



Community Champions HIV/AIDS Advocates Mobilization Project

Reducing HIV Stigma
and Advancing
Equity Through
Committed Action

Research Report

ACKNOWLEDGEMENTS

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COMMITTEE FOR ACCESSIBLE AIDS TREATMENT (CAAT)

Mission

The Committee for Accessible AIDS Treatment (CAAT) is a coalition of affected individuals and organizations from the legal, health, settlement, social service, and HIV/AIDS sectors. CAAT is committed to promoting the health and well-being of people living with HIV (PLHIV) who face access barriers related to their precarious status in Canada.

Brief History

Formed in 1999 to improve treatment and service access for marginalized PLHIV, CAAT has been at the forefront of education, research, service coordination, and advocacy on issues related to HIV/AIDS. In 2001, CAAT undertook a ground-breaking collaborative community-based action research project: *Improving treatment access for PLHIV who are immigrants, refugees, and non-status*. The study documented the challenges faced by vulnerable PLHIV groups and engaged stakeholders from various sectors to develop a joint action plan to address these challenges. As a result of the study, several innovative initiatives were developed that continue to this day.

Vision

Our vision is a healthy urban community in which all individuals living with HIV/AIDS have the information and tools they need to access health, social, and legal services that are inclusive and respectful regardless of their immigration status.

Values and Guiding Principles

We place the highest value on the voices and leadership of PLHIV in our work. We strongly believe that health is holistic and is influenced by the physical, emotional, sexual, and spiritual aspects of life.

Equity and Social Justice

We value a human rights based approach that promotes access to HIV treatment and health care. This approach respects individuals' rights to access sexual and reproductive health services regardless of their HIV status or immigration status. It also embraces diversity and respects the voices of all stakeholders. We are committed to social justice for all. CAAT works from an anti-oppression, anti-racism, anti-homophobia/transphobia, and anti-sexism framework. We aim to reduce discrimination, stigma, and prejudice based on: culture, ethnicity, religion, age, ability, sexual orientation, and HIV status.

Community Ownership / Responsiveness

We place great value on community and evidence-based advocacy and solutions to affect change in social structures and policy. At CAAT, we also emphasize community ownership, transparency, accountability, and meaningful collaboration with the communities we serve.

CAAT's Key Program Areas

1. Empowerment Education and Outreach
2. Community Development and Capacity Building
3. Service Coordination and Planning
4. Community-Based Research and Evidence-Based Advocacy

EXECUTIVE SUMMARY

The CHAMP Study

- *The Community Champions HIV/AIDS Advocates Mobilization Project (CHAMP)* is a community-based intervention research study conducted by the Committee for Accessible AIDS Treatment in partnership with five HIV/AIDS service organizations and researchers from health and academic institutions. The goal of the study is to address HIV stigma through collective empowerment, capacity building, and community championship.
- CHAMP evaluated the effectiveness of two stigma-reduction interventions study in reducing HIV stigma: Acceptance Commitment Training (ACT) and Social Justice Capacity Building (SJCБ).
- ACT promoted psychological flexibility through experiential learning. That is, individuals were better able to face their thoughts as just thoughts. This allowed them to move past thoughts that may restrict or hinder them; psychological flexibility also helps individuals clarify their values and guides them in taking the appropriate actions.
- SJCБ promoted collective empowerment through critical dialogue, increased understanding of social justice, and health equity; through collaborative and experiential learning, SJCБ enhanced individual capacity in critical health literacy, systemic advocacy, and community mobilization.

How We Conducted CHAMP

- We engaged PLHIV and non-PLHIV community leaders (CLs) from faith-based, media, arts, and social justice sectors in Asian, Black, and Latino communities in the Greater Toronto Area to participate in the study.
- Participants were randomly assigned to receive group training in SJCБ or SJCБ+ACT.

- We evaluated the impact of the interventions through data collected right before and after the interventions. This was followed by another evaluation after three and nine months. We used a combination of questionnaires, focus groups, and individual interviews. In addition, participants submitted activity logs that documented the specific HIV championship activities they engaged in over nine months after completing the interventions.

What We Found

- We recruited and engaged 105 qualified participants. A total of 66 participants completed the interventions and 62 of them completed all research activities at nine months after the interventions.
- In the focus groups conducted before the interventions, participants identified numerous barriers to addressing HIV in their communities. Social barriers included: low visibility and community interest on HIV; experience of racism that heightens the fear of increased discrimination due to associated stigma of HIV; and intersecting oppressions (e.g., homophobia, sexism, transphobia). These barriers created an unsafe environment for HIV disclosure and reinforced silence, denial, and invisibility of HIV. Personal barriers included: a lack of time and competing life demands (e.g., work, school, immigration/settlement, other social justice work) and worries about not having the knowledge and skills for HIV advocacy.
- After the interventions, our survey data indicated that PLHIV had reduced self-stigma while Non-PLHIV CLs had reduced stigma against HIV/AIDS. The data also showed that both PLHIV and Non-PLHIV CLs reported an increase in confidence and readiness to speak out and take action to address HIV stigma and social injustice.

- In the focus groups conducted at nine months after the interventions, PLHIV reported increased self-acceptance, readiness to disclose their HIV status, and motivation to engage in HIV advocacy; Non-PLHIV CLs reported increased awareness of HIV stigma and empathy towards PLHIV. Many PLHIV and Non-PLHIV CLs demonstrated an increased understanding of the connection between HIV stigma and other social oppressions (e.g., homophobia, transphobia, sexism, poverty). Most participants in both groups expressed motivation and commitment to champion HIV issues and address social injustice. They identified networking and alliance building as key facilitators to HIV championship. They also aspired to engage in dialogue with other faith leaders on HIV; establish ongoing support for HIV disclosure; and promote HIV championship through social media.
- The activity logs submitted by participants over a period of nine months after the interventions demonstrated that ACT and SJCБ were effective in reducing HIV stigma and promoting HIV and social justice championship. Over the nine month period, the 62 CHAMP participants carried out a total of 1090 championship activities at five levels: personal; interpersonal; organization/community; societal and international/global. These activities also addressed five action areas – championing against HIV related stigma and discrimination; championing against social injustices; promoting care and support of PLHIV; alliance building and community networking; and lastly, promoting empowerment and resilience.

What We Learned

- HIV stigma is a big obstacle to effective HIV responses in all communities. Furthermore, the negative impact of HIV stigma is reinforced by intersecting oppressions such as racism, homophobia, sexism, and economic marginalization experienced by ethno-racial minority and newcomer communities.
- CHAMP has successfully demonstrated that HIV stigma can be reduced through interventions that combine the use of intrapersonal/psychological strategies (ACT) and interpersonal/collective empowerment strategies (SJCБ).
- The use of mixed methods is critical in documenting the effectiveness and outcomes of complex intervention research. In CHAMP, we went beyond using focus groups and surveys to study the effectiveness of SJCБ and ACT. We used field notes to capture how different experiential learning activities in ACT and SJCБ influenced participants' perceptions and attitudes. Furthermore, the monthly championship activity logs submitted by the participants enabled us to demonstrate the effects of ACT and SJCБ in influencing participants' attitudes, behaviors, and actions.
- Cross-sector (HIV, faith, media, social justice, health) and cross-cultural (African/Caribbean, Asian, Latino) engagement and collaboration is effective in addressing gaps in HIV responses, research, and policy in ethno-racial minority and newcomer communities.

INTRODUCTION AND BACKGROUND

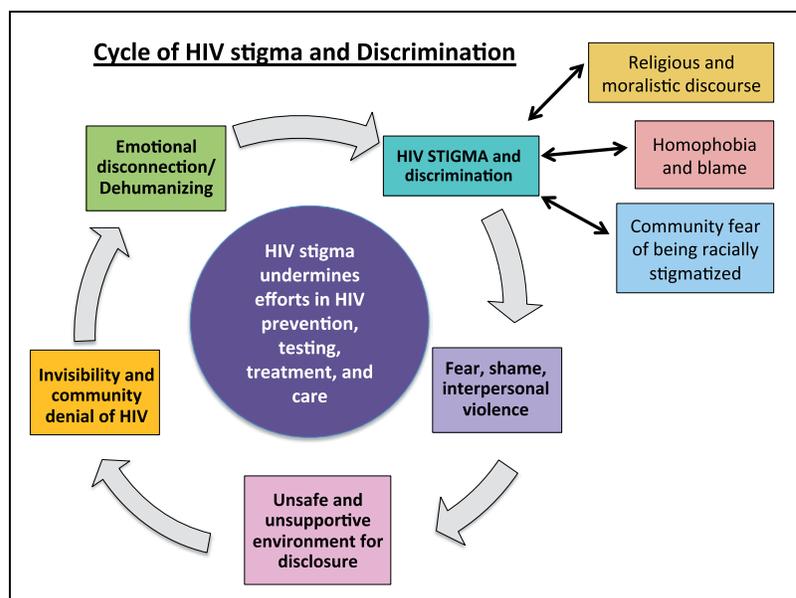
Community Needs: Ethno-racial minority communities and HIV

- Ethno-racial minority communities experience higher rates of HIV infection than the general Canadian population. In 2011, Canadian data shows that ethno-racial minority newcomers from endemic countries accounted for about 16.9% of new HIV infections while making up only 2.2% of the Canadian population.¹
- The elevated risks of HIV in ethno-racial minority and newcomer communities are associated with complex factors. These factors include the lack of access to culturally and linguistically inclusive services, stressors related to migration and settlement, and experiences of intersecting discrimination (such as homophobia, racism, sexism and poverty). In addition, evidence from AIDS service organizations and research studies have shown that HIV stigma creates unsafe environments that impede community efforts in HIV prevention, testing, disclosure, and access to treatment and care.

- MEL study participants identified that sex-negative values, deep-rooted homophobia, and HIV/AIDS phobia creates hostile social environments that make it unsafe for PLHIV to disclose their status, seek support, or advocate for services and social changes. The lack of visible PLHIV presence and leadership and the lack of community leaders to champion HIV issues within ethno-racial minority communities reinforce community denial and silence about the true impact of HIV. This in turn heightens HIV stigma and creates a vicious cycle of stigma, invisibility, denial, and lack of efforts to champion HIV issues amongst ethno-racial minority communities.
- CHAMP is a follow-up community-based intervention study based on recommendations from the MEL study. These recommendations were co-developed with community stakeholders at three MEL knowledge translation forums attended by PLHIV, service providers, policy-makers, and researchers.

Development of CHAMP: Stigma undermines prevention and care

- *The Community Champions HIV/AIDS Advocates Mobilization Project (CHAMP)* study was designed based on findings from the Mobilizing Ethno-racial Leaders Against Stigma (MEL) study conducted by CAAT in 2009. The MEL study was the first local study that engaged PLHIV along with faith-based, media, and social justice leaders in the Greater Toronto Area in meaningful dialogue to explore barriers and opportunities to reduce HIV stigma.



¹ Public Health Agency of Canada. (2015), Population-Specific HIV/AIDS Status Reports – People Living with HIV/AIDS, Public Health Agency of Canada, Ottawa, available at: <http://www.phac-aspc.gc.ca/aids-sida/publication/ps-pd/people-personnes/index-eng.php> (Accessed 14 August 2015).

THE CHAMP RESEARCH STUDY

Study Purposes

- CHAMP was a community-based intervention study that evaluated the effectiveness of two interventions in reducing HIV stigma and mobilizing HIV champions in the African/Caribbean, Asian, and Latino communities in the Greater Toronto Area.
- CHAMP specifically targeted and engaged PLHIV and non-PLHIV community leaders (CL) from the faith-based, media, and social justice sectors; these leaders were identified as playing critical roles in providing information and support on health, settlement, and other social care needs pertinent to ethno-racial minority communities.
- The two stigma-reduction interventions CHAMP piloted and evaluated were:
 - Acceptance and Commitment Training (ACT)
 - Social Justice Capacity Building (SJC)

The Stigma-reduction Interventions

- *Acceptance and Commitment Training* is a training model designed to increase psychological flexibility to deal with internal fears, oppressions, and stigma.
 - ACT promotes acceptance of one's own thoughts and feelings, including unwanted and unpleasant ones; supports participants to focus on what really matters to them based on their core values and take action towards realizing their valued life goals.
 - The model uses a variety of experiential learning strategies to enhance six core psychological processes: present moment, self-as-context, defusion, acceptance, values, and committed action. These processes also strengthen self-compassion and compassion towards others. Research evidence shows that ACT is effective in addressing stigma associated with mental illness, racism, and substance use.^{2,3,4}

- Social Justice Capacity Building is a training model that promotes critical understanding of social justice and equity in addition to skills development in advocacy and community mobilization.
 - SJC aims to reveal inequitable power relations in society and identify social determinants of health disparities experienced by ethno-racial minority and newcomer communities. SJC uses dialogue and critical reflection to promote individual and collective empowerment.
 - The model uses a collaborative learning approach that taps into participants' lived experiences and community strengths. Learning activities include experiential exercises on social inclusion/exclusion, sharing of resistance strategies, critical dialogues on intersecting social oppressions, and engagement in developing collective strategies to address HIV related stigma and other social inequities. Empowerment education like SJC has been used widely in the social service and advocacy sector but its use in HIV stigma reduction has not been evaluated.

Our Research Questions

In the CHAMP study, we aim to answer the following research questions:

- Will SJC reduce HIV stigma and enhance empowerment, anti-oppressive attitudes/intentions, and activism among PLHIV and CLs?
- Will ACT increase psychological flexibility and reduce HIV stigma?
- Will the combination of ACT+SJC compared to only SJC lead to a greater reduction in HIV stigma and greater empowerment, anti-oppressive attitudes/intentions, and activism among PLHIV and non-PLHIV CLs?

² Masuda, A., Hayes, S. C., Fletcher, L. B., Seignourel, P. J., Bunting, K., Herbst, S. A., . . . Lillis, J. (2007). Impact of acceptance and commitment therapy versus education on stigma toward people with psychological disorders. *Behaviour Research and Therapy*, 45(11), 2764-2772. doi:10.1016/j.brat.2007.05.008

³ Lillis, J., & Hayes, S. C. (2007). Applying acceptance, mindfulness, and values to the reduction of prejudice: A pilot study. *Behavior Modification*, 31(4), 389-411. doi:10.1177/0145445506298413

⁴ Lee, E. B., An, W., Levin, M. E., & Twohig, M. P. (2015). An initial meta-analysis of acceptance and commitment therapy for treating substance use disorders. *Drug and Alcohol Dependence*, doi:10.1016/j.drugalcdep.2015.08.004

THE CHAMP STUDY: DESIGNS AND IMPLEMENTATION

Theoretical Framework

The CHAMP study was guided by the:

- **Population health promotion framework** which is grounded on principles of social justice and health equity.⁵ It recognizes that:
 - Individual and collective health are connected.
 - Health disparities are the outcomes of social inequities (e.g., racism, economic marginalization, stigma, and discrimination).
 - Effective responses to HIV/AIDS must be supported by inclusive public policy, equitable resource distribution, and supportive environments at all levels.
- **Community empowerment, GIPA/MIPA⁶, and capacity building** approaches⁷ that are based on:
 - Social action processes that promote the meaningful participation of affected communities.
 - Critical dialogue and collaborative learning that honor lived experiences and processes that increase individual and community self-determination, control, and their collective capacity to respond to HIV and related social concerns.

Research Design

To evaluate the effectiveness of ACT and SJCB in reducing self-stigma (felt stigma) and social stigma (enacted stigma), we specifically engaged two participant populations in the African/Caribbean, Asian, and Latino communities:

- (i) People living with HIV
- (ii) Non-PLHIV community leaders (CLs) from faith-based, social justice organizations and ethno-specific media

Our goal was to recruit 60 participants. To evaluate the effectiveness of SJCB as a stand-alone intervention and SJCB in combination with ACT, we randomly assigned participants to one of two intervention groups.

Recruitment goal: N=60			
PLHIV (n= 30)		Non-PLHIV CL (n=30)	
SJCB only (n=15)	SJCB+ACT (n=15)	SJCB only (n=15)	SJCB+ACT (n=15)

CHAMP participation criteria were as follows:

- Participants were 18 years or older, living in the Greater Toronto Area and self-identified as a member of the African/Caribbean, Asian, and Latino Canadian communities.
- PLHIV participants had limited prior leadership roles in the HIV sector in order to maximize opportunities for new leadership development in the PLHIV communities.
- Non-PLHIV CL participants were affiliated with faith-based, media, and social justice organizations to maximize opportunities for institutional impact.

Recruitment

- At the start of the CHAMP study, we built a strong partnership with community organizations in the HIV/AIDS, settlement services and legal/social justice sectors. We also established a project advisory committee with members from faith-based, social justice, and media sectors along with a network of community key informants. These partners and collaborators provided us with advice and support for successful recruitment.

⁵ Anderson, J. M., Rodney, P., Reimer-Kirkham, S., Browne, A., Khan, K. B., & Lynam, M. J. (2009). Inequities in health and healthcare viewed through the ethical lens of critical social justice: Contextual knowledge for the global priorities ahead. *Advances in Nursing Science*, 32(4), 282-294. doi: 10.1097/ANS.0b013e3181bd69556 GIPA/MIPA refers to greater involvement of people living with HIV/AIDS and meaningful involvement of people living with HIV/AIDS.⁷ Laverack, G. (2005). *Public health: Power, empowerment and professional practice*. New York: Palgrave Macmillan.-

⁶ GIPA/MIPA refers to greater involvement of people living with HIV/AIDS and meaningful involvement of people living with HIV/AIDS.

⁷ Laverack, G. (2005). *Public health: Power, empowerment and professional practice*. New York: Palgrave Macmillan.

- The CHAMP participants were recruited through a database of over 300 people generated through multiple outreach and promotion strategies. These strategies included: promotion via peer-based networks amongst ethno-racial AIDS service organizations (who were collaborators of the study); media promotion through both mainstream and ethno-specific outlets; and community service agency postings.
- Since CHAMP required substantial time commitments over a period of 10 months, we anticipated a potential drop-out rate of 30-40%. Thus, we recruited extra participants to ensure that we reached our study goal of 60 participants.

Study Implementation: Interventions and Data Collection

Intervention Design Flow Chart

Interv. Groups	Participants	Pre- Interv. measures	Interv. ACT	Immed. Post- SJC	Interv. SJC	Immed. Post- SJC	Activity Logs x 9 months	3 month post-	9 month post-
ACT + SJC	PLHIV Non-PLHIV	• Focus Groups • Socio-demo. Survey • ACT & SJC Eval. measures	X	SJC measures	X	JCB measures	X	• Structured networking session • ACT + SJC measures	• Structured networking session • ACT + SJC measures • Focus Groups • Individual interviews
SJC Only	PLHIV Non-PLHIV				X	ACT + SJC Measures	X		

TIME →

Before data collection, we obtained research ethics approvals from all our affiliated universities and informed consent from our participants. We used both quantitative and qualitative methods to answer our research questions.

- The SJC and the ACT interventions each consisted of four half-day sessions. In addition, participants were invited to attend two networking sessions at three and nine months after the interventions. Field notes of salient issues were taken during debriefing after each training and reconnection session.

- We invited all the participants to complete a survey before, immediately after, and nine months after the interventions.
- We also invited all the participants to take part in a focus group discussion before and nine months after the interventions.
- Over the nine months following the interventions, we invited the participants to submit monthly logs to capture their community engagement, advocacy, and HIV stigma reduction activities.

RESULTS

1. CHAMP Participants

- We recruited and engaged 105 qualified participants (63 PLHIV and 42 non-PLHIV CLs) who were willing and able to participate in the study.
- A total of 66 participants (35 PLHIV and 31 Non-PLHIV CLs) completed the intervention trainings. Reasons for dropping out during the interventions included: competing time demands related to work, school, and health related issues.

CHAMP Participants

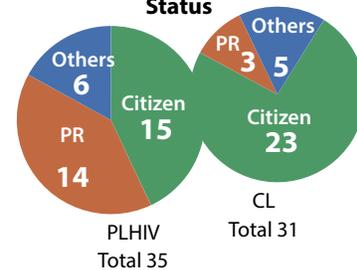
	ACT + SJC B	SJC B Only	Total
PLHIV	16	19	35
CL	15	16	31
Total	31	35	66

A total of 62 participants (32 PLHIV and 30 Non-PLHIV CLs) completed all research activities and end of project data collection at nine months after the interventions. Reasons for attrition during the follow-up period were: migration to another country (n=2), deportation (n=1), and death due to non-HIV related illness (n=1).

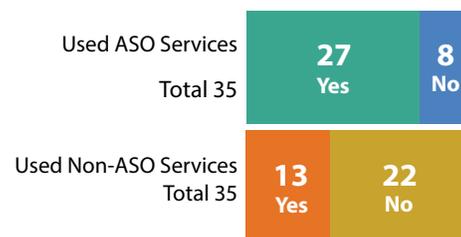
Born in Canada



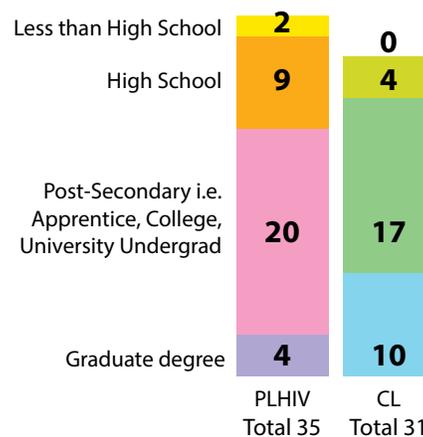
Immigration Status



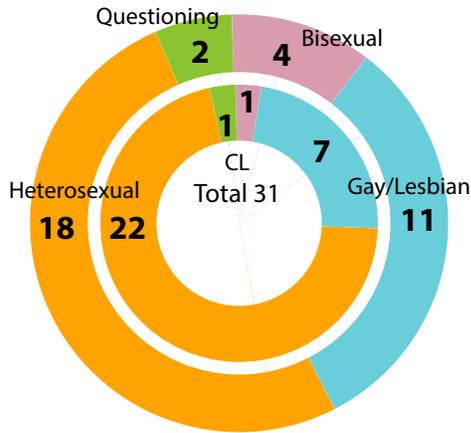
Used Services (PLHIV)



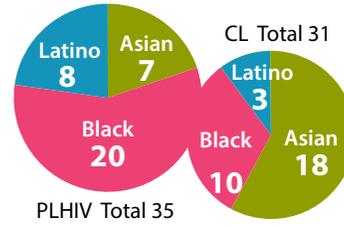
Education



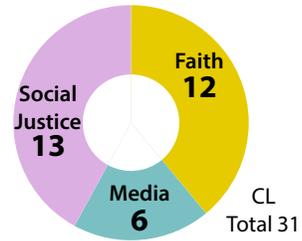
Sexual Orientation



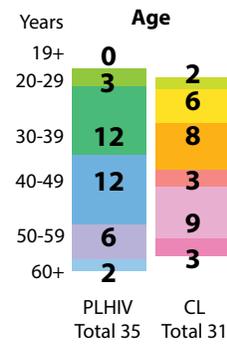
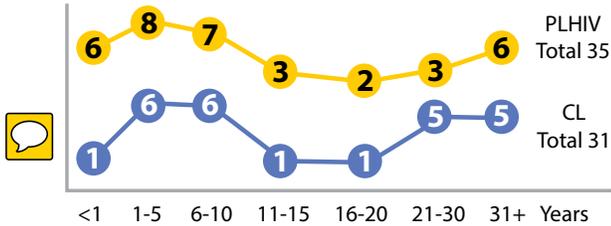
Ethnicity



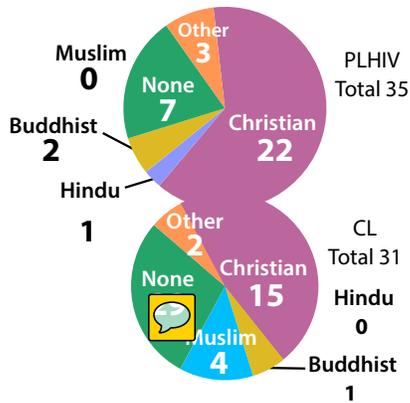
Community Leaders by Sector



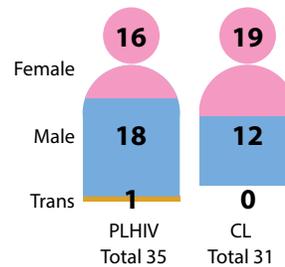
Years in Canada



Faith



Gender



2. Participants' Perspectives Before the Interventions

Participants took part in focus groups before they attended the intervention sessions. Topics of discussion in the focus groups before the interventions included: key challenges in doing HIV work in their communities, motivation for doing the work, and potential opportunities and strategies that could be used to advance HIV advocacy work. Similar themes were identified by both PLHIV and non-PLHIV CL participants.

2.1 Key Challenges in Addressing HIV in Ethno-racial Minority and Newcomer Communities

CHAMP participants identified a number of challenges in addressing HIV in their communities:

- Lower visibility and community interest about HIV in ethno-racial minority communities in Canada compared to some participants' countries of origin (e.g., Africa and the Caribbean).
- Community fear of associated stigma related to HIV is heightened by existing systemic discrimination such as racism and marginalization of refugees.
- Conservative religious doctrines, dominant patriarchal values, sex-negative attitudes, and transphobia/homophobia in mainstream and ethno-racial minority communities create an unsafe environment for open discussions of sexuality and HIV related issues.
- Experiences of stigma and discrimination result in fear of disclosure and reluctance to access support.
- Lack of visible PLHIV leadership and ethno-racial minority celebrity champions further increases community denial and complacency against HIV work.

[HIV] is a taboo nobody talks about; it is a real stigma. When I mentioned that I am coming to this volunteer project, people looked at me: "Why would you do that? That doesn't apply to you." Just to give an example, I have a nephew that was recently diagnosed as HIV positive. He hasn't even told his whole family. That's how bad it is.

(Southeast Asian woman, CL, SJC)

The priest will come out and say, "Being HIV+ is punishment by god because you are gay. You don't follow the 10 commandments... it is why you are gay." So how am I going to be a member of a church and listening to things against me? This is my humanity, my moral... what about me? That is why most of us don't go to church. Because [the Church] is a powerful institution, it is like we are just tiny particles fighting against big power.

(Latino man, PLHIV, ACT + SJC)

2.2 Personal Motivators for Getting Involved in HIV Work

When asked about what motivated them to engage in HIV work, participants shared the following:

- Personal awareness or experiences of stigma and discrimination related to HIV or other social injustices (e.g. homophobia).
- Inspiration from PLHIV leaders in their own communities.
- Previous engagement in advocacy work related to global health, sexual health, and LGBT activism.
- Association and/or partnership with AIDS service organizations, peer networks, or community coalitions.
- Personal values of social justice and compassion.

I am not really comfortable doing advocacy work yet, but I am volunteering at [ASO]. If I meet somebody who needs help with accessing HIV medication or HIV services... I'll open up to them and say, "Look I am in the same situation." I sort of think about the needs of my community. I know that, in the past month, two guys from my country died. After they have arrived here, they died and I think that sort of hit me.
(African man, PLHIV, ACT+SJCB)

Family values... I guess my upbringing... I would say there is a need to look after others in society. Also religious teaching. There is an inspiration that you are helping humanity... helping God's creation. So that is my motivation and inspiration as well.
(South Asian woman, CL, SJCB)

I worked most of my life downtown Toronto. In the last 15 years, I have seen people eating from garbage cans and people are dying on the street freezing to death. That is what prompted us to form an organization to help the homeless. Social justice is at the bottom of the agenda. We have to do a lot of advocacy with politicians. HIV is the addition, the latest addition, to the agenda of many areas in social services. It will take some time before the faith community can go on board . . .

(South Asian man, CL, SJCB)

[Criminalization of non-disclosure]... stuff like that does not help. The media just put the information, the pictures, and all that stuff out there so it's painted a bad image about people who are HIV+... and that made people scared about talking about HIV/AIDS.
(Caribbean woman, PLHIV, SJCB)

2.3 Personal Barriers to Getting Involved in HIV Work

CHAMP participants also identified numerous barriers to engaging in HIV work:

- Lack of time and competing demands such as work/school, immigration/settlement processes, and engagement in other social justice issues.
- Fear of associated stigma related to HIV (such as homophobia, addiction, etc.).
- Fear of community gossip, rejection, and loss of support systems.
- Concerns about not having specific knowledge, skills, and connections needed to champion HIV related issues.
- Fear related to repressive public policies like the criminalization of HIV non-disclosure.

2.4 Potential Strategies and Opportunities to Advance HIV Work

CHAMP participants suggested some potential strategies to advance HIV work in different sectors:

- Engage school system and target youth with age-specific messaging on HIV and sexual health issues.
- Engage parents to improve skills in communicating with their children on sexual health issues.
- Integrate HIV training in faith-based professional curriculums.
- Establish HIV programs within faith-based communities and institutions.
- Increase alliance in joint advocacy and public education to address HIV and other social justice issues.
- Increase community capacity building on public speaking and media skills on HIV issues.

The church is the flock; the shepherd is the priest. So, if he can talk about it to the church and word is going to fall on the ground and people will be informed about it.

(African woman, PLHIV, ACT+SJCB)

I like to engage the media because they have the role to play as well. And just because they're not doing it now, doesn't mean that we have to wait til they're ready. I think we just have to do it and make it loud and make it obvious.

(East Asian man , CL, ACT+SJCB)

3. Participants' Perspectives After the Interventions

3.1 Survey Results

Participants completed questionnaires made up of validated scales that measure HIV stigma, anti-oppressive attitudes and intentions, psychological flexibility, and sense of empowerment.

In total, 62 participants completed all three waves of measurement: before the interventions (Wave 1), immediately after the interventions (Wave 2), and nine months after the interventions (Wave 3).

Regression analysis showed that there were no significant differences in all measures between the intervention groups (i.e. SJC only vs. ACT+SJC) or between participant group types (PLHIV vs. non-PLHIV CLs). As a result, all participants were analyzed as a group and the results are summarized in Table 1.

(a) Stigma Reduction

All participant groups showed significant improvement in stigma reduction after the interventions. The PLHIV participants had significantly decreased internalized stigma, while Non-PLHIV CLs had decreased stigma against HIV/AIDS.

(b) Psychological Flexibility

Measurements on hypothesized processes that might mediate change, such as mindfulness and psychological flexibility, did not show any differences amongst the participants before and after the interventions. However, there was increased consistency in all groups between their stated values and actions.

(c) Empowerment Readiness

In terms of empowerment and readiness to champion against HIV/AIDS stigma, there were significant improvements:

- Increased tendency to speak out against stigma and social injustice⁸ in social situations.
- Increased feeling of knowledge when talking to others about stigma and social injustices.
- Increased confidence in: talking to others about stigma and social injustice; engaging others to fight injustice; and mobilizing community networks to fight stigma.

(d) Sustainable Improvements

Overall, the improvement in both stigma reduction and empowerment readiness continued to hold between Wave 2 (immediately after the interventions) and Wave 3 (nine-months after the interventions) when compared to baseline. The Non-PLHIV CLs stigma scale at Wave 3 was not statistically reliable due in part to the ceiling effect (most CLs endorsed virtually no stigma) and the reverse coding⁹ of several questions. The items on speaking out against HIV stigma in social situations fell just below significance ($p=0.07$).

⁸ Stigma and social injustice issues in the scale include HIV stigma, sexism, homophobia, transphobia, domestic violence, and poverty.

⁹ Reverse coding refers to the reversed score assigned to certain statements in a questionnaire that run in a contrary direction to the rest of the statements in the questionnaire. For example, in the stigma scale, most items when not endorsed suggest lower stigma (e.g. "People who have AIDS are dirty."), while a few items when not endorsed suggest higher stigma (e.g. "It is safe for people who have AIDS to work with children."). Some participants may get confused by the switch in orientation or miss this when reading quickly.

Table 1: Summary of Data Total (n=62 - completers of all 3 waves)

Scales	Wave 1 Mean (SD)	Wave 2 Mean (SD)	Wave 3† Mean (SD)
PLHIV Internalized Stigma (IA-RSS)	15.4 (6.5)	13.3 (6.5)**	12.8 (5.6)**
CL Stigma (A-RSS + MEL items)	23.3 (8.7)	20.3 (3.6)*	-
Mindfulness (Freiburg)	41.2 (6.3)	40.3 (7.4)	40.5 (5.4)
Psychological Flexibility (AAQ)	23.6 (11.3)	22.4 (10.3)	21.6 (10.1)
Values (VLQA)	67.1 (18.4)	74.5 (17.7)*	73.1 (16.8)*
Weighted Values (VLQ*VLQA)	553.6 (185.1)	651.1 (184.5)**	616.1 (180.1)*
Speaking Out in Social situations	32.4 (4.2)	33.6 (3.0)*	33.3 (4.0)
Feeling Knowledgeable	20.6 (4.0)	22.8 (4.0)**	23.3 (4.2)**
Confidence to Talk	20.8 (5.6)	23.1 (3.8)**	22.7 (5.0)*
Confidence to Engage others to fight injustice	20.3 (4.0)	22.4 (3.2)**	21.5 (3.4)**
Confidence to Mobilize Networks	18.8 (4.5)	20.7 (3.8)**	20.2 (4.2)*

* p<0.05; ** p <0.01; † compared against Wave 1

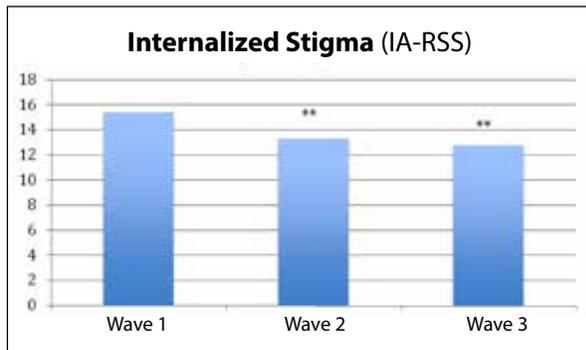


Figure 1: Internalized Stigma among PLHIVs across 3 waves

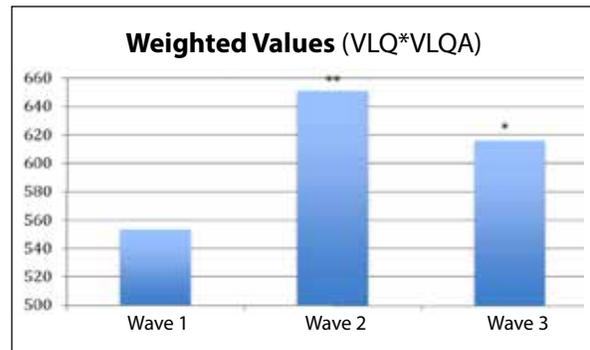


Figure 2: Weighted Action-Values consistency across 3 waves

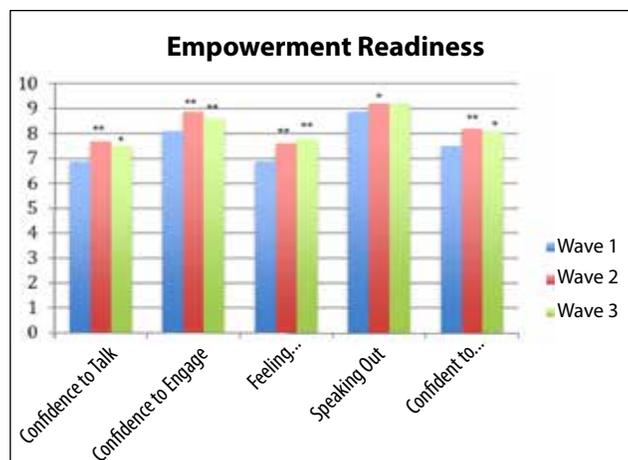


Figure 3: Empowerment Readiness across 3 waves

Stigma is too big up there... you know you're even afraid to say I am HIV positive; but when I enter to the study, it made me realize how important it is to take the stigma out of your life. You can do exercise because people don't know. You can have friends. You can have social life but when I came here I learned to break that wall from my life. Stigma is not in my dictionary. It is not in my vocabulary... I have now nine months when I have been open that I am HIV+. Look at me - I am a trans person. In some way it is now easy for me to accept and be open and tell everybody, friends, workers...everybody...o including...I put it in my resume now that I am HIV positive.
 (Latino trans-woman, PLHIV, ACT+SJCB)

Personally, in the past, I had discriminated against people with HIV. Before I thought they got it because of the mess in their lives but after CHAMP I know it is not the situation. So CHAMP gave me the opportunity to get a lot of knowledge
 (Southeast Asian woman, CL, ACT+SJCB)

3.2 Focus Group and Individual Interview Results

We invited CHAMP participants to take part in focus groups nine months after the interventions. Six participants who were most active or least active in community champion activities were invited to take part in individual in-depth interviews. A number of key themes emerged from our analysis of these qualitative data.

3.2.1 Changes in Attitude Towards HIV Stigma

CHAMP participants reported increased compassion and understanding of intersecting oppression:

- PLHIV participants reported increased self-acceptance and self-worth and increased readiness to disclose and engage in HIV advocacy.
- Non-PLHIV CL participants reported increased awareness of HIV stigma and sense of empathy and compassion towards PLHIV and others.
- Participants from all groups identified the interconnection between HIV stigma and other forms of social oppression (i.e., classism, sexism, homophobia, and transphobia). They also expressed increased intent towards championing and speaking out against HIV stigma and social injustices.

With CHAMP I learned about different issues like anti-racism, feminism and stuff like that. Looking around the room, none of us are white; we are majorities. We are ethnic majorities; we have been discriminating. I have been discriminated for my Caribbean accent. At the same time...we all feel it, so kudos, kudos!
 (Caribbean man, CL, ACT+SJCB)

At the same time, the training helped me to unlearn some of my prejudices. And it actually helped me in processing all the other things I was having issues with in dealing with people. At the end of the session I felt more open and more trusting. Actually, it was not me saying I don't know these people... after this session, will I see them, it put me in a place where I can say I trust these people.
 (Southeast Asian woman, CL, ACT+SJCB)

I felt I could challenge things that I disagreed with. It is something I used to keep inside or kind of talk to someone close. In fact I did. As a racialized woman in Canada, it hasn't been easy; I have had employers taking advantage of me. After CHAMP, I felt it was okay to challenge people in the context of homophobia. I find that challenging your own people is like challenging other people because you...I have a connection with people. It is a little bit risky, but it's okay. It is something that's what I took from the program.

(Latino woman, CL, SJCB)

After doing the study, I travelled to my country. Yes...and I shared a lot about myself with my family members. I also got engaged. But before I got engaged, I was open to my man that I was HIV positive. When I got to my country, I told him we have to go to the testing centre. They told me, "You are HIV positive." I knew already. And then they told him, "You are negative." He said to me, "I love you the way you are." This December I might be going back for our wedding.

(African woman, PLHIV, ACT+SJCB)

I am in school now...and God willing my wish is to go for nursing. I think that is the perfect field to draw people who don't know about HIV, either clients or friends. When you are a nurse, you become a role model. People look up to you. And most people think that if you are nurse, you are negative. So in that field I would be that face. Being positive is not a scary thing. It's life. Everybody can achieve up to this far. I was positive before I became a nurse. I was able to push my life where I wanted. I am still living life like anybody else. And then on top of that, when you are a nurse, you can easily become a shoulder to cry on for anybody, so that is what I am looking forward to become a nurse."

(African woman, PLHIV, ACT+SJCB)

3.2.2 Inspiration and Motivation to Pursue Life Goals

CHAMP participants reported increased empowerment and motivation to pursue expanded life goals:

- Many PLHIV participants shared that since CHAMP, they have joined groups for networking, emotional support, and peer disclosure.
- Many PLHIV also reported that they were proactively pursuing new goals based on their values and what matters to them (such as relationships, education, etc.).
- Participants from all groups shared that they were motivated to take on leadership roles at work, school, and other social settings. They also reported collaborating more with community partners to address broader social equity issues (e.g., access to health care by refugees).

3.2.3 Empowerment and Active Stigma Reduction

CHAMP participants reported increased individual and collective empowerment:

- Many PLHIV participants reported that they had disclosed their HIV status in personal and communal settings (such as family, friends, class, church etc.).
- All participant groups reported taking action to:
 - Challenge HIV stigma through personal networks, work-place, and community organizations/ institutions.
 - Conduct HIV education in faith based organizations, community spaces, and online through social media.
 - Increase social networks and allies to advocate on social issues (e.g. migrant labour rights, housing, anti-poverty, PLHIV and LGBTQ issues).

After doing the study, I visited my country. I was afraid...I was afraid to go there to face my people-- especially with my husband's people. But when I got there I was a changed person. I managed to share a lot about myself and I helped some of my family members who were sick and did not want to come out. [...] I started disclosing my HIV status back home because of the way people were talking, like - "I have never seen a person living with HIV...somebody should look like this." And I started saying, "Here I am." And I was thinking, "The CHAMP study is going to start that journey again here [in Canada]." Because I did that to the lecturer and the following week I was in another class and this teacher asked something about HIV and I said, "Yes, because I am HIV positive." It kind of comes, and I am not disclosing because I want attention. I am disclosing to reduce the ignorance that is out there, or the stigma that is out there, and I am kind of trying to observe at the same time how people react toward me.
(African woman, PLHIV, ACT+SJCB)

The last time we met we had the faith leaders and participants come together and we have a whole set of activities; we have to learn to depend on one another, put our skills on the table, and create something for our group. For me it reinforced the idea community building...networks with people regardless of who they are. During that event I had the opportunity to speak with one of the faith leaders. We discussed the need to get the message out there. For example, [participant #3] did speaking in a church and that takes an incredible amount of courage. I feel like I myself can do that because of the experiences here, because of reminding myself that word CHAMP and what that signify.
(South Asian woman, PLHIV, SJCB)

I have been facing challenges as a trans-person with regards to transphobia for over 11 years. I had to defend myself on the streets and I had to confront people who looked at me differently or used transphobic words. Now thanks to CHAMP, I am a leader and I take on a leadership role to educate people about stigma and transphobia.
(Latino trans-woman, PLHIV, ACT+SJCB)

So, part of CHAMP Study actually helps equip my presentations skills in front of other people or in front of a group because I had a chance to talk about HIV/AIDS in my church community...and like people from my country. And some of them I found that they are so ignorant. But then I still try to talk...and in my school when I have the chance to talk about any other social issues like HIV and AIDS discrimination.
(African man, CL, SJCB)

From the CHAMP study to today, I've become member of the board and steering committee of an ASO (AIDS Service Organization) because CHAMP for me was a very brilliant experience, so I want to contribute to the ASO. Because I joined the CHAMP study, I become a worker for ASO. I have been active in the ASO community in the forms of focus group and many activities. Because of CHAMP I finished a workshop on disclosure management. I used to have issues with disclosure so I was working on that. Finally I backed it up with the CHAMP study so from there I have no problem and issues left to disclosing my HIV status--so I now am fully involved in the ASO community.
(Latino man, PLHIV, SJCB)

3.2.4 Community Building to Advance HIV Championship

CHAMP participants identified community building, expansion of supportive networks, and ongoing capacity building as critical strategies for advancing long term anti-stigma work:

- Participants from all groups recognize that more stigma reduction work needs to be done and many challenges remain in addressing deeply entrenched societal oppressions.
- They identified networking and alliance building across sectors and across cultural groups; ongoing connections for peer support; critical dialogue; and capacity building on media and advocacy skills as critical strategies to facilitate long term effective HIV championship.

CHAMP's networking session was very informative. It was enlightening to hear about others' accomplishments on stigma reduction and it helps to foster new networking mechanisms with others.
(Caribbean man, CL, ACT+SJCB)

For me, not so much the media, but how to tell the story...because a lot of us have a story to tell. Most of us have a story to tell but how to tell it is a big problem.
(Caribbean man, PLHIV, ACT+SJCB)

I mean, I really enjoyed CHAMP... not only just the learning opportunity but also the interaction with people. We talked to each other and listened to each other's stories. That's more important than the knowledge to me, because you know, I have a community of people that I can now connect to and I feel that very much reinforces the learning experience...and I am working with groups of people that are real and I know that I am not alone. That's the fun part and the good part.
(East Asian man, CL, ACT+SJCB)

For me it is just dialogue, dialogue, and dialogue. The more you talk and the more educated people become, the more interested they become, the more myths that are dispelled, the more stigma that are dropped the more you talk. I just talk about things that are important to me...
(Black Indigenous woman, CL, ACT+SJCB)

With me like I am trying to maximize every speaking opportunity that I get to talk about HIV/AIDS. When there is any community function or event, I ask if they want me to talk about HIV/AIDS or related issues. I am still waiting to see if they will get back to me. That's is my goal, my thing, let the people know HIV/AIDS is real, it is out there, it is in our power and best interest to fight it and eventually we will be able to win.
(African man, CL, SJCB)

3.3 Results from Monthly Activity Logs

In this study, we applied a health promotion evaluation strategy and monthly activity logs to capture the impact of ACT and SJC on HIV/ social justice championship.

Using the activity logs proved to be an important evaluation tool. It enabled us to demonstrate not only changes in participants’ attitudes but also to document their actual behaviours and actions for social change.

Participants were asked to keep a monthly activity log to track their HIV championship and social justice activities over nine months after the interventions. At the end of each month, research team members contacted the participants to collect their activity logs. Based on our analysis of the submitted data and team discussions,

the activities were grouped into six broad action areas across five levels (personal, interpersonal, community, societal, and global/international).

Table 2 summarizes the number of activities under each action area. Over a period of nine months after the interventions, our 62 CHAMP participants carried out a total of 1090 HIV and social justice champion activities. As illustrated by participant narratives in the next section, these champion activities demonstrated that ACT and SJC were effective in achieving the intervention goals (i.e., to address internal/ enacted HIV and other social stigmas, promote individual and collective empowerment, and mobilize community engagement and collaboration towards social change).

Table 2: Champions in Action: Activity Log Summary

Action Levels Action Areas	Personal	Family, Friends, Co-workers	Community, Organizational, Institution	Societal	Global	Total
Championing against social injustices	20	63	105	19	2	209
Promotion of care and support for PLHIVs	11	42	31	1	8	93
Supporting HIV prevention education and awareness	10	59	31	8	2	110
Championing against HIV related stigma and discrimination	21	78	88	11	4	202
Community building and networking	18	37	102	24	6	187
Empowerment and resilience	98	105	72	6	8	289
TOTAL	178	384	429	69	30	1090

3.3.1 Action Area #1: Championing Against Social Injustices

- Confronted homophobia in faith and academic institutions.
- Advocated for social justice (such as refugee health, LGBT issues, women's rights, migrant worker rights etc.).
- Organized community and educational activities on LGBT, immigrant, and refugee issues.

*"I participated in demonstration against IFH (Interim Federal Health) funding cuts at the CIC (Citizenship and Immigration Canada) office on St. Claire. Interacted with CHAMP people and other community members to advocate for restoring refugee health care."
(Caribbean man, PLHIV, ACT+SJCB)*

*"I organized and facilitated a half-day forum on anti-racism and anti-homophobia for Chinese youth in the GTA at the Asian Heritage forum. 75 youth attended the forum. 25 of them signed up to join future anti-homophobia activities."
(East Asian woman, CL, ACT + SJCB)*

*"I went to my church and introduced a topic about confronting the discrimination against gay, bisexual, and lesbian people. I specifically talked to the chairperson of the youth and asked "what is the position of the church on gay, bisexual, and lesbian people?"
(African man, CL, SJCB)*

*"I helped a friend by referring him to HALCO (HIV/AIDS Legal Clinic Ontario) for legal support. He is from Dominican Republic and had no idea about how to go to about his legal matters concerning HIV."
(African man, PLHIV, ACT+SJCB)*

*"I met someone who had just been diagnosed [HIV+] upon her arrival and was so distressed. I was able to open up to her about my status though I didn't have to...but I wanted her to know she is not alone and us as CHAMPS, we are coping and she can become one too."
(African woman, PLHIV, SJCB)*

3.3.2 Action Area #2: Promoting Care and Support for PLHIV

- Provided peer support through disclosure and sharing resilience strategies.
- Promoted access to social determinants of health (e.g. housing, education, and employment).
- Facilitated referrals and access to health, social, and legal support for other PLHIV.

*"I am planning to establish a working relationship with [Caribbean country] and Toronto/GTA communities to get in touch with faith leaders to start a Food Bank drive that will benefit people affected by HIV who are living there."
(Caribbean man, CL, SJCB)*

“I made speech in a spiritual gathering of high school students and disclosed my HIV status without shame. I feel more open and proud of myself when people accept me. It was well received and people accepted me.”
(Latino Trans-woman, PLHIV, ACT + SJC)

“I have done HIV awareness campaign brochures working with [ASO] and distributed them during Ramadan. To follow-up, I have held meetings and prayers on the topic in prisons and further discussed with my family about issues of HIV, gay, and stigma. I have written about this in our local papers.”
(South Asian/West Indian man, CL, ACT+SJC)

“I organized a workshop on HIV/AIDS, anti-homophobia, and sexuality. We had pamphlets on these topics. Many people came to ask me questions about condoms and HIV and others secretly took away condoms. In the evening, we showed the movie ‘Rag Tag.’”
(Caribbean woman, CL, SJC)

“I had a presentation during Sunday class at church where I talked about HIV/AIDS for about 15-20 minutes. Some participants were ignorant about HIV but they listened. I am now trying to find a way to talk to people in my church about discrimination against gay, bisexual and lesbian people. I specifically talked to the chairperson of the youth...”
(African man, CL, SJC)

“A social worker doing anti-HIV stigma work on illegal sex workers was referred to me. She was working with a very tight budget and I helped her to connect with different people and organizations to help her cause for social justice.”
(East Asian man, CL, ACT+SJC)

3.3.3 Action Area #3: Supporting HIV Prevention Education

- Conducted media-based HIV education in local ethnic newspapers and online forums.
- Conducted faith-based education in mosques and churches.
- Integrated HIV education in other sectors such as labour, arts, and media.

“Our women’s group, we partnered with Toronto Public Health to organize and conduct women and wellness workshops addressing three bigger health issues - HIV, Hep C, TB. We are also doing workshops for healthy living since many people in our group are live-in caregivers or former care givers. We are teaching them to be healthy with healthy food lifestyles and recreational activities.”
(Southeast Asian woman, CL, ACT+SJC)

*"I attended an HIV non-disclosure court hearing and wore an 'I am HIV+' t-shirt to show our concerns on this issue. We made a good impression on the judges who agreed it is an important issue for the community."
(East Asian man, PLHIV, ACT+SJCB)*

*"... when I first arrived in the country, stigma and discrimination caused me a lot of grief. One of my sisters who lives here...I never told her I was gay or bisexual. After CHAMP, I told her my story. I now also found that she is also bisexual. So I believe that being honest and not being afraid for people to accept you for what you are can also be a blessing. It is the same thing I learned about stigma and discrimination. I realized that I need to step up...I told my daughter. 'This is your dad and I am bisexual.' My wife also knows I am bisexual..."
(Caribbean man, PLHIV, SJCB)*

*"I made huge efforts to discuss and spread the right information regarding the unfair treatment PLHV received and the stigma attached to them. Many editors held conventional attitude towards them and I presented to them what I've experienced and my feelings towards PLHIV. One newspaper out of four, and two websites out of three, issued the report about HIV/AIDS after successful liaising with the editors"
(East Asian woman, CL, SJCB)*

3.3.4 Action Area #4: Championing Against HIV Stigma and Discrimination

- Established visible PLHIV leadership through disclosure, peer support, education, and advocacy.
- Advocated for public policy change through petitions and peaceful demonstrations.
- Created public forum and institutional access to promote HIV awareness and advocacy for inclusiveness of PLHIV.

3.3.5 Action Area #5: Community Building and Networking

- Organized social events and celebrations such as BBQs and birthday parties.
- Renewed sense of community participation through volunteering at local events.
- Fundraised efforts such as collecting donations for food banks and local charities.

“There are many incidences. Like we had a crisis in the food bank where we have rent of 30,000 dollars... so I went through media and others that we manage to raise that money to pay off the rent to save the food bank. That was a very significant one.”
(South Asian man, CL, SJCB)

“I helped organize a research summit for heterosexual males at [hospital]; 33 people attended and we spoke about HIV/AIDS and how it affects the heterosexuals and were encouraged the support we got from community organizations and health care institutions. I intend to write an abstract to present the findings at the OHTN (Ontario HIV Treatment Network) conference and if possible CAHR (Canadian Association of HIV Research) conference.”
(Latino man, PLHIV, SJCB)

“I volunteered for (ASO) and I plan to continue to be involved. I did various social media awareness initiatives on new scientific findings on HIV medication and treatment. I also helped set up a Facebook group for the CHAMP study.”
(East Asian man, CL, SJCB)

“I want to organize black churches and mosques to bring together Christian and Muslim leaders and community members to discuss HIV/AIDS issues and learn from each other the best practices. We also hope to have a Joint Statement on HIV.”
(Caribbean man, CL, SJCB)

3.3.6 Action Area #6: Empowerment and Resilience

- Increased self-affirmation and acceptance of identities (e.g. sexuality, race, HIV status).
- Increased connectedness to broader personal and community networks.
- Integrated and applied CHAMP skills in different areas., such as volunteering, school work, etc.

“Every time, when I actually went back to my workplace, when I met up with my friends, family, even other occasions at community events where I volunteered, I felt much more confident to speak up...to speak my opinion because I really did feel that I was actually part of a really bigger group I was in. I was a lot more confident that I felt there was this support out there... that it wasn't just me out there. So I think that's... that really sort of made me more confident into doing a lot of things... also confronting other difficult situations.”

(East Asian man, CL, SJC)

“I was the Pride Parade and Public Gathering volunteer. This was a very liberating and proud experience to me. It was also my first time to march in the parade.”

(East Asian man, CL, SJC)

“For the first time I really understood what are privileges and that put me in perspective that I was a privileged person. I realized the importance of social justice and it became a pathway where I want to work. After three months the [exclusion circle exercise] became significant for me and I recognized the importance of people working together. I understood things that changed my vision, my everyday life vision. I can share that with people around me in my work, in my family, in my friends.”

(Latino man, PLHIV, SJC)

“I set a goal for myself to become a registered nurse in five years. I went back to school full time to finish Grade 12.”

(African woman, PLHIV, ACT+SJC)

“I was pleased that I was able to utilize some of the skills acquired in the CHAMP training to educate --especially a young generation - my nieces, nephews and their friends. They listened and showed interest asking good questions. It was a gathering of teenagers and others in their early 20's, very much aware of the HIV impact in Black communities. I was pleased that we connected through my story as they thanked me for sharing my personal experience of how I overcame challenges associated with living with HIV and find happiness again.”

(African woman, PLHIV, ACT + SJC)

DISCUSSIONS & REFLECTIONS

CHAMP Effectiveness in Reducing HIV Stigma

HIV stigma and discrimination are rooted in unequal power relations and reinforced by sexism, homophobia, racism, and other oppression. Internalized stigma is manifested in fear, shame, and silence while enacted stigma is reinforced through the media, law, religious doctrine, and other social institutions. HIV stigma and discrimination contribute to social suffering and disempowerment at both the individual and collective levels.

We have demonstrated through CHAMP that ACT and SJC B are effective interventions in reducing HIV stigma and increasing empowerment. Both the qualitative and quantitative data show that the changes in internalized and enacted stigma are significant and sustainable over nine months after the interventions were completed. Although the quantitative measures did not demonstrate a significant difference between the ACT+ SJC B groups and the SJC B only groups, qualitative data from focus groups, interviews, and activity logs highlight specific contributions and impact of each of these two interventions. Participants who took part in ACT articulated the impact of CHAMP on their ability to address internalized stigma and conflicting values. All participants reported that SJC B training activities contributed to their increased awareness of systemic discrimination and motivation to engage in community level actions.

The overall outcome of CHAMP confirms our original research assumptions that enabling PLHIV leadership and cross-sector engagement in HIV issues will reduce HIV stigma and facilitate positive social changes. This is demonstrated by:

- PLHIV participants' increased confidence and comfort with HIV disclosure. Many took action to educate others about HIV within their own social networks and communities. They also increased

collaboration with other ethno-racial organizations to work on HIV and other social justice issues.

- Non-PLHIV CL participants increased their participation and collaboration with HIV communities; they also proactively integrated HIV related issues in their organizations and work places.
- In the structured networking sessions, PLHIV participants openly disclosed their status and worked with non-PLHIV participants to develop collaborative participant-driven HIV stigma reduction initiatives.
- The research process itself has contributed to building a community with members who share a sense of camaraderie and identify themselves as HIV champions. It is expected that the impact of their work will increase as they contribute to changes in their own personal networks, organizations, workplaces, and broader communities.

Furthermore, our focus group data and field notes from the training sessions show that CHAMP was effective in facilitating individual and collective transformation as follows:

Facilitation of stigma reduction: CHAMP used experiential exercises (such as the Sculpture of Stigma and Labelling in ACT) to support participants in getting unstuck from their sense of shame and their perception of having "permanent" negative identities associated with their experience of marginalization. These exercises supported participants to connect to an "expanded" sense of self (e.g., I am much more than HIV, or I am much more than my accent) and to loosen themselves from the hold of stigmatizing labels and shame. These insights promoted self- acceptance which in turn fostered acceptance and compassion for others.

Facilitation of mutual empathy, acceptance, and compassion: CHAMP provided a safe space for dialogue and collaborative learning that honoured the participants' lived experiences and enhanced critical reflection on their social positioning as ethno-racial minority people from different walks of life. CHAMP used interactive exercises (such as The Exclusionary Circle¹⁰ and Understanding Power and Social Justice in SJC) that enabled participants to make sense of how racism, homophobia, sexism, transphobia, citizenship status, poverty, and other marginalizations intersect to produce suffering and health disparities. Through the sharing of lived experiences, deep listening, reflection and dialogue, participants gained insight about the situational context of their identities and social positioning. That is, they shared similar experiences of being marginalized and at the same time they also occupied different positions of privileges and unknowingly engaged in oppression. These insights promoted mutual understanding, solidarity, and commitment towards collaborative efforts to address stigma and social injustices as demonstrated in the participant driven initiatives.

Facilitation of new vision and hope for change: The collaborative learning in CHAMP enabled the participants to become more aware of the existence of a broad supportive network of communities that shared common struggles and overlapping aspirations. The interactive exercises also enabled participants to recognize possibilities for change and options for concrete action. CHAMP demonstrated its effectiveness in facilitating empowerment, increased connection, collective hope, and inspiration for collaborative action.

Promotion of individual and community resilience: Through deep listening, critical dialogue and reflection, CHAMP participants supported each other to identify their strengths and skills. Although they faced ongoing complex challenges, they were able to recognize the effectiveness and the possibilities of applying resilience

strategies they had used successfully to overcome adversities in the past. This recognition enabled participants to look beyond adversity to identify opportunities for growth and empowerment. For both the CL and PLHIV participants, gaining more awareness and celebrating the successes and resilience amongst peer groups had a powerful affirming impact.

Innovative Research Designs & Impact

The CHAMP study included many innovations in its intervention design that directly contributed to its positive impact. These include:

Meaningful and Equitable Engagement of PLHIV

First and foremost, our commitment to advancing our study's objectives in promoting equity, social justice, and collective empowerment was reflected in the ways we engaged the communities most directly affected (the PLHIV from the target ethno-racial communities). PLHIV identified the needs of the study, chose the interventions to be evaluated, and took on central roles as research team members, staff, participants, and knowledge transfer agents. Specific training and resource investments were built into the project to ensure meaningful and equitable engagement of PLHIV.

Capacity building and team building activities were integrated into all phases of the study to promote mutual learning amongst academic and community team members to ensure equitable and meaningful project participation. Training included skills in community based research principles and methodologies, intervention design, community engagement strategies, research ethics, logistic coordination, data collection, data analysis, recommendation development, and knowledge transfer exchange strategies. As a result, PLHIV staff and research team members took on shared leadership roles not only as peer assistants or recruiters /associates, but

¹⁰ Wong, J. P. & Li, A. T. (2015) The Exclusionary Circle Game: A tool to promote critical dialogue about HIV stigma and social justice. *Progress in Community Health Partnerships: Research, Education, and Action*, 9(3), 431-438.

also as integral members of the team throughout all research project stages. Their visible and meaningful participation had profound inspiring impacts on both fellow team members and research participants in advancing HIV stigma reduction championships.

Experiential Focus of Intervention Activities

Most of the intervention activities employed an experiential learning approach that included structured activities to guide participants to reflect on their own lived experiences and explore insights and responses to real-life scenarios. It also included interactive dialogue for participants to share their experiences. This approach facilitated emotional engagement and connection to personal experiences and promoted personal investment in participation and bonding amongst participants. Lastly it enabled self-reflection and recognition of strengths and resilience.

Cross-cultural and Cross-sector Engagement of Participants

Our study engaged leaders and activists from four sectors (PLHIV, faith, media, and social justice) and three culturally diverse communities (African/Caribbean, Asian and Latino) in dialogue and interactive learning during the interventions. This design had multiple benefits. It provided opportunities for participants to gain insight from more diverse perspectives; it also facilitated recognition of systemic barriers and universal struggles to counter the tendency to lay blame on a specific culture, faith, or sector of society. This engagement process also broke down the silos within different sectors of communities and expanded the safe and non-stigmatizing spaces within them. In addition, it provided opportunities to connect and mobilize across sectors and facilitate collaborative activities.

Activity Log to Track Action Outcome and Impact

The use of a monthly activity log as a data collection tool had multiple benefits. First, it enabled us to track actual behavioral changes rather than simply documenting and evaluating attitudinal and perspective changes amongst the participants. In addition, the tracking process enabled dialogue and reflection from participants to reinforce their awareness of self-strength and resilience.

Structured Networking to Promote Sustained Engagement

The study organized two structured networking sessions at three-months and nine-months after interventions. The sessions invited all participants to network with each other, to share interim experiences about their HIV stigma reduction initiatives, and to explore collaborative projects of mutual interest. These sessions were strategically designed to achieve multiple objectives. By having both PLHIV and non-PLHIV CLs work together, these sessions had a de-stigmatizing impact. It provided a relative safe space for PLHIV champions to take on visible championship roles within broader communities and opportunities for non-PLHIV CLs to gain more personal connections to PLHIV. In addition, these sessions provided opportunities for collaborative development of participant-driven knowledge translation and exchange projects and contributed to further long term community building. Structured networking was a critical strategy for sustaining and maximizing the impact of CHAMP.

RECOMMENDATIONS

Implications for Practice

- **Community HIV stigma reduction programs must:**
 - Be underpinned by principles of empowerment and capacity building.
 - Address stigma at the intrapersonal, interpersonal, and community levels
 - Honour lived experiences and apply emotive and cognitive learning that promote connections, mutual empathy, and compassion.
 - Tap into cross-cultural and cross-sector collaboration to create de-stigmatizing and inclusive social spaces and to advance solidarity towards social justice championship.
- **Stigma reduction strategies within health and social organizations must:**
 - Go beyond GIPA (greater involvement of people living with HIV/AIDS) to incorporate MEEPA (meaningful and equitable engagement of people living with HIV/AIDS) into policy and operation.
 - Build skills among service providers to promote awareness of resilience of self and clients.
 - Provide staff with stigma reduction training to address internalized and enacted stigma.
- **Front line staff must:**
 - Engage in regular self-reflection to identify internalized stigma against self and enacted stigma against others in reference to the multiple dimensions of socially constructed identities and attributions.
 - Cultivate acceptance and compassion for self and for others to become aware of how they are all interconnected. This lessens the perception of “us” vs “them.”
 - Learn how to promote their clients’ resilience to enacted stigma, capacity for increased psychological flexibility, and readiness to advocate for themselves and others.

Implications for Research

- Use “transdisciplinary” mixed methods to study stigma and capture contextual effects and document outcomes.
- Draw on research evidence specific to ACT and SJCB to develop an integrated model of stigma reduction and resilience promotion (ACT2SJCB).
- Establish networks to pilot and evaluate the use of ACT2SJCB in community real life settings across sectors.
- Conduct follow-up research to capture the long-term impact of CHAMP’s participant-driven knowledge transfer strategies.
- Evaluate the adaptability and assess the structural requirements needed to replicate CHAMP interventions in community real life settings.

Implications for Policies

- All health and social service organizations must integrate HIV stigma reduction policies to guide organizational operation and service provisions.
- Interfaith councils and individual faith based organizations must adopt anti-discrimination and anti-HIV stigma policies.
- HIV stigma reduction must be integrated into the public education system.
- Government programming and research funding bodies must recognize HIV stigma reduction interventions as a priority for funding to support its research and practices.
- Stigma reduction strategies need to be supported by systemic policy change to eliminate social injustice and inequities that reinforce HIV stigma and discrimination (e.g., criminalization of sexual non-disclosure of HIV must be eliminated).



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