# **TITLE**: From Intervention to Practice: HIV anti-Stigma Empowerment Readiness Among Service Providers in Canada.

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# PRESENTATION OUTLINE

- STUDY BACKGROUND
- RESEARCH OBJECTIVES
- METHODOLOGY
- FINDINGS
- CONCLUSIONS AND RECOMMENDATIONS

# STUDY BACKGROUND

Over  40 million global cases of HIV (UNAIDS, 2025)

In Canada, HIV cases rose by 8.2% between 2017-2018, and newly diagnosed cases increased by 24.9% from 2020 to 2022 (PHAC, 2023).

Vulnerability to HIV varies across race, ethnicity, gender, and class in Canada, with racialized immigrants and marginalized groups disproportionately affected (Haddad et al., 2019).

# BACKGROUND Cont...

For instance, in 2017 alone, of the reported HIV cases in Canada with known race/ethnicity, 45.3% were reported as visible minority (25.3% as Black, 20.1% as other ethnic minorities), and 20.1% as Indigenous while 34.5% were Caucasian (Haddad et al. 2018).

The absence of more than 70% of race/ethnicity-based data for reported HIV cases in Canada, further limits a comprehensive understanding of these disparities (Haddad et al., 2021a; Public Health Agency of Canada, 2022).

# BACKGROUND Cont...

Structural stigma, rooted in institutional racism, further compounds these challenges with policies criminalizing HIV non-disclosure (Ng et al., 2020).

In fact, globally, Canada ranked third in 2017 in terms of the number of recorded prosecutions for alleged HIV non-disclosures (Ng et al., 2020; Barré-Sinoussi et al. 2018).

Criminalization of HIV non-disclosure disproportionately affects Black and Indigenous communities, as well as economically disadvantaged individuals living with HIV (Loutfy et al., 2014; Wilson, 2013).

The criminalization of HIV non-disclosure hinders the utilization of HIV services and undermines trust and confidentiality in interactions between patients and clinicians (O'Byrne, 2013; Arreola et al., 2015).

# Community Champions HIV/AIDS Advocates Mobilization Project (2011-2015)

The goal of the study was to address HIV stigma through collective empowerment, capacity building, and community championship.

Acceptance Commitment Therapy (ACT): Promotes psychological flexibility (Hayes et al.,1999)

Social Justice Capacity Building (SJCB): An empowerment education (Wong et al., 2015)

# Acceptance and Commitment Therapy (ACT)

- Consist of six core processes: ***defusion*** (observing thoughts as thoughts), **acceptance** (of experiences of emotions and feelings), contact with the **present moment** (mindfulness), **self-as-context** (awareness and self-perspective), **values** (being clear about what matters), and **committed action** (based on values)

# Social Justice Capacity Building (SJCB)

- **Consists of four key core concepts**: empathy/compassion, interdependence, collective empowerment, and social justice/equity.

- **Four core processes**: experiential learning, critical reflection, collaborative learning, and critical dialogue.

# Effectiveness & “Know-do-gap”

The ACE intervention was confirmed effective in reducing HIV stigma at the individual, interpersonal, and organizational level (CHAMP, 2015; Li et al. 2015; Li et al. 2018)

While105 qualified participants were recruited and engaged, only 66 participants completed the interventions and 62 of them completed nine months post-intervention research activities at after the interventions-ACCESS BARRIERS (***37%)*** .

# OBJECTIVES

1) Understand the contextual drivers of persistent HIV stigma and Status non-disclosure

2) Evaluate the overall effectiveness of the intervention for HIV stigma reduction.

3)Measure the sustained impact of the intervention, post-implementation

# Phases of Implementation

| IMPLEMENTATION SETTING | PHASES OF IMPLEMENTATION | | |
|---|---|---|---|
| **Setting Characteristics** | **Phase one** | **Phase two** | **Phase three** |
| 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<br>GTA=5<br>Niagara=5<br>Ottawa=5<br>Calgary=2<br>Edmonton=3 | London=9<br>GTA=5<br>Niagara=5<br>Ottawa=4<br>Calgary=7<br>Edmonton=8 | N/A |

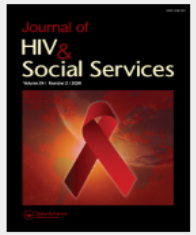
MIXED  METHODS (Qualitative And Quantitative Approaches)

Pre-and post-Intervention Focus Groups

Pre-and post Intervention Surveys & and post-intervention monthly activity  logs

# Objective 1










Report

# Perspectives of African, Caribbean, and Black HIV service providers on the persistent HIV stigma and status non-disclosure in London, Canada

Sulemana Ansumah Saaka, Josephine Wong & Isaac Luginaah

Received 19 May 2025, Accepted 15 Sep 2025, Published online: 25 Sep 2025

# Objective 2



# Evaluating Effectiveness of an HIV Stigma Reduction Intervention for Racialized Immigrants in Canada

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Sections References

Abstract

# Goffman's stigma theory (Goffman, 1963)

## Bodily Stigma (Physical Deformities)

- Stigmatization based on visible physical differences (e.g., disabilities, scars, medical conditions).

## Character Stigma (Blemishes of Individual Character)

- Stigma related to perceived moral failings or behavioral attributes.

## Tribal Stigma (Group Identity and Social Categories)

- Stigma based on group membership (e.g., race, ethnicity, religion, nationality, or social class).

# Structural Stigma

The pioneering work of Goffman has been largely criticized for predominantly focusing on the consequential impacts of perceptions and actions at micro-level interactions, rather than on the broader structural factors that generate, sustain, and normalize stigma (Hatzenbuehler et al., 2024).

The concept of stigma has been expanded to include how broader, macro-level social, political, and institutional arrangements (i.e., *structural stigma*) systematically disadvantage stigmatized groups (Hatzenbuehler et al., 2024)

# Major Findings

- Structural reforms
- Community empowerment
- Personal and professional growth

# Structural Reforms

*“[ I am] preparing an anti-bias training for Niagara Region's HR department. I am [also] reviewing our policies to ensure that they are inclusive.” (Female SP, Niagara)”*

*“I provided training to settlement service providers (approx 80 people) on creating safety and [sense of] belonging for LGBTQI newcomers and refugees.” (Female SP, Calgary)”*

# Community Empowerment

*“I joined an organization to set up a donation centre to support the [ACB] community and also invited some speakers to speak at our Black History Month.” (Male SP, Calgary)”*

*“I volunteered with a legal aid organization to help individuals navigate housing disputes.” (Female SP, London)*

# Personal and Professional Growth

*“[I am making deliberate efforts to create] self-awareness and reflecting on my personal biases to become personally and professionally more inclusive, more empathic.” (Female SP, Niagara)*

*“I educated myself on systemic inequalities by reading books and attending workshops on topics such as gender-based violence, racism, and classism. This knowledge has allowed me to reflect on my privileges and biases while equipping me to advocate for equity in my daily life.” (Female SP, London)*

# Conclusion & Recommendation(s)

- Community-driven implementation efforts are crucial for addressing entrenched inequities and ensuring a more inclusive, just, and effective HIV response for racialized immigrant populations in Canada

- Sustained adoption and implementation depend on favorable government policies that will enable integration of the intervention into health and social service delivery systems.

# END OF PRESENTATION

QUESTIONS?

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