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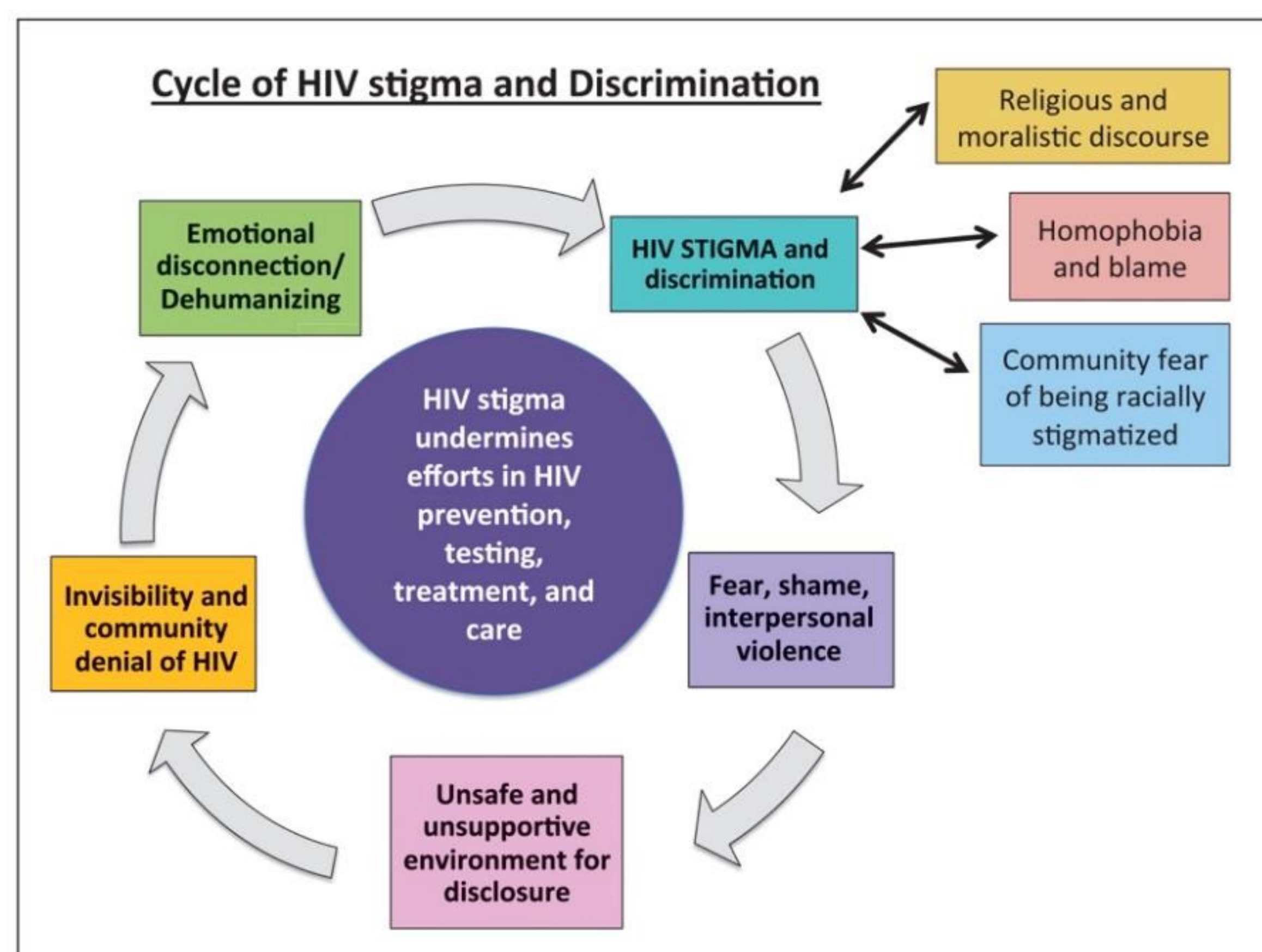
## Introduction

Black and racialized communities in Canada bear a disproportionate burden of HIV. Canadian Census 2021 showed that South Asian (7.1%), Chinese (4.7%) and Black (4.3%) people made up 16.1% of Canada's population [1]. In the same year, there were 1,466 newly diagnosed cases of HIV in Canada, of which only 45.3% included information on race/ ethnicity, and 61.8% of these cases were reported as racialized peoples -- Indigenous (23.9%); Black (15.4%); Asian (7.4%); Latinx (7.2%); South and West Asian (5.6%) [3].

HIV vulnerability among non-Indigenous racialized peoples are associated with complex intersecting sociocultural and structural factors, including gender-based violence [4], experiences of everyday racism [5], migration/settlement stress [6], inequitable access to social, economic and health resources [7], homophobia and transphobia [8]. In addition, **HIV stigma and discrimination** reinforces HIV vulnerability.

## Stigma & HIV Vulnerability

HIV related stigma creates unsafe environments that deter people from testing and disclosure, resulting in isolation, depression, delayed diagnosis and linkage to treatment and care, and poor health outcomes.



Stigma also leads to the invisibility of people living with HIV, reinforces community denial, undermines HIV prevention efforts, and impedes access to community care.

## PROJECT ACE

Project ACE is an implementation research that is built on over a decade of research on stigma reduction. We aim to address HIV related stigma, including homophobia, transphobia, and stigma of substance use, and to generate knowledge to inform effective responses in racialized and immigrant communities in Alberta (Edmonton, Calgary) and Ontario (GTA, London, Niagara, Ottawa). It is guided by the *principles of equity, access, and social justice*, and is underpinned by the concepts of meaningful engagement, capacity building and collective empowerment.

## Methods

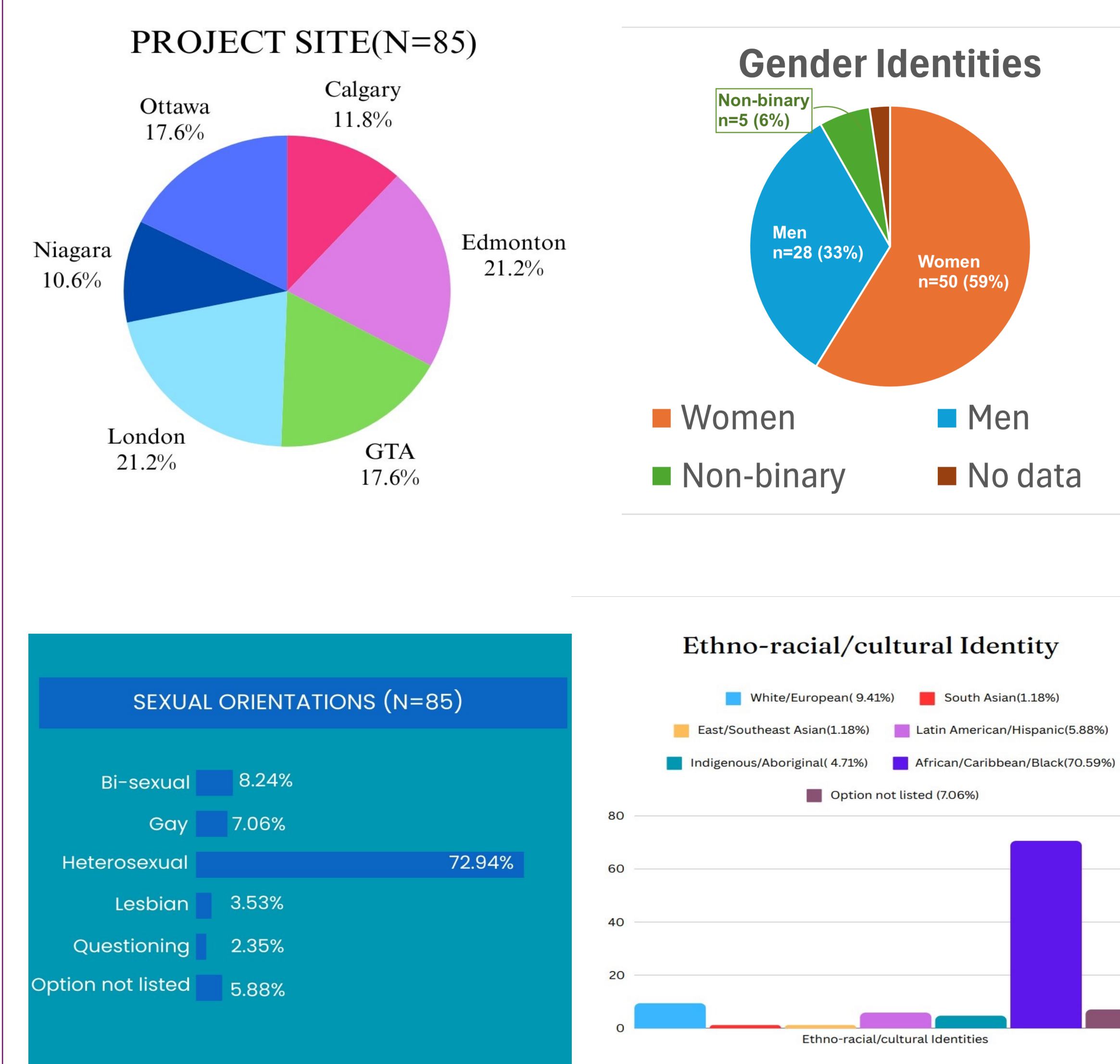
The Acceptance and Commitment to Empowerment (ACE) Study is a multi-phase project being undertaken in six Canadian cities – Calgary, Edmonton, London, Niagara, Ottawa, and the Greater Toronto Area. It consists of three phases:

- **Phase One:** Contextual assessment of HIV related stigma and community responses in the local contexts. We used focus groups to engage service providers/community leaders and community members.
- **Phase Two:** Train-the-trainer engagement of service providers and community leaders in the ACE intervention to become ACE facilitators
- **Phase Three:** Engagement of community members affected by HIV stigma in the ACE intervention to become HIV champions.

This poster reports on the results of Phase One contextual assessment.

## Phase One Participants

In Phase One, we engaged service providers/community leaders and community members in focus groups (N=93), and socio-demographic surveys (N=85).



## Results: Thematic Findings

### 1. HIV Stigma on Mental Health

*"I am afraid of discrimination or rejection from friends and family, and also co-workers... I drown myself in alcohol, just to- I wanted to get over... an emotional trauma because of the stigma that affected me one time."* (HIV positive man, Niagara / GTA).

*"I'm HIV positive... when you're trying to get back into the dating scene, you start asking yourself questions, when is the right time to tell this person... And when you eventually get the courage and you tell the person, and they're like, no, this is too much for me to process. Someone did that to me. I felt like killing myself. The person literally just walked away and then ghosted me. For me, mentally, it is draining when it comes to the stigma."* (HIV positive woman, Edmonton).

## Results: Thematic Findings (con't)

### 2. Racism Perpetuates HIV Stigma

*"... especially for people in black community, racialized community that grew up in Canada, there is this stereotype about the origin of HIV, right? So, people feel that they are stigmatized, and the spread of HIV is more or less framed around racialized people, especially around Black people... some of the Black men don't want to go to a service organization or to get themselves informed about HIV because of the narrative that is already out there, that they are spreading the virus, right? So why would they go and enter these spaces for them to be looked at in some way that they are very uncomfortable with."* (Service Providers/Community Leader, London)

### 3. Multi-layered Contexts of HIV Stigma

*"For someone like me, a gay man, we face a lot of challenges, especially from family and friends, because you have to hide your medicine... I want to be able to tell my friends that I need to take my medicine, but I cannot do it because if you do that, you get exposed by people. and people back home will find out or people who live here."* (HIV positive man, London/Ottawa)

*"I applied at [store] and because I would be dealing with food, I made the mistake to share my HIV status... They told me at the first interview, you're perfect, you have a lot of customer service, and I think you're going to do very well. But I made the mistake to share that I am undetectable, the following week, they told me, 'We found somebody else, the position that you applied for.' So, I felt belittled. I felt that, why are they treating me like that? I'm also gender fluid, and I have to be very careful when I'm on the streets walking with makeup, or a wig, or high heels."* (HIV positive genderqueer person)

### 4. Challenging the Discourse of "Culture-based" Stigma

*"I think [stigma] is more related to the issue of people within the immigrant population not having enough access to information. And based on that, they are still hinging on, or they are still holding on to some previous interpretation of whatever about HIV. So, I will refrain from using the word 'culture' to more of misinformation or not getting access to the right information."* (Service Providers/Community Leader, London)

### 4. Community Engagement as a Resilience Strategy

*"...living with HIV, we tend to internalize stigma. I have to be very careful... I have an amazing group; we were able to share, and by listening to the stories, I am motivated again to be able to find anything else (jobs) that will make me happy... That has actually changed my life to be a better person, to be part of the community, to give something to the minority groups, to be able to be there for them."* (HIV positive genderqueer person, Calgary)

*"...better to cope with it (stigma) is finding supportive social network, close friends, joining HIV support groups, yeah, and online communities. I will say the psychological needs, kind of a form of therapy but in a social form with a lot of friends. Friends that share the same things that you like, a little friend that also have HIV."* (HIV positive man, Niagara / GTA)

*"When stigma occurs, what I first do is seek for educational knowledge. I educate myself on how to go about it. Then secondly, I seek for support from network and organizations that specializes in HIV support. I do a lot of self-care and mental health support. And I do kind of empowerment and advocacy that engage me in activities that empower and help me challenge things that are really troubling me when it comes to stigma."* (HIV positive woman, Niagara / GTA)

## Implications & Conclusions

Despite technological advances in HIV prevention, testing and treatment, HIV stigma continues to intertwine with racism, gendered oppressions, homophobia, and other systematic marginalization to impede HIV responses. Results from this study suggest that effective HIV responses must address stigma at personal, organizational, community and systems levels. Our Phase One results have been used to inform the refinement of our ACE intervention.

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