

# Re-imagining HIV prevention and care in the ACB communities through meaningful stakeholder engagement

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## Introduction

- The disproportionate impact of HIV/AIDs in African Caribbean and Black (ACB) communities in Canada remains a problem that requires targeted efforts. Understanding the lived experiences and determinants of health of ACB people is recognized as key to tackling the root causes of HIV/AIDs and providing effective and specific HIV/AIDs services [8].

## Purpose & Objectives

- In this paper, we present qualitative findings from a recent study of HIV related behaviours, knowledge, and barriers to healthcare among ACB communities in Ontario. The main goal of the A/C Study was to estimate HIV prevalence and facilitate an improved understanding of associated behaviors, knowledge, individual, community and structural factors, as well as health care access and utilization among first and second-generation ACB people in Ontario

**Ethics Approval** was received from affiliate institutions, i.e. University of Ottawa and University of Toronto.



## Research Methodology

We implemented this study using the principles of CBR—as strong collaborative effort between researchers and community members was central in project implementation including stakeholder engagement.

- A/C study included both quantitative and qualitative components, but this paper is based on the qualitative aspect only.
- The quantitative component involved survey designed to estimate HIV prevalence and facilitate an improved understanding of associated behaviours, knowledge, individual-, community- and structural- factors, and healthcare access and utilization among ACB people in Ontario.
- The qualitative component was 2-day world café event with embedded focus group discussions (FGDs) designed to provide ACB community members with an opportunity to participate in the interpretation of quantitative study findings, contribute to data collection and the formulation of recommendations.
- Each focus group discussion was led by a facilitator who was supported by a note taker.
- Topics** presented at World café event and discussed in the FGDs were doing health research with ACB communities, HIV testing and counselling, HIV vulnerability and risk, service access and HIV-related knowledge
- Each FGD was audio-recorded and transcribed verbatim. Chat box texts were noted.

- Sample size:** 12 virtual FGDs in 2 cities.

- Ottawa :
  - 2 French FGDs
  - 2 English FGDs
- Toronto
  - 2 French FGDs
  - 4 English FGDs
- In total 107 people participated in the FGDs included community members and leaders, service providers, decision makers and other knowledge users.

### Data Analysis:

- Thematic analysis six steps process by Braun and Clarke (2006) guided the analysis and interpretation of the FGDs transcripts
- Data analysis was led by the qualitative working group and all team members. Some focus group participants had opportunity to provide feedback on the data analysis and interpretation.

### Rigor & Trustworthiness of Data

- Member-checking via community presentations, peer debriefing and external audit by team members and the data analysis committee helped to establish credibility of the findings.

## Results

The Five main themes revealed were:

- Community perceptions of research importance and challenges,
- Factors associated with HIV vulnerability,
- Experiences with HIV testing,
- PEP and PrEP, and
- Community perspectives on addressing HIV in ACB communities

In this poster, we will focus on themes 1 and 5 only .

### Community perceptions of research importance and challenges,

Strengths:

- ACB communities's ability to conduct and assume ownership of their own research.
- Collection of race-based data to identify and address health inequities.
- Generating data on community strengths and assets, and is culturally-acceptable.
- Engaging ACB communities in the development of services that are culturally responsive.

### Community voice

*I think when you have researchers from the community that are taking the lead role, that diminishes the barriers and that motivates people to take part because they see themselves in the researcher, in the lead person, and that comes with trust, right? (Male, Ottawa, FG2).*

### Factors associated with HIV vulnerability

individual, interpersonal, community, institutional and structural factors that increased HIV vulnerability in ACB communities.

**Individual level factors** included knowledge and awareness of HIV, health beliefs and health behaviours. Several focus group participants identified the persistent lack of knowledge in ACB communities about HIV and its prognosis.

### Community voice:

*I just feel like there isn't enough education in this country compared to my-- where I'm coming from. Where I'm coming from there is so much education. (Female, Toronto, FG2).*

**Community-level factors**, e.g. lack of open discussion of sexual health as a barrier to help-seeking.

### Community voice on Stigma:

*I think there's a lot of stigma when it comes to HIV. So, there's a lot of... because most people feel like maybe if I go and test it's maybe, like a death sentence. (Female, Toronto, FG3).*

### Systemic factors

#### Community voice on racism:

*African, Caribbean, Black community is subjected to racism on a daily basis and we know what impact it has on the surface when, you know, you have to deal with racism in every aspect of your life. So I think if you want to draw like a direct larger link in terms of HIV vulnerability, it comes to, like you know, housing, employment, education, all of the things that, create that vulnerability, all linked to racism and colonization (Male, Ottawa, FG5).*



### Community perspectives on addressing HIV in ACB communities

Numerous strategies to address the HIV needs were identified in ACB communities, including education, community-level strategies and health provider strategies.

#### INDIVIDUAL AND COMMUNITY LEVEL STRATEGIES

- Importance of Knowing Your Rights/Speaking Up
- Effectiveness of Grassroots Approaches
- Inclusion of Faith-Based Institutions
- Use of Positive, Strength-based Messaging to Promote HIV Testing
- Use of Positive Role Models
- Importance of Culturally Specific Initiatives and targeted messaging
- Francophone Community Needs

#### HEALTH PROVIDER AND INSTITUTIONAL STRATEGIES

- Increase Access to HIV Testing
- Increase Health Provider Training on PEP/PrEP
- Increase Training on HIV for Health Providers

#### INTEGRATED STRATEGIES

- Partnerships between ACB and Non-ACB Health Providers
- Collaboration between HIV and non-HIV Sectors
- Collaboration between School, Community and Health Sectors
- Integrated Supports for People living with HIV

## Discussion & Implications

The implications of the A/C qualitative study findings are presented using the socioecological model's array of layered factors to consider when addressing HIV in ACB communities.

### Action 1 – Community

- Increase the availability and accessibility of HIV-related information in places that ACB communities frequent, such as community centers, stores, schools, and faith-based organizations.
- Target informational and educational activities to specific ACB communities based on age, gender, language, country of origin, faith etc.
- Use grassroots strategies and positive

### Action 2 - Service Provision

- Implement anti-Black racism and cultural competence training for staff in all health care institutions.
- Build health provider capacity and increase options for HIV testing, PEP, PrEP.
- Eliminate all barriers to health care, including linguistic, financial and immigration-status related.
- Ensure that appropriate counselling

### Action 3 – Research

- Increase opportunities for ACB communities to conduct their own research and generate data that is strength-based, focusing on ACB community strengths and assets, and is culturally acceptable.
- Increase opportunities to engage ACB communities in the development of interventions that are culturally responsive.

### Action 4 - Policy

- Develop policies and support practices that address structural and institutional factors that contribute to vulnerability including, poverty, racism, and barriers to accessing HIV information, resources, health care and supports for persons living with HIV.
- Recognize and address policies that perpetuate stigma and discrimination including, race-based, gender, homophobia and transphobia.

## References

[8] Ontario HIV/AIDS Strategy for African, Caribbean and Black Communities, 2013–18. Toronto: African and Caribbean Council on HIV/AIDS in Ontario (ACCHO); 2013.

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## Partners

