
Forum Agenda

- 8:30–9:00 **Breakfast & Registration**
- 9:00–9:30 **Icebreaker & Introduction**
- 9:30–10:45 **Panel: “Innovation in evidence-informed and inspired policies and practices”**
- Successful examples of how research knowledge and evidence have been successfully integrated/translated into programs or policy development.
 - CAAT (CHAMP informed practices: ACES), WHIWH (Disclosure Module), CSSP (Mano-en-Mano to Chicos Net), BCAP (BMSM Health Resource)
- 10:45–11:00 *Networking Break*
- 11:00–11:15 **Oral Poster session: Population based research KTE strategies**
- 11:15–12:15 **Small Group Discussion: Translating research to policies and practices**
- (Small groups divided according to populations of interest: • ACB, • MSM • Immigrants & refugees/newcomers • PHAs • Women • Marginalized and under-represented groups (IDU, Youth, Trans etc.)
- 12:15–12:30 **Large group report back/summary of small group discussion**
- 12:30–1:15 *Networking Lunch*
- 1:15–2:30 **Panel: “Innovative practices that have informed research and policy development”**
- Successful examples of how front line programs and practices have informed and inspired policy changes and research developments
 - ACAS (From SLAM to MSMRD), ASAAP (Much More than Fiction), APAA (From iSpeak to WeSpeak), CAAT (From PHA workers Training to STS)
- 2:30–2:45 *Networking Break*
- 2:45–3:00 **Oral Poster session: Issue based KTE strategies from frontline to research and policies**

3:00-4:00 **Small Group Work: Leveraging frontline experiences to inform research and policies**

(Small groups divided according to issues of interest: ● Stigma reduction ● Sexual health promotion ● Promoting Resilience ● Advancing GIPA/MIPA ● Organizational, service or resource development ● Effecting policy changes)

4:00-4:15 **Large Group Report Back and Summary**

4:15-4:30 **Discussion and summary of key strategic action items for follow up**

4:30-4:45 **Evaluation/Check out/Closure of the day**



Black CAP BMSM Resource Development Project Overview- 2015

Project Objectives:

- To address the **health and wellness** needs of Black gay, bisexual and other men who have sex with men (BMSM) through the development of a resource that supports BMSM to better **understand and engage** in health seeking activities and connect to relevant services and supports in Toronto/GTA.
- The resource will raise awareness of **current trends and issues** impacting sexual health, HIV and overall health among BMSM.



Black CAP BMSM Resource Development Project Overview- 2015

Focus Groups:

- Facilitating the delivery of **5 focus group sessions** to assess health related needs
- BMSM from a range of sub-populations inclusive of **People Living with HIV/AIDS, Youth (16 - 29 years), Adults (over 30 years), Newcomer Men and Service Providers**

Online Survey:

- Interview survey questions completed by up to **142 BMSM in Toronto**
- To determine health services currently being **accessed and gaps** in service



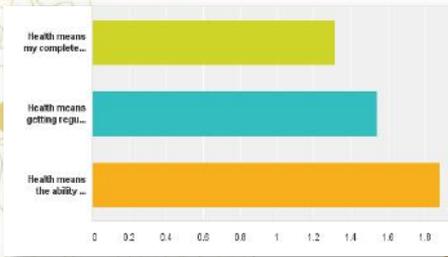
Focus Group Findings

- Focus group participants were asked to **rank in order of importance from 1 to 5** the areas of health being most important to them
- Those areas were: **physical health, sexual health, emotional health, spiritual health and mental health**
- Participants in the sessions noted spiritual, mental and emotional health as being their **top health priorities**
- For spiritual health participants specifically named things like meditation, connecting with my inner soul, connecting with the Spirit world, trust in God, getting to know God (more), Music/Art/Dance, and living in line with Spiritual belief. **Meditation was mentioned in at least four instances**
- Mental health** was **expanded** upon with such things as learning and applying coping methods, resiliency, thinking right, being able to make decisions and being able to know what is right and diligently practicing it, and eliminating stresses and oppression/oppressive attitude people
- Sexual health was **least important** among those groups
- Responses to sexual health captured things like becoming **more sexual and less oppressed**, enjoying sex, having regular sex, increasing consistency of safer sex practices, and having a more sexually balanced relationship.

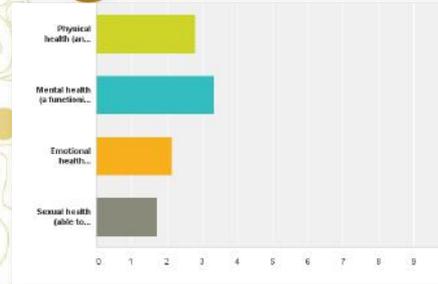
Online Survey Findings

- BMSM who participated in the survey had **sound understanding** of what health meant to them as indicated that in both their scaled and open ended responses
- Comparing and contrasting focus group and online feedback, the survey too, saw men rank **mental health, physical health and sexual health** in that order.
- This may speak to the **Spiritual-Mental-Emotional** as being comparable areas particularly for ACB men who may attend to mental health through emotional (social) & spiritual avenues of support.
- What was **important** to them was mental health.
- What was **concerning** for them was sexual health. *Concern does not equate important for these men.*
- Internet** is first stop for these men around issues relating to their sexual and other physical health issues.
- Using services in **home community** preferred.
- Newcomer and HIV+ men** are connected to and using medical service providers.
- HIV-negative BMSM are using **emergency services** and sexual health services (likely in emergency) comparatively.
- Social service providers and organizations acting as **health-hubs** for men, linking them to health care services. This may be overly skewed towards newcomers and HIV+ clients given their use of services.

Q16: Please indicate your level of agreement with each of the following statements.



Q18: Please rank the following domains of health in order of importance 1 being most important and 4 being least important



Strengths – What is being done well?

- Inclusive service provision**
 - BMSM are feeling safe, heard, responded to and accepted by healthcare service providers.
 - Community centres, health centres and AIDS service organizations are doing their jobs and clients are going to these places for healthcare (broadest sense) needs.
- HIV/AIDS education**
 - BMSM are clearly responding to messaging around HIV-testing.
 - Majority of BMSM have been tested at least once.
 - Those living with HIV are for the most part receiving care.
- Focus on mental health**
 - 25% have received mental health support and a significant amount are able to identify that their mental health is of importance to them.



Gaps – Where are areas for improvement?

- Other stigmas**
 - Race and immigration status are areas where BMSM are reporting stigma and discrimination from service providers.
 - Many receive social service care from LGBTQ and racialized people or friendly providers, but much of their healthcare is received from outside these communities or groups.
 - Anti-immigrant and anti-Black discrimination among service agencies that work within LGBTQ communities.
- Service Providers vs. BMSM agendas**
 - Agencies overemphasis on concerns rather than the areas deemed important by BMSM or alternately, too much focus on concerns without clear, fear-tactic free opportunities to discuss the "what if's".
- Increased access to broader healthcare**
 - BMSM increased use and comfort of internet with desire for more flexible access to healthcare services may speak to a need for new ways of thinking about delivery.
- Supporting BMSM to commit to their sexual health**
 - Being willing to educate providers as well as be educated by them - Building positive affirming relationships.



Acknowledgements

- Gay Men's Sexual Health Alliance (GMSH)
- SeedIIsoil Consultants
- Participants
- Lance McCready and David Brennan

THANK YOU



**ACCEPTANCE
&
COMMITMENT
TO
EMPOWERMENT
(ACE)**

**From CHAMP to ACE:
Evidence-informed
Practice that Matters**

Presented by:
**Lena Soje
Tao Xie**

**CHAMP:
Community Champions HIV/AIDS
Advocates Mobilization Project**

- An intervention study undertaken by the Committee For Accessible AIDS Treatment to reduce HIV stigma using 2 training: Acceptance and Commitment Training (ACT) and Social Justice Capacity Building (SJCБ)
- CHAMP engaged PHA and non-PHA leaders from media, faith, social justice and health sectors
- CHAMP results demonstrated that ACT & SJCБ are effective in reducing HIV stigma and promoting personal and collective empowerment



Acceptance & Commitment to Empowerment (ACE)

- A personal and collective empowerment program for PHA experiencing challenges related to trauma, stressors, loss, and addiction issues.
- An integrated model of ACT and SJCБ with focus on:
 - Mindfulness practice
 - Self acceptance and self compassion
 - Nonviolent /Compassionate communication
 - Self care strategies
 - Critical dialogue on identities
 - Critical dialogue on social and structural influences on body-mind-spirit
 - Collective compassionate peer support and committed action

Collective Experience of ACE Members

- Self-compassion
- New Perspective
- Mindfulness
- Values
- New Skills
- Self Acceptance
- Gratitude

Personal Sharing

- Loving Kindness meditation
- Bus driver exercise
- Practice of gratitude
- Who Am I ? My identities and roles
- Self-as-context: I am not my memory, thoughts or experiences

Conclusion: Letting Go, Getting Unhooked



Acknowledgements

- ACE Planning Committee
- ACE members
- ACE Coordinator: Alessandro Bisignano
- ACE Facilitator & Co-author: Josephine P. Wong
- ACT Co-author: Kenneth P. L. Fung
- SJC Co-author: Alan T. W. Li
- CAAT Director: Maureen Owino



ACE is a group mentorship component of the Legacy Program, Committee for Accessible AIDS Treatment

7

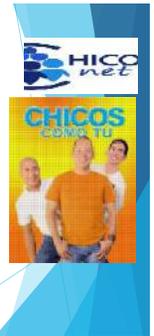
Zero Drama, No Drama
(Love is a racialized experience)

White men also cry...?

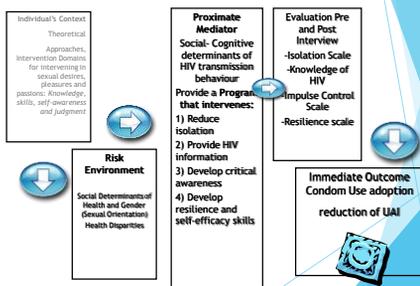


How can we intervene in the sexual practices and behaviours of Spanish-speaking gay men?

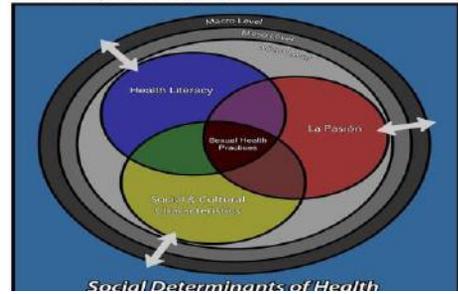
- ▶ Interventions: Mano en Mano, Chicos Net
- ▶ Social Marketing Campaigns of Information and Health Promotion
- ▶ Counselling
- ▶ Outreach activities
- ▶ Creating social groups and communities



Chicos Net Model



GLIM's SEXUAL HEALTH PRACTICES (BETANCOURT, 2016)
advancing Logie et al. (2012)



Conclusion

- ▶ Empowerment
- ▶ Social Support
- ▶ Justice
- ▶ Access
- ▶ Human Rights
- ▶ Education
- ▶ Policies

Gracias!



References

Allen, D., Betancourt, C., & Larson, R. (2011). Redemptive after HIV prevention: evidence for psychosocial well-being in adolescent women. *Journal of Adolescent Health, 48*(2), 11-17.

Allen, D., Betancourt, C., Larson, R., & Brown, L. (2008). HIV risk reduction among adolescent women: lessons learned from a community-based program. *Journal of Adolescent Health, 43*(2), 129-136.

Allen, D., Larson, R., Betancourt, C., & Brown, L. (2011). HIV risk reduction among adolescent women: lessons learned from a community-based program. *Journal of Adolescent Health, 48*(2), 11-17.

Allen, D., Larson, R., Betancourt, C., & Brown, L. (2011). HIV risk reduction among adolescent women: lessons learned from a community-based program. *Journal of Adolescent Health, 48*(2), 11-17.

Allen, D., Larson, R., Betancourt, C., & Brown, L. (2011). HIV risk reduction among adolescent women: lessons learned from a community-based program. *Journal of Adolescent Health, 48*(2), 11-17.

Allen, D., Larson, R., Betancourt, C., & Brown, L. (2011). HIV risk reduction among adolescent women: lessons learned from a community-based program. *Journal of Adolescent Health, 48*(2), 11-17.

Allen, D., Larson, R., Betancourt, C., & Brown, L. (2011). HIV risk reduction among adolescent women: lessons learned from a community-based program. *Journal of Adolescent Health, 48*(2), 11-17.

Colours of Resilience
April 26, 2016

Lessons Learned: HIV-Positive Sero-Status Disclosure Intervention

Sandra Godoy
HIV Disclosure Intervention Research Co-ordinator
Women's Health in Women's Hands Community Health Centre

Presentation Outline

- Introduction
- Research Process
- HIV Disclosure Model
- Lessons Learned:
 - 1) Importance of Partnerships
 - 2) Challenges integrating research evidence into practice
 - 3) Strategies utilized to bridge research and service delivery

Introduction

- Managed properly, disclosure has major benefits for BOTH those living with and at risk of contracting HIV
 - It can be an effective HIV prevention and support strategy
- Criminalization of HIV non-disclosure has been the main focus
 - Disproportionately affects Black men and women
 - Focusing solely on an individual's responsibility to disclose obscures the social, systemic, and structural factors that influence HIV-positive status disclosure

Introduction (2)

- The aim of the model is to provide a systematic way of supporting people living with HIV through the process of disclosure
- Everyone experiences disclosure differently however, most will undergo similar stages of disclosure each time the disclosure process is initiated.
- The model provides a template that outlines the stages involved in the disclosure process in which an individual seeking support is able to explore the challenges, barriers, and possible strategies associated with their HIV status disclosure in a collaborative and person-centred approach.

Research Process

- 1. DEVELOPMENT**
 - Literature review of disclosure studies, models, theories
 - 2 focus groups (women who had and had not disclosed their status) and 4 in-depth interviews with ACB HIV-positive women
 - 2 focus groups with service providers working with ACB women
- 2. PILOT TESTING**
 - May-September 2010
 - 22 Women, 5 service providers, 4 peers, 1 counsellor
 - Women participated in 8-10 sessions with their service provider and peer support worker
 - Data recorded in tracking forms filled by the participants, peer support worker, and service provider
- 3. EXPANSION AND ROLL-OUT**
 - 3 Focus groups in Toronto with: Heterosexual Men (n=13), MSM/Gay Men= 9, Youth (n=6)
 - 8 in-depth Interviews in Cambridge, Kitchener, and Waterloo area and 5 in-depth interviews in Niagara
 - 2.5 day training with 40 service providers and 20 peer support workers

Total n=30

HIV Disclosure Model Steps



HIV Disclosure Model Framework

- Use of AR/AO framework, social justice, human/women's rights and GIPA/MIPA
- Recognition of multiple roles experienced at multiple sites:
 - e.g. within family, community and health and social structures
 - Intersecting nature of the oppressions experienced at these sites
- Recognizes the transnational nature of individual lives in multiple locations (locally and internationally)
- Integration of the social determinants of health
- Grounded in community based, participatory action and leadership – utilization of peers to support their counterparts

7



Lessons Learned: 1. The Importance of Partnerships



2. Challenges integrating research evidence into practice

- How do you implement a new model of service delivery without additional resources to implement it?
- Difficulty incorporating PHAs as peer support throughout the model; different organizations work with PHAs in different capacities
- Each organization has it's own unique structure

9



3. Strategies Utilized to bridge research & service delivery

- It was necessary to create a plan about *how* to integrate the HIV Disclosure Model into different organizations in a way that made sense to each organization's service delivery model
- Additional funding was needed to consult organizations and create a training manual for integration guidelines for the HIV Disclosure Support Model

10



Development of The Integration Guidelines for Organizations

- Idea came from a think tank held in 2010
- Literature Review
- 12 consultations with organizations across the province
- 2012 – 2013 four focus groups (N=28) were conducted with;
 - o Organizational leadership/Management
 - o Support workers
 - o Peers/volunteers who have disclosed
 - o ACB women living with HIV

11



Where are we now?

- Conducted 2.5 day training February 17-19, 2016 to 40 service providers and 20 peers from across the province to implement the HIV Disclosure Model
- Finalizing training toolkit and tracking forms
- Will be doing additional training and evaluation

12

FINDINGS



- Heterosexual ACB men in Ontario face challenges accessing relevant information and programs
- ACB men are often stereotyped as irresponsible, reckless, and incapable of dealing with the issues that affect their wellbeing.
- In general, HIV research and programs have not been aligned with heterosexual ACB men's needs and interests, and health agencies have been slow to meaningfully engage them.
- However, ACB men are resourceful and resilient about the issues that impact their health and wellbeing, and thoughtful about being more involved in community responses to HIV.



THE FOLLOW UP



- An expanded team was formed, including iSpeak team members and new partners/collaborators.
- Application to the CIHR - Institute of Gender and Health Special Initiative for in Boys' and Men's Health.
- Project title: Reducing HIV Vulnerabilities and Promoting Resilience Among Self-Identified African, Caribbean and Black Men in Ontario



THE NEXT 5 YEARS

Our *research program* will include:

- raising heterosexual ACB men's awareness about how they may be vulnerable to HIV,
- implementing research to generate knowledge to reduce vulnerability to HIV and strengthen resilience among heterosexual ACB men,
- strengthening skills, abilities and knowledge among heterosexual ACB men, community agencies, researchers and policy makers for responding effectively to HIV, and
- mobilizing heterosexual ACB men, community agencies, researchers and policy makers to develop and implement programs, research and policy that address HIV-related issues



THE NEXT 5 YEARS

The *expected outcomes* of the research program include:

- strengthening partnerships and collaboration among ACB communities in response to HIV;
- promoting respectful, informed, community-based responses to HIV among ACB men and communities;
- building greater understanding about HIV and health; supporting ACB men's involvement in community responses to HIV;
- building capacity for community-based HIV research and policy;
- and generating new ideas to overcome HIV-related challenges and address HIV among ACB communities in Ontario and elsewhere in Canada.

MULTIPLE PHASES

- Community outreach and engagement
 - Project advisory committees
 - Recruitment of collaborators
 - Recruitment of fellows and trainees
- Data collection
 - Focus groups (ACB men & service providers)
 - Individual interviews (ACB men)
- Survey (ACB men)
- Concept mapping (ACB men and service providers) best practices model
- KTE

- Community
- Engagement
- Capacity
- Building
- Progressive KTE



WORK IN PROGRESS




KTE

- FGs
- COMMUNITY ENGAGEMENT



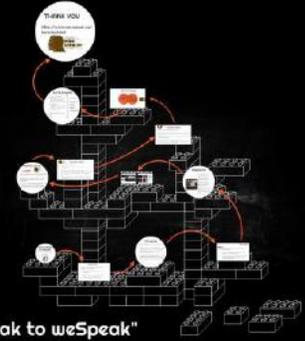
THANK YOU

<http://www.we-speak.ca/toronto.html>



we Speak
Exprimons-nous

Behavioral Risk Plan
Preventing HIV, Promoting Health
Let's harness behavioural risk
network in the Toronto area to speak



"From iSpeak to weSpeak"





TABLE OF CONTENTS

- I. Introduction
- II. A Little Back Story: More Than Fiction 2013/14
- III. A New Chapter Begins: The Plan
- IV. Trusting the Process
- V. Timelines & Tensions
- VI. The Writers & Their Stories
- VII. Acknowledgements



INTRODUCTIONS

Authors:

Abeer, Amour, Anuja, Ariel, Chahana, Edward, Farrel, Himalaya, Manav, Ms. Pretty, Numar, Pahal, Raza, Sam, Simi, Sinbad, Shamala, Skylar, Steve

Peer Facilitators (Vol. 1 project authors):

Anjalee Aman and Aditi

Project Team:

Vijaya Chikermane, Haran Vijayanathan, Dr. Allan Peterkin, Chhiring D. Sherpa, Christian Hui, Lori Chambers, Shazia Islam, Sudin Sherchan



PRESENTERS

Sudin Sherchan

- Peer Navigator
- Project Coordinator – More Than Fiction Vol. 2

Shazia Islam

- PHA Support Coordinator
- Project Mentor – More Than Fiction Vol. 2



MORE THAN FICTION 2013/14



MORE THAN FICTION 2013/14

- Over 350 copies of the Anthology have been requested and shared via agency distribution and CATIE's ordering site (www.catie.ca)
- Online version of the Anthology is also available for smartphone and tablet platforms (mf.asaap.ca)
- Anthology presented at CAHR2015, ACT Community Health Forum, and a number of community events
- Poster Presentation at 8th Annual Dalla Lana Student-Led Conference 2015
- Peer Leaders for ASAAP's research project Story-Sharing for Sexual Health Study used the anthology as part of its focus group activities
- A selection of the stories were featured on PositiveLite.com in a week-long series



THE PLAN FOR MTF 2015/16

- **More Than Fiction: Investing in South Asian POZ Communities**
 - focus of this project was to build capacity among participants and address financial insecurity (over 40% of clients unemployed or underemployed)
- Used a Peer-Engagement Model – GEPA/MEPA
- Workshops were informal, community circle spaces vs. formal lectures
- Adapted to the participants' skills sets and writing styles
- We wanted to facilitate access for those clients who normally cannot participate in such a project – language supports, pick-up/drop-off, client carpool, mobility resources



TRUSTING THE PROCESS

- Started up the Project Advisory Committee (PAC)
- Invitations to clients of Connecting to Care (C2C) and ELAN
- Call-out for Peer Facilitators and Group Facilitation Training (2 facilitators)
- Consent and Confidentiality Project Agreements
- Workshop Series (8 in total)
- One-on-One drafting/editing support
- Honoraria for both participants and peer facilitators
- Accessibility needs: audio-recording devices, transcription, language interpretation
- Editing: Identifying information removed in consultation with each writer
- Pseudonym use



TIMELINES & TENSIONS

- No project is complete without its own set of challenges!
- Deadlines had to be extended
- Support service use increased – more regular check-ins; peer counselling sessions; off-site appointments; drop-ins; pick-up/drop-offs, etc
- Editing drafts – preserve writing tones and styles
- Setting up one-on-one sessions w/participants while accommodating external commitments and priorities



THE STORIES

- **Stories address complex issues and realities for South Asian POZ**
- Loss & Grief
- Isolation & Internalized HIV stigma
- Homophobia
- ARV Treatment Adherence & Side Effects
- Homelessness
- Self-reliance, Self-Care, Resilience
- Family Bonds & Parenthood
- Connection to Community, Healthcare
- Substance Use
- Redefining Masculinity
- Immigration Challenges
- HIV Disclosure
- ...



FEEDBACK

A focus group was held to give the authors an opportunity to share their reflections on the impact of the project:

- "My story was about how strong I've become over the years; I learned I was my friend, and I am my own support. It was really good to write that on paper."
- "I wanted to get involved because I saw what you guys did last year. It was really inspiring and well put together. Every page had a unique identity. So when the project offered a position, I said yes."
- There's a lot in my life that I can't share with other people; writing it was a way for me to speak and share that story but the process of writing this story was challenging – you tapped emotions that you didn't allow yourself to deal with before.
- "Eight workshops – perfect mark; if it had been 10, we would have been fatigued. We had breaks and one week off. You got to refresh yourself. You didn't have to show up every week and the setting was fantastic. It was a family setting and the food was good."



THE AUTHORS

Thank you!

Abeer, Amour, Anuja, Ariel, Chahana, Edward, Farrel, Himalaya, Manav, Ms. Pretty, Numar, Pahal, Raza, Sam, Simi, Sinbad, Shamala, Skylar, Steve



ACKNOWLEDGEMENTS

To the ENTIRE TEAM!

- Peer Facilitators: Anjalee Aman and Aditi
- ASAAP Volunteer Proofreaders: Meenakshi Karunakaran and Atia Haq
- ASAAP Staff and Volunteers
- Sumon Shahariar – Book designer, Underpant Communications
- Frank Duong and the C&D Graphic Services Team
- The 519 and Fife House
- MAC AIDS Fund
- Ministry of Health and Long-Term Care
- Public Health Agency of Canada
- Special Thanks to all our clients for their patience and support!



FEEDBACK PLEASE

- Please take your time reading More Than Fiction Vol. 2
- Send your thoughts and reflections to:

ed@asaap.ca

peernavigator@asaap.ca

- Online version of the book will be up shortly! We'll keep you posted!
- For more information about our programs and services, or if you'd like to volunteer with us, go to:

www.asaap.ca



Asian Community AIDS Services

April 22, 2016
 Colours of Resiliency:
 "From SLAM to MSMRD"

Richard Utama



Session Objective

1. Practice to inform CBPR
2. CBPR to program policies



2011: SLAM (Sex Love Asian Men)



2011 Aug: SLAM Research Think Tank

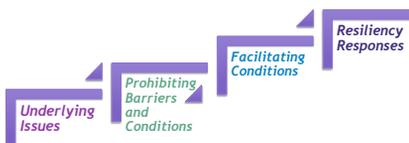
- ▶ Attended by shareholders
- ▶ Participants were divided into groups under the four identified key themes that emerged from the SLAM workshops.
- ▶ Two research priorities:
 1. A qualitative research study on the resiliency-achieving pathways adopted by Asian MSM. Equipped with their cultural assets and values, this study will explore how Asian MSM using their empowerment strategies successfully negotiate and navigate complex access barriers and transition through life challenges such as coming out, migration and testing/living with HIV positive.
 2. A qualitative research study examining the access patterns of Asian MSM from different demographics in obtaining sexual health information and social support.

2012 - 2015: Asian MSM Pathways to Resiliency (AMP2R) Study



- ▶ What are the critical life events that impact the sexual health of Asian MSM?
- ▶ What affect resiliency responses to these life events/challenges?
- ▶ How can we change our practices and policies to improve the sexual health of Asian (and other racialized) MSMs?

A Model for Understanding Resilience:



2015 - present: AMSMRD

- ▶ The project aims to promote resilience through dialogue, critical reflection, value clarification and experiential learning.
- ▶ The objectives include: supporting the participants to recognize their individual and collective strengths, accessing affirmation from cultural identities, engaging in cross-generation mentorship, apply transferrable resilience strategies across life challenges, and reducing their HIV vulnerabilities
- ▶ The study is expected to (a) generate new knowledge on effective strength-based interventions to promote resilience and address HIV vulnerability among racialized MSM and MSM PHAs; (b) strengthen cross cultural research partnerships; and (c) inform policies and practices that will increase community capacities and responsiveness to address the complex needs and challenges faced by racialized MSM communities.

Poster MOPE306

Reducing HIV vulnerabilities: resilience promoting strategies for Asian men who have sex with men in Toronto, Canada

Background: Asian men who have sex with men (AMSM) are at high risk of HIV infection. Resilience promoting strategies (RPS) may reduce HIV vulnerabilities by enhancing individual and collective strengths, accessing affirmation from cultural identities, engaging in cross-generation mentorship, and applying transferrable resilience strategies across life challenges.

Methods: A qualitative study was conducted with 15 AMSM in Toronto, Canada. Data were collected through focus group discussions and individual interviews. Thematic analysis was used to identify key themes related to resilience and HIV vulnerabilities.

Results: The study identified several key themes related to resilience and HIV vulnerabilities. These include: (a) the importance of cultural identity and community support, (b) the role of cross-generation mentorship in promoting resilience, and (c) the need for targeted interventions that address the unique needs and challenges of AMSM.

Conclusions: Resilience promoting strategies (RPS) may be an effective approach to reduce HIV vulnerabilities among AMSM. Further research is needed to evaluate the effectiveness of RPS in this population.

Contact Us

- ▶ Richard Utama
men@acas.org





Colors of Resilience

PHA worker to National PEERS and Supporting the Supporter

April 26th, 2016

Emerging Community Needs

In 2013 the Committee for Accessible AIDS Treatment (CAAT) identified emerging needs of PHAs in service provider roles facing challenges in accessing support and practicing Self-care.

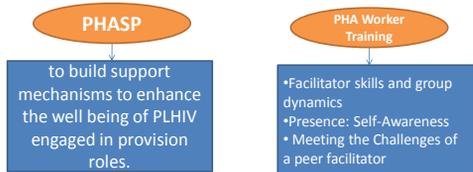


These needs were identified through:



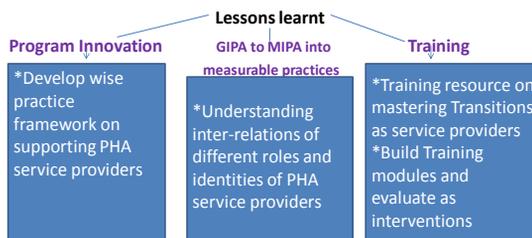
Gathering Evidence & Talking Action

CAAT working with the AIDS Bereavement Program of Ontario (ABRPO) in response to the needs/challenges identified modified the Facilitator training into the PHA Worker Training, then at the same time we started a Community Based research study: When PHA become service providers (PHASP)



Building National Coalition

In March 2014, CAAT and CIHR Centre for Reach Intervention Working Group co-sponsor a National Think Tank to capture ideas on practices that promote the resilience of PLHIV as workers.



Translating Knowledge to Intervention Research

Drawing on evidence and insights gained through Research, community Think tanks and pilot experiences we developed an innovative intervention :

Supporting the Supporter's Resilience Promotion Project (STS)

This intervention consists of four full days of experiential learning that promotes resilience and build skills in:



We also designed a mixed methods study to evaluate the effectiveness of STS. Validated scales and focus groups will be used to capture changes in resilience at the individual and organizational levels.

Supporting the Supporters Resilience Promotion Project

Participants:39
2 cohorts



Moving Forward

Conclusion / Next Steps

Meaningful engagement of affected communities and concerned stakeholders is critical for the development of interventions that are community Relevant. It also enables us to tap into frontline knowledge and the lived experiences of PLHIV to enhance program effectiveness. Partnerships built and lessons learnt through the STS intervention study will inform long-term programs to support GIPA/ MIPA



Contact Information:



Maureen Owino
 Director
 Committee for Accessible AIDS Treatment (CAAT)

Email: coordinator@hivimmigration.ca
 Phone: 416.364.2261 ext 2277
www.HIVimmigration.ca



facebook.com/HIVimmigration



@HIVimmigration



“It’s for Us—Newcomers and LGBT Persons. You Feel Free to be”: Exploring Support Group Participation Among LGBT African and Caribbean Newcomers and Refugees in Urban Canada



Logie, C. H. ^{*1,2}, Lacombe-Duncan, A. ¹, Lee-Foon, N. ³, Ryan, S. ⁴ & Ramsay, H. ⁴

¹Factor-Inwentash Faculty of Social Work, University of Toronto, ²Women’s College Research Institute, Women’s College Hospital,

³Dalla Lana School of Public Health, University of Toronto, ⁴Black Coalition for AIDS Prevention

*Contact information: carmen.logie@utoronto.ca

Funding support from CIHR Canadian Institutes of Health Research (CIHR) and Social Sciences and The Research Council of Canada (SSHRC).



Background

LGBT Newcomers and Refugees

- May migrate to Canada due to criminalization in their countries of origin
- Negotiate multiple stressors in the immigration process, such as limited economic, social and familial resources
- These stressors contribute to mental health issues and social isolation

Sexual Stigma and Mental Health for LGBT Newcomers and Refugees

- Sexual stigma exacerbates physical and mental health disparities among LGBT newcomers and refugees
- Sexual stigma interacts with transphobia, racism, and classism for LGBT newcomers

Social Support and LGBT Newcomers and Refugees

- Social support may buffer the negative effect of sexual stigma on the health and well-being of LGBT people
- Scant research has explored social support specifically among LGBT newcomers and refugees among African and Caribbean newcomers and refugees
- Further studies are necessary to understand how social support groups may address intersecting oppression and resultant health and well-being disparities among LGBT newcomers and refugees, particularly within a Canadian context

Objective

To explore experiences of participating in social support groups among LGBT African and Caribbean (AC) newcomers and refugees in an urban centre in Canada

Methods

Study Design and Sample

- Community based partnership with a local ethno-specific AIDS Service Organization (ASO)
- Venue-based sampling used to recruit participants who had participated in one or more social support groups: group A for AC LGBT women, and group B for AC LGBT newcomers and refugees

Data Collection

- Three focus groups with AC LGBT newcomers (n=29)
- Semi-structured individual interviews with healthcare and social service providers (n=5) from ASO and community health centres

Data Analysis

- Narrative thematic techniques to identify themes in the data
- Guided by an intersectionality framework

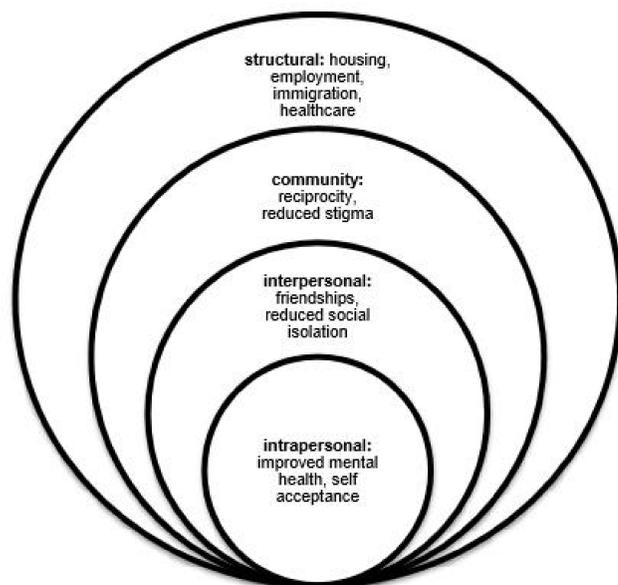


Figure One. Conceptual model of a social ecological approach to understanding social support group benefits for African and Caribbean LGBT newcomers and refugees

Results

Participants Characteristics(n=29)

- mean age: 30.5 years [SD 8.0]
- cisgender male: 51.7%, cisgender female: 37.9%, transgender female: 10.4%
- Attended group B (64.3%), group A (10.7%) and both groups (25.0%)
- Bisexual (42.9%), gay (32.1%), and lesbian (17.9%)
- All participants were born outside of Canada (70.4% Caribbean; 29.6% African)
- Most came to Canada as refugees (79.3%)

Multi-level Social and Health Benefits of Social Support Group Participation Intrapersonal level (HIV knowledge, self-acceptance, and reduced depression)

- E.g., *Self-acceptance:* “I was shocked and really emotional. You are gay. You are lesbian. And you feel free to say that. It was my first, first, first experience here in Canada. And I think Canada is a free country because, back home, in Africa, it’s a big problem. You can never even open your mouth and say ‘I’m a lesbian’. Your family is going to kill you. The government is going to put you into prison.”

Interpersonal level (Friendships, social networks)

- E.g., *Friendships:* “When you get out from [organization] and you walk to the subway and ride in a train with two or three people who have been to the session, that is when you hear what is going on in their lives and you get an understanding of what they are facing. A lot of times, you are able to help. I have ridden the train to the opposite direction of where I need to go, beyond where I need to get off, just talking.”

Social/meso level (Community connectedness, sharing knowledge and skills with others, reduced HIV-related and sexual stigma)

- E.g., *Reduced stigma:* “It’s for us, as newcomers, to settle in because coming from our different countries, it accommodates LGBTQ persons as well as HIV [positive] persons. And you feel free to be among females, your peers. You don’t really have anybody being scornful of you if you are HIV. They interact with you just like you are a normal person and make you feel welcome. So, that is a good environment that you want to participate in or be a part of.”

Structural/macro level (Increased knowledge of, and access to, employment, health care, housing, and immigration and refugee services)

- E.g., *Housing:* “There are some trouble landlords. You may not know your rights. This is what I’m supposed to do if my landlord acts this way. So, they made us understand our rights.”

Implications

- Social work interventions are urgently needed to:
 - Reduce stigma;
 - Reduce poverty; and
 - Improve health and social service access among LGBT AC newcomers and refugees
- Social support groups tailored for LGBT AC newcomers and refugees may facilitate peer support and knowledge sharing that help newcomers and refugees to negotiate complex social, legal, and health systems—and build community
- Social workers can support AC LGBT newcomers and refugees through providing access to: peer support groups; culturally and LGBT competent mental health services; support and information to enhance access to employment, housing, health and legal services and advocating for additional or continuing programming that supports the social determinants of health



Welcome

In 2014, Ontario Positive Asians was formed as an independent network for and by Asians living with HIV across Ontario.

Although data from the Ontario HIV Epidemiologic Monitoring Unit (2013) shows that the prevalence of East and Southeast Asians living with HIV in Ontario is lower compared to some other ethno-racial groups such as Whites (52.7%), Blacks (25.9%), Asians (East and Southeast Asians, South Asians, and West Asians/Arab) comprise of 9.9% of new HIV diagnosis in Ontario in December 2012. Asians living with HIV often face immense challenges due to HIV stigma, and suffer from social isolation. In addition, many Asians living with HIV often face challenges such as language barrier when accessing mainstream HIV services or may be facing concerns such as immigration issues, factors which often prevent Asians living with HIV to access the care and support which they need.

In an effort to promote the empowerment of Asians living with HIV in Ontario following the GIPA/MEPA Principles, two ethno-racial AIDS service organizations (ASOs) in Toronto-- ACAS, which services the East and Southeast Asians living with HIV, and the Alliance for South Asian Prevention (ASAAP), which services South Asians living with HIV--came together to support the creation of an independent network for and by Asians living with HIV in Ontario.



Our Vision

The Ontario Positive Asians (OPA+) Network aims to connect Asians living with HIV/AIDS across Ontario to collectively identify and act on issues most relevant to our well-being and to promote solidarity among Asians living with HIV/AIDS with allies and supporters.

Our Mission

To unite, empower and meaningfully engage Asians living with HIV/AIDS in Ontario in a peer-based network to increase our visibility and act as a collective voice within the HIV sector and broader society.

To create a culturally safe space where Asians living with HIV/AIDS in Ontario can caucus, identify, and seek solutions to address issues that impact our well-being.

To strengthen the collaboration with other AIDS service organizations and partners to promote policies and outcomes that will enhance the lives of Asians living with HIV/AIDS.

Our Article

TORONTO – Ontario recently witnessed the official birth of a new advocacy and social network

• Our Team •

Chhiring D. Sherpa

Advisory Committee Members

Kenneth Poon

Advisory Committee Members

P. Fernandez

Advisory Committee Members

Christian. Hui

OPA+ Coordinator

D. Yee

Advisory Committee Members

K. Guan

Advisory Committee Members

F. Farrel

Advisory Committee Members

Andrew. Miao

ACAS Representative

D. Lee

Advisory Committee Members

Sudin Sherchan

Advisory Committee Members

Santosh Chettri

Advisory Committee Members

Shazia. Islam

ASAAP Representative

2016 OPA+ Gathering



2nd Annual OPA+ Gathering is coming and will be hosted on May 27th 2016 at FIFE House. Come and join us!

[Read More](#)

2015 OPA+ Caucus Report



1st Annual OPA+ Caucus report is published. You are welcome to review it and download it from our website.

[Read More](#)

Call For ART Work



OPA+ is building a media platform that it can gain OPA+ members a gateway to tell story of life of asian living with HIV.

[Read More](#)

Support OPA+



OPA+ is very appreciate the support from both organization ACAS and ASAAP. OPA+ also is looking for your support!

[Read More](#)

Access, Identity, and Men (AIM) Study

Authors/PI's: R. Sharvendiran, V. Chikermane, T. Hart
 Research Team: H. Vijayanathan, Z. Tengra, A. Baccus
 Research Coordinator: S. Durrani

Research Question

How do South Asian MSM navigate their sexual and overall health?

The AIM study explored how South Asian MSM navigate their sexual & overall health within the diaspora in Toronto. The purpose of this study was to generate a strong evidence base for HIV/AIDS and sexual health programming; address the lack of representation in research; and, to adapt to the needs of the community.

Methodology

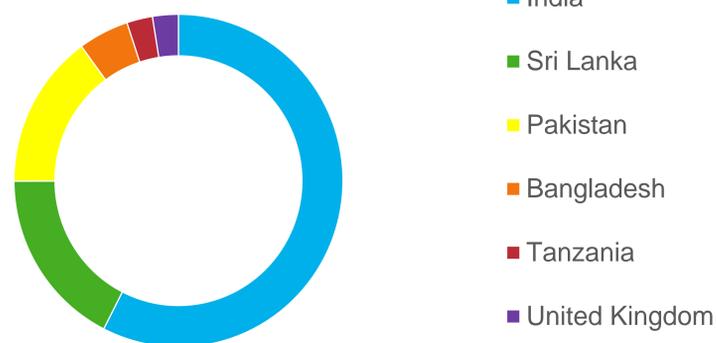
The research design adopted a mixed methods approach and received approval from the Research Ethics Board at Ryerson University.

39 South Asian MSM participated in 12 focus groups and one-on-one interviews across Toronto, Scarborough, Peel and York. Participants were recruited through existing partner networks and through snowballing. Data collection tools included:

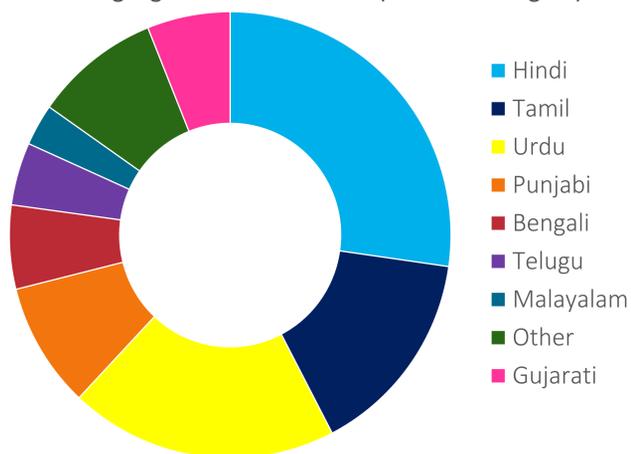
- Quantitative survey capturing sexual health knowledge & behavior patterns
- Audio recorded facilitated discussion transcribed and coded

Participant Demographics

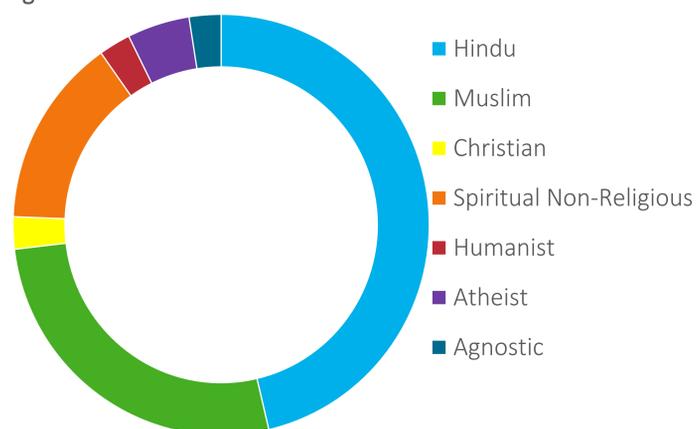
Country of Origin



Preferred Language of Communication (other than English)



Religious Affiliations



Sociocultural Context

Through the preliminary qualitative findings participants described their sociocultural context which supports a strong understanding of the thematic findings:

- Sex was described as taboo especially outside of heterosexual marriage
- Lack of positive representations of homosexuality in religion fed into narratives of homophobia both internalized and external
- Religion was also identified as a source of strength
- Participants felt their queer identity represented shame and embarrassment for Family (immediate + extended), community and for themselves

Participants related to a combination of the following lived experiences:

- Difficulty in talking about being gay with anyone or finding specific people to connect with (i.e. other gay men)
- Sense of shame and feeling of social isolation
- Having to "choose spaces"; where they could be gay and where to be silent
- Compartmentalizing their identity was not necessary negative, simply a reality they navigated
- Few discussed being out in all contexts as a Gay South Asian Man and /or refusing to hide their identity in any spaces, i.e. social, work, and family



Photo from the community launch of the study.

Thematic Findings

The qualitative findings gave way to four major thematic areas: relationships, mental health and social isolation, navigating sex, and sex/HIV and health.:

Relationships

- Many men came out in "white" spaces and often found South Asian MSM with similar experiences later in life. Despite the silence around sexuality and homophobia cited in their cultural communities, many men also found their support with South Asian MSM.
- Though some men found friendships from their sexual encounters, men also used sex as a means to combatting social isolation citing sex as not a priority in encounters.
- Men identified stigma around sexuality contributing to experiences of violence.

"Or you know, 'cause at times gay life can be really lonely, as well, and we all know that, right, and it's just to, just to have friends who understand your situation, especially South Asians, it's huge. That's huge. So yeah, just being there, for a lot of people helps." -Participant

Mental health

Men reported anxiety or depression citing: social isolation, family rejection, fear of rejection and/or stigma as causes.

Social isolation

- Some men described isolation as feeling like there is "no one else out there" like them or as South Asian gay men
- Men seemed to feel pressure to 'marry' or engage in heterosexual relationships either to address isolation and/or to meet family expectations

"So and that's where sometimes I myself get confused that, am I really gay or what if I get married to a girl, woman and lead a regular life where there's someone at home, then the children, blah, blah, blah and like, you have regular-, so this loneliness is not there." -Participant

Thematic Findings

Navigating Sex

Men described their experiences of "gay" spaces as being predominantly white, and an inherent pressure to be "out" as a priority of those spaces

Racism

- A few men reported no experiences of racism; others felt invisible in gay spaces but did not use language specific to race exclusion
- Many cited online spaces as more overt sources of racism, such as racist, exclusionary language in profiles
- Some men reported that they felt their options were limited and they needed to seek sex where/how they could

"I always wanna use a condom.... I would say its harder especially when-, if you feel that somebody of a different race actually is-, or a more privileged race as such , you're negotiating sex with them or you feel like, okay, like he looks better or whatever I don't wanna lose this chance of like actually hooking up with this person" -Participant

Sex, HIV and Health

- Some men stated that they didn't experience any barriers to service access while others identified language, shame/disclosure, location and/or proximity to services as barriers to access.
- Disclosure of sexual identity in HIV testing, especially in the context of a family GP was cited as a challenge
- While men stated that they accessed HIV testing, they also acknowledged gaps in testing among others in their communities
- Condom use was cited as common here, but 'back-home' as rare.

"I think the biggest barrier is we our self to go and access the service because we live in shame-, and not that we want to be ashamed but we are reminded every day and night through our family, through faith-, faith groups, through our relatives or the culture so it becomes harder and harder for a South Asian gay person to go and access the service... Because he's scared, maybe if I walk I bump into somebody who know me and then how I would respond and how I will face that person and how I will survive." -Participant

Recommendations

Based on the sociocultural context identified by participants and the key themes highlighted through qualitative analysis, the following recommendations are made:

- Increase visibility of existing social support services and further develop programming tailored for South Asian MSM in suburban and rural communities outside urban centers
- Invest in policies and procedures that address privacy and confidentiality as many participants indicated fear of disclosure as a barrier to service access
- Increase collaboration across sectors to strengthen service delivery to South Asian MSM as participants demonstrated a need for mental health supports and programs with strong intersectional frameworks beyond what is traditionally offered at AIDS Service Organizations or health clinics
- Mainstream MSM services can be more inclusive of South Asian men's realities, especially in the context of navigating identities where 'inviting in' is more preferred than 'coming out'
- New interventions with strong anti-racist frameworks are needed, especially in the context of online outreach to help newcomer MSM navigate these spaces without shame and/or race exclusion
- AIM was the first Community-Based Research study focusing on building knowledge of South Asian MSM in Canada; further research is recommended to continue to support an evidence base for programming



Dilemmas of African, Caribbean and Black HIV-positive women service providers in their efforts to provide culturally appropriate services

Marvelous Muchenje¹, Wangari Tharao¹, Winston Husbands²

¹ Women's Health in Women's Hands CHC

² AIDS Committee of Toronto

The authors have no conflicts of interest to disclose.

BACKGROUND:

GIPA principles facilitated the employment of African, Caribbean and Black (ACB) HIV-positive women in peer support services in the HIV/AIDS sector in Canada. However, immigrant ACB women often experience differences in organizational cultures, community values, dominant societal norms and social and legal liabilities in Canada. These issues create tension, contradictions, and conflicts in providing culturally appropriate peer support services for ACB women. To resolve the conflicts, we propose creating Afrocentric models of service provision, taking into consideration best practices from the South, and merging them with the best practices from the North.

Issues in implementing GIPA

Many women living with HIV from ACB communities have been employed mostly based on:

- 1) Experiences living with HIV
- 2) Roles as service providers "back home"
- 3) Being activist "back home" or in Canada
- 4) Formal Canadian training in social work or public health

Although ACB HIV-positive service providers have made significant and valuable contributions in providing culturally appropriate (peer) support services, the following have caused conflict:

- 1) Individual values
- 2) Community values
- 3) Organizational/institutional western concepts of social-legal liabilities
- 4) Professional ethic/values

Considerations:

Based on experiential and observational knowledge, we are exploring:

- 1) ways in which individual and community value systems and worldviews shape peer relationships within a Western context,
- 2) western conceptualization of service provision and ways in which it impacts effective delivery of culturally appropriate services
- 3) ways in which the worldviews from the North and South can be hybridized
- 4) support systems to optimize ACB women's contribution to delivery of culturally appropriate services

RESULTS:

We use a social ecological model to organize and conceptualize the experience of ACB HIV-positive peer service providers.



HIV-peer service providers are affected at multiple levels...

Individual level: The ways in which peer service providers, deliver support is determined by: a) Lived experience as a PHA (the client's story becomes the story of the peer, and triggers feelings about their own diagnosis which impacts the way they provide support); b) Culture, religion, worldview and family/community values; c) Relationships with family, friends, and their social support networks.

Interpersonal level: ACB clients may expect a peer service provider to offer support and services in unconventional ways including: a) Delivering services that accommodate their everyday lives and fits within their schedules; b) Flexibility in booking appointments, making referrals, and provision of other support services; c) Extending support to non-clients (i.e. Friends, relatives, spouses, other extended family members); and d) forging personal relationships that lack boundaries that separate personal from professional.

Organizational level: As peer service providers within organizations: a) stipulated roles and responsibilities may not reflect client's expectations; b) Efforts to meet client's expectations might create tension by forcing other service providers to work outside their scope of practice and or-

ganizational protocols; c) peer service providers are bound by organizational mandates, professional code of conduct, and social and legal liabilities limiting how they engage with clients;

Community level: Providing effective case management involves partnering with other community organizations to support ACB HIV-positive women, however, this may present interrelated challenges for organizations caused by: a) Incompatible organizational mandates, values, protocols and priorities; b) tensions that arise from competition for resources and funders' demands that organizations collaborate; and c) stigma limits ACB community support for people living with HIV, leaving clients to rely heavily on peer service providers "you know where I am coming from" is a statement repeated over and over by clients to peer service providers

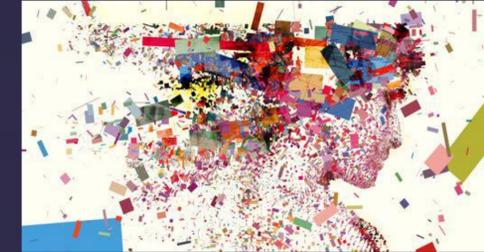
Public Policy level: As peer service providers obtain accreditation from professional bodies, they must abide by: a) organizational protocols as well as professional code of ethics; b) organizations are also bound by local and national state regulatory laws, policies and procedures and expect their staff to adhere to these policies to avoid penalties or prosecution.

RECOMMENDATIONS:

- 1) Identifying pathways and best practices in both contexts (North and South);
- 2) Identifying value systems that shape peer-community relationships and redefining peer, service provider boundaries;
- 3) Providing counseling and mental health services for peer service providers;
- 4) Providing a clear definition of peer roles within organizational and professional boundaries;

CONCLUSION:

Our analysis suggests mechanisms that can be implemented to support ACB women living with HIV as they deliver culturally appropriate services. Further research with immigrant ACB women who provide and use HIV services is also necessary.



Developing a Trauma Intervention for Women Living with HIV Team Building and Pilot Development

Anne C. Wagner, PhD, Catherine Rutto and Jenny Gomez

on behalf of the Trauma Intervention for Women Living with HIV Planning Grant Team

Department of Psychology, Ryerson University

INTRODUCTION

A community meeting was held on February 11th, 2016 at Fife House entitled: **Understanding Trauma for Women Living with HIV: Gathering Ideas for an Intervention.**

Our deepest thanks and gratitude to everyone who attended the meeting, and for the many stories, opinions, thoughts and perspectives that were shared. Overall, the meeting was representative of a variety of voices, narratives, and experiences. In total, there were sixty-eight participants representing a broad diversity of lived experiences, cultures, & ethnicities.

THE MAIN INFORMATION

“Trauma explores the emotions, it never fully goes away.”

It is important to note that the majority of experiences of trauma will not need any intervention – they will heal on their own. Those who have experienced trauma show incredible resiliency and strength, and our hope is to explore how to best provide additional support to those who may need it.

THEME 1: NOT IDENTIFYING WITH THE LANGUAGE/DEFINITION OF TRAUMA

“I think they’re all capital T’s when it’s trauma.”

Those present did not identify with the current language/definitions of trauma. It was felt that the way trauma is presently defined does not capture the individuality and diversity of traumatic experiences. The group shared that trauma is very individual and needs to be recognized as an individual experience – as opposed to fitting people’s experiences into pre-conceived definitions of what trauma is. Members of the group questioned how some of their experiences, such as intergenerational trauma or being born into trauma, fit into existing definitions. Understanding complexity and the cultural aspect of how trauma is understood is very important. Trauma is simultaneously widespread, yet there are varying cultural norms around how it is understood (e.g., in some cultures the idea of trauma may not exist, or is kept to oneself, or the word “trauma” is not used). There is a tension between the North American “definitions” and cultural experiences and differences in acceptance or dismissal of events as traumatic.

THEME 2: TYPES OF TRAUMA EXPERIENCES SPECIFIC TO WOMEN LIVING WITH HIV

“It’s memory pain that means trauma.”

One powerful message received was that being positive can be a trauma in itself. There are a number of experiences that come along with being positive that can be traumatic, such as disclosing to a partner, feeling responsible if a child tests positive, rejection from a partner, high cost of ARV’s for women who are not on ODSP, side effects of medications, and criminalization. Stigma can also be incredibly traumatizing. Addressing discrimination from health workers who are not informed about HIV was of strong importance.

THEME 3: BEFORE WE CAN THINK OF TREATMENT, WE NEED TO UNDERSTAND AND ACCEPT TRAUMA

“How do we know if someone has trauma and what do we do with that info?”

Understanding, recognizing, and accepting trauma was raised. Group members discussed not recognizing trauma in their lives, such as having been born into trauma, and therefore being unclear if and when a treatment/intervention would be relevant for them. Some people may not recognize what they have experienced as trauma, or may not have the language for it. At what point would an intervention be needed? Others involved (family, providers) should also be able to recognize trauma.

THEME 4: NEED FOR A SAFE SPACE

“Trauma can lead to lack of trust in service providers.”

The need for a safe space for women to talk about trauma was brought forth a number of times. The group shared that in the current climate women living with HIV experience feelings of marginalization and stigmatization. Spaces that are women-only, accessible, non-stigmatizing and personalized are needed. Such a safe space would not be an HIV clinic, but rather somewhere where confidentiality and HIV status is protected (e.g., at a University). Practical concerns, such as accessibility, transportation and childcare expenses need to be considered. In reference to healthcare workers, confidentiality and trust were concerns, e.g., information becoming public and not being able to disclose due to lack of trust. Reducing shame and fear were highlighted as very important.

THEME 5: TREATMENT AND A HOLISTIC APPROACH: HIV/TRAUMA IS ONE PART OF A PERSON

“Don’t look at us under the same lens...in order for us to work with different populations differently, we need to look at everybody DIFFERENTLY.”

There needs to be a holistic approach when working with women living with HIV and trauma. Trauma/HIV are only one part of someone’s experience, and other factors such as background, culture, family, partners, money, children, feelings of guilt, gender and childhood experiences need to be considered. Talk therapy, and other mediums that facilitate an active role, would be beneficial. Different women may need different things (e.g., some may want group and some individual therapy). Interventions need to be inclusive, relevant, and used to build trust and engage communities meaningfully and equitably. Women living with HIV need to be an integral part of the process. Language surrounding treatment may need to be re-evaluated – “treatment” may not fit for some people. Other mediums to communicate about trauma could be helpful (i.e., print, poster)

THEME 6: IMPORTANCE OF SOCIAL SUPPORT

“If I get someone I can trust, I can disclose whatever’s passing through.”

There has to be awareness among friends and caregivers/care providers so that they recognize the women they care for/about are experiencing the negative effects of unresolved trauma. There needs to be support from friends, family, workers, as well as support from groups.

THE NEXT STEPS

It may be possible that a PTSD intervention is needed by some women living with HIV, but was not what the majority of women in the meeting were looking for.

Two feasible next steps:

- 1) **Safe spaces to talk about trauma-** e.g., specific support groups where women living with HIV can share to promote healing and growth, and to explore the idea of trauma.
- 2) **Trauma-competent care training for providers-** to enable these safe spaces and to recognize the holistic experience of the individual. To offer more trauma services if requested or needed. To create transparency and confidentiality, and to facilitate empowerment when working with women living with HIV.

This study was supported by a CIHR Planning and Dissemination grant. Dr. Anne Wagner is supported by a CIHR postdoctoral fellowship. Contact: anne.wagner@psych.ryerson.ca

Adaptation of a positive prevention intervention “Gay Poz Sex (GPS)” for Latino gay men living with HIV in Canada.



Miguel Cubillos¹, Beatriz Alvarado¹, Gerardo Betancourt², Barry D Adam³, Trevor A. Hart⁴
 1. Queen’s University 2. University of Toronto, 3. Windsor University, OHTN. 4. Ryerson University



Introduction

Why positive prevention?

Historically, HIV prevention programs have mainly targeted those at high risk for becoming infected with HIV, and have often neglected to bring HIV-positive people in as partners in prevention

Positive prevention (or “poz prevention”) aims to empower HIV positive individuals, promote healthy sexual relations with regular and casual partners, strengthen the sexual health and well-being of people with HIV, and reduce the probability of new HIV infections and other STIs

There is emerging evidence that prevention strategies that support people living with HIV to protect their health and well-being do indeed work. More research, however, is needed to assess the benefits of positive prevention programs that are tailored to the diverse people living with HIV, and which measure health outcomes as well as overall well-being.

Why Latino Gay men in Canada?

Gay and other MSM immigrants in North America have become a high-risk population for sexually transmitted diseases and HIV. Among these immigrants, gay and other MSM Latino men are at higher risk of becoming infected with HIV than any other ethnorracial group in Canada and US. HIV/AIDS surveillance data from Toronto reveals that of the MSM transmission group, Latinos are the second largest ethnorracial group (9.8%) after White Canadians (65%) in number of people infected with HIV. In general, Gay men from ethnorracial minorities in North America have a higher prevalence of HIV risk-related behaviours.

What is the need?

Gay, bisexual, and other MSM men living with HIV in Canada have few confidential, safe spaces to talk openly about their sexual activities, express and share their concerns about their sexual health and HIV disclosure, as they face cultural and language barriers, as well as isolation. No “positive prevention” strategy exists for Latino Immigrants with demonstrated efficacy. Canadian programs such as **Gay Poz Sex: Finding your own way** that have demonstrated effectiveness in pilot studies can be adapted and evaluated for gay, bisexual, and other MSM positive Latino men to address this gap in HIV support and prevention services. positive Latino gay men living in Canada.

Objective:

This project aims to fully adapt and implement a positive prevention program called Gay Poz Sex (GPS) for for gay, bisexual, and other Men Who Have sex with Men (MSM), living in Canada, who are HIV-positive, and from Latino origin. **The adaptation methodology and preliminary results of this project are presented in this poster.**

GAY POZ SEX (GPS): Finding your own way

GPS is a developed HIV prevention and sexual health promotion intervention for gay, bisexual, and other MSM HIV positive men that uses a sex-positive and community-based research framework.

The group intervention utilizes “motivational interviewing” (MI), which is a client-centered approach that encourages participants to make changes in their lives. GPS has been implemented in English, and has been found to be effective in reducing the prevalence of UAI with non-HIV positive partners by 40 percent.

Methods

Overview: This project has followed the methodology of CDC’s five-stage adaptation process- ADAPT model- published by McKleroy et al. According to this process, adapting an evidence-based behavioural intervention involves: 1) Assessing the population, 2) Selecting the intervention, 3) Preparing the adaptation, 4) Piloting the adapted intervention, and 5) Implementing the adapted intervention. From November 2010 to December 2013, we have carried out the first three phases. See figure below for a summary of our methodology.

Phase 1 and 2: A focus group with key stakeholders, researchers in HIV/AIDS in Ontario, and PHAs were done in November 2011 with the aim of identifying the need of positive prevention programs for Latino positive gay men. Among five interventions identified as relevant, GPS was decided to be the one to be adapted. Main reason for this decision was related to its behavioral and community focused aspects.

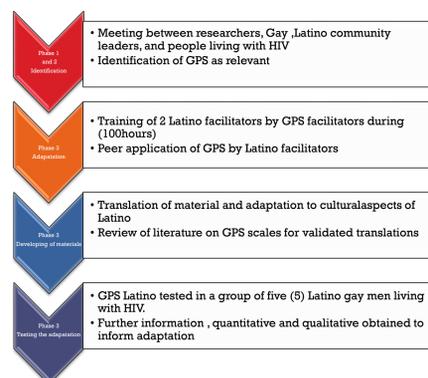
Phase 3: GPS was adapted by the two Latino facilitators in terms of language, cultural expression and communication, and context (i.e. Latino immigrants). This included the following activities:

*Training of 2 Latino gay men as facilitators of GPS. This include a 100 hours sessions in which they become familiar with GPS materials, delivery of GPS and Motivational Interview (MI). This training allowed them to know in deep GPS before starting translation and further adaptation of GPS.

*Latino GPS facilitators reproduced the intervention among themselves to perform further adjustments of language and expressions.

*Once the first draft of the adaptation was available, a “theater testing” in which using the new plan of implementation, all eight sessions of GPS were applied to five (5) Latino HIV positive gay men. During this time, qualitative and quantitative information was obtained from all participants, using a grid of questions which include: understanding of the material, meeting objectives, relevance of the information, relevance of the educational tools, delivery of the program.

Figure 1. Summary of the adaptation process



Key Findings

Culturally specific adaptation was needed, which included: language translation, introduction of role-play scenarios instead of videos, and more information about HIV and the law. However, in the majority of sessions no major changes were required neither in content, goals nor objectives.

Table 1. Delivery of GPS and cultural changes

Weeks	Objectives	Changes
Weeks 1 and 2	The program reviews current STI transmission information regarding health risks, disclosure and legal issues	Minimal changes. The structure and dynamics of the session were maintained from the original GPS. Most of the changes were related to language translation and cultural/context adaptation. The short film “HIV Still a Deal” was eliminated and replaced by different role-play scenarios focused on HIV disclosure to potential sexual partners. The scenarios were played by the participants. Challenges with HIV and the Law (Canada) Most participants seemed to feel stressed when addressing this topic. Many were unaware of the law and some had little information about it.
Week 3 and 4	The program focuses on current behaviours and the challenges participants face to have safe sexual decisions	Minimal changes in the structure and dynamics of the sessions. Most of the changes were related to language translation. Challenges: Keep the participants focused on their current sexual behaviour while doing the decisional balance exercise.
Week 5 and 6	Creating sexual goals and how to improve their sexual health	Minimal changes were necessary regarding the structure and dynamics of these sessions. Most of the changes were related to language translation.
Week 7 and 8	Refine strategies for changes. Session helps participants to achieve personal goals	Minimal changes. The structure and dynamics of the sessions. Most of the changes were related to language translation.

Quantitative assessments during implementation of GPS demonstrated that all 8 sessions of GPS met the objectives in terms of increasing confidence in disclosure and improving self-perceptions of sexual health. Community members who received GPS suggested few changes (see table 2).

Table 2. Quantitative feedback on GPS Latino

Positive effects	It was a great help, I learned a lot about the and my sexual health I feel how confident in the and confident in start practicing, experimenting in disclosing my HIV status This is the first time I can be part of a group in which I can speak my first language. It is related with the facilitators because they speak by language and understand where I'm coming from and cultural background
Content and delivery	I should start earlier, I have more time, I should have more time Sessions should be 3 hours not enough time, I always wanted more I should have more role-play exercises, why only in session two and the last two sessions This program should be always facilitated by Latinos and should be in a recent ongoing program in Latinos Positivos

However, GPS adaptation was not free of challenges. In this implementation project of GPS in a Canadian setting, long-term sustainability could not be achieved. The main reason was that the trained facilitators were no longer able to work in the project as they found permanent jobs elsewhere. Recruitment of participants for the adaptation group was difficult. The initial group was planned for 8 to 10 participants, but only 5 could be recruited in the first 3 months, and only 2 completed the full 8 sessions.

Acknowledgements

Special thanks to Rick and Scott for their availability and training of GPS facilitators. Their enthusiasm and experience were fundamental for the success of adaptation of GPS. Many thanks to Latino Positivos for facilitating the recruitment and delivery of GPS. Finally, thanks to CTN for funding this project through their pilot prevention program.

Evaluation Form

Did you attend the morning session? Yes No

For the **morning session**, please rate your overall experiences at the forum:

1. The panel on “Innovation in evidence-informed and inspired policies and practices” was effective in achieving objectives of the forum.

Strongly disagree **1** **2** **3** **4** **5** Strongly agree

Comments & suggestions:

2. The oral poster session “Population-based research KTE strategies” was effective in achieving objectives of the forum.

Strongly disagree **1** **2** **3** **4** **5** Strongly agree

Comments & suggestions:

3. The small group work: “Translating research to policies and practices” was effective in achieving objectives of the forum.

Strongly disagree **1** **2** **3** **4** **5** Strongly agree

Comments & suggestions:

Did you attend the afternoon session? Yes No

For the **afternoon session**, please rate your overall experiences at the forum

1. The panel on “Innovation in practices that have informed research and policies development” was effective in achieving objectives of the forum.

Strongly disagree **1** **2** **3** **4** **5** Strongly agree

Comments & suggestions:

2. The poster session “Issue-based KTE strategies from frontline to policy development” was effective in achieving objectives of the forum.

Strongly disagree **1** **2** **3** **4** **5** Strongly agree

Comments & suggestions:

3. The small group work: “Leveraging frontline experiences to inform research and policies” was effective in achieving objectives of the forum.

Strongly disagree **1** **2** **3** **4** **5** Strongly agree

Comments & suggestions:

Please rate and comment on the overall experiences of the forum:

1. The forum has increased my knowledge on issues and current work amongst racialized and newcomer communities.

Strongly disagree **1** **2** **3** **4** **5** Strongly agree

Comments & suggestions:

2. The forum has provided opportunities for building or strengthening new networks or partnerships helpful to my work.

Strongly disagree **1** **2** **3** **4** **5** Strongly agree

Comments & suggestions:

3. What, for you, were the most useful or satisfying aspects/components of this forum?
4. How can future forums be improved to support your learning?

Participants' information

Name	Agency	email
Adedapo Fabunmi	APAA	mism@apaa.ca
Alan Li	RPCHC	alanli@inspiract.com
Alessandro Bisignano	CAAT	alessandrob@regentparkchc.org
Andrew Miao	ACAS	support@acas.org
Barry Adam	Windsor	adam@uwindsor.ca
Carmen Logie	UofT	carmen.logie@utoronto.ca
Catherine Rutto	APAA	cathyjep@yahoo.com
Chantal Mukandoli	APAA	mukchanty@yahoo.fr
Chhiring D. Sherpa	ASAAP	womensupport@asaap.ca
Chris Leonard	ABRPO	CLeonard227@gmail.com
Christian Hui	ACAS	achui108@gmail.com
Derek Yee	OPA	dsyee@outlook.com
Desmond Miller	Ryerson	millerde@ryerson.ca
Desmond Deng-Min Chuang	UofT	dengmin.chuang@mail.utoronto.ca
Diana Campbell	OHTN	dcampbell@ohntn.on.ca
Eleanor Maticka-Tyndale	U of Windsor	maticka@uwindsor.ca
Fanta Ongoiba	APAA	fanta@apaa.ca
Fatima Barry	APAA	fatibarry@yahoo.com
Garfield Durrant	BCAP	g.durrant@black-cap.com
Gerardo Betancourt	CSSP	gbetancourt@spanishservices.org

Gladys Kwaramba	APAA	gkwaramba@hotmail.com
Guy McLoughlin	OHTN	gMcLoughlin@ohln.on.ca
Haran Vijayanathan	ASAAP	ed@asaap.ca
Henry Luyombya	ACT	luyombya@gmail.com
James Murray	MOH	James.Murray@ontario.ca
Jocelyn Watchorn	ACT	jwatchorn@actoronto.org
Judith Odhiambo	UofT	judith.odhiambos@gmail.com
Keith Wong	CAAT	keithwong@inspiract.com
Kenneth Fung	ACAS	ken.fung@uhn.ca
Kenneth Poon	ACAS	kennethpoon88@rogers.com
Kenny Xu	ACAS	
Kimberly Bryce	APAA	kbryce@ryerson.ca
Lydia Makoroka	OHTN	lmakoroka@ohln.on.ca
Lena Soje	CAAT	lena.soje@yahoo.ca
Marisol Desbiens	LPO	marisoldesbiens@rogers.com
Marvelous Muchenje	WHIWH	marvelous@whiwh.com
Maureen Owino	CAAT	maureeno@regentparkchc.org
Miya Narushima	Brock U	mnarushima@brocku.ca
Nakia Lee-Foon	UofT	n.lee-foon@mail.utoronto.ca
Noulmook Sutdhibhasilp	ACAS	ed@acas.org
Richard Utama	ACAS	men@acas.org
Roberta K. Timothy	UofT	roberta.timothy@utoronto.ca
Sabin Mukkath	RPCHC	sabinm@regentparkchc.org
Sandra Godoy	WHIWH	sandrag@whiwh.com

Shannon Ryan	BCAP	s.ryan@black-cap.com
Shazia Islam	ASAAP	phasupport@asaap.ca
Sudin Sherchan	ASAAP	peernavigator@asaap.ca
Tim Lee	ACAS	
Tao Xie	CAAT	taox2012@gmail.com
Theouille Barasi	CFT	theobarasi@yahoo.fr
Tola Mbulaheni	ACCHO	t.mbulaheni@accho.ca
Trevor Hart	Ryerson	trevor.hart@ryerson.ca
Valerie Pierre-Pierre	ACCHO	v.pierrepierre@yahoo.ca
Wesley Jordan Oakes	APAA	heterosexualmen@apaa.ca
Winston husbands	ACT	whusbands@actoronto.org

2016 CAAT Colors of Resilience KTE forum Planning Survey

Projects Summary April 2016

1. Research projects that targets racialized and/or newcomer communities living with or affected by HIV since 2012.

Project title	Year	Researcher(s)	Population	Region	Description
Envisioning LGBT Refugee Rights: Is Canada a Safe Haven	2011-2016	A list of Envisioning research team members and partners	LGBT Refugee/Newcomers	ON	Our work is focused on research and analysis of the criminalization of LGBT people in Commonwealth countries, resistance to criminalization and work to advance LGBT rights, asylum issues affecting LGBT peoples in Canada, and interaction between International Human Rights Mechanisms and LGBT rights initiatives
Black PRAISE	2015-2018	Winston (NPI), with Wangari and Liviana (Co-PIs), and 5 co-investigators and 10 collaborators	ACB	ON	Developing and testing a stigma reduction intervention among Black churches
weSpeak	2014-2019	Josephine Wong (NPI) with Winston, Jo Etowa, Isaac Luginaah and Francesca Omorodion (Co-PIs) and 20 co-investigators and collaborators	ACB	ON	Program of research, community engagement, capacity building and KTE with heterosexual Black men to understand HIV-related vulnerability, strengthen resilience, and identify opportunities to meaningfully engage Black men in community responses to HIV.
A/C Track	2008 to present	Winston and Wangari (co-PIs) and 8 co-investigators	ACB	Toronto	Monitor HIV prevalence, associated behaviours, service access, connection to care, and other socio-demographic factors.
Imagine Men's Health	2009 – 2013	David J. Brennan, Clemon George, Peter Newman, Trevor Hart,	Gay, bisexual and other MSM from one of the following ethnoracialized	GTA	In an effort to advance our understanding of the overall health and well-being of ethnoracialized gay and bisexual men (from the four largest ethnoracial communities in the Greater Toronto Area – Black/African/Caribbean, East & Southeast Asian, South Asian, and Latino/Hispanic/Brazilian), this community-based study examined the relationship between experiences of racism, homophobia, ethnoracialized identity, resiliencies and risks for

			communities in the GTA		body image dissatisfaction, and associated eating behaviours and attitudes among ethnoracialized MSM.
DMP survey	2011-2014	Jennifer Tran, Alan Li, Maureen Owino, Ken English, Lyndon Mascarenhas, Darrell Tan	DMPs	Canada	Survey of DMPs about knowledge attitudes & practices regarding doing mandatory HIV testing during immigration medical exams
“Getting the news”	2011-2016	Uitsile Ndlovu, Maureen Owino, Henry Luyombya, Omar Torres, Alan Li, Darrell Tan	People newly diagnosed with HIV within past 2 years	Toronto	Survey about the experience of receiving an HIV diagnosis & comparison between those who were tested via immigration medical exams vs voluntarily
LEARN-PrEP study	2015-2016	Wangari Tharao, San Patten, James Wilton, Henry Luyombya, Maureen Owino, Shannon Ryan, Marvelous Muchenje, Mona Loutfy, Ahmed Bayoumi, Jelani Kerr, Carmen Logie, Darrell Tan	Heterosexual HIV-uninfected ACB adults	Toronto	Survey and discrete choice experiment about preferences / opinions regarding new HIV prevention technologies including PrEP
Because She Cares	2015 – present	Lori Chambers	African immigrant women living with HIV	ON	The purpose of The Because She Cares study is to understand the work experiences of African immigrant women with HIV who are employed in the Ontario HIV response. Using performance narrative methodology, I intend to: 1) Gather the HIV-related employment narratives of African immigrant women with HIV to share with a broader audience; and 2) Better understand their work in the context of HIV as a formal and informal practice of self, social, collective and transnational care.
Addressing social and structural drivers of HIV and sexually transmitted infections among diverse young women in Canada: A mixed methods, multi-site cohort study.	2015-2017	Carmen Logie (PI), Shannon Ryan, Hope Ramsay, Wangari Tharao, Mona Loutfy	African Caribbean young women, including trans women	Africa/Caribbean	I am working with BlackCAP and Women’s Health in Women’s Hands to develop/adapt and pilot test HIV/STI prevention interventions with young African and Caribbean women, including trans women

Towards an understanding of structural drivers of HIV/STI and protective factors among sexual and gender minority youth in Kingston, Jamaica.	2013-2017	Carmen Logie (PI), Wangari Tharao, Jamaica AIDS Support for Life	LGBT youth in Jamaica	Caribbean (Jamaica)	This research focuses on understanding social and structural contexts of HIV vulnerability among LGBT youth in Jamaica, and we will look at implications for Jamaican LGBT youth in Toronto
Systematic Review to Support Development of an Intervention to reduce stigma experienced by HIV-Positive Diasporic Black, African, Caribbean and Canadian Women in Canada.	2012-2013	Carmen Logie, L. Calzavara, M. Loutfy, W. Tharao	African and Caribbean women living with HIV	Global, focus on Canada	Conducted and published a systematic review to see what interventions could reduce stigma and discrimination based on race, gender and HIV status among HIV-positive African and Caribbean women
"It's for us -Newcomers, LGBTQ persons, and HIV-positive persons. You feel free to be": Exploring Social Support Group Participation among African and Caribbean Lesbian, Gay, Bisexual and Transgender Newcomers and Refugees in Toronto, Canada	2015	Carmen Logie, PhD University of Toronto Toronto, ON CANADA	African and Caribbean Lesbian, Gay, Bisexual and Transgender Newcomers and Refugees in Toronto, Canada	Greater Toronto Area (GTA)	The purpose of this qualitative study was to explore experiences of social support group participation among LGBT African and Caribbean newcomers and refugees in an urban Canadian city.
iSpeak	2011-2013	Winston Husbands (ACT), Fanta Ongoiba (APAA), Wesley Oakes (APAA) Valerie Pierre Pierre (ACCHO), Frank McGee (MHLTC)	African, Caribbean and Black (ACB)	Toronto	iSpeak is a research study originally conceived by APAA, and developed through a partnership between APAA, ACCHO, ACT and the AIDS Bureau of the Ministry of Health and Long-term Care. The study is funded by the Canadian Institutes of Health Research (CIHR).
HIV stigma reduction intervention with African, Caribbean and Black faith communities in Ontario	2013-2016	Husbands, Winston C; Tharao, Wangari E; Calzavara, Liviana Browne, Orville A; Muchenje,	African, Caribbean and Black faith communities	ON	Researchers, service providers, community members and faith leaders from ACB communities are collaborating to develop, implement and test a stigma-reduction intervention for ACB faith communities. The intervention aims to reduce inappropriate fear of contagion, negative beliefs about PHA, and the tendency to

		Marvelous; Otura, George O; Pierre-Pierre, Valérie; Greenspan, Nicole R; Kerr, Jelani			stigmatize certain population groups based on previous negative attitudes towards them.
CHAMP	2011-2015	Alan Tai-Wai Li; Josephine Pui-Hing Wong; Kenneth Fung.	Asian, Black and Latin American communities	Toronto	CIHR –funded Community HIV/AIDS Advocates Mobilization Project (CHAMP). The CHAMP study engaged both people living with HIV/AIDS (PLHIV) and non-PLHIV leaders from different sectors (faith, media, social justice, settlement, health etc.) within 3 communities (Asian, Black and Latino) to pilot and test the ability of two interventions – Social Justice Capacity Building and Acceptance Commitment Training (ACT) to develop Community HIV Champions in Asian, Black and Latin American communities in the GTA.
Pathways to Resiliency: An exploratory study on strength based approaches to HIV prevention and health promotion strategies amongst East and Southeast Asian MSM	2011-2012	Li, Alan T; Utama, Richard B; Poon, Maurice K	East and Southeast Asian MSM	ON	The overall goal of the study is to develop a multi-stakeholder community-based research study to explore the factors and pathways that enable East and Southeast Asian MSM to successfully access protective personal and social determinants, and to navigate through major life transitions such as coming out, migration and encounter with HIV.
Black MSM (BMSM)	2015-2016	Shannon Ryan (BLACK-CAP), Fanta Ongoiba (APAA)	African, Caribbean and Black (ACB)	Toronto, Ontario	Black MSM is a CIHR catalyst grant study that explores the health experiences, sexual practices and risk patterns of Black men who have sex with other men.
Gay Strengths	current	Barry Adam, Trevor Hart, et al	MSM	GTA	New results: Pathways to resilience among gay and bisexual men affected by syndemic conditions
Alcohol Consumption, Substance Use, Sexual Risk Behaviour, and Resilience among Gay, Bisexual, and Other Men Who Have Sex with Men (MSM) Attending World Pride 2014	current	Paul Shuper, et al	MSM: ethno-cultural data reports available	GTA	Paul A. Shuper, Duncan MacLachlan, Narges Joharchi, Christina Schell, Shayna Sparling, Tim Guimond, John Maxwell, and Barry D Adam. 2015. “Alcohol, substance use, sexual risk, and resilience among gay, bisexual, and other men who have sex with men (MSM) at World Pride 2014” AIDS Impact, Amsterdam.
Cuéntame		Barry Adam & team	Latino MSM	GTA	Migration, sexuality and HIV risk among Latino gay men in Canada”
Mabwana		Winston Husbands, et al	ACB MSM	GTA	Sexual health determinants in Black men-who-have-sex-with-men living in Toronto, Canada.

Promoting & Owning Empowerment & Resilience among African, Caribbean & Black Youth in Windsor	2012-2015	Eleanor Maticka-Tyndale, Robb Travers, Francisca Omorodion, Jelani Kerr, Kenny Gbadebo, Valerie Pierre-Pierre	ACB youth aged 16-25 years	Windsor and Essex County, Ontario	A community-based research (CBR) study that seeks to establish an HIV risk/vulnerability profile and prevention strategy for African, Caribbean, and Black (ACB) youth (aged 16-25 years) in Windsor, Ontario, a mid-sized, Canadian city.
AIM – South Asian MSM Project	2014-2015	Ramraajh Sharvendiran, Trevor Hart, and team	South Asian MSM	Toronto	The research explores how culture, identity, risk, access, and STI knowledge affect the way that individuals navigate their sexual health. The study is looking for community strengths and challenges (both individual and structural). This study is the first of its kind in Canada
GPS Latino Program	2012-onward	Beatriz Alvarado, Miguel Cubillos, Gerardo Betancourt, Trevor Hart, Rick Julien, Scott Simpson	Latino MSM	Toronto	This project adapts the GPS group sexual health counselling program for Spanish-speaking Latino MSM in Ontario and in Cali, Colombia. We are currently adapting the program for individual counselling.
Needs Assessment	2014-2015	OPA+	Service providers and Asian PHAs in ON	ON	<i>No research has been done, but there was a needs assessment survey in 2014-2015 sent to Ontario AIDS service organizations related to service provisioning to Asian PHAs in Ontario, and a needs assessment survey done with Asian PHAs in Ontario.</i>
Mano en Mano: a community based HIV prevention intervention in Gay and other MSM Latino populations in Canada and Colombia	2012-2013	Beatriz E. Alvarado,	Latino MSM	Canada	The objective of this project is to extend Mano en Mano (MeM) to other gay and MSM groups in Canada and Colombia. During research activity, we will evaluate the process and the effects of MeM in regard to increasing self-efficacy, promoting critical awareness and empowerment, providing HIV/STIs information, and reducing individuals isolation, and increasing safe sex practices.
Social dynamics of HIV, Syphilis, Chlamydia and Gonorrhea risk in vulnerable populations from Columbia and Canada.	2012-2013	Beatriz E. Alvarado,		Canada	We propose to identify the main social factors that explain the high levels of HIV, gonorrhea, chlamydia and syphilis infection among MSM and Trans, and in heterosexual women and men from poor and ethnic minorities in Colombia. Our research will focus in the role play by gender and race/ethnicity in all above described associations. With this information we will propose interventions to reduce the burden and the inequities in health produced by HIV and the other STIs in Colombia.
Community-Based Affirmative Coping Skills Training to Reduce HIV/AIDS Risk for Sexual	2013-2014	Shelley Craig	Sexual minority youth	Toronto	The proposed study will test a group intervention, affirmative coping skills training (AFFIRM), that has been developed through community partnerships. Specifically this project will develop a community led advisory team of youth, agency staff and researchers to examine the preliminary effectiveness of AFFIRM

Minority Youth: An Open Pilot Feasibility Study					to reduce risk behaviors and depression while increasing coping and better health of SMY. This project will also engage youth and community members in planning and developing solutions to support youth health together in a strengths-based model that could be expanded on a national level.
Infant Feeding among Black women living with HIV: A Community Based Participatory Research (CBPR)	2015-2018	Josephine Etowa	Black women living with HIV	ON	Our research will explore the infant feeding practices and experiences of HIV+ Black women living in Ottawa-Canada, Port Harcourt-Nigeria and Miami-USA during the first year of life. The project also seeks to empower Black women and their communities to be self-advocates in the fight against HIV. This process of this study will contribute to the empowerment of Black women living with HIV to actively engage in actions to address the challenges associated with infant feeding.
Pathways to HIV Health Literacy through Community Advocacy & Self-Empowerment for HIV+ Immigrant, Refugee, and Non-Status Women	2011-2012	Joseph Gillis	HIV+ Immigrant, Refugee, and Non-Status Women	OB	The goal of this research is to work with community-based agencies to understand the lived experiences of immigrant, refugee, and non-status women living with HIV/AIDS (IRNW-PHA) through focus groups and individual interviews. We will then work collaboratively to develop a model of HIV health literacy, incorporating the feedback of IRNW-PHAs and representatives of community-based agencies providing care and services to these women.
Adapting HIV Prevention Resources, Programs and Services for Newcomer and Refugee African, Caribbean, Black Men Who Have Sex With Men (ACBMSM): Assessment and Selection	2014-2015	Lance MaCready	Newcomer and Refugee African, Caribbean, Black Men Who Have Sex With Men		This goal of this research is to assess what is known about the relationships between ethnic identity, settlement experiences and HIV-related health behaviours of newcomer and refugee ACBMSM, select and discuss the feasibility of particular resources, programs and services being adapted,
An HIV/AIDS Intervention in Ethiopian Immigrant Communities	2009-2012	Samuel Noh	Ethiopian Immigrants	Toronto	The goal of the present study is to evaluate a culturally appropriate community-based participatory HIV/AIDS intervention program for Ethiopian immigrants residing in Toronto, Montreal and Ottawa. By targeting a single immigrant community. We hypothesize that a community-based, culturally appropriate education intervention program will increase the level of knowledge of HIV/AIDS and reduce risky sexual behaviours and stigma associated with HIV/AIDS in the Ethiopian community.
Exploring the Acceptability and Feasibility of New HIV Prevention Technologies	2014-2015	Darrell Tan	African, Caribbean and Black Populations	Toronto	To address high rates of HIV transmission persist among African, Caribbean and Black (ACB) communities in Canada, there is increasing interest in new biomedical HIV prevention technologies (NPTs), including pre-exposure prophylaxis (PrEP),

for African, Caribbean and Black Populations in Toronto					the daily use of anti-HIV medications by people at high HIV risk to prevent infection before it occurs. The results will inform the design of clinical trials of NPT implementation in Canada as well as community-based strategies for engaging at-risk ACB individuals in meaningful conversations about NPT use.
Youth Engagement to Prevent HIV/STI and Promote Sexual Health Study (YEP Study)	2012-2013	Josephine Wong; Alan, Li; Maurice, Poon		Toronto	The goal of this study is to form sustainable partnerships, build community capacity, and develop effective HIV prevention programs that enable young people to take control of their sexual health.
Reducing HIV Vulnerabilities and Promoting Resilience Among Heterosexual Self-Identified African, Caribbean and Black Men in Ontario	2014-2019	Josephine Wong; Winston, Husband; Josephine, Etowa; Isaac Luginaah; Francisca, Omorodion	Heterosexual Self-Identified African, Caribbean and Black Men	ON	Research evidence shows that heterosexual African, Caribbean and Black (ACB) men experience social inequality that increases their vulnerabilities to HIV. The goal of the proposed research program is to reduce HIV vulnerabilities and promote resilience through active engagement of self-identified heterosexual ACB men in community HIV responses, programs, research, and policy.
Story-Sharing for Sexual Health	2014-2015	Vijaya Chikermane, Josephine P. Wong, Roula Kteily-Hawa, Lori A. Chambers, Mandana Vahabi, Shriya Hari	South Asian Women	Greater Toronto Area (GTA)	Story-Sharing for Sexual Health is a Community-Based Research study that explores the effectiveness of storytelling as a culturally relevant and gender based model of HIV education among South Asian women. Preliminary findings indicated that participants receiving stories had a) a greater percentage change in increase of knowledge on STIs and HIV/AIDS, and b) more positive changes in perception in comparison to fact sheet participants.
Asian Migrant Farm Workers	2012	Noulmook Sutdhibhasilp, Josephine Wong	AMFW	Ontario	Explores the sexual health needs and practices of East and Southeast Asian migrant workers.
Understanding Trauma for women living With HIV: Gathering ideas for an intervention	February 2016	Dr Anne Wagner Jenny Gomez Catherine Rutto	68 participants	Toronto	A meeting was held on 11 th February 2016 at Fife house .Most of the participants were HIV positive women who shared their traumatic experiences. The whole project was funded by CIHR and Dissemination grant.
HIV Disclosure to Sexual Partners: Questions and Answers for Newcomers	2015	Stéphanie Claivaz-Loranger	Newcomers	National	The brochure — in five languages — is intended to help newcomers to Canada make informed decisions about disclosing to sexual partners.
Immigration and Travel to Canada for People Living With HIV: Questions and Answers	2015	Stéphanie Claivaz-Loranger	Newcomers	National	This Q&A provides information on how Canadian immigration law and policy affect people living with HIV who wish to come to Canada.
Decolonizing, Indigenous and “Southern” Methodologies: A Scoping Review to	2012-2015	C. Worthington*, L. Chambers*, C. Wilson, R. Jackson, W. Tharao, R. Masching, V.	Indigenous, Southern & ACB	International	Indigenous people and persons of African descent are disproportionately impacted by HIV. These disproportionate rates have been tied to colonial projects, including research practices. <i>Decolonizing, culturally-grounded research approaches</i> may have profound implications for the ways we understand

Develop Ways of Working Together		Pierre-Pierre, T. Mbulaheni, N. Greenspan, C. Smillie-Adjarkwa, M. Amirault, P. Brownlee			community-engaged, action-oriented research. Our aim was to consider these approaches in order to reconceptualize HIV research by, with and for Aboriginal and African Diasporic communities.
Understanding HIV Transmission among Persons from Africa & the Caribbean Following Their Arrival in Canada - (MSAFIRI)	2015-present	L. Calzavara*, W. Tharao*, R. Kaul, A. Burchell, Z. Uddin, A. Daftary, T. Mbulaheni, S. Blot	ACB PHAs infected within 5 years of arriving in Canada	Ontario	This research study aims to characterize HIV acquisition in persons from Africa and the Caribbean (ACB) after their arrival in Canada, patterns of acquisition and associated contextual factors.
Canadian HIV Cure Enterprise - (CanCURE)		Community Consultation Committee: D. Taylor, R. Masching, S. Margolese, R. Rosenes, J. Postnikoff, T. Mbulaheni, W. Tharao, J. Sousa, A. Lambert	Priority populations living with HIV & general communities	Canada	To study mechanisms governing HIV persistence in order to develop effective therapeutic strategies aiming towards a cure for HIV/AIDS. Our research endeavors concentrate on the role and contribution of myeloid cells (i.e. monocytes and macrophages) in HIV persistence, an understudied but important reservoir for the virus. This collaborative project combines the efforts of prominent Canadian investigators, as well as a community liaison presenting the perspective of individuals living with HIV.
Staying Alive: Evaluation of the Keep it Alive! HIV Awareness and Prevention campaign for African, Caribbean and Black Communities in Ontario	2009-2012	W. Husbands*, H. Fenta, C. George, V. Pierre-Pierre, H. Shimeles, T. Mbulaheni S. Baidoobonso, A. Afzal	ACB communities	Ontario, CA	To examine how the campaign was received and understood by ACB communities, and to assess community knowledge, attitudes, and behaviours in relation to HIV.
HIV, Disability and Rehabilitation: An Environmental Scan of Canadian Research in Sub-Saharan Africa	2010-2015	S. Nixon, L. Chambers, M. Maimbolwa, R. Montgomery, V. Pierre-Pierre, T. Mbulaheni, S. Tattle, C. Worthington	Sub-Saharan African communities	Sub-Saharan Africa	To identify and describe research on disability and/or rehabilitation in the context of HIV in Sub-Saharan Africa (SSA) that is being conducted by Canadians by (a) providing an overview of the current research landscape, (b) identifying areas for possible collaboration and (c) identifying gaps in research.
Evaluation of Many Men, Many Voices (3MV): An Intervention for Black Men Who Have Sex with					

Men (BMSM) Youth in Toronto					
People on the Move: Sub-Saharan African Immigrants' Interface with Healthcare and Other HIV/AIDS-Related Services in Canada					
WCBR	2007-current	Loutfy, Tharao, Logie	ACB	Ontario	Women's CBR "Research Shouldn't Sit on a Shelf"
KALI Black Men's Health Project	2012 - 2014	Rupert Kaul; Robert Remis; Wangari Tharao; Mona Loutfy;	ACB men	Toronto	This study aims to define the community epidemiology of HIV and co-infections in Black men in Toronto and to define how these co-infections drive HIV transmission and immunopathogenesis, and to translate these results into community and public health action(s).
KALI Knowledge to Action	2014 - 2016	Wangari Tharao; Winston Husbands; LaRon Nelson; Valerie Pierre-Pierre; Fanta Oingoiba, Rupert Kaul; Shamara Baidoboonso; Henry Luyombya	ACB men	Toronto	The goal of this KTE project is to design, implement and evaluate a series of KTE interventions to facilitate translation of the KALI study findings into actions. KTE products will include 3 manuscripts in open access journals; series of 6 factsheets utilizing info-graphics; and 3 multimedia videos all to be packaged and evaluated as a KTE based intervention.
Characteristics and uptake of care among HIV-infected African, Caribbean and Black (ACB) participants in the Ontario HIV Treatment Network Cohort Study (OCS)	2014 - 2016	Wangari Tharao; Tony Antoniou; Tola Mbulaheni; Hugues Loemba; Zhaida Uddin; Mona Loutfy, Stan Read; Mbaka Windham	African, Caribbean and Black Populations	Ontario	The aim of this project was to better characterizing ACB populations who are infected with HIV and their connection to care in Ontario.
Determining the components of a trauma-informed intervention to improve the mental well-being of IRN PHAs	2012 - 2013	Wangari Tharao; Mona Loutfy; Josephine Wong; Mercedes Umana Carmen Logie; Alan Li;	Immigrant, refugee and non-status PHAs		The aims of this project were: a) to utilize the scoping review methodology to assess the extent, range and nature of evidence-based and community-generated academic and grey literature on interventions relevant to addressing the mental health and well-being of Immigrant, Refugee and non-status (IRN) PHAs; b) consult with stakeholders to inform and confirm the findings, and

		Valerie Pierre-Pierre; Liviana Calzavara			c)use the scoping review findings to develop a trauma-informed therapeutic intervention which can be piloted within a variety of settings working with IRN-PHA populations across the country.
Systematic Review to Support Development of an Intervention to Reduce Stigma Experienced by HIV-Positive Diasporic Black, African, Caribbean and Canadian Women in Canada	2012 - 2013	Wangari Tharao; Mona Loutfy; Carmen logie; Liviana Calzavara;	ACB women		The aim of the project is to conduct a systematic literature review to identify evidence-based practice interventions that have been proven or are promising in terms of effectiveness in reducing the multiple forms of S/D experienced by DBACC women living with HIV. Findings from review will then be used to inform an intersectional stigma reduction intervention tailored to the needs of ACB women living with HIV

2. Programs and practices led to the development of research projects since 2012.

Project/Program title	Year	Project coordinator	Population	Region	Description (including information on research studies generated)
Newcomers and Treatment Access	2013-2017	Rounak Khan (CTAC)	Ethiopian newcomers living with HIV and Pakistani newcomers living with hepatitis C.	National	CTAC has focused on two high priority immigrant populations coming from endemic countries: one specific ethno cultural population for HIV and one for hepatitis C - in need of additional treatment access support and also so to map out the landscape of priority treatment access issues affecting newcomers. After carrying out background research and discussions with service providers, researchers, and community members across Canada, CTAC decided to focus on A needs assessment questionnaire for service providers and clients has been developed as well as in depth interviews and focus groups have been carried out in order to access support and also so to map out the landscape of priority treatment access issues affecting.
The impact of technology (Mobile & dating apps) on Gay Men	2015 - on going	Adedapo Fabunmi	Gay Men	ON	The purpose of the project is to understand how technology may have impacted the lives of gay men particularly black gay men and youth. Also it spiked to understand the kind of conversation around HIV and other STIs, and overall sexual health needs
Social support group benefits among African and Caribbean Black LGBT newcomers and refugees	2014-2016	Carmen Logie, Shannon Ryan, Hope Ramsay	LGBT African Caribbean newcomers and refugees	Africa/Caribbean	I conducted a qualitative study with BlackCAP to evaluate support groups (Foreign Integration, Rainbow Sista's) they run for LGBT African and Caribbean Newcomers and Refugees, findings are currently in revision in a peer-reviewed journal
APAA's Heterosexual Men's Group	2011-	Stanley Moyo	African, Caribbean and Black (ACB)	Toronto, Ontario	APAA's men's group served as a catalyst for the iSpeak research study and laid the ground work for greater advocacy around HIV-related issues affecting heterosexual ACB men in Ontario.
Gay Poz Sex		Beatriz Alvarado, Trevor Hart, et al	Latino MSM	Canada & Colombia	Adaptation of a positive prevention intervention 'Gay Poz Sex' for Latino gay men living with HIV in Canada and responding to the needs of people living with HIV in Colombia.
GPS Latino	2012-onward	GPS Latino	Latino MSM	Toronto	See above - CSSP and allies wanted to roll out a program meeting the needs of Spanish speaking Latino MSM
More Than Fiction: POZ Women Share their Stories	2013/14	Shazia Islam Suruthi Ragulan	South Asian women living with HIV	GTA	More Than Fiction is an anthology of 12 personal narratives written by South Asian women living with HIV. The project was initiated by members of ASAAP's women support program - ELAN - in order to ensure

					that South Asian women's voices and experiences were heard in the greater ASO service, health, and research sectors. The project was funded by MAC AIDS and included creative writing and photovoice workshops to help enhance the women's creative storytelling capacities. All contributors were offered honoraria for their time.
More Than Fiction Vol. 2	2015/16	Sudin Sherchan	South Asians living with HIV	GTA	ASAAP was thrilled to receive further funding from MAC AIDS to work on a new volume of More Than Fiction that would include South Asian POZ voices from ASAAP's Connecting to Care program. Volume 2 features personal narratives and poetry from 19 writers and highlight the complexity of emotions and experiences among South Asians living with HIV. ASAAP will be presenting Vol. 2 at the upcoming CAHR2016 conference in Winnipeg in an oral presentation.
Chicos Net	2012-2017	Gerardo Betancourt	Latino	GTA	A club for friends where peer talked about health
BMSM Health Resource	2015	Garfield Durrant – MSM Prevention Coordinator	<ul style="list-style-type: none"> • Black LGBTQ • Newcomers • Youth Adults 	Greater Toronto Area (GTA)	Black CAP is developing a resource to address the health and wellness needs of Black gay, bisexual and other men who have sex with men (BMSM). The resource will support BMSM to connect to relevant services and supports in the Toronto/GTA region. The development of this resource included five focus groups and a survey of approximately 125 ACBMSM.
"Know your rights" on intimate partner violence for newcomer women living with HIV	Forthcoming	Sandra Ka Hon Chu	<ul style="list-style-type: none"> • Newcomer women 	National	This forthcoming Q&A resource will investigate and describe laws and policies relevant to newcomer women living with HIV in situations of intimate partner violence.
BMSM Health Resource	2015	Garfield Durrant – MSM Prevention Coordinator	<ul style="list-style-type: none"> • Black LGBTQ • Newcomers • Youth • Adults 	Greater Toronto Area (GTA)	Black CAP is developing a resource to address the health and wellness needs of Black gay, bisexual and other men who have sex with men (BMSM). The resource will support BMSM to connect to relevant services and supports in the Toronto/GTA region. The development of this resource included five focus groups and a survey of approximately 125 ACBMSM.
3 rd Ontario African, Caribbean and Black Research Think Tank (RTT3)	2012	ACCHO Research Committee	ACB HIV Research stakeholders	Ontario, CA	To (a) review the research gaps, priorities, needs and interests identified at the 2009 Research Think Tank , (b) determine new and emerging research needs, gaps and priorities, (c) share knowledge and information on current and ongoing research and (d) promote and

					facilitate meaningful and appropriate community and academic relationships
<i>En Avant</i> : Implementing an Impact-Focused HIV/AIDS Research Strategy for African, Caribbean and Black Communities in Ontario	2015	ACCHO Research Committee	ACB HIV Research stakeholders	Ontario, CA	To assemble a group of research, community engagement, program and policy champions who will: (a) integrate priorities from the ACB Strategy into their programs of research, (b) pursue research projects that are aligned with the ACB Strategy and Ontario HIV/AIDS Strategy 2020, (c) collaborate on research with other Area 1 champions, (d) advocate for funders to solicit proposals for research aligned with the ACB Strategy, (e) mentor ACB graduate and undergraduate students to increase HIV research capacity in Ontario, and (f) leverage their roles in stakeholder organizations to support success of research development, implementation and translation
W4	2016	Muna Aden	ACB	Ontario	Web-based intervention to reduce stigma
HIV +ve disclosure intervention Project	2012 - 2017	Sandra Godoy	Originally developed for ACB women but has now been tailored to needs of all PHAs	Ontario	Development, Piloting and rollout of an evidence based disclosure intervention to support HIV positive people disclose their HIV status to sexual partners, children, family and service providers

3. Programs and practices led to the development of organizational or public policies since 2012.

Project/Program title	Year	Project coordinator	Population	Region	Description (including policy developed/affected)
Continued Unmet Need for Access to HIV and Hepatitis C Treatment, Care and Support: Treatment Access Map	2013-2017	Barbara Santosuosso		National	1 st of its kind in the country, the Treatment Access Map (TxMAP) is a comprehensive online tool that will be available on the CTAC website. Allows the public, particularly people living with HIV and hepatitis C, to interactively access information on: HIV and hepatitis C medications covered in each province/territory Medications covered under the six federal drug plans. Information on drugs in development and information on how to access drugs between provinces “Take Action” section with proposed recommendations of what could be done at different systematic levels to improve access to treatment
Trans Inclusion in Sexual Health Education	2015-2016	Kinnon Mackinnon & group advisory (APAA)	Transsexuals	ON	Trans inclusion in sexual health education is a community based research project to develop ways that sexual health information & services can be more inclusive of trans youth. This is also a leading organizational work by Planned Parenthood to create guidelines that will inform public policies. AfriQueer at APAA partnered & participated in this project
iSpeak		(WHIWH)			Strengthened the work of ACCHO and its affiliates; Supported the development of HIV informational resource for new immigrants
Imagine Men’s health	S/A	S/A	S/A	S/A	This study led to the development of the Brown N Proud campaign of ASAAP.
OPA+ 2015 Caucus Report	2014-2015	Christian Hui. Community Engagement and OPA+ Coordinator, and OPA+ Advisory Committee	Asian PHAs in ON	ON	
Story-Sharing Model	Ongoing	Team: Vijaya Chikermane, Haran Vijayanathan, Shriya Hari,	Not population-specific	Anywhere	Since the inception of various story-telling programming/projects within the agency that include the TEASE project, Brownkiss.ca, and More Than Fiction, ASAAP is currently working with the OHTN to create a storytelling resource guide that features these

		Suruthi Ragulan, Shazia Islam (ASSAP)			creative and unique models of storytelling for community organizations not just specific to the ASO sector to help inform their own creative programs/projects.
Man en Mano	2008-2012	Gerardo Betancourt	Latino	GTA	Peer support clubs.
Chicos Net	20012-2017	Gerardo Betancvourt	Latino	GTA	Peer support and new community leaders
GIPA/MIPA	2013	ACCHO MIPA Committee	ACCHO staff, partners and ACB communities	Ontario, CA	To develop a process of implementing and enhancing ACCHO's operationalization and practice of the Meaningful Involvement of People Living with or Affected by HIV/AIDS (MIPA) principle