



ABSTRACT

- ❑ HIV-related stigma remain a major barrier to the uptake of both preventive (PrEP & PEP) and curative (ART) HIV services.
- ❑ From a community-driven, collaborative, and knowledge co-creation standpoint, we engaged key stakeholders in a multi-phase implementation across Ontario and Alberta.
- ❑ Using the updated CFIR as an analytical framework, this implementation study evaluated the effectiveness of Acceptance and Commitment to Empowerment (ACE) HIV stigma reduction intervention, designed for racialized immigrants in Canada.
- ❑ Results showed that: 1) the ACE intervention effectively reduced interpersonal HIV stigma between service providers and their clients, previously perpetuated unconsciously in the course of service delivery; 2) it enhanced psychological flexibility and acceptance of lived HIV experiences, empowering some service providers to become HIV anti-stigma activists in both their workplaces and communities.; and 3) long-term adoptability of the intervention and the scope of adoption (full versus partial adoption) are dependent on the size, vision and mission/goals of the collaborating organizations.

INTRODUCTION

- ❑ Racialized immigrants in Canada face disproportionately high rates of new HIV infections, compounded by persistent stigma and heightened vulnerabilities emanating from a confluence of factors including racism, systemic discrimination, lack of culturally sensitive HIV care, unequal healthcare access, and selective criminalization related status non-disclosure.
- ❑ Amid inadequate policy attention, this implementation study evaluates the effectiveness of an online HIV stigma reduction intervention, designed for racialized immigrants in Canada. .

DATA

- ❑ Data were collected via focus group discussions, and pre-and post-intervention surveys based on standardized stigma scales. Data collection spanned from the summer of 2022 to summer of 2025.
- ❑ Phase One (N=85)
- ❑ Phase Two (N=38)

METHODS

- ❑ A pre- and postintervention analysis was conducted for statistical significance of the ACE intervention effectiveness using STATA version 18.
- ❑ Thematic analysis of qualitative data was done using NVivo. Post-intervention focus group discussions were analyzed qualitatively from an empowerment, community-driven, and change-oriented standpoint, focusing on the *intervention effectiveness, intervention outcomes, and implementation determinants.*

IMPLEMENTATION SETTING

Table 1 Characteristics of the Implementation Setting and Description of Phases of Implementation

IMPLEMENTATION SETTING	PHASES OF IMPLEMENTATION		
	Phase one	Phase two	Phase three
Setting Characteristics			
Geographical location	Ontario (London, Greater Toronto Area (GTA), Niagara and Ottawa) and Alberta (Calgary and Edmonton)	✓	✓
Population characteristics			
Age	Must be 18 years and above	✓	✓
Population diversity	African/Caribbean/Black, East or Southeast Asian (e.g., Chinese, Filipino, Korean, Japanese, etc.), Latin American / Hispanic (e.g., Mexican, Brazilian, El Salvadorian, etc.), South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)	✓	✓
Participant type	Service providers, community leaders, and community members living with, affected by, or vulnerable to HIV	Service providers and community leaders only	Community members only
Participants reach			
Service providers/ community leaders	London=12 GTA=5 Niagara=5 Ottawa=5 Calgary=2 Edmonton=3 Total=32	London=9 GTA=5 Niagara=5 Ottawa=4 Calgary=7 Edmonton=8 Total=38	N/A
Community members	London=6 GTA=10 Niagara=4 Ottawa=10 Calgary=8 Edmonton=15 Total=53	N/A	Completed and data analysis is in progress
Key Implementers			
Project staff/local site coordinators, and investigative team.	✓	✓	Project staff/local site coordinators, Service providers/graduates of phase two, and investigative team.
Community collaborators			

DISCUSSIONS

- ❑ Consistent with prior he ACE intervention studies, this online versing was effective in reducing HIV-related stigma (Li et al., 2015; Fung et al., 2021; Fung et al., 2022)
- ❑ Implementation Outcomes: With regards to relative advantage, the virtual nature of the intervention bridged the barriers of conflicting work schedules previously experienced in the in-person version (Li et al., 2018).
- ❑ Implementation Determinants: the presence of strong organizational culture, leadership engagement, as well as the digital competencies and good facilitation skills that characterized the implementers, all served as facilitators to successful implementation.

CONCLUSIONS

- ❑ The ACE intervention effectively promoted psychological flexibility and acceptance of lived HIV realities/ experiences, as well as promoted collective empowerment against HIV stigma and related forms of social injustices.
- ❑ However, sustained adoption requires organizational commitment and supportive government policies for integration into health service delivery settings.

REFERENCES

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Conflict of Interest Disclosure: I have no conflicts of interest.