



BC Centre for Disease Control  
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2010 Reclaiming Tradition

Around The Kitchen Table:

A Model for HIV, Hepatitis and Sexual Health Education

# Reclaiming Tradition

**Around The Kitchen Table:**

**A Model for HIV, Hepatitis  
and Sexual Health Education**





## Preface and Acknowledgements

This document illustrates a successful and culturally appropriate model for HIV, hepatitis and sexual health education for Aboriginal women. Chee Mamuk encourages others working in this area to adapt this model to fit their mandate and population groups. Chee Mamuk requests that others who use this model change the name of their project to something other than Around the Kitchen Table (ATKT). If you are in British Columbia (BC) and want to inquire about ATKT training please contact Chee Mamuk.

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\* All forms in this document are provided as models only and would need to be customized for future use.

*Thank you to First Nations Inuit Health and to Provincial Health Services Authority for funding this initiative.*



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# Reclaiming Tradition



*Aboriginal women  
as natural teachers  
and leaders in their  
communities.*





## *A Snapshot of the Around the Kitchen Table (ATKT) Project*

Chee Mamuk's ATKT project began in 2004 as an education model that included many teachings and traditions to bring HIV education into Aboriginal communities.



### *Why ATKT was Developed*

This project was created to address the disproportionate numbers of Aboriginal people, women in particular, contracting HIV in BC. While Aboriginal people make up 5% of BC's population, they represented 13% of new HIV infections in 2008. This means that more than one Aboriginal person per week tests positive for HIV in BC. Aboriginal women made up 32% of all new HIV infections in women in BC in 2008.

ATKT follows a traditional approach, recognizing that traditional knowledge and skills are passed through informal day-to-day activities. ATKT also honours Aboriginal women as natural teachers and leaders in their communities. By building on traditions and bringing women together to learn about HIV, ATKT helps increase healthy self-esteem and identity.

The goal of the ATKT model is to train women in Aboriginal communities to be ATKT leaders. These leaders then implement a series of ATKT sessions with women in their own communities. These sessions combine information about HIV, hepatitis and sexually transmitted infections (STIs) with cultural activities such as cedar bark weaving or beadwork.

*Chee Mamuk provides leadership in culturally-appropriate education, workshops, and training courses to help prevent HIV/AIDS and STIs.*

### *Who Developed ATKT*

Chee Mamuk is a provincial Aboriginal program housed in the STI/HIV Prevention and Control Division at the BC Centre for Disease Control (BCCDC). Chee Mamuk's mandate is to provide leadership in culturally-appropriate education, workshops, and training courses to help prevent HIV/AIDS and STIs. Working with and for Aboriginal communities, Chee Mamuk offers innovative curriculum, resources, and ongoing support. Chee Mamuk has extensive experience working with Aboriginal communities.

This project was developed and implemented in partnership with a street nurse from the STI/HIV Outreach Program whose office is housed in the same division at BCCDC as Chee Mamuk. These two programs have a long-standing and successful partnership.

### *2004 - 2007 ATKT Project*

Chee Mamuk travelled to six communities in BC to train each community to implement ATKT. These training sessions were externally evaluated and findings were used to inform and improve the design of the 2008-2009 ATKT project.



## *2008 - 2009 ATKT Project*

### **Community Recruitment and Selection: October 2008 – December 2008**

Activities included developing application packages, sending packages to communities around the province, answering questions and providing additional information and support to complete the applications. Work also involved reviewing applications, selecting communities, and informing communities of results. Five communities were selected for participation.

### **Pre-Training and Training: January and February 2009**

This process consisted of two phone calls with individual communities: one to discuss and explore the community's readiness as well as their challenges and strengths, and a second call to begin preparation for implementing ATKT. This phase also included organizing a training venue, travel and other logistics related to the training. A 4-day train-the-trainer course was held in February.

### **Community Implementation: March 2009 – March 2010**

Chee Mamuk provided \$5,000 seed funds to each community and trained ATKT women leaders to use these funds to plan, promote, coordinate and implement their ATKT projects. They did this while meeting the needs and drawing from the strengths of their community. The Project Coordinator maintained regular communication with each community, offering support and assistance with implementation. Chee Mamuk offered four teleconference calls as support. Site visits were also made to each community by the Project Coordinator.

## Staffing

In order to coordinate training and support communities in planning and implementing their ATKT projects, Chee Mamuk hired a Project Coordinator.

### The Project Coordinator's responsibilities included:

recruiting participants

developing poster/registration forms

coordinating ATKT planning meetings

conducting teleconference calls with the communities prior to training them to develop a project budget

coordinating preparation of training materials

booking a training venue

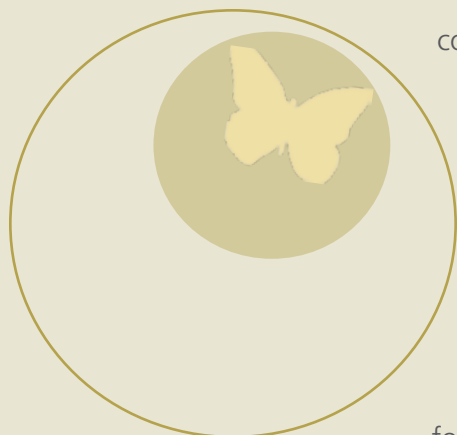
arranging meals, flights, accommodations for ATKT leaders

liaising with communities regarding seed funds

following up with communities on implementation and assisting with any challenges

facilitating an online network of ATKT leaders

writing a report on the project's success and challenges





**Skills and qualifications required of the Project Coordinator included:**

post-secondary education with an undergraduate degree preferred, preferably in the health sciences, counselling, education or social sciences

ability to provide culturally competent services to Aboriginal people  
experience working with Aboriginal women in rural, remote and urban areas

experience working in HIV/AIDS field

excellent organization skills and ability to manage time effectively

excellent analytical, critical thinking and communication skills

initiative and the willingness to work collaboratively with others

**Chee Mamuk's responsibilities included:**

developing and delivering the ATKT training curriculum

providing follow-up support to communities

providing direction for the Project Coordinator

*People living  
with HIV and  
hepatitis need  
our support.*



## *ATKT Advisory*

Involving an ATKT Advisory Committee in the early stages provided structure for the project. Advisory Committee members had been involved with ATKT from its inception and remain champions of the project.

The ATKT Advisory Committee was called on for consultation and guidance and was an important contributor to the overall stability of the project.

### *An effective Advisory Committee has:*



- a range of representation
- an Aboriginal perspective on health and wellness
- experience working in HIV/AIDS, hepatitis and sexual health


## *Description of Evaluation Process*

To ensure continuity, Chee Mamuk contracted the same external evaluator to conduct a process evaluation of the 2008-2009 ATKT training, community planning and implementation.

The Project Evaluator was present for the 4 days of training, interviewed the participants one month after the training and again at nine months. These findings were compiled into two evaluation reports and recommendations have been included in this report.

The evaluation of the ATKT project had both formative and summative phases.





The Evaluator served as a participant/observer for the 4-day training, taking detailed notes, debriefing with the facilitators on a daily basis and suggesting "on-the-fly" changes as necessary;

conducted a content analysis of the participants' training journals;


developed a survey that was administered at the end of the 4-day training, which focused on the effectiveness of the training and how it might be improved.

The Evaluator conducted follow-up interviews one month after the training.

**These focused on:**

ATKT leaders' satisfaction with the preparation and follow-up support;  
reflections on the effectiveness of the training after having started implementing ATKT back in their community;  
challenges with implementation.

**Data for the final phase of the evaluation came from several sources:**



- Conference calls
- Reports on ATKT sessions from each community
- Site visit report
- Final follow-up interviews

## *Community Recruitment and Selection*



With help from the Advisory Committee, Chee Mamuk developed an application package and selection process to assist with community recruitment and selection.

### *Application Package*

The ATKT Application Package consisted of:

Letter of Invitation (see page 32)

Community Application Form (see pages 34, 35)

Sample Letter of Commitment (see page 36)

### **What We Learned**

Each component of the application package was valuable, in particular, the declaration of the Health Director or Executive Director's approval and support of the project. This step ensured that staff could dedicate time to the project, that HIV was seen as important by a key senior staff person, and that the ATKT model was understood and held value.

It is important for communities to have a clear understanding of what they are committing to as it is critical to the success of the project.

In future runs of this project we would also include:

a description that outlined the four distinct phases of the project, including general timeframes (Application Process; Community Planning, ATKT Training; and Community Implementation);

an outline of reporting requirements with deadlines;

a statement that the project may require approximately 150 hours of staff time to run;

a request that each of the four ATKT leaders describe in a paragraph ATKT's value in their community;

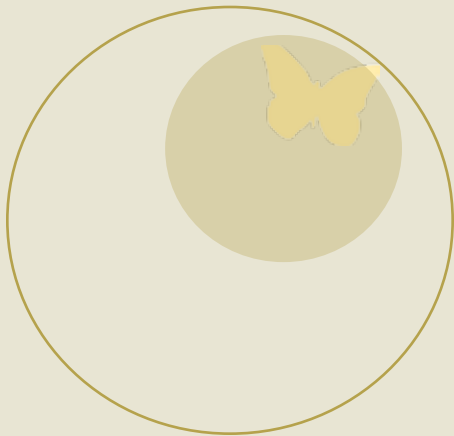
an emphasis on the importance of communicating with the Project Coordinator from the application process through to the completion of ATKT.



*It is important for communities to have a clear understanding of what they are committing to as it is critical to the success of the project.*



## *Application Process*



Application packages were distributed widely via:

First Nations Inuit Health  
Chee Mamuk contacts  
BC Association of Friendship Centres  
BC Community Health Association

### **Communities were asked to:**

contact the Project Coordinator for application support;

discuss with the Project Coordinator which stakeholders to involve;  
network in their community

engage with the Health Director or the Executive Director to inform and gain support (see pages 33, 36); complete the application form.

### **What We Learned**

This application process worked well.

## *Selection Process*

Selection criteria included:

the community met the application deadline

Health Director or Executive Director's written support of project

approval of staff dedicating time to the project

work space provided


photocopying and faxing available

additional funds from the community offered (to match seed funds)

between two and four women committed to the project

the community was able to articulate benefits

availability of local resources (i.e., people to lead cultural activities,  
support from health staff, catering)



We used a Community Selection Table (see page 37) to streamline the process. Our initial target was to select four communities for this project. To balance anticipated drop-off of one or two communities, five communities were selected. Three of those communities are located in the north-west area of the province, one in the Interior and one in Vancouver's Downtown Eastside. Six weeks were necessary for completion of the community selection process.

**The communities selected were:**


Iskut Band Council  
Kitselas First Nation  
Gitsegukla Band Council  
Canim Lake Band  
Vancouver Native Health Society

**What We Learned**

All the components in the application package provided important information for the selection process. It would have been better to have a longer timeframe (at least six weeks) for communities to send in applications.

Whether or not a community communicated with the Project Coordinator speaks to community capacity and could be used as criteria in the selection process.

While we had requested two to four women from each community commit to the project, in future we would require four. Communities with larger teams had greater ease in implementing ATK T sessions.



*Communities with larger teams had greater ease in implementing ATK T sessions.*

*Wholeness:*

*“All things are interrelated. Everything in the universe is a part of a single whole. Everything is connected in some way to everything else. It is only possible to understand something if we understand how it is connected to everything else.”*

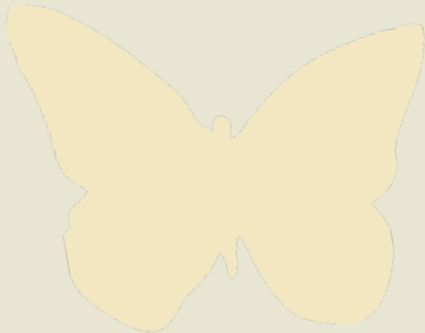
*Group of Elders in Lethbridge, Alberta  
came to consensus- Four World's Development Project*







## Getting Ready



Chee Mamuk arranged a venue, catering and travel for ATKT leaders in order for them to attend the ATKT Training. ATKT leaders filled out a registration form (see page 38) and the Project Coordinator created a database of participants' travel details. The registration forms were helpful for the Project Coordinator to organize travel for ATKT leaders attending the training.

### Teleconference Calls

The Project Coordinator held two separate teleconference calls with each community individually. These consisted of:

Community readiness assessment (see page 41)

Community planning and training preparation included answering questions about travel, agenda, per diems, reimbursements and location of hotel, etc.

The planning calls held much value for building relationships between the ATKT Coordinator and the ATKT leaders. The community readiness discussions were especially effective means for the ATKT Coordinator to learn about the communities and in particular to identify their community's strengths and challenges.

#### Reports from ATKT leaders on these calls included:

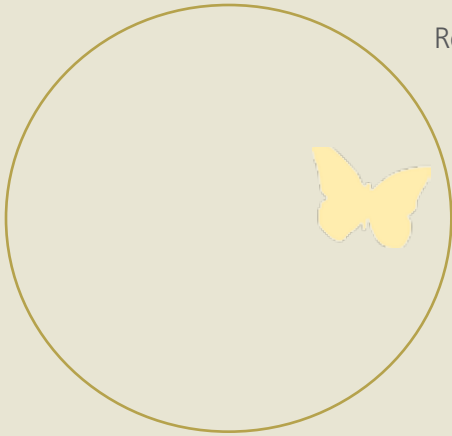
*"The calls gave me a good idea of what to expect".*

*"The calls were a more personal approach because it was one-on-one."*

#### What We Learned

More structure for the second planning call would have assisted the process. This could have been achieved by creating an agenda and facilitating the discussion using the ATKT planning forms (see pages 42 to 47).

## Seed Funds



Recognizing that hosting the project would incur costs, each community was allocated \$5,000 seed funds.

Half of the seed funds were issued before the training in hopes that sessions would begin immediately following the training. The second half of the seed funds were distributed after their first three sessions and when communities submitted a report of expenses to date and projected expenses for the remaining three sessions. Communities were asked to contribute funds and other resources to encourage the sustainability of the project.

### What We Learned

In future, we would assist communities to come to the training with a proposed budget and partially completed community plan.

The partially completed community plan could include:

- dates for the sessions

- location(s)

- identifying one ATKTK leader from each community to be in charge

- ATKTK leaders deciding who will be responsible for different tasks, such as arranging food, booking resource people, and communicating with the Project Coordinator

While having some ideas in place prior to the training is a good idea, we learned ATKTK leaders were better equipped to understand the project and complete their final budget and community plan after attending the training.

In future, Chee Mamuk would transfer the first installment of the seed funds after the training when the community had submitted their plan.

It is important to be very clear about per diem and mileage rates and agree ahead of time that if the community's rates are higher than those offered by Chee Mamuk, their organization will pay the difference.

## ATKT Training

The 4-day ATKT training session brought together teams of two to four ATKT leaders from the five selected communities.

Two ATKT leaders from previous ATKT communities (2004-2007) attended this training to share successes and challenges. Attending this training also gave them an opportunity to recharge, increase their knowledge and further build ATKT networks.

### Goal of ATKT Training

The objective is for ATKT leaders to be able to successfully organize and implement ATKT sessions that meet their own community's needs.

### Objectives

Upon completion of the ATKT training, participants are able to:

- describe ATKT model
- describe benefits of connecting traditions and culture into HIV, hepatitis, and sexual health education
- describe how HIV, hepatitis, and sexually transmitted infections (STIs) are impacting Aboriginal communities
- describe healthy self-esteem
- describe the basics of HIV, hepatitis, STIs, and co-infection
- facilitate ATKT lessons and discussions
- describe ways people can stay safer with drug and alcohol use
- describe healthy sexuality
- describe the basics of STIs
- identify positive messages about sexuality
- create a plan for implementing ATKT in their community



## Training

Chee Mamuk's Program Manager and Educator developed and instructed the training along with a street nurse from the STI/HIV Outreach Program at the BC Centre for Disease Control.

The training included a cultural activity, traditional Coast Salish welcome, teachings from two Coast Salish Elders as well as a traditional Coast Salish ceremony that celebrated the completion of the training. These modelled examples ATKT leaders could follow for their own ATKT sessions, utilizing their own ceremonies and traditional activities. See page? for the ATKT training agenda.

The training agenda followed the sequence of lessons that the ATKT leaders could use upon returning to their community. Chee Mamuk provided ATKT leaders with a binder that included ATKT session lesson plans, materials needed for session games and activities, project planning tools and facilitation tips. ATKT leaders were given a set of table charts which could be displayed on a table showing pictures and text related to each lesson. These were used instead of overheads or Powerpoint presentations, and are less formal and more appropriate for an "around the kitchen table" setting. Chee Mamuk developed these charts using a Powerpoint application, and had them printed into table charts by a local printing company.

Instructors modelled each lesson during the training allowing ATKT leaders to initially be participants of the lesson and then be taught how to facilitate that same lesson. Instructors explained to ATKT leaders the components of a lesson plan and then "made sense" of each lesson after it was taught.

*One ATKT leader reported, "[We] benefited from the preparation that the training provided. [We] were able to feel confident in the accuracy and relevance of the information that [Chee Mamuk] shared".*

## *ATKT Training Venue*

Providing a comfortable environment modelled for ATKT leaders that a safe space, being looked after, and healthy food are a part of creating an effective learning environment. The hotel venue had the following advantages:

a central downtown location, close to shopping and restaurants

lots of natural light

good acoustics

minimal visual distractions

excellent organic, local, gourmet food

art, including Aboriginal pieces

excellent customer service

reasonable cost

### *What We Learned*

Successes of the ATKT Training included:

assessing knowledge levels prior to designing training;

using well designed lesson plans that ATKT leaders can utilize for sessions in their community;

modelling the lessons and making sense of them;

modelling the cultural components;

modelling team facilitation;

employing a logical flow of topics;

promoting healthy self-esteem as a foundation for other lessons;

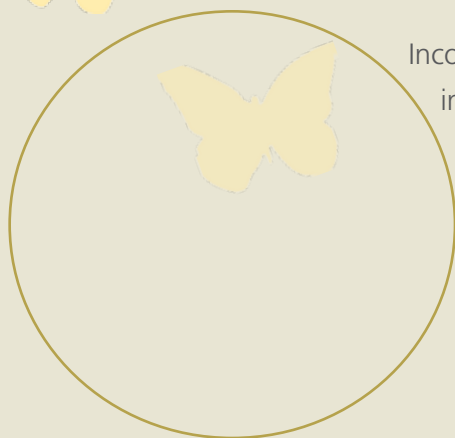
providing a game format for the drugs and alcohol and healthy sexuality lessons allowed for ease in discussing sensitive topics (and prewritten answers provided ATKT facilitators with confidence in leading these lessons);

*a good training space is needed for effective learning*

### Possible changes that would benefit future ATKT Training sessions:



If participants had more time to practise describing ATKT to others, this would help the recruitment of women in their community.



Incorporating a straightforward cultural activity rather than one that is too involved, would mean that participants could spend more time learning how to do the activity rather than having discussions on training topics.

ATKT Training sessions would benefit from more discussion on the importance of evaluation, and how to collect evaluation information using non-threatening language, such as “questionnaire”, “coaching”, or “feedback”.

Communities could gain from the training facilitators working with each community to develop community plans. (In the past, facilitators have given ATKT leaders time on their own to develop their plans, and it appears it would have been helpful for facilitators to assist with this task, with the understanding that ATKT leaders would need time after the training to fully complete these plans).

Finally, participants would have found it advantageous to have more time to practise facilitating.

## Communities Implementing ATKT

### Getting started

Initially, Chee Mamuk thought communities would start their ATKT projects upon arriving home from the training. Each of the communities, however, started their projects at different times, for various reasons, including:

a lot going on in communities already (i.e., deaths or feasts in the community and travel to conferences and tournaments)

spring break

previous work commitments to complete before launching ATKT

completing their Community Plans and clarifying: where ATKT sessions should be held, the timing of sessions (i.e., every week, every two weeks) types of activities that would work

what the seed funds could and couldn't be spent on





As a result, the project end date, initially set for March 31 2009, was extended to mid-July 2009 and then until March 2010. While many of the communities did not write down their plan on their own, they did have “a plan in their head”. The Project Coordinator assisted two communities in writing down their plans and reviewed, as needed, with ATK T leaders the ATK T Getting Started Guide to help focus planning and first steps. One of the challenges was getting women “in the door” and keeping them coming back over the sessions.

### What We Learned

ATKT leaders were able to build their confidence by having a structure to follow that included lesson plans, a schedule, and assistance from the Project Coordinator.

An improvement to this phase would be to set up “Getting Started” calls with each community two weeks following the training. The Project Coordinator could use the ATK T session planning checklist to facilitate these discussions and assist communities to write down their plans.

Marketing and advertising ATK T to women in the community needed to be strategic. For example, advertising ATK T as “women’s wellness”, sending personal invitations, placing weekly telephone call reminders, and featuring cultural activities prominently seemed to help attract and keep participants.

### ATKT Sessions


Communities took individual approaches to their ATK T sessions depending on their strengths and community needs. No two ATK T communities looked the same: Some took place every week, some every two weeks (or more, to accommodate other community events).

Groups ranged in size from 11-35 women and included ages from youths to Elders. All communities included cultural, traditional and non-traditional activities uniquely suited to their groups.

Traditional activities included making medicine bags, dream catchers, drum-making, adding to memorial blankets, fishing, and collecting traditional medicines.

*“[ATKT] let [women] know there is a place where nothing is taboo to talk about . . . here we could put all the cards on the table and a sense of trust was developed.”*





Other activities included massage, condom banana split relay, creating vision boards, making desserts, creating scrap books, and quilting.

Some focused on all the women in the community and others focused specifically on the most vulnerable women. Communities adapted the model to suit their own community needs.

Each community completed a minimum of six sessions spending half, or less than half, of their full \$5,000 seed funds. Each community contributed staff-time that totalled approximately 150 hours (divided between one to four ATKTK leaders).

Many of the ATKTK leaders reported being nervous to facilitate and that they found huge value in utilizing the lesson plans and table charts as a "road map" and a foundation. As their confidence and skills increased they felt more comfortable making modifications to suit their particular group.

### What We Learned

ATKTK sessions were welcomed with enthusiasm by women in the communities:

*"[ATKTK] let [women] know there is a place where nothing is taboo to talk about . . . here we could put all the cards on the table and a sense of trust was developed. "  
"the group formed a bond and were comfortable asking questions. . . "*

Lesson plans and table charts were well utilized. One said they, "*did it by the book,*" and another commented, "*our comfort level was highest when we didn't change anything.*"

There's a need to allow more time after the training for planning with the Project Coordinator.

### *Follow-Up Support for ATKTK Leaders*

The Project Coordinator maintained regular e-mail and phone contact with ATKTK leaders and, in particular, with the designated ATKTK contact within each community.

Chee Mamuk also provided monthly conference calls open to any ATKTK leaders who wanted to check in, ask questions, solve problems, share successes and inspire each other. These calls were limited to a half hour to accommodate ATKTK leaders' busy schedules. Minutes from conference calls were sent to all ATKTK leaders.



### What We Learned

Communications with the Project Coordinator were appreciated by ATKT leaders. Many expressed that they could have better utilized this support. Chee Mamuk could have marketed this option more often to the ATKT leaders.

The conference calls were not well attended and in future we would not offer these.

### Site Visits

The Project Coordinator visited each community in-person to assist with planning, witness ATKT sessions in progress, solve problems, learn about successes to share with other ATKT communities and take photographs.

One ATKT leader said,  
*"The site visit was very beneficial as it provided an opportunity for these women to get together and further plan and prepare for the sessions".*

Another said,  
*"It was a chance to ask questions that I didn't feel comfortable asking in the larger group at the training and get answers I needed. I was also able to share some personal things".*

## What We Learned

Site visits provided a vital opportunity for further building a relationship between the Project Coordinator and ATKT leaders, and the visits assisted the communities in moving forward.

It would be beneficial to mention site visits in the Letter of Invitation so communities are clear about this commitment, and it would be important to begin talking about site visits with communities early in the process to find out what is the best timing for them.

In future, Chee Mamuk would be clear with communities that the site visits are for the Project Coordinator to:

check in with ATKT leaders; ask how the project is going, whether there are any changes, what is working, and what the challenges are;

work with ATKT leaders; solve problems, complete forms, set timelines;

meet participants and experience communities' ATKT first-hand because this helps:

with future support of that community when the Project Coordinator has a deeper understanding of that particular community;

inform Chee Mamuk's planning of future ATKT projects.



*Healthy self-esteem is a person's belief in their own self worth. Healthy sexuality encompasses our whole selves. Healthy self-esteem and healthy sexuality are interconnected.*



## *Community Reporting*

### **Keeping Track (see page 51)**

The Keeping Track form recorded which lesson was taught, the number of participants in the sessions, activities, which ATKT leader facilitated, what worked and what they would do differently next time.

### **ATKT Budget Reporting Form (see page 53)**

A budget reporting form was used by ATKT communities to report on spending after three sessions (halfway) and upon completion. However, in all except one community, this occurred after six sessions (the 1<sup>st</sup> round of ATKT sessions). This occurred because communities spent the funds more conservatively than expected.

### **ATKT Session Feedback Form (see page 52)**

Only one community administered feedback forms with the women in their sessions and they only administered them on the final session.



## What We Learned

While these forms were important for evaluation and budget reporting, submitting paper work was a challenge for the ATKT leaders.

Communities needed more clarity on reporting requirements and time spent with the Project Coordinator going over these forms. This could include:

Describe reporting and evaluation requirements in the application package

Discuss reporting and evaluation requirements at the training

Arrange a planning call two weeks after the training and use “ATKT Getting Started Guide”, “Budget Reporting Form” and “ATKT Session Feedback Form” to facilitate discussion

Arrange support call for each community within a day or two after their first session

Use “Keeping Track” form to facilitate discussion and request copies of the “ATKT Feedback Forms”

Arrange support call after the third session. Use “Budget Reporting” form to facilitate discussion and request copies of the “ATKT Feedback Forms”

Assign one of the ATKT leaders from each community to administer evaluation forms to women at each session and fill out the “Keeping Track” and “Budget Reporting” forms and submit to the Project Coordinator





## *Second Round of ATKT Sessions*

Four communities were able to conduct a second round of ATKT sessions because they had only spent half of the seed funds. Three communities decided to engage youth in their second round of ATKT, while the other engaged a second group of at-risk women. One community adapted the model more than the other communities and completed 24 sessions with half of the seed funds.

The second bonus rounds of ATKT were an exciting surprise. These bonus rounds also provided communities the chance to reach more community members and gave ATKT leaders a chance to deepen their skills and confidence.

Once communities completed their ATKT sessions, Chee Mamuk sent thank-you letters and signed certificates recognizing the community and the facilitators. These helped honour completion of the projects.

### **What We Learned**

For one round of six ATKT sessions in a community, \$2,500 would have been sufficient rather than \$5,000. Two rounds of sessions were beneficial for communities but it required more time for the Project Coordinator to support these second rounds. Working with communities requires flexibility.

## *Highlights from the Evaluation*

Chee Mamuk utilized an evaluation checklist (see pages 54 to 56) to see which aspects of the ATKT model were implemented and which were not.

*Everyone is like a butterfly, they start out ... awkward and morph into beautiful, graceful butterflies that everyone loves.*

Drew Barrymore

## *Outcomes of ATKT*

### Growth of ATKT Leaders

The ATKT leaders reported substantial growth in:

- pride and cultural identity;
- comfort facilitating ATKT sessions;
- facilitation skills;
- self-esteem.

### Outcomes for Women and the Community

ATKT communities reported the following outcomes they witnessed among women who participated in the sessions and in the broader community. These outcomes included:

- increased knowledge of HIV and STIs;
- healthier sexual attitudes and behaviours;
- increased comfort to talk about sexuality/more openness in the community;
- increased self-esteem;
- increased pride and connection to traditional Aboriginal culture;
- stronger community connections.



*Women shared the knowledge in their homes.”- ATKT participant*





## *ATKT Leaders' Comments*

*"This project has brought together traditional Shuswap teachings and contemporary education tools to support and nurture women's roles in our community."*

*"More women are now able to share the knowledge they learned from participating in the ATKT project. The comfort level of these women was also enhanced, as the sessions progressed. The ability to understand the relevance of these issues in their lives and the lives of their loved ones was also apparent as the sessions progressed."*

*"Women shared the knowledge in their homes."*

*"Condoms are disappearing from the distribution box and they talk a lot about safe sex."*

*"Discussions showed they were getting over their doubts and they were coming to appreciate themselves as mothers, as women."*

*"They had put up walls...after the program they were able to let those walls come down and [women were able to] take their place in the community."*



### *Sustainability*

ATKT leaders reported a desire to continue using this model and aspects of the model.

One ATKT leader said, *"This project will carry on into the future through this valuable initiative through ongoing women's programs and [those] adapted for men/young men, and elder's programming based on this model"*.

Another said, *"As a community, we now have a sound format for sharing this valuable information. We will continue to use this format in future HIV/AIDS and Hepatitis B and C education"*.



*Every life matters.*

*In BC, approximately one Aboriginal person a week tests positive for HIV.*



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November 5 2008

## LETTER OF INVITATION

*Dear Community Workers, Leaders, and Role Models:*

- ⊕ Are you a frontline worker in your community?
- ⊕ Are you concerned about HIV/AIDS, healthy sexuality, and addiction?
- ⊕ Are you excited about finding ways to help your community grow?

If you are looking to further your training, build on your skills and lead a traditional and innovative project for women in your community, this may be the perfect opportunity for you. Registration and travel covered for selected applicants.

Chee Mamuk, Aboriginal Program, at the BC Centre for Disease Control is honoured to invite you to participate in 4 days of training. Chee Mamuk provides culturally-appropriate HIV/AIDS and sexually transmitted infection education and prevention to Aboriginal communities in BC. Chee Mamuk takes a holistic approach and builds on the strengths of our communities and culture.

The Around the Kitchen Table (ATKT) project brings Aboriginal women together around food, traditional activities, and support, to learn about HIV/AIDS and healthy sexuality. Each community is able to draw on their own cultural heritage taking a different approach to ATKT activities ranging anywhere from beading and making moccasins to hunting, cooking, self-care activities, and more.

We have funds to provide training and start-up dollars to teams of three to four women-leaders from four different Aboriginal communities in BC. Criteria for participation:

- ⊕ Two of these women need to be employed by an Aboriginal community or organization
- ⊕ The other two women could be an Elder, an interested community member, or a youth worker.
- ⊕

ATKT has previously been taught and implemented in six Aboriginal communities across BC. Funding for current training is provided by First Nations Inuit Health and by the Provincial Health Services Authority.

Training will be held in February 2009 in Vancouver.

## INVITATION

We are pleased to extend to you and your community this invitation and opportunity to submit an application for participation in our current Around the Kitchen Table project. This package includes:

ATKT project description

- This letter of invitation
- Application form
- Contact information

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## APPLICATION PROCESS

(The Project Coordinator is available to help you with this process.)

1. Contact Deb Schmitz, ATKT Project Coordinator, to talk about the criteria and to ask any questions you have.
2. Plan with Deb who else to talk to in your community and how to talk to other community or staff members about the project.
3. Meet and talk with other interested community members.
4. Meet and talk with your Health Director about the project. The Health Director must provide a letter of approval and support for the project, specifically:
  - a. allowing staff time for planning, training and implementing the project;
  - b. providing the venue for the project (a meeting room, a community kitchen, a community centre);
  - c. actively supporting the project in the community;
  - d. providing dollars to support this project.
5. Complete the application form. This can be reviewed a number of times with the Project Coordinator.
6. Submit the application by 4:30 pm on November 24, 2008. The application can be submitted by e-mail (preferred; see below), or by fax to 604 775 0808 to the attention of Chee Mamuk.

PLEASE DIRECT ALL APPLICATION QUESTIONS AND SUBMIT COMPLETED APPLICATION FORMS AND LETTERS OF COMMITMENT TO:

Deb Schmitz, ATKT Project Coordinator, Chee Mamuk

tel: 604 886 9539

e-mail: [atktcoordinator@bccdc.ca](mailto:atktcoordinator@bccdc.ca)

## COMMUNITY APPLICATION FORM

### CONTACT DETAILS

Name:

Position:

Organization/Nation:

Address:

Telephone:

Fax:

E-mail:

Mailing Address:

Postal Code:

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### APPLICATION

(please use additional pages or expand answer space if completing this form electronically)

- 1) The following are four people in our community who are willing and able to attend the 4-day Around the Kitchen Table training in February 2009 and commit to carrying out Around the Kitchen Table in our community:

	Name of Person, Organization, and Position
PAID STAFF (at least 2 women)  e.g., Community Health Representative, Drug and Alcohol Counsellor	
COMMUNITY (1 – 2 women)  e.g., Elder, Community Champion (someone with interest in health and who has influence in the community), Youth Worker	

2) Is your Health Director fully informed and supportive of Around the Kitchen Table in your community? (Please attach the Letter of Commitment from your Health Director; see sample in this package.)

Yes

No

3) Please describe how Around the Kitchen Table would benefit your community.

4) Do you have any worries or concerns about having Around the Kitchen Table in your community? If so, what are they?

5) Are there local people who could facilitate cultural activities, self-care activities, and other activities like nutrition education and cooking? If so, name the activities here:

6) How ready is your community to talk about HIV/AIDS and healthy sexuality?

1      2      3      4      5      6      7      8      9      10

Not ready at all

Very ready

*Sample Letter of Commitment from your Health Director:*

Date

Your Organization's Address Here

To Chee Mamuk:

I have read the Around the Kitchen Table Project letter of invitation and reviewed and approve the application drafted by staff. On behalf of our community, I would like to welcome this project into our community and can commit to supporting the project in the following ways:

- approving staff time for ATKT planning and implementation;
- approving staff time for the 4-day ATKT training to be held in Vancouver in February 2009;
- approving the use of space for project activities;
- approving the reasonable use of photocopier and other office equipment for the purposes;
- promoting the project in the community;
- providing additional dollars to support the ATKT project in my community to a total of \$ (please specify amount).

I commit to the above and agree to provide as much notice as possible if the conditions under which this commitment is made change appreciably.

Sincerely,

Health Director



Community Selection Table

Application submitted on time	Name of Community	Name of Community	Name of Community	Name of Community	Name of Community	Name of Community
Health Director informed/ supportive:						
Staff time for training						
Space for project activities						
Photocopying etc.						
Promote project						
Provide additional funding						
4 people						
2 staff						
2 volunteer						
Benefits to Community						
Worries/ Concerns						
Other local resources						
Readiness						
NOTES						

Chee Mamuk  
**AROUND THE KITCHEN TABLE PROJECT**

*Facilitator Training*

February 24 - 27 2009. 9 am – 4:30 pm

Vancouver BC

LISTEL HOTEL

1300 Robson Street

1 800 663 5491/604 663 5491 p.

www.thelistelhotel.com

**REGISTRATION FORM**

*To be completed and returned by each participant by January 16 via email to [atktcoordinator@bccdc.org](mailto:atktcoordinator@bccdc.org) or fax to 604 885 3406 (Attention: Deb/ 604 886 9539).*

*Please contact Deb at 604 886 9539 or [atktcoordinator@bccdc.ca](mailto:atktcoordinator@bccdc.ca) with any questions.*

**Name:**

**Position:**

**Organization or Band:**

**Address:**

**E-mail:**

**Phone:**

**Fax:**

**Do you have any dietary concerns? Please describe.**

---

**ACCOMMODATION (Please note: Chee Mamuk will book and pay for your hotel room for the training nights; if you are staying extra nights at the Listel Hotel\* you must book and pay for the extra nights yourself.)**

Do you need accommodation in Vancouver?

Yes

No

Would you prefer (please circle or highlight choice): shared

single

All rooms in the hotel are non-smoking.

\*The Listel Hotel is offering the conference rate three days prior and after our training dates (February 20, 21, 22 and February 27, 28, 29) for those who wish to stay extra

days at the hotel. **IMPORTANT:** These additional hotel nights are at your own expense; Chee Mamuk will not cover hotel or meal costs for extra days. You must book and pay for your own extra room nights yourself.

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## **FLIGHTS AND TRAVEL**

The training days are Tuesday, February 24<sup>th</sup> – Friday, February 27<sup>th</sup>, 9 – 4:30 each day. **In order to ensure safe travel we are accommodating Friday night at the hotel for those participants who live a distance from their home airport.** Please consider potential travel conditions carefully before selecting your flight days and times.

### **For out of town travellers, Chee Mamuk will either cover or reimburse the following costs:**

Your flight and ground transportation, hotel, parking at hotel, meals during the 4 training days and meals on travel days (depending on your flight and driving times to and home from the airport).

### **Please keep receipts for:**

Taxi or other modes of ground travel (e.g., Airporter)

Parking: Hotel parking will be billed to Chee Mamuk so no out-of-pocket expenses for participants.

Receipts required for airport parking.

### **\* Out-of-pocket expenses *not requiring receipts* will be reimbursed at the following rates:**

Mileage: .45/kilometre

Dinner: 29.25

Breakfast: 20.25

Lunch: 23.25

BLD: 48.75

B/L: 31.50

L/D: 40.50

B/D: 37.50

*\* Please note that, if you chose to drive the entire distance, your mileage will be paid only up to the most economical return flights available at the time of booking and the meals from the time of departure to arrival.*

## **Expenses**

Parking: Hotel parking will be billed to Chee Mamuk so that there are no out-of-pocket expenses for participants. A receipt is required for reimbursement for airport parking.

## **Expenses NOT covered**

- Hotel room incidentals: e.g., movies and room service. Long distance calls within Canada and the U.S. to a maximum of 3 hours per day are courtesy of the hotel.
- Mileage over and above the cost of the most economical return flight available at the time of booking.
- Local travel in Vancouver other than to and from airport.
- Hotel rooms prior to February 23 or after February 26/27.

**Reimbursement forms will be available at the training session.**

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**FLIGHT BOOKING INFORMATION REQUIRED**

**Chee Mamuk will book the flights for all participants based on this information.  
DO NOT book your own flight.**

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*All Around the Kitchen Table facilitator training costs— including participant travel costs, meals and accommodation— are being funded by Chee Mamuk, Aboriginal Program, BC Centre for Disease Control.*

**Please fax completed registrations to:**

**At: 604 885 3406  
Attention: Deb (604 886 9539)**

**Or e-mail them to  
atktcoordinator@bccdc.ca**

## Community Readiness Questions

The following questions will help guide our first ATKT teleconference call and help us make the training experience as useful and relevant to you as possible. We will go over these questions during our first AKTK Prep Call so you don't have to fill in this form and send it to us.

---

### General Questions

- 1) What are the overall challenges your community faces?
  - 2) What strengths does your community have – what helps your community to grow and change and thrive?
- 

### Community Readiness Questions

1. How ready is the community for HIV, STI and hepatitis prevention?
- 

*Not ready at all*

*Very ready*

2. Using a scale from 1-10, how much of a concern are HIV, Sexually Transmitted Infections (STI), and hepatitis in your community (with 1 being not a concern and 10 being a serious concern)?
- 

1

5

10

3. What services or efforts are available in your community to address HIV, STIs and hepatitis prevention? (e.g., condoms, testing, access to needles, education)
4. Generally, does the community use these services (testing, condoms...)? Please explain.
5. Does the overall leadership in your community see HIV, STIs and hepatitis as problems?
6. In general, what does your community know about HIV, STIs and hepatitis?
7. What is the community's attitude toward HIV, STIs and hepatitis?
8. Are you aware of any proposals or action plans that have been written to address HIV, STIs and hepatitis in your community?

# ATKT Project Planning Tools

Around the Kitchen Table is designed so participants can gain a shared understanding of the basics of HIV, sexually transmitted infections (STIs) and hepatitis. This means they can talk about these topics with each other and gain confidence to share what they've learned with their families and community.

## SCHEDULING

### THINGS TO CONSIDER

1. Each ATKT session will last about 3 hours.
2. Do you want to hold your sessions in the afternoon or evening?
3. On weekday or weekend?

Note: We suggest holding sessions every second week. (We have found consecutive weeks are too close together for planning and one month apart makes it hard for groups to bond and work together.)

## SAMPLE COMMUNITY ATKT PLAN

The sessions in the sample schedule (page 2) are scheduled 2 weeks apart, on Thursdays; your schedule will be according to what works in your community.

The sample plan follows the ATKT outline provided in your training. We recommend that you follow this outline for your first ATKT project and for new ATKT groups. This plan is intended to create ease for you.

## SAMPLE COMMUNITY ATKT PLAN

TIMEFRAME: e.g., March – May 2009

Session #	ATKT Facilitator	Date	Location	Topic (for new groups)	Activity	Resource People
Session 1		March 5		<ul style="list-style-type: none"> <li>• Getting to know ATKT and each other</li> <li>• Aboriginal Peoples' Strengths and Challenges</li> </ul>	Butterfly Cut-Outs	Elder to open and close
Session 2		March 19		Healthy Self-Esteem	Collaging	teacher for activity
Session 3		April 2		Myths and Truths about HIV and hepatitis	Cedar bark weaving	teacher for activity
Session 4		April 16		Healthy Sexuality	Cedar bark weaving	teacher for activity
Session 5		April 30		Drugs and Alcohol	Beading	teacher for activity
Session 6		May 7		Closing Celebration	Honouring Ceremony or Celebration	


# YOUR COMMUNITY ATKT PLAN

TIMEFRAME (from - to):

Session #	ATKT Facilitator	Date	Location	Topic (for new groups)	Activity	Resource People
Session 1				<ul style="list-style-type: none"> <li>• Getting to know ATKT and each other</li> <li>• Aboriginal Peoples' Strengths and Challenges</li> </ul>	Butterfly Cut-Outs	
Session 2				Healthy Self-Esteem	Collaging	
Session 3				Myths and Truths about HIV and hepatitis		
Session 4				Healthy Sexuality		
Session 5				Drugs and Alcohol		
Session 6				Closing Celebration		



## COMMUNITY ATKT PLANNING CHECKLIST

TO DO		COMMENTS
<p>Secure the space for ATKT sessions. Look for a space that is easily accessible and comfortable. Ideally it is big enough for tables and chairs and also to form a circle, and has a kitchen or kitchen facilities.</p>		
<p>Decide dates and times of sessions (see Scheduling).</p>		
<p>Advertise and promote ATKT sessions in your community. Ideas: use the ATKT poster template to make a poster, advertise in newsletters and newspapers, write an article, make announcements at meetings, and tell your family and friends.</p>		
<p>Decide on topics (if different from those suggested). See Scheduling. Also, ATKT Project Coordinator and Chee Mamuk program staff can help to decide topics.</p>		
<p>Decide on cultural activities. What kinds of cultural activities would your community be interested in? Find helpers who can facilitate these activities.</p>		
<p>Book guests and resource people (cultural teachers, nurses, elders).</p>		

## ATKT SINGLE SESSION PLANNING FORM

### LOGISTICS

Session #:

Date:

Time:

Location:

ATKT Facilitator(s):

### FOOD

What

How much

Who

### HEALTH TOPIC

For this session:

Resource Person:

Materials and supplies:

### CULTURAL ACTIVITY

For this session:

Resource Person:

Materials and supplies:

ATKT PLANNING BUDGET FORM

		<b>COMMUNITY/PROGRAM:</b>		
<b>BUDGET ITEMS</b>	<b>BUDGET</b>			
	<b>ATKT Seed Grant (\$2,500) Feb 15, 2009 – April 15, 2009</b>	<b>ATKT Seed Grant (\$2,500) April 15, 2009 – July 15, 2009</b>	<b>Community Contribution (\$500)</b>	<b>TOTALS</b>
Materials and Supplies				
Transportation				
Childminding				
Honoraria				
<b>TOTALS</b>				

AROUND THE KITCHEN TABLE PROJECT  
February 2009 Training  
SAMPLE AGENDA

DAY 1 TUESDAY, FEBRUARY 24

9:00 am	Opening Prayer and Welcome to Territory Introductions Around the Kitchen Table (ATKT): Goal and Objectives ATKT Overview
10:30	BREAK
10:45	Getting to Know Each Other ATKT Mentors Share Their Experience
12:00	LUNCH
1:00 pm	Aboriginal Peoples' Strengths and Challenges Making Sense of the Lesson Healthy Self-Esteem Making Sense of the Lesson
2:30	BREAK
2:45	ATKT Activity
4:15	Journalling and Closing for the Day

DAY 2            WEDNESDAY, FEBRUARY 25

9:00 am	Opening, Check-In and Review of Yesterday's Topics. Planning ATKT in your community
10:30	BREAK
10:45	Myths and Truths about HIV and Hepatitis Making Sense of the Lesson
12:00	LUNCH
1:00 pm	Tips on Facilitation
2:30	BREAK
2:45	ATKT ACTIVITY
4:15	Journalling and Closing for the Day

DAY 3            THURSDAY, FEBRUARY 26

9:00 am	Opening, Check-In and Review of Yesterday Healthy Sexuality Making Sense of the Lesson
10:30	BREAK
10:45	Wellness Activity
12:00	LUNCH
1:00 pm	Drugs and Alcohol Making Sense of the Lesson
2:30	BREAK
2:45	ATKT ACTIVITY
4:15	Journalling and Closing for the Day

DAY 2            WEDNESDAY, FEBRUARY 25

9:00 am	Opening, Check-In and Review of Yesterday's Topics. Planning ATKT in your community
10:30	BREAK
10:45	Myths and Truths about HIV and Hepatitis Making Sense of the Lesson
12:00	LUNCH
1:00 pm	Tips on Facilitation
2:30	BREAK
2:45	ATKT ACTIVITY
4:15	Journalling and Closing for the Day

DAY 3            THURSDAY, FEBRUARY 26

9:00 am	Opening, Check-In and Review of Yesterday Healthy Sexuality Making Sense of the Lesson
10:30	BREAK
10:45	Wellness Activity
12:00	LUNCH
1:00 pm	Drugs and Alcohol Making Sense of the Lesson
2:30	BREAK
2:45	ATKT ACTIVITY
4:15	Journalling and Closing for the Day

# KEEPING TRACK

## The Details and The Numbers

Session Name and #:

Activity:

Date:

Time: (from-to)

Location:

Community Resource (i.e., CHN or CHR; dietician):

Elder:        yes            no

ATKT Facilitator(s) (names):

ATKT Facilitators' Time:

(so we can tell our funders the contribution communities make to ATKT)

How many people attended (just numbers; no names):

## The Story

### FOR YOUR GROUP

What do you think was the best part for them?

What do you think they didn't like?

### FOR YOU

What worked really well?

What would you like to change/work on?



# ATKT SESSION FEEDBACK FORM

Community:

Date:

Topic:

**1** How much did you know about this topic before this session?

Nothing    Very little    Some    A lot

**2** Has your knowledge increased as a result of this session?

No    A little    A lot

If "a little" or "a lot" please tell us the new things you learned.

**3** Did the session leaders explain the ideas clearly?

Yes, always    Most of the time    No

**4** Did you feel comfortable asking questions?

Yes, always    Most of the time    No

**5** What was the best part of the session?

**6** What topics would you like to know more about?

Any other comments? **7**





## ATKT Budget Reporting Form

**COMMUNITY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

BUDGET ITEMS	1 <sup>st</sup> Allocation			2 <sup>nd</sup> Allocation			
	ATKT Seed Fund (\$2,500) Budget	ATKT Seed Fund (\$2,500) Spent	Difference	ATKT Seed Fund (\$2,500 + adjustment) Budget	ATKT Seed Fund + Adjustments Spent	Difference	Community Contribution
Materials and Supplies							
Transportation							
Childminding							
Honoraria							
<b>TOTALS</b>							

# Evaluation Checklist

	Name of Community	Name of Community	Name of Community	Name of Community	Name of Community
<u>ADMINISTRATION</u> (include date submitted) Submitted budget					
Completed and submitted community plan					
Submitted reports					
Contributed dollars to the project					
2 of the 4 ATKT leaders team from each community were staff					
<u>COMMUNICATION</u> Respond to Coordinator requests for information via e-mail or phone					
Contact coordinator to discuss concerns about implementing ATKT					
<u>SITE VISIT</u> Made good use of site visit to solve problems, describe activities to date, future sessions, successes and challenges.					

	Name of Community		Name of Community		Name of Community		Name of Community		Name of Community	
	Did Topic	Used LP	Did Topic	Used LP	Did Topic	Used LP	Did Topic	Used LP	Did Topic	Used LP
<u>SESSIONS – Lesson Plans (LPs)</u>										
Session 1: Getting to know ATKT and each other/Aboriginal Peoples' Strengths and Challenges										
Session 2: Healthy Self-Esteem										
Session 3: Myths and Truths about HIV and hepatitis										
Session 4: Healthy Sexuality										
Session 5: Drugs and Alcohol										
Session 6: Celebration										
<u>SESSIONS – Activities</u>										
Session 1										
Session 2										
Session 3										
Session 4										
Session 5										
Session 6										

	Name of Community	Name of Community	Name of Community	Name of Community	Name of Community
<u>SESSIONS - General</u>					
Held a wellness activity					
Held cultural activities					
Included the community health nurse					
Included Elders					
<u>AS A RESULT OF SESSIONS</u>					
Provided referrals to other health programs					
Provided referrals to STI testing					
Provided referrals on where to get condoms					
Provided referrals on where to get clean drug-using equipment					
<u>ATKT Leaders Teams</u>					
Original ATKT-trained leaders participated throughout the whole project					
ATKT leaders worked as a team					
Networked with other ATKT communities					



*“As a community, we now have a sound format for sharing this valuable information. We will continue to use this format in future HIV/AIDS and Hepatitis B and C education”.*

