASH team, we are working in collaborative allyship with the Métis community in Alberta to address HIV, HCV, STBBI and related mental health issues. As allies, we aim to reduce inequities experienced by the Métis community by supporting community-led initiatives grounded in Métis ways of knowing and doing. Our recent engagement in a multi-partner dried blood spot testing (DBST) pilot for HIV, HCV, HBV, and syphilis with Métis communities in Alberta provided an opportunity to reflect on allyship within the context of our research.

## **INTRODUCTION**

Métis Peoples are one of three constitutionally recognized Indigenous groups in Canada for whom significant health disparities exist including in the area of sexual health. Few Métis-specific health and social services exist, including for HIV- and STBBI-care needs.<sup>1,2</sup> Research has shown that Métis people experience racism or discrimination when accessing mainstream health services, which are often not culturally responsive.<sup>3</sup> Métis-specific or Métis-informed services can improve the cultural safety of services offered, thus improving access to care.<sup>4</sup> Partnerships are a valuable mechanism to advocate for community-driven solutions to health problems. This research examines the concept of allyship within the context of a DBST pilot to increase STBBI testing services for Métis people.

## **METHODS**

In September 2019, the Métis Nation of Alberta (MNA), through Shining Mountains, launched the first provincial pilot of DBST for HIV, Hepatitis C (HCV), Hepatitis B (HBV) and syphilis, through a partnership with the National HIV Reference Laboratory and Alberta Health Services. Team members of the DRUM & SASH implementation science research team grant supported the evaluation of the acceptability and feasibility of DBST. Using a case study approach, we reflected on our experiences planning, implementing, and evaluating this DBST pilot initiative and considered additional data from interviews with three DBST providers, meeting minutes, observational notes, and notes from team debriefs for themes related to allyship.

This research was approved by the University of Victoria’s Research Ethics Board (certificate # 18-1179).

## **RESULTS**

We identified seven themes related to acts of allyship within this collaborative endeavor:

- 1) establishing regular communication with community representatives;
- 2) being open and listening without judgement;
- 3) developing a positive working relationship;
- 4) decision-making (where possible) by those who represented the community;
- 5) acknowledging past and present poor relationships with the Métis community including the impacts of colonialism;
- 6) acknowledging the right of Indigenous communities to self-determine their health services; and
- 7) challenging the status quo.

## **DISCUSSION**

- Clear and frequent communication was a characteristic of the DBST pilot process, which involved building trust as a key first tenet of allyship.<sup>5</sup>
- Partners who were effective collaborators listened openly and without judgement of community preferences. Listening as a core part of allyship cannot be overstated.<sup>5,6</sup>
- Developing a positive working relationship was key to demonstrating allyship and involved consistent effort, time, and active self-reflection, as well as a willingness to “go above and beyond.”

## **DISCUSSION CONT’D**

- Deferring decision-making to community representatives was a key practice which contributed to addressing the power imbalance between Indigenous and non-Indigenous communities. Additionally, it acknowledges that community representatives are experts in their communities and community needs and is supportive of self-determination of communities.
- Some collaborators acknowledged the past poor treatment of Métis communities and the lack of a relationship between Métis and the provincial government, which was very meaningful for some team members.
- Establishing and signing a research agreement between the community and research partners was identified as a beneficial practice which contributed to establishing trust. This agreement challenged the status quo of research relationships, explicitly acknowledging the right of Indigenous communities to self-determine their health services and encouraged the community to establish their own research protocols, a practice which has been emphasized by other allied researchers.<sup>7</sup>

## **CONCLUSION**

These acts of allyship provide tangible lessons learned as well as guidance to future collaborators, and suggest promising practices for building respectful relationships as allies with Métis communities. Respectful relationships demonstrating allyship between health service providers, researchers, and policy makers and Métis communities are essential to fostering and supporting Indigenous community-led interventions targeting HIV, HCV and other STBBI.

## **REFERENCES**

1. Canadian Aboriginal AIDS Network. (2005). *Supporting Metis Needs: Creating Healthy Individuals and Communities in the Context of HIV/AIDS*. 602-251 Bank Street Ottawa, Ontario, K2P 1X3: Canadian Aboriginal AIDS Network
2. Evans, M., Anderson, C., Dietrich, D., Bourassa, C., Logan, T., Berg, L., & Devolder, E. (2012). Funding and Ethics in Métis Community Based Research. *International Journal of Critical Indigenous Studies*, 5, 54-66. doi:10.5204/ijcis.v5i1.94
3. Monchalin, R., Smylie, J., & Nowgesic, E. (2020). "I Guess I Shouldn't Come Back Here": Racism and Discrimination as a Barrier to Accessing Health and Social Services for Urban Métis Women in Toronto, Canada. *Journal of racial and ethnic health disparities* 7(2), 251.
4. Monchalin, R., Smylie, J., Bourgeois, C., & Firestone, M. (2019). "I would prefer to have my health care provided over a cup of tea any day": Recommendations by urban metis women to improve access to health and social services in toronto for the metis community. *AlterNative: An International Journal of Indigenous Peoples*, 15(3), 217-225. doi:10.1177/1177180119866515
5. Smith, J., Puckett, C., & Simon, W. (2016). Indigenous Allyship: An Overview. Wilfred Laurier University.
6. Swiftwolf, D., Shaw, L., & Montreal Urban Aboriginal Community Strategy Network. (2019). Indigenous Ally Toolkit. Retrieved from [http://reseaumtlnetwork.com/wp-content/uploads/2019/04/Ally\\_March.pdf](http://reseaumtlnetwork.com/wp-content/uploads/2019/04/Ally_March.pdf)
7. Jaworsky, D. (2019). An allied research paradigm for epidemiology research with Indigenous peoples. Archives of public health = Archives belges de sante publique, 77(1), 22-12. doi:10.1186/s13690-019-0353-1

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