



# Building capacity & Promoting Access to Knowledge: Experiences from A community-Campus Critical Learning Circles

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## BACKGROUND

Racialized newcomers who are persons living with HIV/AIDS (PHAs) experience multiple barriers in accessing health and social care. While 'culturally competent' care is a dominant discourse, little is known about how service providers acquire cultural competence in practice.

In May 2011, a Community-Campus Critical Learning Circle (CCLC) was formed between Committee for Accessible AIDS Treatment (CAAT) and Ryerson University to engage PHAs and nursing students in critical dialogue and collaborative learning. The experience of circle members suggests that a CCLC is a promising strategy for promoting inclusive practice and collective empowerment.

## COMMITTEE FOR ACCESSIBLE AIDS TREATMENT (CAAT)

- CAAT was formed in 1999 to reduce access barriers faced by immigrants, refugees or people without status living with HIV/AIDS.
- CAAT is a coalition of over 35 health, legal, social service organizations and community advocates.
- Since its inception, CAAT has been at the forefront of education, research, service coordination and advocacy on issues related to HIV, immigration and access.
- CAAT's efforts are underpinned by the principles of social justice, collective empowerment, and MEIPA (Meaningful engagement and involvement of people living with and affected by HIV/AIDS).

Our learning environment was very positive; it promoted open sharing of ideas, experience, and knowledge. I have learned a lot from both the new knowledge and the lived experience of others.

The discussion of being compassionate and NVC is something I could use in my professional and personal life.

I liked how we all brought different perspectives into our discussion. It is really important for nurses to understand the perspectives of community members.

Before I joined the learning circle, I was hesitant about it, but after two sessions, I got really excited. I learned a lot from everyone.

I gained an overall picture of what research can be and who can benefit from it.

I learned that I cannot be compassionate towards others without being compassionate toward myself.

One of my most significant learning is the methodology of Community participatory action research.

### Voices of CCLC members

## COMMUNITY-CAMPUS CRITICAL LEARNING CIRCLE

### GUIDING PRINCIPLES:

- Shared vision
- Mutual respect
- Meaningful engagement
- Collective empowerment

## OBJECTIVES

- (1) To promote cross-sector interaction and understanding;
- (2) To build community-based research (CBR) capacity among PHAs and undergraduate nursing students;
- (3) increase PHAs' access to 'formal' learning, knowledge, and research evidence that are traditionally limited to students and staff in academic institutions;
- (4) To promote the embodiment of inclusive practice and reduce HIV related social stigma among nursing students through engagement in collaborative learning with PHAs

## CCLC LEARNING JOURNEY

A two-hour learning circle was held biweekly in a local university library or community agency.

- Our learning focused on: critical reflection of members' lived experiences within the historical, social, political and economic contexts of Canadian society.

- Our learning topics included: CBR; evidence informed practices; everyday struggles and resiliency of newcomer PHAs; compassion; and non-violent communication.
- Our learning methods included: videos, storytelling, life-experience-sharing, PowerPoint presentations, and case studies.

## LESSONS LEARNED

A CCLC provides a safe learning environment that promotes equitable participation and learning, whereby PHAs, students, and researchers share leadership, knowledge and critical discussion of issues affecting PHAs. It promotes collective empowerment and growth among all members.

## CONCLUSION

CCLC is a critical component of community-based research. It facilitates:

- (1) increased research literacy among PHAs and students;
- (2) equitable and meaningful engagement of PHAs;
- (3) increased self-awareness and confidence of PHAs and students;
- (4) critical dialogue and shared leadership among PHAs, students, and researchers; and
- (5) embodiment of social justice and inclusive practice among allied students.

In the long run, CCLC contributes to cross-sector understanding; it also contribute to the reduction of HIV stigma among health care providers such as nurses.

## CONTACT

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