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# Building Capacity and Mobilizing Value-Guided Community Action to Reduce HIV Stigma

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**CANADA**

Empowering Communities: Leaving No One Behind | Le pouvoir aux communautés. N'oublions personne

# Session objectives:

1. Identify essential aspects of inclusive HIV literacy and effective stigma reduction.
2. Identify how key processes of the ACE intervention address internalized and enacted HIV stigma.
3. Articulate cross-sector strategies for HIV stigma reduction and collective empowerment.



# Agenda

1. Session Objectives
2. Project Background
3. ACE Model
4. Project ACE: multi-site, multi-phase study
5. Phase One Results
6. Phase 2: Train-the-Trainer
7. Phase 3: ACE Community Champions in Action
8. Conclusion



# Land acknowledgement – Alberta and Ontario

## ALBERTA

We acknowledge that we are on traditional territories of the many First Nations, Métis, and Inuit in Alberta and express gratitude and respect for the land we use. We commit to reducing stigma and racism while partnering with others in advancing reconciliation.

We are grateful to all whose footsteps have marked these lands for centuries before us.

## ONTARIO

As we reside on the traditional territory of the Anishinaabe, Haudenosaunee, and Wendat peoples, we are reminded of the longstanding commitment to the protection of these lands by those who came before us. As settlers, we acknowledge and honour the great contributions of all First Nations, Métis, and Inuit peoples, and recognize our responsibility in furthering reconciliation and engaging in meaningful actions towards justice and equity.



- ❖ Heartfelt appreciation of **93 Phase One participants**
- ❖ Support of our **community collaborators**:
  - Alberta Community Council on HIV
  - SafeLink Alberta
  - HIV Edmonton
  - AIDS Committee of Durham
  - Regional HIV/AIDS Connection Positive Living Niagara
  - AIDS Committee of Ottawa
  - Community Alliance for Accessible Treatment
- ❖ Funding support from **CIHR Project Grant**
- ❖ Free images from **Pixabay & Wowzer**



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- ❖ **Graphic designer:** A. Cheung

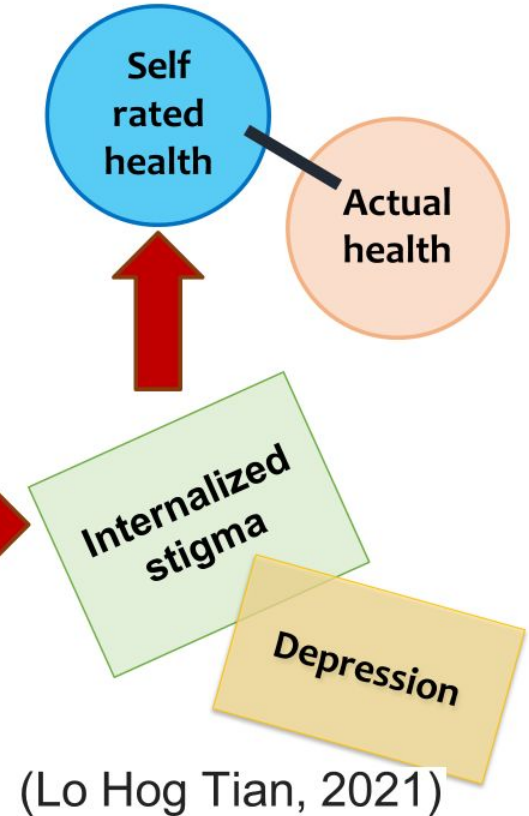
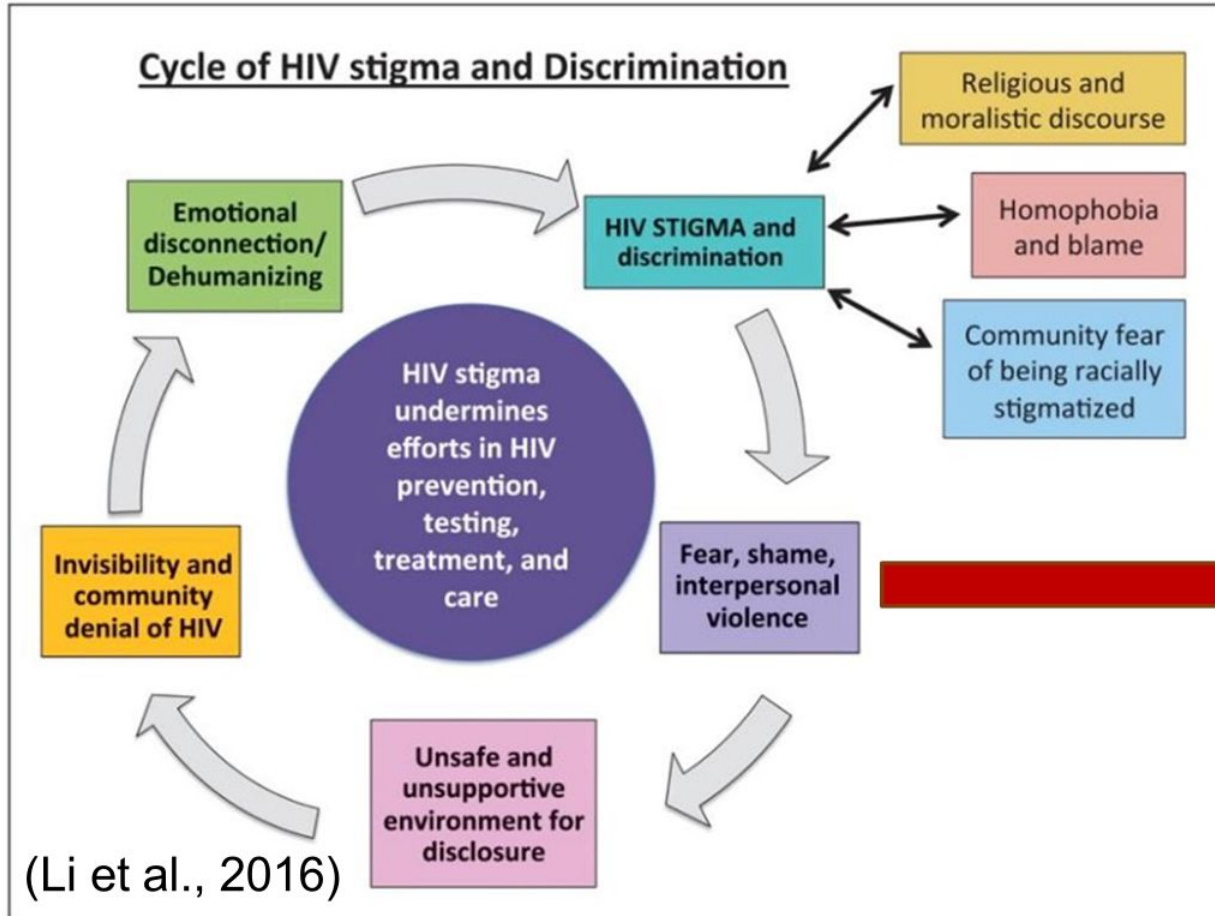


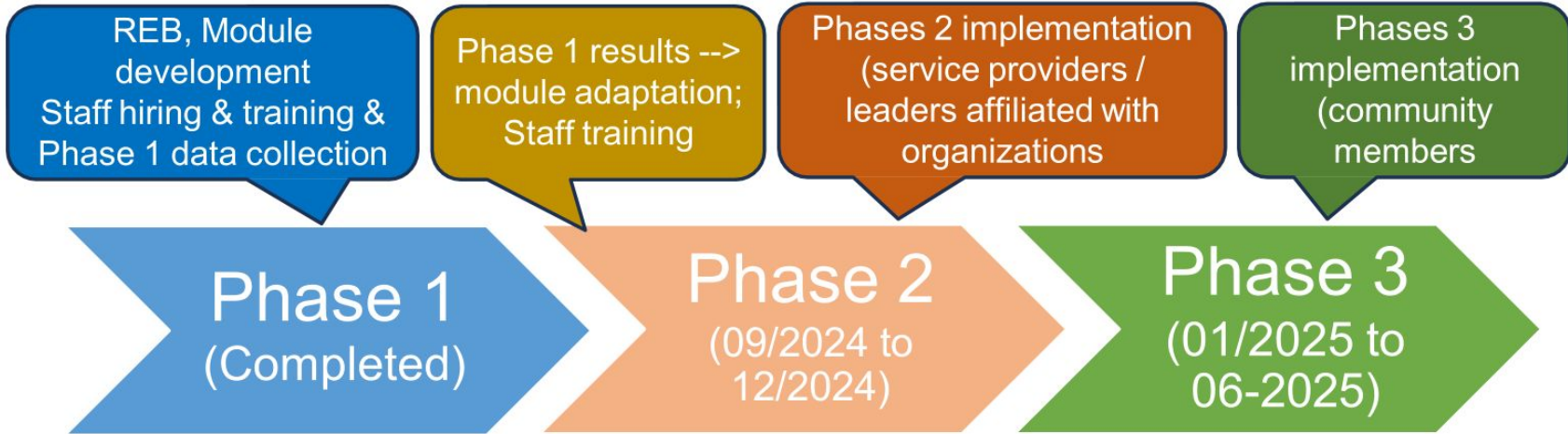
# Background

- Close to 1 out of 5 people in Canada are immigrants
- About 7 out of 10 immigrants belong to a racialized group
- racialized immigrants bear a high burden of HIV
- in 2019, 42.7% of reported cases of HIV (with a known race/ethnicity) were members of a racialized population.
- HIV vulnerability of racialized immigrant groups are related to:
  - displacement and settlement stress
  - access barriers
  - intersecting marginalization (racism, sexism, homophobia, transphobia, poverty, etc.)
  - HIV stigma and discrimination



# Background: Impact of HIV Stigma





**CONTEXTUAL ASSESSMENT**

- FG with service providers/ leaders (n=32)
- FG with affected communities (n=56)
- collaborator baseline survey (n=18)

**TRAIN-THE-TRAINER**

- 8 per site (goal: n=48)

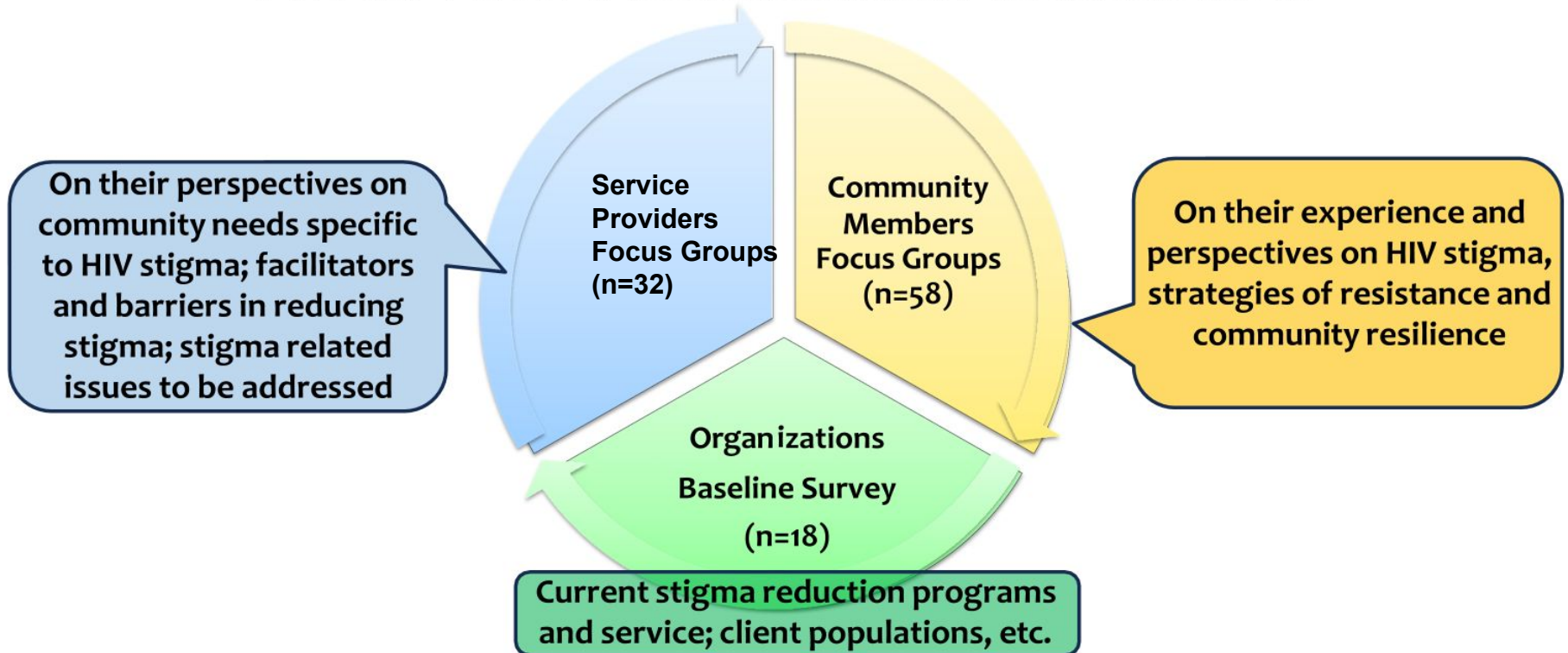
**COMMUNITY TRAINING**

- 48 participants per site (goal: n=288)
- Each site 2 teams of 2-3 graduates of Train-the-Trainer
- Waitlist design





# PHASE ONE: Contextual Assessment



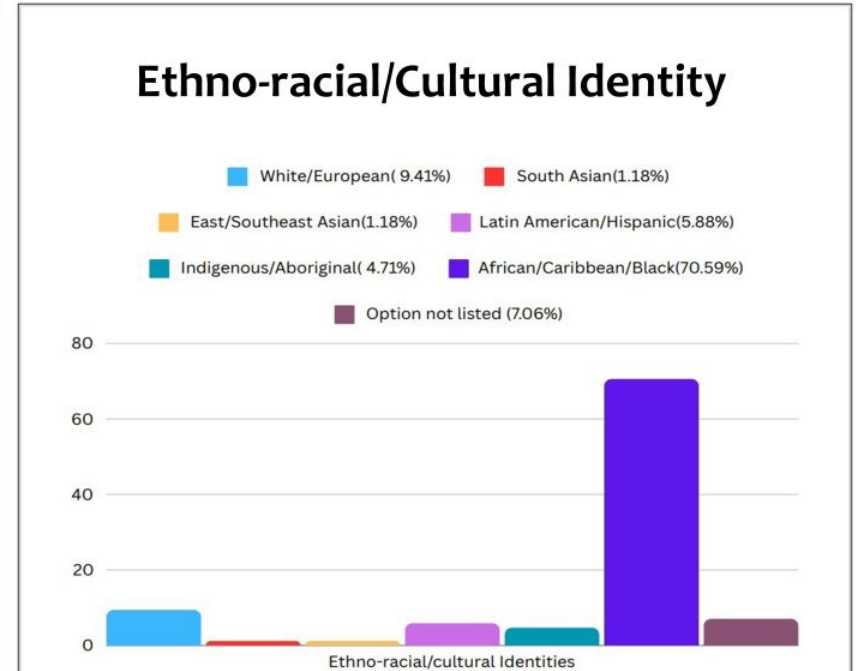
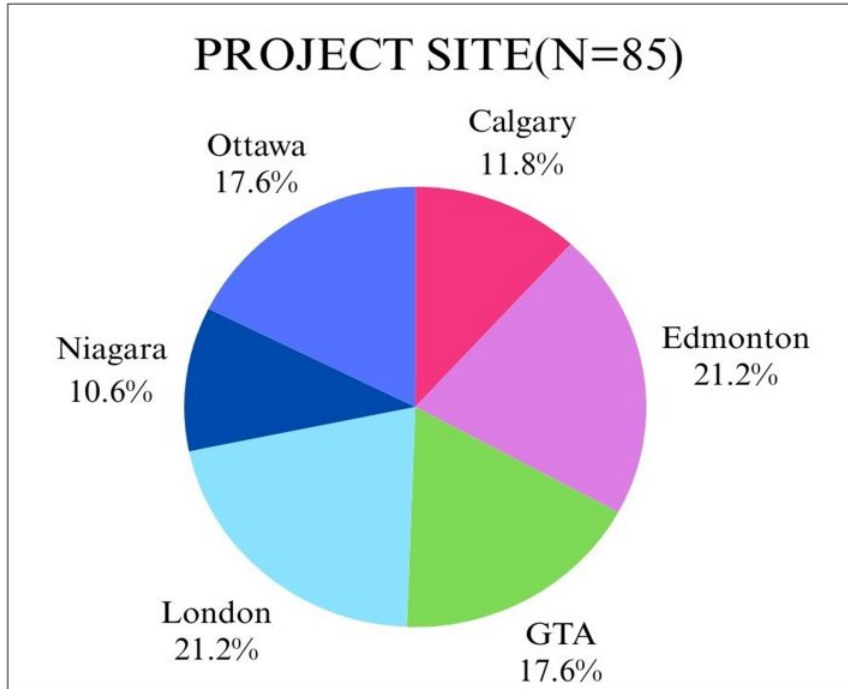
Results are used to inform the refinement of the ACE intervention.

# Phase One Baseline Survey

- Primary Care: 4
  - Legal: 2
  - Mental Health: 7
  - Social Services: 10
  - Faith-based: 0
  - HIV/
  - Sexual Health: 12:
  - Settlement: 4
  - Addiction: 7
  - Peer support: 10
  - Other: 7
- How many people access the programs and services at your organization per year? **13/18 serve over 1000 people**
  - In the past 3 months, has your organization provided services to racialized immigrants and / or refugees? **1 no, 17 yes**
  - If yes, how many percent (%) of your service users were racialized immigrants/refugees? **7 out of 17 respondents serve over 50%**
  - In the past 3 months, has your organization provided services to people living with HIV? **10 yes, 2 no, 6 don't know**

# Phase One FG Participants

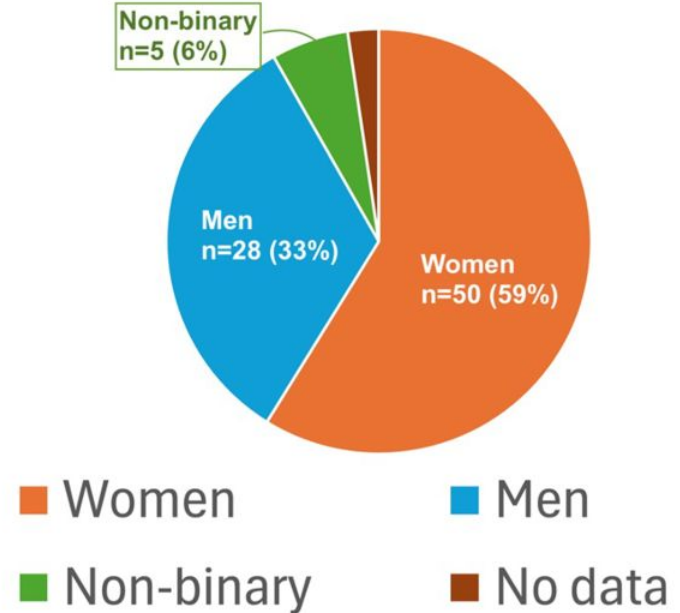
A total of 93 community members and service providers/community leaders took part in focus groups; 85 completed the online sociodemographic forms.



## SEXUAL ORIENTATIONS (N=85)



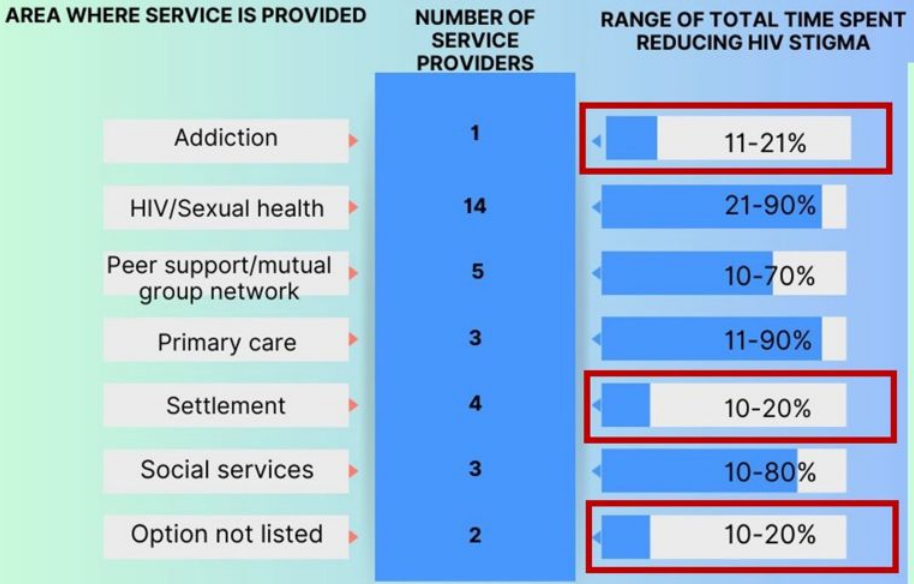
## Gender Identities



# Preliminary Results From Focus Groups

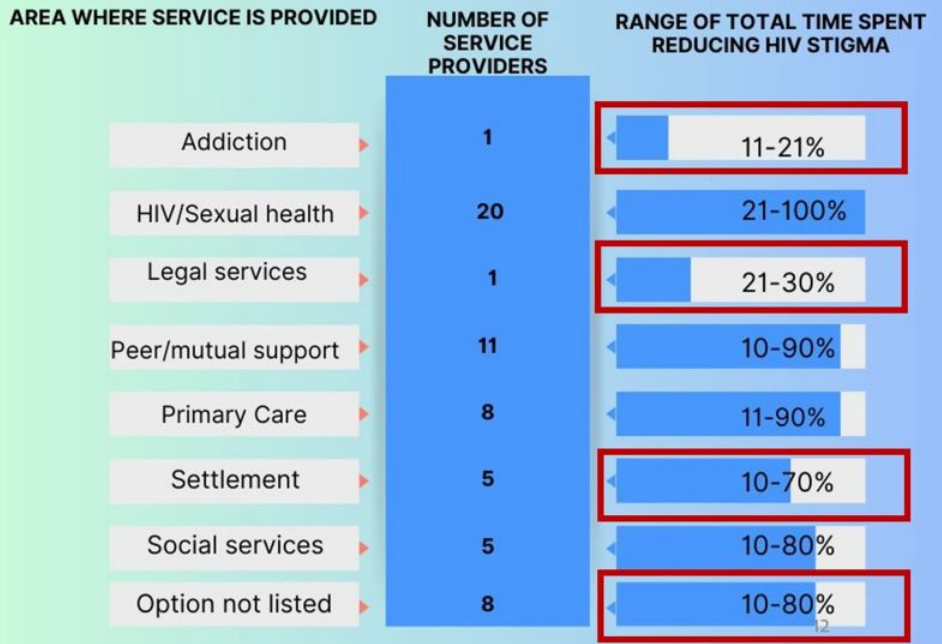
- HIV stigma —> mental health —> substance use and HIV vulnerability.
- Historical and ongoing systemic racism perpetuates HIV stigma, creating additional access barriers to HIV prevention and care.
- Structural violence against women and LGBTQ+ communities further reinforce HIV stigma and increase HIV vulnerability.
- Siloed awareness and lack of HIV literacy in the general public perpetuates stigma
- Racialized and immigrant communities rely on the support and resources beyond HIV sectors
- Community engagement is critical to stigma reduction and resilience promotion

**PERCENTAGE OF TIME SPENT REDUCING HIV STIGMA BY SERVICE PROVIDERS**



• Of the 53 surveyed participants enrolled in community member (CM) focus groups, **27 (51%) also self-identified as service providers**; total number of SP (n=59)

**PERCENTAGE OF TIME SPENT REDUCING HIV STIGMA BY SERVICE PROVIDERS(N=59)**



• 32 self-identified service providers/ community leaders (SP/CL) enrolled in the SP/CL specific focus groups

# HIV Response Implications & Summary

HIV responses must address systemic racism, gender-based inequities, and related oppressions.

De-silo HIV literacy education that integrates evidence informed stigma reduction in the general public.

Multi-level stigma reduction interventions that address internalized and enacted stigma at organizational, community and societal levels.

Meaningful integration of individuals and communities living with and affected by HIV stigma in responses and efforts.

# Project ACE Phase One Results





# PROJECT ACE: ACCEPTANCE & COMMITMENT TO EMPOWERMENT



# The ACE Intervention



# The Acceptance and Commitment To Empowerment (ACE) Training

- The **Acceptance and Commitment To Empowerment (ACE) Model** was developed based on **Acceptance and Commitment Therapy (ACT)** and social justice-based **group empowerment psychoeducation (GEP)** to enhance psychological resilience and collective empowerment amongst participants.
- The training is underpinned by the ACE Model and consists of 6 online, interactive, self-guided modules complemented by 6 weekly, 90-minute, facilitator-led group sessions.



**Insert here the ACE model video from Module 2 -  
Clarence**

# Phase 2: ACE Train-the-Trainer

- Applies a “train-the-trainer” capacity building approach by engaging and building capacity among existing service providers and community leaders through the ACE intervention.
- **Objective:** to implement and evaluate the effectiveness of ACE in reducing stigma and motivating ACE graduates to become facilitators to train service users and members of affected communities.

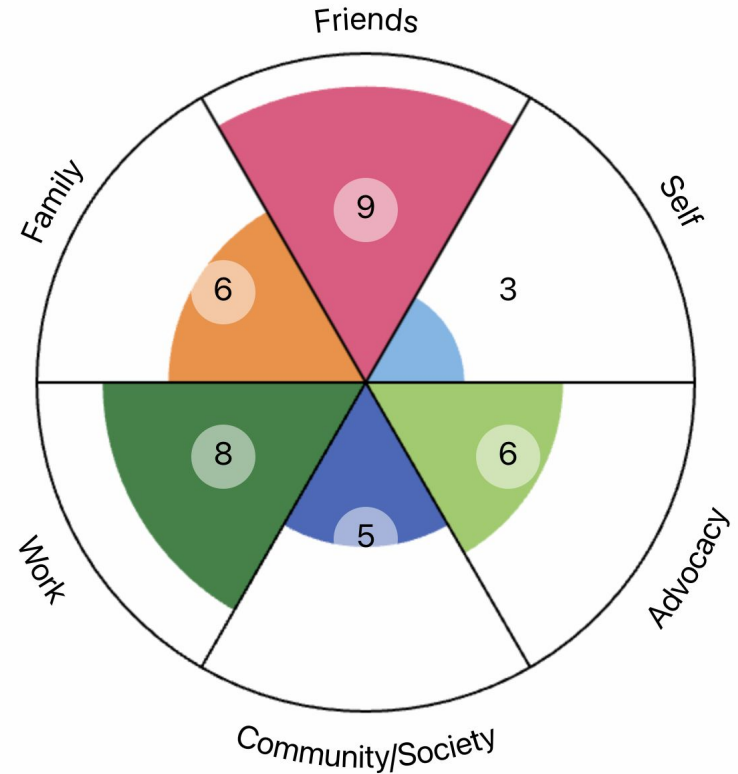
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before the next slide - Clarence**

# Value-guided community action

## Instructions:

Do you take actions to enact the values that you hold? Drag the slices of life to indicate how consistent your current actions are with your own values in the six areas of life, from 0 (meaning completely inconsistent ) to 10 (meaning extremely consistent).

Do not focus on evaluating outcomes. Focus on your own actions only. For example, if you are satisfied with how well you treat your friends, give yourself a 10, even if they disappoint you.



# Phase 3: ACE Community Champions in Action

- **Objective:** To mobilize ACE Intervention Champions to implement HIV/STBBI stigma reduction activities within their communities.

## Individual learning

6 self-learning modules and reflections

## Group facilitated sessions

Critical dialogue and reflection contribute to experiential and collaborative learnings

## Disrupting stigma narratives through committed action

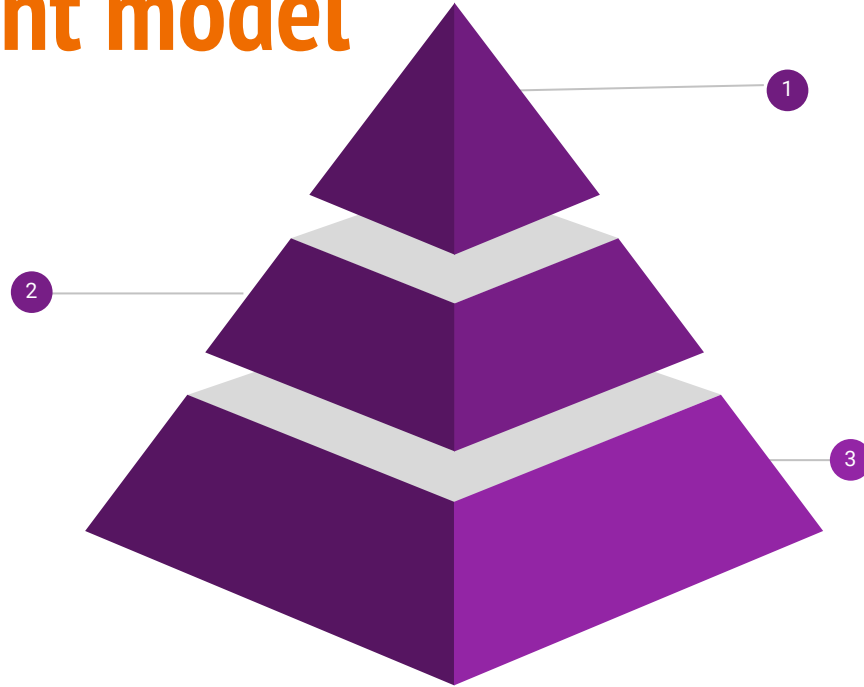
Biweekly activity logs and 3 month follow-up show that participants engage in various stigma reduction activities within communities..



# Capacity building and collective empowerment model

## Phase 2: ACE Train-the-Trainer:

Skills and knowledge transfer to service providers and community leaders



## Phase 1: Contextual Assessment & Adaptation:

Identify contexts and factors that determine the acceptability, feasibility, and adoption of ACE in local communities. Adapt intervention based on needs.

## Phase 3: Mobilizing ACE Champions:

Trained service providers and community leaders engage service users and community members to partake in ACE intervention.

# Conclusion

- **ACE Model empowers communities:** Empowering communities with tools and resources through the ACE model builds service provider and community leader capacity.
- **Community actions are value guided:** Underpinning values of social justice and equity, empathy and compassion, interdependence, and collective empowerment allow participants to align actions which dismantle stigma and promotes holistic wellbeing of all.
- **Long-term change and sustainable impact:** intervening current practices by ACE model implementation embeds anti-stigma practices in every action.

**Thank you!**