Ethno-racial context of HIV/AIDS: Building capacity for health equity and HIV response in the African, Caribbean and Black (ACB) community

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Sigma Theta Tau International Honor Society of Nursing
The 30th International Nursing Research Congress,
25-29 July 2019,
Calgary, Alberta, Canada
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Relationships with financial sponsors: No conflict of interest to declare.
In Canada, ‘visible minorities’ or racialized people have been among those most affected by HIV (Public Health Agency of Canada, 2013).

Because the ACB communities are highly diversified and varied, there is need for culturally appropriate HIV/AIDS programs tailored to the needs of ACB communities.

Provision of ‘ethno-specific’ services in the country has made some very slow progress over the current colour-blind approaches to HIV and AIDS.

Several studies have shown that in the ACB communities, men and women face a wide range of interconnected issues of poverty, racism, unemployment, housing, social isolation and traditional norms around sexuality (Solar & Irwin, 2007).

Heterosexual ACB men carry a significant portion of HIV burden in Ontario. ACB men less likely to get tested.
Background...

Population of Ontario

- ACB People: ~ 5%
- All other people: ~ 95%

People Living with HIV in Ontario

- ACB people (heterosexual contact): ~ 20%
- All other people living with HIV: ~ 80%
weSpeak is a 5-year program of research with African, Caribbean and Black (ACB) heterosexual men in Ontario to:

1. Strengthen collaboration among ACB communities in response to HIV;
2. Promote respectful, informed, community-based responses to HIV among ACB men and communities;
3. Build greater understanding about HIV and health; supporting ACB men’s involvement in community responses to HIV;
4. Build capacity for community-based HIV research and policy; and
5. Generate new ideas to overcome HIV-related challenges and address HIV among ACB communities in Ontario and elsewhere in Canada.

http://www.we-speak.ca
Significance

- Determinants of health interconnect to influence high prevalence of HIV among ACB people. They account for a large proportion of positive HIV tests.
  - ACB people infected with HIV through heterosexual contact accounted for nearly 20% (Statistics Canada, 2013).
- This disproportionate burden of HIV among ACB people, is not yet adequately explained by racial/ethnic context.
- This study seeks to unravel the multi-faceted factors leading to health disparities and to examine ways of building capacity for health equity for the ACB community.
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Multi-phase mixed method approach informed by community based participatory research

1. **Preparatory Phase: Community outreach and engagement**
   (advisory committees, collaborators, trainees)

2. **Phase one: Qualitative Data Collection & Analysis**
   - Focus groups (ACB men & service providers)
   - Individual interviews (ACB men, 16 years of age or older)
   - Thematic Analysis

3. **Phase two: Quantitative Data Collection**
   - Survey (ACB men) administration and data mining

4. **Phase three: Integrative KT & Data analysis**
   - Concept mapping (ACB men and service providers) → best practices model

5. **End of Project KTE**
## Sample Size in 4 Cities

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<tr>
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<th>London</th>
<th>Ottawa</th>
<th>Toronto</th>
<th>Windsor</th>
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<tr>
<td><strong>FGDs – ACB men</strong></td>
<td>4 FG; n=17</td>
<td>5 FG; n=40</td>
<td>7 FG; n=53</td>
<td>4 FG; n=35</td>
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<tr>
<td><strong>IDIs – ACB men</strong></td>
<td>n=9</td>
<td>n=18</td>
<td>n=16</td>
<td>n=11</td>
<td>54</td>
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<tr>
<td><strong>FGD – community stakeholders</strong></td>
<td>1 FG; n=7</td>
<td>1 FG N=9</td>
<td>2 FG; n=12</td>
<td>2 FG; n=15</td>
<td>43</td>
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<td><strong>All sites; all qualitative data</strong></td>
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[http://www.we-speak.ca](http://www.we-speak.ca)
Qualitative Findings

Thematic analysis of Phase One data resulted in the following 9 major themes:

1. Barriers/Structural Oppression
2. Black Identity
3. Heterosexuality
4. Love
5. Masculinity
6. Resilience
7. Sexuality
8. Strategies
9. Vulnerability
Ethno-racial context of HIV/AIDS: Barriers and structural oppressions

1. Barriers and structural oppressions
   - Systemic barriers refer to policies, practices and procedures that prevent or pose challenges for Black heterosexual men to access resources and opportunities.
   - Racism and discrimination interact with other determinants of health such as underemployment to create health inequities compounded by conditions like HIV/AIDS.
   - Workplace stress and trauma are more common among ACB people than mainstream population
   - “Double stigma” (i.e. tribal and HIV-related stigma)
Healthcare access

- Limited availability, responsiveness and relevance of healthcare services and providers pose challenges for ACB people
  - Health care policies-insurance policies (e.g. no health card).
  - Lack of language and cultural interpretation services
  - Cultural safety and inclusive services are compromised

- Privacy of HIV positive people not respected at the hospital

  “At the hospital, the HIV section is in the open place. People will say: last month passes we saw him, this month again we see, he must have that thing (HIV) otherwise, why is he always there?”

  25+, Adult PHA 035]
‘Empty stomach has no ears’

“… social determinants of health. In this sense, we will talk about housing, employment, all these things bring us back to poverty. … The minimum needs need to be met. ‘They say empty stomach has no ears’. For me to feel comfortable my basic needs have to be fulfilled. I cannot think of anything else when I lack the money to buy milk for my child. That’s the primary problem that bothers me the most. How can I think of going on holiday in this place when I am hungry? … My reasoning is limited to my stomach, that's what must first be resolved to evolve”

[25+, Adult Non-PHA 026]”
Racism and discrimination

- Racism leads to avoidable and unfair distribution of power, resources and opportunities across racial groups. This creates inequities such as inadequate access to employment, housing and education and/or increased exposure to health damaging factors.

- His name is M... he applied for a job in Vancouver they told him basically all the stuff he needed for the job, he already has all the qualifications. Because his name is M..., they told him he will have to change that to get the job, because of the terrorism happening all over the world he has to change his name to like Mo to get the job.”
Impact of discrimination

- **Internalized discrimination**

  Society look at Black guy automatically like call him ...[n-word]... it’s kind of hard not to become the person that everybody already thinks you are, you know, like what’s the point at that point? If everybody already think that ‘I am stealing and doing all that bad stuff’ why not do it. Then you got to realize this is how I was raised, like mom taught me better.”

- **Higher expectations**

  “They like to tell us being a Black man in this world you do extra. If a White man get an A, you have to try to get an A+ and then more, probably like, imagine you are trying to get a job, the White man is gonna have a connection somehow and you got to get almost like three times better to get recognized.” [FGD 04, 16-24 Youth PHA]
ACB community HIV response: Strategies

- Faith Community Engagement
- Public Education
- Collaboration, empowerment and decision making
Faith Community Engagement

- Social Support Network; church and community
- involvement and support of faith and spiritual leaders and organizations in HIV prevention and community building is necessary
  - I remember from grade seven to the end of grade eleven, I didn’t see my dad that often....That’s when I knew I had HIV, all things are falling apart and then I had… my best friend when we were kids. We all go to the same church and in the church we call each other brothers and sisters and I call him [best friend dad] my uncle, right.

[FGD 04, 16-24 Youth PHA]
Faith Community Engagement...

- Involvement and support of faith and spiritual leaders and organizations in HIV prevention and community building are ACB community resources.

- “As I said it, my faith saved me and prevented me from becoming a mad man” (25+, PHA)

- “ACB men that I met, they have strong ties to the faith community, they have a strong sense of family and community ... resilience comes from having these social supports” (FGD 03, 25+ Service Providers)
‘Keep spreading the news’

Black people need to be sensitized about the utilization of knowledge resources and services available in the community.

Keep spreading the news, continue awareness activities, ask the people who finance research to do more, don’t let your guard down otherwise a community, an entire part of the society could be wiped out by this disease if they do not seriously invest efforts in this.

[25+, Adult Non-PHA 027]
Collaboration, empowerment and Decision making

- Connecting and working with groups or organizations beyond ACB communities to organize and advocate around common causes or issues.

- I have been thinking about making sure that these businesses promote... that there is an equal representation of ACB men in senior positions and even middle management to help them like... put them in position of advantage. Again that involve a lot of talking to businesses people and also setting up programs... that promote our culture and setting up programs that aim to eradicate poverty, so that’s kind of what I am thinking about.

[25+, Adult Non-PHA 027]
Racism has long-term impact on health and requires targeted interventions at multiple levels such as HIV combination prevention, which is an innovative and multi-sectoral approach to address HIV and related vulnerabilities.

- It combines behavioral, biomedical, and structural interventions to address both the immediate risks and underlying causes of disparity to HIV infection and impact.

- Using intersectionality framework to tackle structural barriers and vulnerability;

- Addressing the social determinants of health e.g. unemployment, poverty, etc;

- Mobilizing resources to build an empowering ACB community;

- Developing accessible, inclusive and culturally appropriate policy and interventions.
Conclusion

- HIV research, service and policy have not been well aligned with the needs of ACB communities especially heterosexual ACB men.

- There is a need for a more strategic collaborative partnership between existing ACB community organizations, health system and AIDS service organizations.

- Empowering and engaging ACB community social and faith-based networks are necessary for better HIV response in terms of policy and program intervention.


Acknowledgements

This project is funded by the Canadian Institutes of Health Research (CIHR) and the Ontario HIV Treatment Network (OHTN)
Acknowledgements

Thank you to all weSpeak Team Members, Collaborators & Participants