

# Ethno-racial Treatment Support Network

## Program Evaluation Study Report

May 2019

Identifying  
Wise Practices  
In Building  
Community Resilience



Committee for  
Accessible  
AIDS  
Treatment  
Toronto, Canada



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- o Asian Community AIDS Service (ACAS)
- o African in Partnership Against AIDS (APAA)
- o Alliance for South Asian AIDS Prevention (ASAAP)
- o Black Coalition for AIDS Prevention (Black CAP)
- o Centre for Spanish Speaking Peoples (CSSP)
- o Latino Positivos Ontario (LPO)
- o AIDS Bereavement & Resiliency Program of Ontario (ABRPO)
- o Canadian AIDS Treatment Information Exchange (CATIE)

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- o Regent Park Community Health Centre

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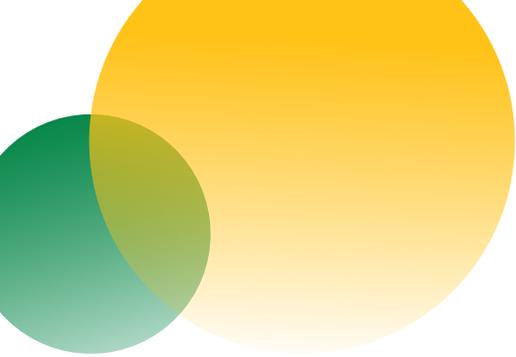
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## Glossary of Terms

ABRPO	AIDS Bereavement and Resiliency Program of Ontario
ACAS	Asian Community AIDS Services
APAA	African in Partnership Against AIDS
ASAAP	Alliance for South Asian AIDS Prevention
ASO	AIDS services organization
Black CAP	Black Coalition for AIDS Prevention
CAAT	Committee for Accessible AIDS Treatment
CATIE	Canadian AIDS Treatment Information Exchange
CSSP	Centre for Spanish Speaking Peoples
ETSN	Ethno-racial Treatment Support Network
GIPA/MIPA	Greater and Meaningful Involvement of People Living with HIV/AIDS
LPO	Latino Positivos Ontario
PHA	People living with HIV/AIDS
OHTN	Ontario HIV Treatment Network

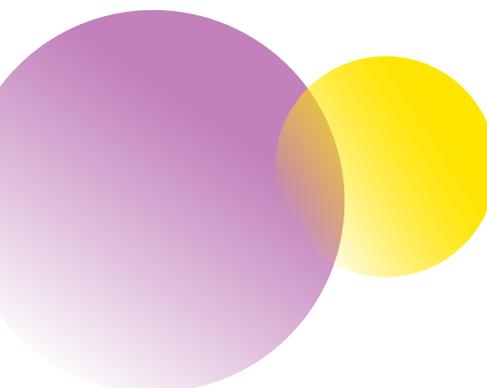
## Executive Summary

The ETSN (Ethno-racial Treatment Support Network) is a peer-based HIV health literacy and peer support training program developed in response to the complex challenges faced by racialized and newcomer people living with HIV/AIDS (PHA) in accessing treatment and support. Since its inception in 2003, the ETSN program has trained over 200 PHAs, their caregivers and service providers..

While the ETSN program is highly regarded in the community as an innovative model in advancing the Greater and Meaningful Involvement of People Living with HIV/AIDS (GIPA/MIPA) and many of the ETSN graduates have taken up service provision and leadership roles in the communities, there has not been a comprehensive review to capture the 'what' and the 'how' ETSN has contributed to improving the lives and health of its graduates and their affected communities. The current evaluation study was developed with the objectives to identify the long-term impact of ETSN in supporting empowerment and capacity building at individual, organizational and community levels; program structure and wise practices that contribute to its positive impact; facilitators and barriers to knowledge utilization; and strategies and solutions to enhance peer treatment support in affected communities.

Underpinned by the principles of empowerment and capacity building and applying an evaluation framework developed through community engaged processes, we used a mixed methods approach in our study. We engaged 92 ETSN graduates in a quantitative survey made up of validated scales to evaluate the impact of the ETSN program in six key domains: health literacy, self-health management efficacy, treatment adherence, sense of empowerment, social connection and support, and community engagement. In addition, we engaged 62 ETSN graduates and community stakeholders in focus groups to identify processes and mechanisms that contribute to the effectiveness and positive impact of ETSN, as well as strategies for further improvement.

The survey results showed that an overwhelming majority of the ETSN graduates attributed positive changes across all six domains to their ETSN training experiences. Participants reported increase in their health literacy and self-health management efficacy (93%); improvement in their self-care practice (76%); increased connection to health service providers (75%), AIDS Service organizations (86%) and other PHA peers (96%). In the domain of community engagement, the majority reported increased involvement outside the HIV sector (74%), and increased engagement level in ASOs (92%). Further, many reporting progressive changes in the roles they play in ASOs (76%). Further in the domain of sense of empowerment and well-being, over 90% of participants reported an increase in both their preparedness and actual action to challenge stigma and to advocate for their own needs.



The focus group participants identified the key strengths in the ETSN program structure, design and content that contribute to its successes. These include: (a) having a safe and inclusive learning space for racialized and newcomer PHAs that honored their lived experiences, acknowledged their struggles and affirmed their resilience; (b) intentional practice to promote PHA leadership; (c) a responsive training curriculum that is grounded in PHA's lived experiences; (d) experiential and collaborative learning processes that contribute to building a community of practice; (e) meaningful engagement of PHA graduates in the planning, delivery and evaluation of the program; and (f) structured mentorship support to facilitate progressive engagement and community succession.

Participants also identified program specific and systemic challenges that limited ETSN's effectiveness and knowledge translation impact. Program specific challenges include recruitment dependency on partner agencies, limited frequency of training and deployment opportunities for graduates, intensive training time commitment that poses challenges to participants with competing priorities and complex needs. Systemic challenges include sector-wide inequitable and insufficient resources to support peer engagement initiatives, professionalization within the HIV sector and wider societal stigma and discrimination that led to the devaluing of lived experience within and beyond the HIV sector.

To further strengthen the ETSN program structure and contents, key recommendations from study participants include: (a) expand outreach and promotion through more diverse venues to reach more PHA in isolation; (b) increase reconnections and follow-up training for graduates; (c) explore more flexible ways to engage different language communities and using web-based technology; (d) enhance training on mental health, addiction and HIV activism/advocacy; and (e) enhance structured mentorship succession.

To address systemic barriers that limit ETSN's positive impact, key strategies identified by study participants include: (a) develop/advocate for sector wide "supporting the supporters" infrastructure to support PHA taking on service provision roles; (b) enhance coordination with other PHA training programs to build synergy, reduce overlap, and promote sector wide recognition; (c) collaborate with partner agencies to develop structure and inventory of practice opportunity to enhance deployment of graduates; (d) explore formal accreditation status; and (e) expand and promote program provincially, nationally and internationally.

## Background of Ethno-racial Treatment Support Network (ETSN)

The ETSN program is a peer-based collaborative learning model that offers capacity building in treatment literacy, health care access skills, and peer support counselling. ETSN is underpinned by the principles of Greater and Meaningful Involvement of People Living with HIV/AIDS (GIPA/MIPA) and the vision of shared leadership to promote collective self-determination, empowerment and community succession.<sup>1,2</sup>

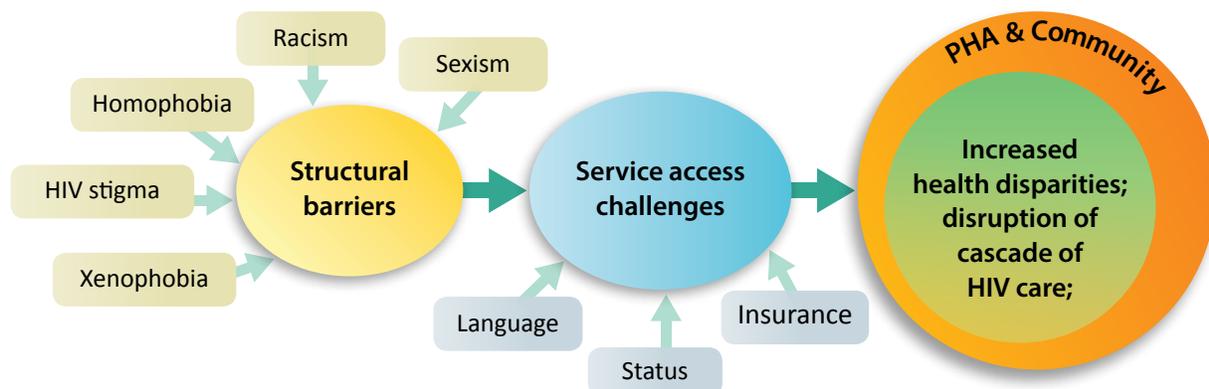
### History of the ETSN

Racialized and newcomer peoples living with HIV/AIDS (PHA) in Canada face myriad of challenges in accessing treatment and support due to barriers in treatment literacy, service access skills, HIV stigma, xenophobia, homophobia, racism, sexism and social exclusion.<sup>3,4,5</sup> To address these barriers, a network of ethnospecific AIDS service organizations collaborated to carry out a multi-lingual treatment information project, which was originally led by Asian Community AIDS Services (ACAS) and later joined by Africans in Partnerships Against AIDS (APAA) and the Alliance for South Asians AIDS Prevention (ASAAP) in 2002.

As the network members distributed the treatment information, they recognized that successful PHA engagement and adherence to HIV treatment were closely link to PHA's access to psychosocial and peer support. As a result, the network initiated a training program to build community capacity to provide peer-based treatment counselling support, and the network was expanded to include all frontline ethno-specific AIDS service agencies in Toronto -- Black Coalition Against AIDS (Black CAP) and Centres for Spanish Speaking Peoples (CSSP), as well as Canadian AIDS Treatment Information Exchange (CATIE) and AIDS Bereavement and Resiliency Program of Ontario (ABRPO).

The expanded network piloted the first training series in 2003 "*Learning and Helping Out: HIV Peer Treatment Counselling for Culturally Diverse Communities*" with funding support from the AIDS Community Action Program (ACAP) of the Public Health Agency of Canada. The training series was conducted annually over the next few years with additional funding support from Ministry of Health as well as multiple pharmaceutical partners. In 2006, the network officially named itself as Ethnoracial Treatment Support Network (ETSN).

Figure 1. Intersecting barriers of newcomers and racialized people living with HIV in Canada



In 2010, following extensive community consultation and visioning processes, ETSN became a core program of the Committee for Accessible AIDS Treatment (CAAT), a coalition of more than 40 Ontario based organizations from the legal, settlement, health and HIV sectors. ETSN's program planning and evaluation is guided by an independent community advisory committee made up of representatives of each of the core partner agencies and a majority representation of PHA graduates from the program.

## **Levels of ETSN Training**

The design of ETSN training has evolved over the years. Between 2003 and 2008, the full ETSN curriculum was implemented as one integrated 8-day training program. Since 2008, in response to community stakeholder feedback, the ETSN curriculum was changed to a multi-level training of different length and duration.

- Level One: Treatment literacy and health care access skills. (3-4 days)
- Level Two: Peer counselling and support skills. (4 days including weekend retreat)
- Level Three: Facilitator training and mentored practice to support ETSN graduates to deliver training to new ETSN participants.

From 2003 to 2018, ETSN had trained more than 180 PHA and 30 non-PHA service providers and caregivers from African, Caribbean, East Asian, South Asian and Latino communities.

## **Identification of ETSN Program Evaluation Domains**

In 2013, CAAT engaged in a community effort to measure the real-life impact of numerous health promotion and HIV prevention programs implemented within the culturally diverse communities. In this effort, CAAT identified six key and meaningful domains specific to ETSN,<sup>6</sup> namely:

1. Health literacy
2. Self-health management efficacy
3. Treatment adherence
4. Sense of empowerment
5. Social connection and support
6. Community engagement

Based on the findings of this *domain identification study*, the project team researched relevant measurement tools on the domains and engage project stakeholders to review and develop a questionnaire made up of validated scales across the six domains to capture the impact of training.

## **Pilot Evaluation of ETSN Training**

Since 2014, CAAT has utilized the six-domain questionnaire to evaluate the immediate effects of ETSN training among our graduates. The ETSN participants were invited to complete the questionnaire before and right after the ETSN training. Analysis of the questionnaire results, from 62 graduates between 2014 to 2017, revealed improvements in all the domains. The results also revealed that the ETSN training has immediate effects on self-health management efficacy, social support and connections and treatment adherence.<sup>7,8</sup>

# Project Rationale and Evaluation Framework

## Why ETSN Program Evaluation?

Over the past 15 years, CAAT had received many anecdotal feedbacks about the positive impact ETSN has made on racialized and newcomer PHA's lives. However, a comprehensive understanding of 'what' and 'how' ETSN had contributed to the lives and health of ETSN graduates and their communities was absent. Thus, with the support of stakeholders and funding support of OHTN, CAAT undertook the current ETSN Evaluation study to examine the program's long-term and systemic impact at organizational and community levels.

In addition, as CAAT's mandate has expanded in the last 3 years to include provincial capacity building roles, there have been growing interests among community and organizational stakeholders to replicate and adapt the ETSN program outside the Greater Toronto Area. This evaluation study enables us to generate comprehensive knowledge to strengthen ETSN and guide the development of evidence-informed programs to address the needs of affected communities.

## Our Study Objectives

- Identify the **long-term impact** of the ETSN program on **empowerment and capacity building** at individual, organizational and community levels
- Identify aspects of ETSN, including the **contents, program structure and implementation processes**, that make ETSN effective and impactful
- Identify **facilitators** and **barriers** to participation and effective knowledge utilization among ETSN graduates
- Identify **strategies** and **solutions** to address systemic and structural barriers that contribute to the under-utilization of peer HIV treatment support in affected communities.

## Our Study Design – Our Method

The ETSN Evaluation Study employed mixed-methods of surveys and focus groups to explore the effectiveness and long-term impact of ETSN.

### Theoretical Approach

As described earlier, this study used a community-engaged approach, whereby PHA, community service providers, community-based researchers and academic researchers collaborated to define the study objectives and identify the evaluations domains and tools. As a key objective of this study was to document the long-term impact of ETSN at the individual, organizational and community levels, we applied the **intertwined concepts** of empowerment and capacity building in the study design as well as throughout data analysis.

**Empowerment** consists of both processes and outcomes. Specifically, it is a social-action process that meaningfully engages individuals, organizations and communities in working towards the shared goal of increased collective self-determination to achieve political efficacy, improved health and quality of communal life, and social justice.<sup>9</sup> **Capacity building**, as an empowerment strategy, contributes to mutually beneficial relationships – when individuals with shared vision and commitment acquire increased capacity to address their individual and collective needs, they will also contribute to strengthening the capacity of the organizations and communities in promoting shared leadership, building sustainable partnership, and advocating for adequate and equitable resources that promote individual and collective resilience.<sup>10,11</sup>

### Participants and Recruitment

As this is an evaluation study of ETSN, we used a purposive recruitment approach. Between April 1<sup>st</sup> to October 30<sup>th</sup>, 2018, we reached out to 139 graduates who took part in ETSN between 2003 and March 2018 to invite them to participate in the survey. Although there was a total of 161 ETSN graduates, 22 of them were lost to follow-up. The criteria for participating in this study included being: (a) aged 18 and above; (b) a graduate of the ETSN program, or a member of the ETSN stakeholder group; (c) able to provide informed consent; and (d) available to take part in a focus group and/or a survey.

Out of the 139 ETSN graduates reached, 92 (66%) completed and submitted the survey, and 44 (32%) took part in focus groups. In addition, 15 community stakeholders (partner agency director/manager, and ETSN mentors) also took part in focus groups.

## Quantitative Method: The ETSN Survey

Participants completed the ETSN survey either in person or via an online e-survey. We offered and provided assistance to participants over the phone or in-person as needed. On average, it took about 20-25 minutes to complete the survey. As a token of our appreciation, we provided \$20 as an honorarium to each survey participant.

The survey consisted of socio-demographic questions and validated scales to measure the six key impact domains identified through our previous domain identification study.

**Socio-demographic Questionnaire.** Participants self-reported their socio-demographics characteristics including gender, ethno-racial identity, age, employment status, education, role in HIV community (multiple responses), HIV status, and self-reported their health and mental health status. In addition, we also ask participant to identify the level of training they have received.

### ETSN Survey Domains



### The Six Domains for Measuring Impact

For domains 1, 2, 3, 4 and 6, participants' responses are measured by validated scales with multiple items to be rated on a 4-point Likert scale with responses ranging from 1= strongly disagree to 4= strongly agree. For domain 5, the one on social connection and support domain, we asked yes and no questions followed by open questions that request participants to list specific responses.

### **Domain 1: Health Literacy**

The three-item health literacy scale assessed the study participants' ability in accessing, understanding and applying information needed to manage their health needs.

### **Domain 2: Self-health management efficacy**

The six-item self-health management efficacy scale evaluated the study participants' ability to understand their own health conditions, access needed treatments and services and making informed treatment decisions.

### **Domain 3: Treatment adherence**

The four-item adjusted Information–Motivation–Behavioural-related ART adherence scale was used to assess the changes in the study participants' knowledge on their prescribed treatments and their ability to adhere to them.

### **Domain 4: Sense of empowerment**

We used the 16 items adjusted Proactive Attitude Scale to assess the study participants' readiness and ability to make decisions and take action to address their own needs and to challenge injustices.

### **Domain 5: Social connection and support**

Study participants were asked to indicate their development of new personal or professional relationships after the ETSN training on 10 questions (yes/no). Every question was followed by an open-ended question to inquire a specific number or a list of community resources they have been used after the ETSN training (If yes, how many service providers in HIV community-based organizations have you met?)

### **Domain 6: Community engagement**

The 15-item community engagement scale assessed the changes in the types and levels of involvement ETSN graduates experienced in both the HIV and non-HIV sectors as a result of their ETSN training.

### **Data analysis**

We used descriptive analysis to describe participant characteristics and SPSS 24.0 for the analysis of the results of the six outcome domains.

## Qualitative Method: Focus groups

To facilitate a nuanced understanding of the processes and mechanisms that contribute to the effectiveness and positive impact of ETSN, we conducted a total of 7 focus groups: five focus groups consist of ETSN program graduates and two focus groups consist of community stakeholders. Each focus group was made up of 8-12 participants and lasted for approximately 2 hours. Prior to each focus group, participants completed a brief, anonymous socio-demographic survey that captures the diverse identities and contexts of the participants. A \$30 honorarium was provided to each participant who attended focus groups.

### Focus Group with ETSN Graduates

The five focus groups with ETSN graduates were organized specifically to reflect: (a) the different training program structures evolved over the years (Integrated training: 2003-2008; Multi-level training 2009 onwards), and (b) the roles and levels of community engagement of the graduates over the years. Only PHA program graduates were recruited to participate in focus groups. Based on these considerations, we used a purposive approach to recruit and organize the participants into the following 5 focus group types:

- Group 1: Integrated Training Graduates who are engaged in the HIV sector (n=11)
- Group 2: Integrated Training Graduates who are engaged outside the HIV sector (n=5)
- Group 3: Multi-level training graduates who are engaged in the HIV sector (n=12)
- Group 4: Multi-level training graduates who are engaged outside the HIV sector (n=8)
- Group 5: Graduates who have been engaged as ETSN peer facilitators (n=11).

The key research questions explored with the ETSN graduates during the focus groups include:

- **Impact of ETSN training**  
How has participating in ETSN affected your life on personal or professional levels?
- **Strengths/weaknesses of ETSN model**  
What components of the training did you find most helpful or applicable to your life or work? What components did you find not helpful or applicable?
- **Challenges and opportunities for Practice**  
What made it hard for you to use the knowledge or skills you learnt from ETSN in your life or work?
- **Strategies to strengthen ETSN training**  
What can ETSN change in terms of content or program structure to address the changing needs of our communities and feedback from stakeholders more effectively?

## Focus Groups with Community Stakeholders

As we aimed to explore empowerment and capacity building at the individual, organizational and community levels, we purposively engaged two groups of community stakeholders:

- **Group 6:** Directors and managers (n=7) from ETSN partner organizations
- **Group 7:** Mentors (n=8) who developed/helped developed the ETSN program, trained and mentored the peer facilitators over the years.

The key research questions explored with the community stakeholders during focus groups include:

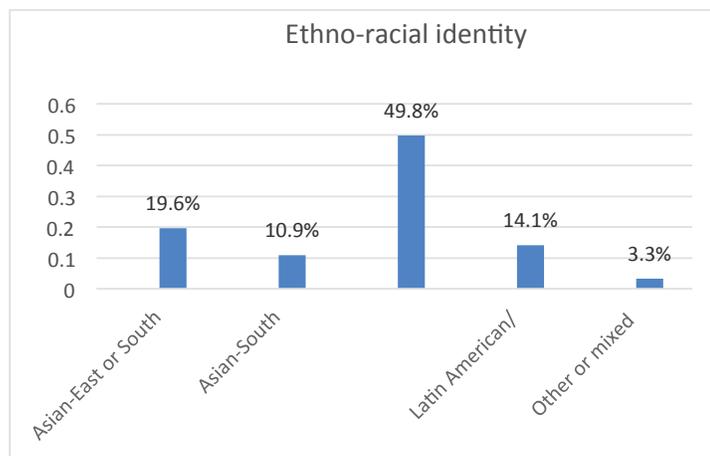
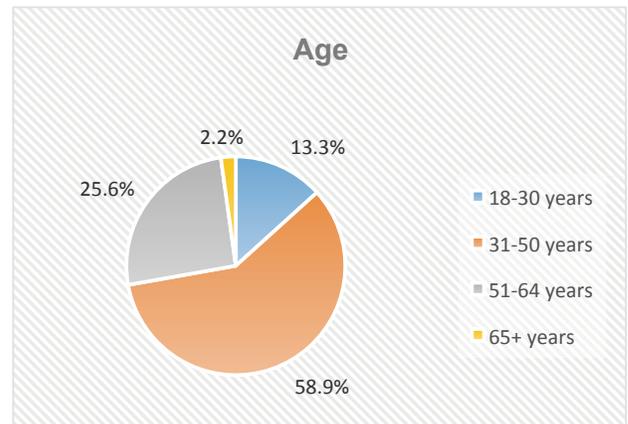
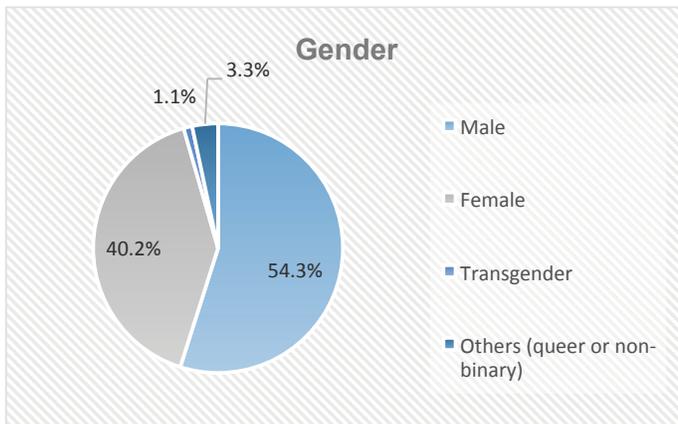
- **Impact of ETSN training on organizations**  
How has ETSN affected the organizations that you are part of, or the community that you serve?
- **Strengths/weaknesses of ETSN model**  
What aspects of the ETSN program (e.g., its content, partnership models) worked well and have been helpful to your organization/communities?
- **Challenges and opportunities for Practice**  
What were the barriers that made it difficult for your organization to apply knowledge/skills learnt from the ETSN training?
- **Strategies to strengthen ETSN training and collaborative synergy**  
What are the possible ways your agency and/or the ETSN network can do differently to address the identified challenges and to maximize the beneficial impact of ETSN?

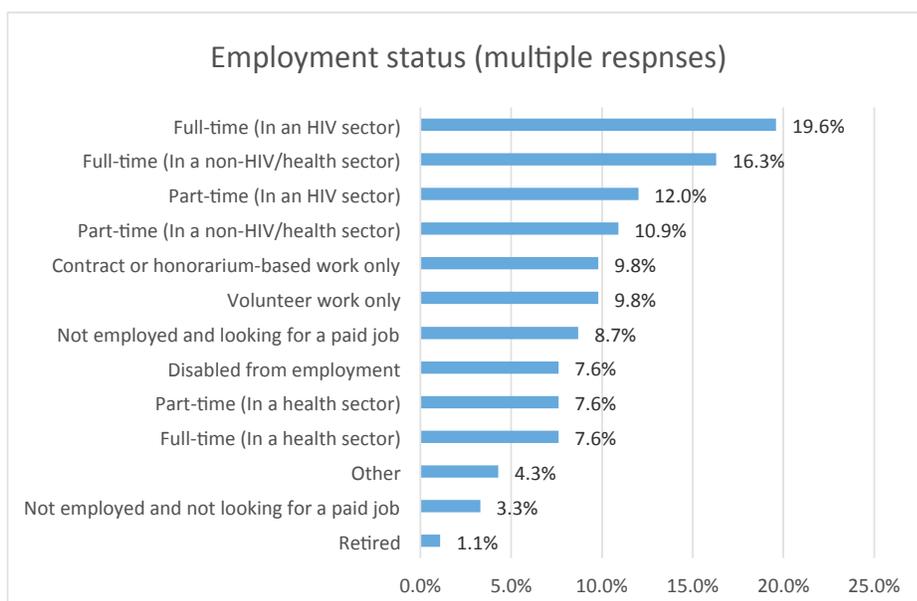
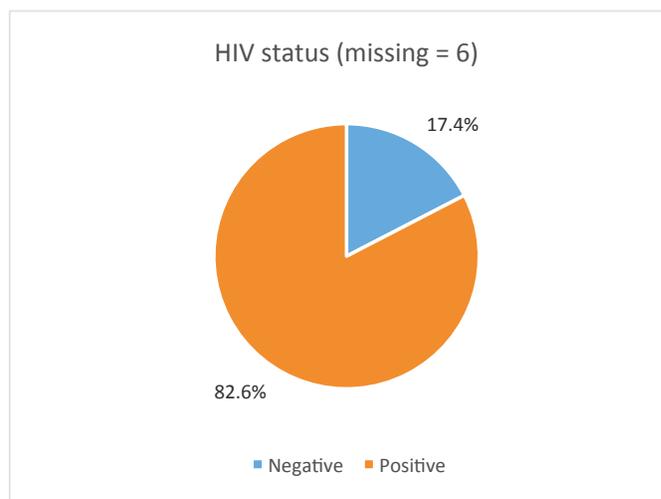
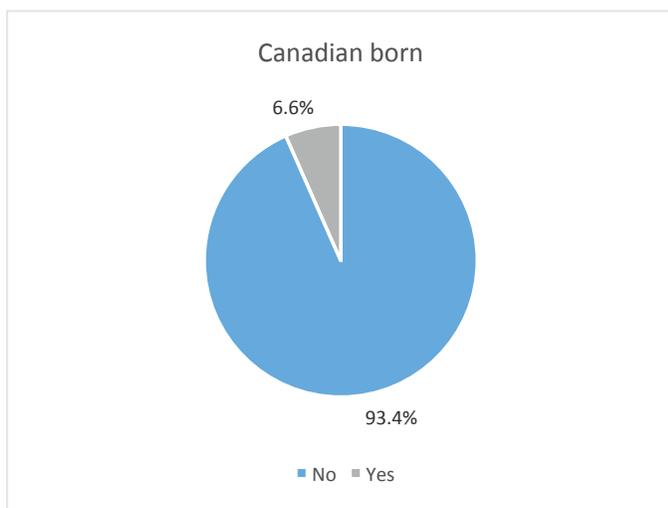
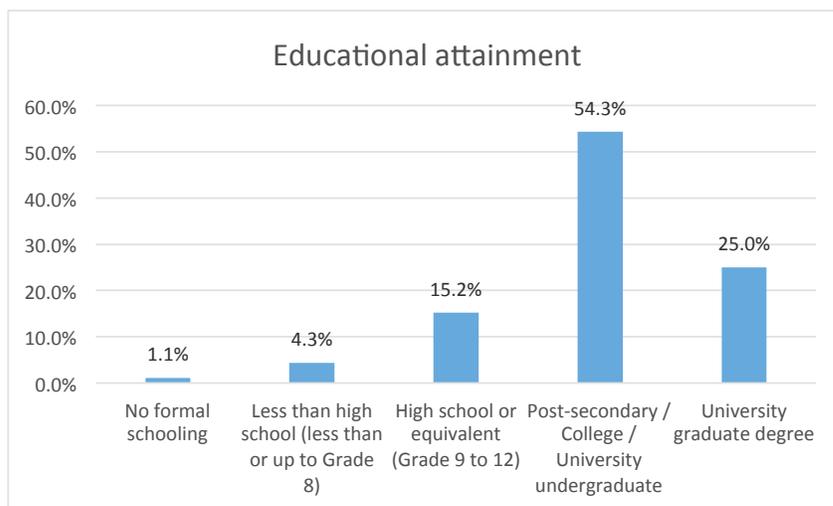
# Our Survey Participants

As indicated earlier, we invited all 139 reachable program graduates to participate in the survey (161 graduates in total; 22 of them were lost to follow-up). Ninety-two completed and submitted the survey, indicating a 66% response rate.

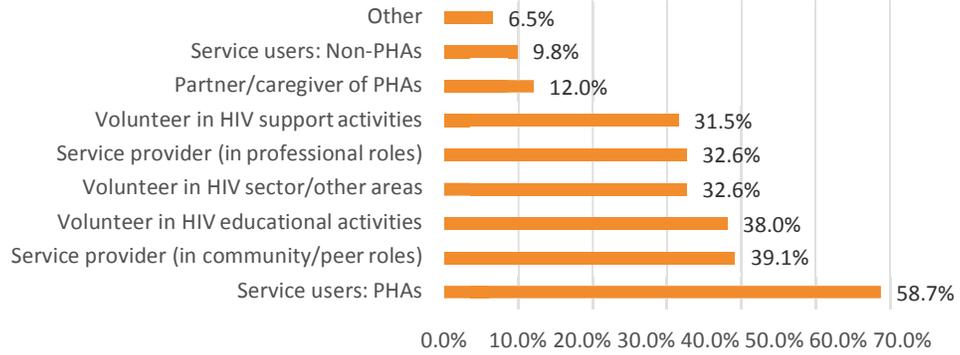
## Socio-demographic Profile of Our Survey Participants (N = 92)

Our participants identified themselves as African Caribbean Black (49.8%), East or Southeast Asian (19.6%), Latino/Hispanic (14.1%) or South Asian (10.9%). The majority of participants identified as themselves as male (54.3%), aged 31-50 years old (57.6%), having a post-secondary degree (54.3%), employed (fulltime or part-time) (65%), immigrants (92.4%), service users in HIV community (58.7%), people living with HIV (77.2%), and self-rated their physical health (69.6%) and mental health (59.8%) as very good.

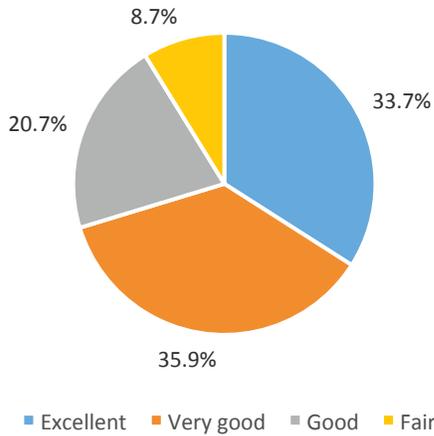




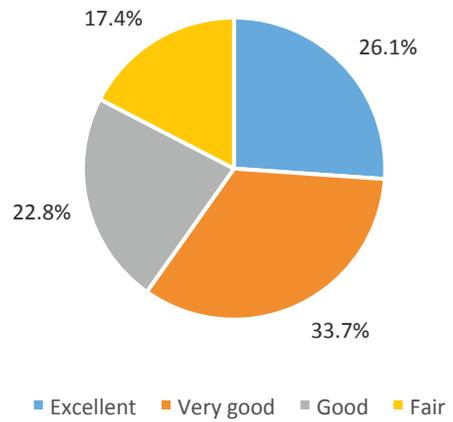
### Roles in the HIV community (multiple responses)



### Physical health



### Mental health



## Participants' level of involvement in ETSN

A third (32.6 %) of participants completed integrated ETSN training that was delivered between 2003 and 2007. In 2009, the integrated ETSN training was restructured and provided in three levels. Among our participants, 67.4% completed Level 1 training, 54.3% Level 2 training, 46.7% peer facilitator training and 27.2% have been deployed in mentored practice as peer facilitators for ETSN training. It also indicates over 80% of our study participants continued to complete Level 2 after their Level 1 training.

Training (multiple responses)	Number	%
Integrated training	30	32.6
Multi-level training:		
Level 1-Helping ourselves	62	67.4
Level 2-Helping one another	50	54.3
ETSN Peer Facilitator Training	43	46.7
Mentored Practice as a Peer facilitator in ETSN training	25	27.2

## What We learned: Our Findings

In the following section, we will present our findings from our six domains for evaluation by first summarizing the survey results from each domain and then the focus group findings.

**Domain 1: Health Literacy.**

**Domain 2: Self-health management efficacy.**

**Domain 3: Treatment adherence.**

**Domain 4: Sense of empowerment.**

**Domain 5: Social connection and support.**

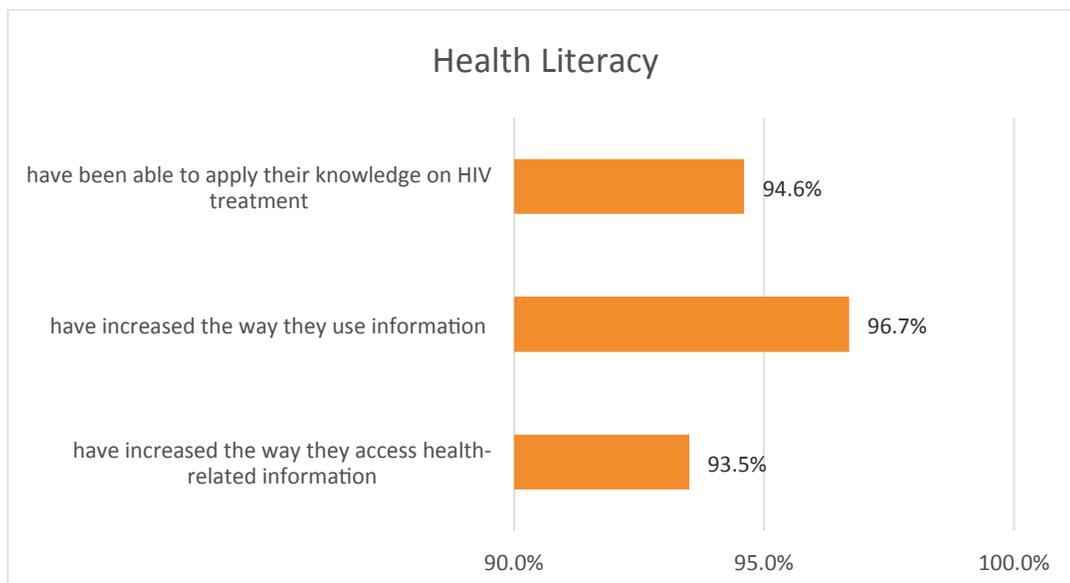
**Domain 6: Community engagement**

### Domain 1 to 3 – Health Literacy, Self-Health Management Efficacy, and Treatment Adherence

Most of the ETSN graduates who participated in the survey reported improved health literacy, enhanced self-health management efficacy and increased capacity for treatment adherence as direct benefits of the ETSN training program. Focus group findings that also included input from agency stakeholders, trainers and program participants further affirmed these findings and identified specific areas of the training that contributed to these outcomes.

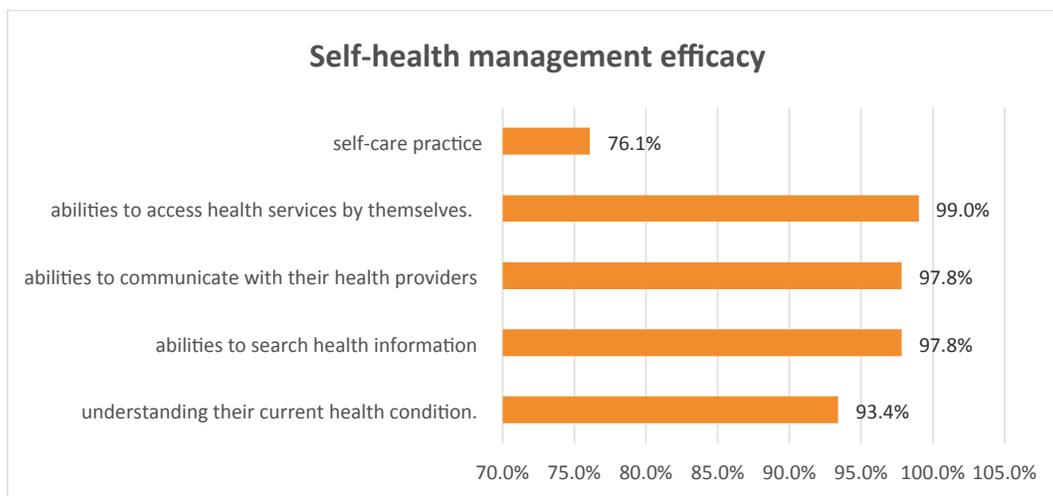
#### Domain 1: Health Literacy

This domain assessed our study participants' ability to access, appraise and apply information and knowledge related to their health conditions and treatments. Survey results show that an overwhelming majority (>93.5%) of our respondents reported improved literacy to address their health-related needs through improved ability to access information and apply their knowledge on HIV treatment to manage their health.



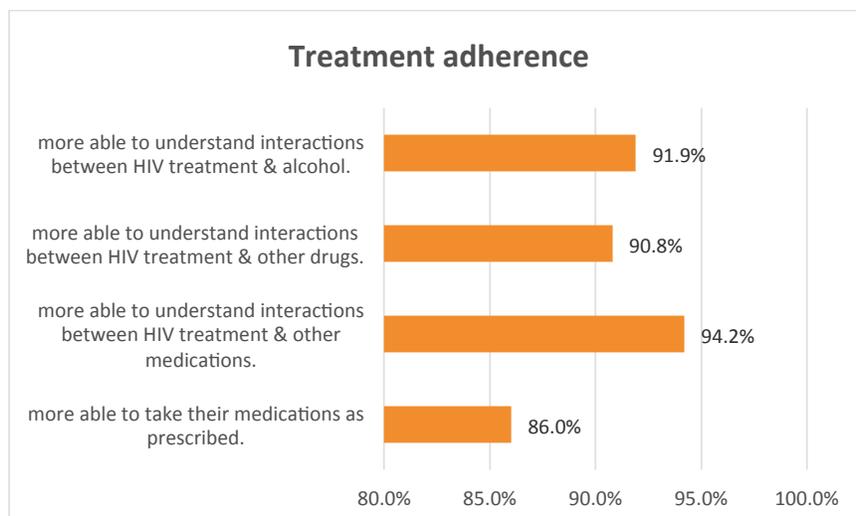
## Domain 2: Self-health Management Efficacy

This domain assessed the study participants' ability to understand and manage their own health conditions, including the ability to access the needed treatment and services. A majority of study participants (76.1%) credited ETSN training for improving their self-care practices. Further, almost all study participants (97.8-99%) felt that the ETSN training helped improve their ability to understand their health conditions, search for relevant information on treatments and services, access needed services, and communicate more effectively with their health care providers.



## Domain 3: Treatment Adherence

This domain assessed the changes in treatment adherence level among our graduates living with HIV after the ETSN training. As a result of participating in the ETSN training, the majority of participants living with HIV have improved their treatment adherence. Specifically, the majority reported being more able to take their medications as prescribed (86.0%) and having increased knowledge on interactions between HIV treatments and other medications, drugs and alcohol (>90%).



## **Focus Group Findings on improved health literacy, self-health management and adherence**

### **Individual Level Impact**

Our focus group participants affirmed ETSN training's role in supporting them in improving health literacy, self-health management and treatment and treatment adherence through building their knowledge of available treatment resources, their skills in accessing and appraising health information and their skills in communicating effectively with health service providers to address and advocate for their needs.

- ***"The ETSN program really helped me in accessing and researching HIV information for myself. I made a decision to become pregnant. and even before I went into that, I had to go into searching information, asking doctor what could happen,...I know what is going to happen tomorrow, I know everything about my body changing, I don't have to be scared about it and, just suspecting things and just remind me things of I know what is happening tomorrow, and what is happening in my life. And I'm always getting information, what is happening tomorrow, so I'm well informed about myself, I have no worries about my situation".*** (HIV sector multi-level group, African Female)
- ***"At that time, I was quite new in Canada and basically, it [ETSN] helped me so much with changing my life because I was taking different drugs at the time when I came here. But I had to start a new drug in that kind of situation, and it also **helped me to communicate with service providers** because we have differences in my country... everything is different, but as a newcomer **it really helped me to be able to communicate with the training that I went through.**"*** (Non-HIV sector multilevel group, African Female)
- ***"I learned how to advocate for myself and to speak up for myself because in the beginning, I couldn't. Whenever I was put out there, I just said yes, yes, yes, so I couldn't ask questions. Why am I taking this? Even when I was struggling with my medications, I couldn't come out and say anything to the doctor... They helped me a lot and supported me to advocate for myself and to get better treatments and at explaining myself on how I felt to the doctor."*** (HIV sector integrated group, Active, African Female)

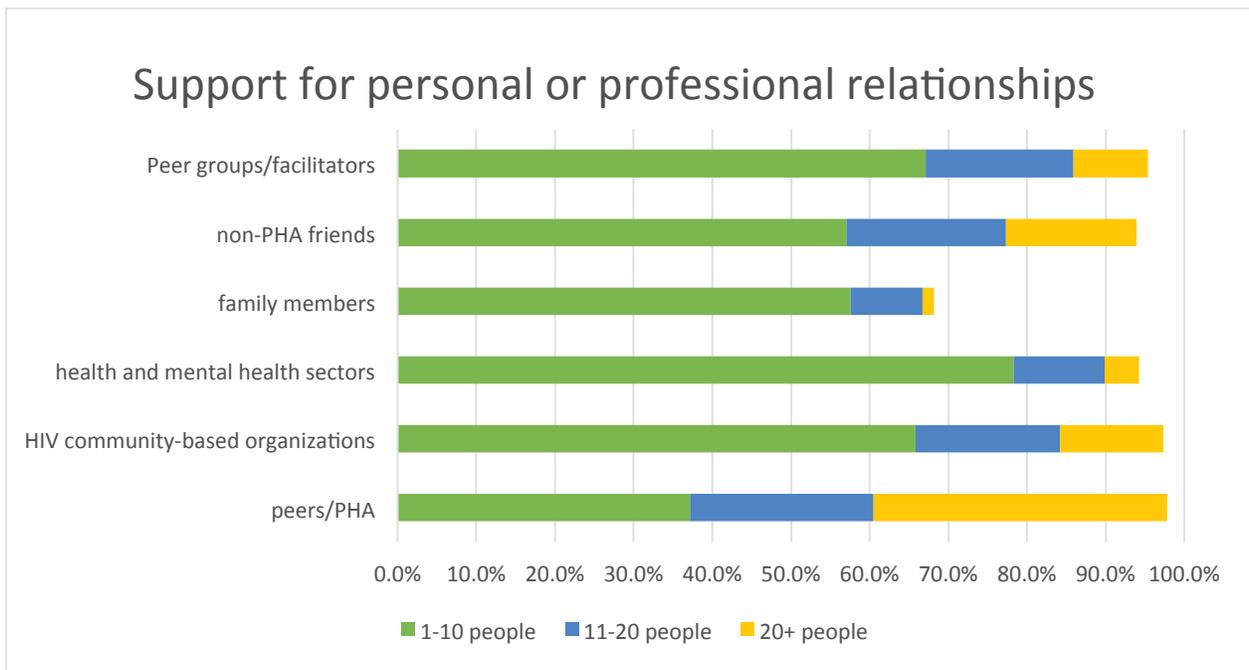
### **Community Level Impact**

At the community level, individual increased health literacy and health management skills have translated to the development of a rich pool of well trained and highly motivated peer treatment support counsellors and advocates that contribute to increased capacity for AIDS service organization to provide linguistically accessible and culturally safe peer-based HIV treatment support.

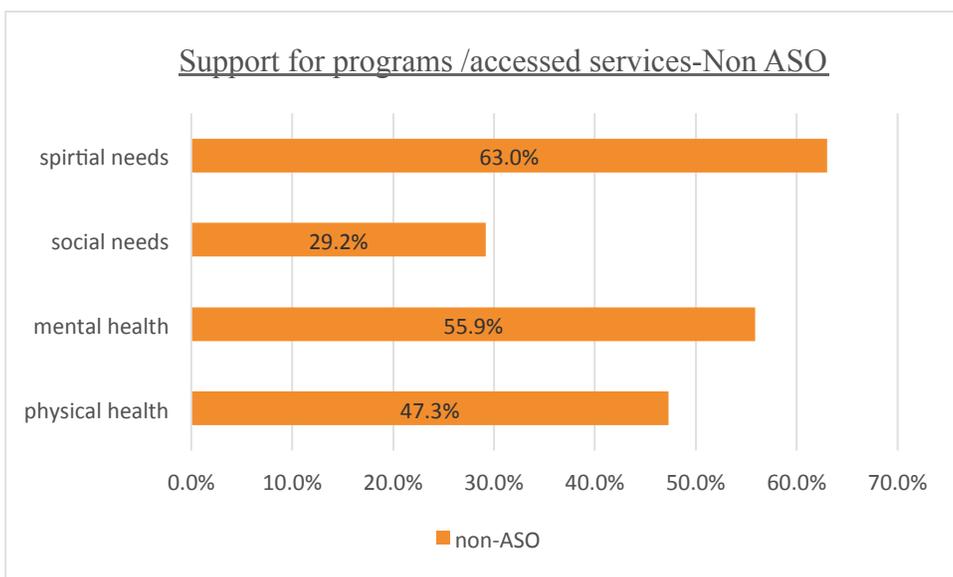
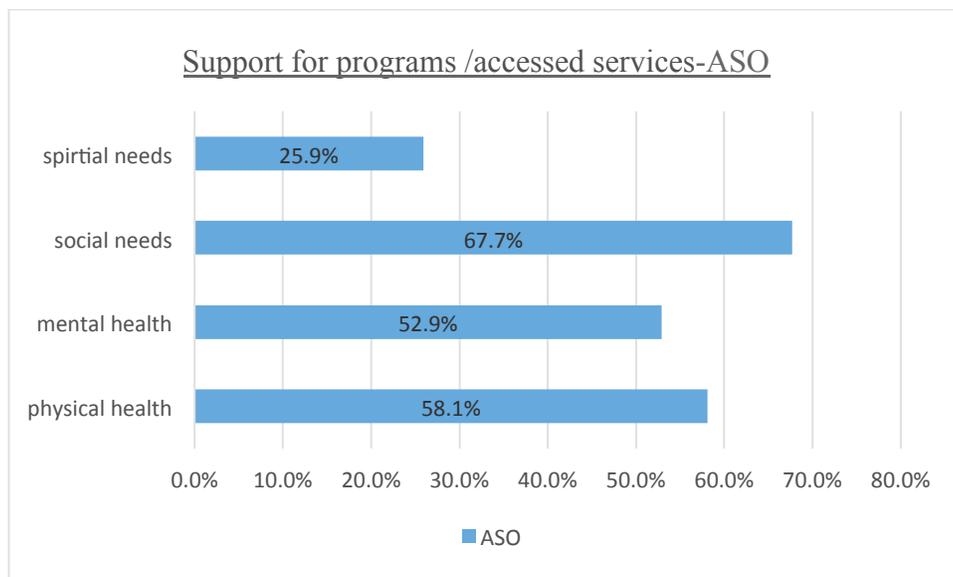
- ***"I joined ETSN when I first came to Canada, it helped me transition and afterwards I got a job as support worker, **I can utilize those skills for my clients because a lot of my clients don't speak English and I can explain to them about scientific facts, change of medication, and all those topics.** So, I'm able to use those knowledges and then transfer the knowledge to them and ETSN also helped me make a lot of important life decisions about peer counselling and assessment"*** (Peer facilitator, Asian Male).
- ***"Because I was coming from a different environment I just, like just a year passed to come to **Canada** so like ETSN opened my view of HIV in Canada... **And also, the issue of treatment, like when I was trained with the treatment and stuff, it absolutely empowered me to be able to pass on that information to the people I work with"***** (Non-HIV sector multilevel group, African Female)

## Domain 4: Social Connections and Support

This domain assesses whether participants developed new personal, professional and community relationships as a result of the experience and connections built through the ETSN training. The survey results show that the ETSN training program has helped participants expand their social support networks with a range of informal and formal social connections. As a result of participating in the ETSN training, the majority have connected with other peers/PHA (95.6%); service providers in community-based HIV organizations (85.7%); and service providers in other health and mental health sectors (74.7%). In addition, the majority have made friends with non-PHA (87.9%) and stayed in touch with the peer groups or facilitators they met during the ETSN training (88.0%). It is worth noting that almost half (48.9%) of the study participants also attributed ETSN to enabling reconnection with their family members.



The survey results also show that ETSN training played a role in helping participants connect to programs and services that support their physical health, mental health and social needs outside of the HIV sector. Specifically, as a result of participating in the ETSN training, combining their access to both services at ASO and non-ASO organizations, the majority of our study participants increased their connections to support their physical health (76.1%), mental health (69.6%), and social needs (68.5%). However, less than half of the study participants reported increased access to spiritual support (47.8%). As indicated in the data summarized in the tables below, the majority of our participants indicated AIDS service organizations (ASOs) as the main resources for them to access support their physical health and social needs and non-ASOs as the main resources to support their mental health and spiritual needs.



## **Focus Group Findings on Social Connection and Support**

Many of the ETSN graduates spoke about peer connection and community building as one of the most precious aspects of their participation in ETSN. Through the journey of sharing lived experiences and learning together, participants drew strength from each other, gained insight into their individual and collective resilience and formed close bonds and peer support networks that have continued beyond the training. Graduates especially appreciate the multi-racial diversities of ETSN which helped them broaden their social networks beyond their own ethno-racial connections at their “home-based” agencies.

### **Individual Level Impact**

- *“The thing that makes ETSN like a family because I can come here - when I come to ETSN, I can tell you all my problems and I feel no worry about it. I cannot pick up the phone and call my family and tell them anything because they won't understand. **I come here and I see people years after and we just catch up where we left off and that's what family is and that's what ETSN is for a lot of us** and even the name we came up with, they're like, oh boy, but we got it and we've accomplished plenty and there's plenty more to come.”(Peer facilitators, Caribbean Female)*
- *“**ETSN helped me to make friends even out of HIV sector and having, involving people, involving other people with HIV, making friends with them** and being like...I have HIV but I can be a friend to somebody with HIV and talk to them and learn more about how life is and I socialize with everybody now, like I don't have that barrier, I go to school, I have more friends now than I have before when I came here”.* (Non-HIV sector multilevel group, African Female)
- *“I think the most important thing that always stands out to me -- ETSN is the one thing that newcomers and people who have joined the training say, ‘I'm building a community’. And for newcomer who are here, who left everyone behind, left their family, friends, community behind, to them it's true that **ETSN actually get them a family and community here in this new country.**” (Agency director group)*
- *“**The family that exists within ETSN is very different from others because at the end of the session, you just see people come in without knowing each other and will exchange phone numbers, emails, or Facebook to reconnect. ...**There is that acknowledgment and I remember sometimes, some of our peers have trouble with immigration or they can't access medication here...or there is someone on the phone - they just came to the country and they don't have medication. I don't have it, but then they call another person and it's mostly the ETSN graduates and then, you... keep calling around. You find people really care for each other and I think that you can't find it in any other programs.” (Peer facilitator, African Male)*

## Community Level Impact

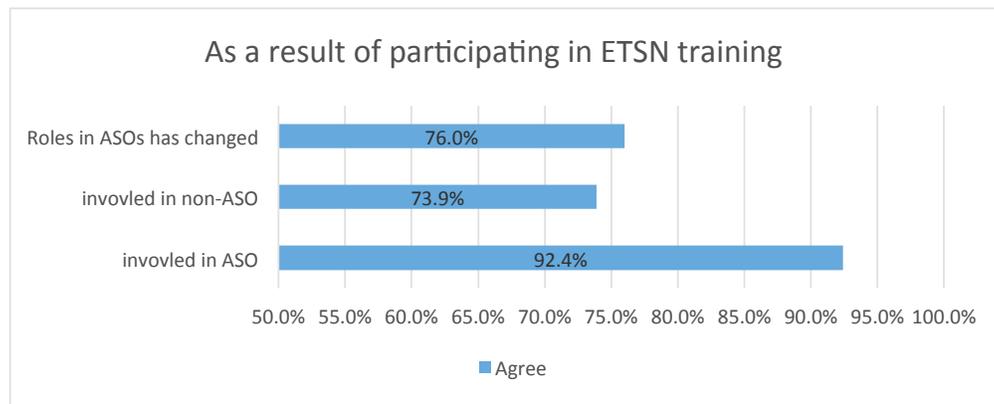
At the organizational and community levels, the social support built through the ETSN program has translated to the establishments of formal and informal peer support groups and networks and supported the development of valuable human resources for many HIV/AIDS service organizations in the forms of support program staff, volunteers and community leaders.

- *“The whole issues around stigma, isolation and all that stuff that people still struggle with in our community, **ETSN fostered that sense of connectivity with folks who, kind of like the ETSN alumni and network and groups that were in contact, in communication with each other formally and informally.** So that’s a big plus.” (Agency director group)*
- *“Because we went to training and learned how to help others, I’m helping out. **So, I was one of the founders of a group called Latinos Positivos and I was one of the ones who started the whole thing.**” (Peer facilitator, Latino Male)*
- *“I know it has helped us a lot ... because my support department I can say all of them attended the training. And they used the skills to cope and to help the clients as well. Our volunteer coordinator also participated in the ETSN training, as well as community development and prevention. So, I can say most of my staff have participated in ETSN. **It’s helped them to organize themselves, and then to know what to do what not to do, and in handling issues also... to deal with situation and do their work better.**” (Agency director group)*
- *“We had the active listening and we had like training sessions... That was very good for me, and now **I’m still using it because in my community, there are some people who doesn’t want to go to healthcare providers or doesn’t go to groups or stuff like that because of the stigma and discrimination. So, I’m using the communication skills and then trying to talk to people and trying to counsel and stuff like that.** It was very good.” (Non-HIV sector integrated group, African Female)*

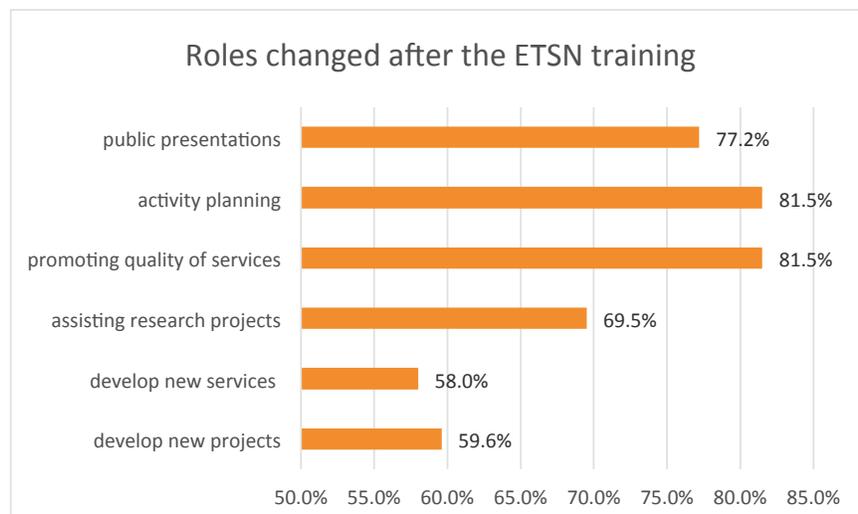
## Domain 5: Community Engagement

This domain assesses the changes in the types and levels of involvement that ETSN graduates experienced in both the HIV and non-HIV sectors. As a result of their participation in ETSN, the majority the study participants reported having been involved in ASOs (92.4%), and non-ASOs (73.9%). Further, more than three quarters (n=68; or 76.0%) have reported changes in their roles in ASOs.

In terms of the type of involvement, almost two-third have volunteered in one or more ASOs (68.5%), and one or more non-ASOs (60.0%). In addition, over half of our study participants have worked as a staff/employee in one or more ASOs (54.4%), and close to half have worked as a staff/employee in one or more non-ASOs (45.7%).



Amongst our study participants who reported changes in their roles in ASO (n = 68; 76.0%), many have become service providers/peer support workers (34.2%), advisory committee board members (15.8%), advocates (11.8%), peer research associates (11.8%), project coordinators (10.5%), and volunteers (10.5%). When asked about the specific tasks they were involved in, the majority reported engaging in activity planning and promoting quality of services (81.5%), followed by public presentations (77.2%), assisting in research projects (69.5%), and helping with development of new services or resources for the communities (59.6%).



## Focus Group Findings on Community Engagement

### Individual Level Impact

Individually, study participants attributed ETSN training as a major factor that strengthened their capacities (e.g., knowledge, skills, social connections, etc.), improved their employability and supported their engagement in the HIV community in different roles such as staff, volunteers and advocates. They identified numerous empowering processes-outcomes from joining the ETSN program: (a) collectively built a safe and empowering space for learning; (b) affirmation of their lived experiences, (c) increased ability to recognize their own resilience and transferrable skills; and (d) increased knowledge and skills to provide accurate treatment information to peers.

- *“When I first came to Canada, like everybody else, I had no friends here, I had no family and I only knew one person in Canada and when I became part of this training, **I was empowered, and I wanted to be a part of this movement. I want to be one of the people that affect changes, positive changes in the community.** The peer mentors, the facilitators, I wanted to emulate them, and I wanted to be one of them. I was like a sponge and I was absorbing and not only that, but I was also sharing what I learned with everybody else.” (Integrated cohort HIV sector, African Female)*
- *“They became better citizens, because they knew. **This actually gave us concrete information and the right information for people to make informed decisions and share with others right.** It informed their decision making and their ability to have conversations with other peers.” (Agency director group)*
- *“They [ETSN graduates] have learned the skills and the importance of providing accurate and proper information. And they go to the extremes to make sure that when they are providing information, whether they are leading a group, they make an effort to provide accurate, correct information and help people directly. So that’s one of the skills that come out of ETSN - that people lead together, and ETSN’s leading that with a lot integrity.” (Agency director group)*

### Community Level Impact

At the community level, study participants identified learning from the ETSN program that enable them to build supportive communities: (a) increased knowledge and skills to provide peer-based psychosocial support, (b) increased awareness of human rights and social justice; and (c) increased sense of community and mutual concerns for each other.

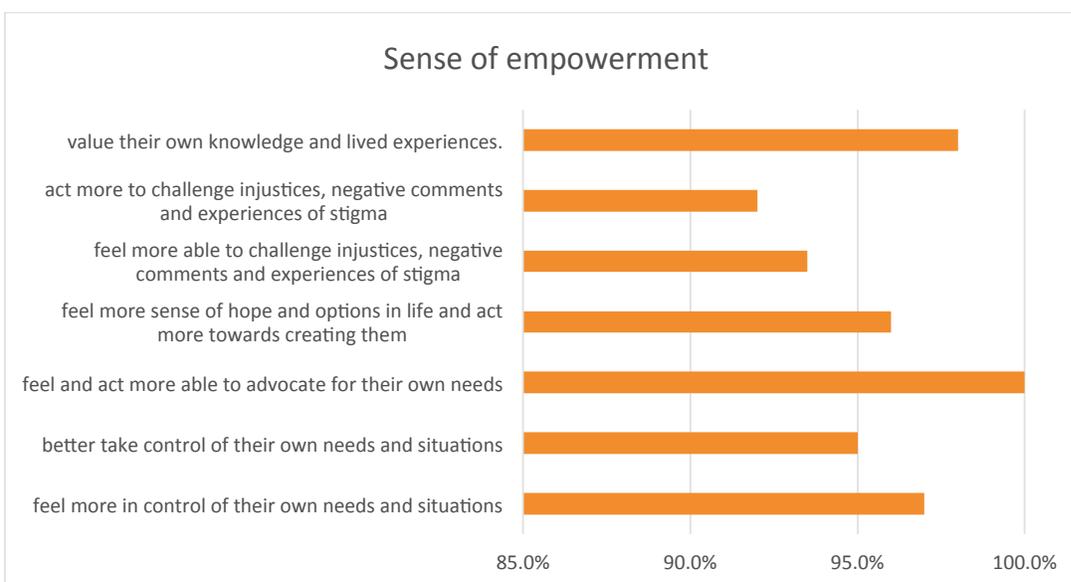
Collectively, the increased level of involvement of ETSN graduates in different ASOs and broader civil societies contributed in a major way to the advancement of the Greater and Meaningful Involvement of People Living with HIV/AIDS (GIPA/MIPA).

- *"I came with 3 years working experience with HIV organization from home. When I was coming... I was like.... I don't want to do any HIV work, I'm not going to do anymore social work, but sometime after going through this training as a newcomer I saw the need was too big, I had to jump in and get involved as much as I could, because **I saw that many people here are suffering in different ways especially as a newcomer**, whom we need to bring them on board, we have to many things to help them research things, help them to navigate through the system ... **so with my experience like what I've gone through I wanted people to have a better way of going through [the system]**. So now I'm working with an HIV organization, actually, like everyone, I am able to engage with people living with HIV and helping them to...help them appreciate that life is special." (HIV sector multi-level group, African female)*
- *"After doing ETSN Level One here, I went to **a woman group**, and **I had done a lot of help there**. I've done different kinds of works there, **volunteer**, and we were going out as a community." (Non-HIV sector multi-level group, Caribbean Female)*
- *"In Level Two the **peer counseling** with the affirmative format that they are using, which I found it **very good, very useful**. It allowed me to **use it in my work place**, I found it really umm gave us **a sense of empowerment to support each other**." (Multi-level Cohort Active, Asian Male)*

## Domain 6: Sense of Empowerment /Improved Health and Well Being

This domain assesses our study participants' readiness and ability to make decisions and take action to address their own needs and to challenge social injustices as a result of participating in the ETSN training, Almost all our study participants reported a sense of valuing their own knowledge and lived experiences (98.0%), increased sense of hope and options in life (96.0%), better able to take control of their own needs and situations (97%), and feel more able and actually act more to advocate for their own needs (100%).

In addition, 93.5% felt more able to challenge injustices, negative comments and experiences of stigma, and 92.0% have actually increased their action in challenging them.



## Focus Group Findings on Sense of Empowerment and Well-being

### Individual Level Impact

Study participants credited their participation in ETSN as a significant contributor to their sense of empowerment and improved sense of well-being. They have provided examples of increased readiness and actions across different domains of life: self-care, self-disclosure, challenging stigma and discrimination, building networks and communities, and pursuits of valued guided life goals.

- *“(When I tested positive) I went through a lot at that point. I wanted to kill myself. I was a hyper person, but **ETSN had like calmed me, helped me mentally, physically, everything.** I’m a different person, now I think and talk everything. It had changed my life and changed me for the best.” (Non-HIV sector Multi-level group, Caribbean Male)*
- *“Where I came from (Africa), when everybody went to get their medication, everybody sits in isolation. On the bench. We don't look left; we don't look right. After going through ETSN, it releases that fear in me. That fear in me. It released in me, my confidence, I should be all that I can, I can achieve to the highest of my capacity, so I got these feeling and empowerment through ETSN.” (Non-HIV sector multilevel group, African Male)*
- *ETSN is not just teaching us about HIV and medication. **It gives us a grounding structure for our own life, that we can take charge and we can advocate for what we want,** whether it's health or just in general. It gives me that passion to fight and advocate for ourselves, and what we believe in, right or wrong. It gives us that ability to do that”. (Peer facilitator, South Asian Male)*
- ***“ETSN training is empowerment and self-advocacy.** So for me, whenever I go to my daughter's school for meetings, I can tell them that, this is the way it's supposed to be done and this is what my daughter is supposed to be doing... what I learned from the ETSN training is to speak up for myself. I wouldn't have done it without ETSN, and it also helped me encourage my daughter to speak up for herself using the training that I learned from ETSN ... **You know how to approach people and you know how to present your case to say okay this is what's happening, and this is what's happening now and at the end of the day, they end up involving you in everything.** That's what's happening in the club [daughter's competitive sport's team].” (Peer facilitator, African female)*

## Community Level Impact

At the community level, graduates, trainers and community stakeholders alike held ETSN in high esteem as an exemplary model of GIPA/MIPA. The ETSN commitment to GIPA/MIPA is reflected in both its innovative program design as well as the commitment of all its stakeholders to adhere to its value-driven practices. The study participants identified many examples of how the ETSN program model has informed and influenced other training programs in the HIV sector, and how ETSN graduates have taken leadership in translating their knowledge locally and internationally to advance GIPA/MIPA and systemic changes.

- *“GIPA/MIPA is really embedded in ETSN, for people going back into the community they expected to be treated with GIPA/MIPA. So, in some way we have started some kind of quiet revolution out there too because people don’t put up with it anymore.... I think that, there’s all those kinds of, not capturable, kind of evidence, **is that people come to this [ETSN], they network, they get to know each other, they are out there and demanding other places to treat them differently.**” (Mentor group)*
- *“The International AIDS conference in 2006, it’s really like the watershed moment for ETSN... **the peer facilitators we developed over the, only three years, and we were mature enough to take on so many new things...** writing abstracts, conducting workshop at the international AIDS conference, the Global Village... (We had) twelve workshops and the oral presentations and posters at the conference, playing host to the world. People [ETSN graduates] took on leadership role... I think if you look at the conference and you look at the different organizations, who was present, you would see the impact of ETSN there. Because there were not a lot of PHA in leadership roles at that conference, except through ETSN.” (Mentor group)*
- *“**Two of our colleagues had been deported and had been part of ETSN and they went back to Mexico and they started similar things like ETSN.** So, when we told them that we are coming - trust me, they were very excited. One of them took us to a real Mexican restaurant and we were just crying tears and then they were telling us they’ve mobilized communities and they are meeting with the local health authorities to include HIV on their agenda. One was involved in planning some of the activities for the conference and they were just saying, if it wasn’t for ETSN or Canada, I wouldn’t be doing the work I’m doing. It’s very heartwarming.” (Peer facilitator African Male)*

## Our Strengths and Wise Practices

Study participants identified numerous strengths and wise practices of the ETSN program based on its program structure, design, and contents. These findings affirm that ETSN was underpinned by values and processes of collective empowerment and capacity building.

### 1) Safe Space and GIPA/MIPA

Study participants identified ETSN as a safe and inclusive learning space for racialized and newcomer PHA. They also recognized that ETSN honored PHA's lived experiences, acknowledged their struggles and affirmed their resilience.

- ***"It doesn't matter what education background you come from. As long as you do the ETSN program, everyone will help you and it doesn't matter if you can pronounce or can't pronounce [certain words] or if you make mistakes or hiccups, they're there to help you and they're there to encourage you and let you know that it's okay."*** (Peer facilitator, Caribbean Male)
- ***"You meet a lot of people shared their experiences and most of us are from different backgrounds so when you come into a room so diverse and everyone share their story, it helps you to say like that person has it for ten years, twenty years, and someone who just walked into the room off the street just found out their status, it helps to be like, oh wow, it's gonna be okay for me..... it's like I'm better than this, like it's not who I am, like it's not gonna define my tomorrow"*** (HIV sector multi-level group, Asian Male).

### 2) Intentional Practice to Promote PHA leadership

The intention practice of recognizing and honouring PHA lived experiences extended beyond the ETSN training. It was embodied by ETSN mentors, staff and CAAT to promote PHA leadership.

- ***"We went to a conference in Montreal and (one of the ETSN mentors) was supposed to present 'cause they wanted the doctor to present on HIV and talk about all of the client studies he's done and how he's helped all those poor people that are HIV-positive. And our mentor stood up and he said, I will not be presenting today, but what I've done is I've brought a few of my colleagues, our peers from the ethnoracial HIV community, and they will be presenting on behalf of themselves. All the HIV-positive people in the room stood up and they were clapping....and we took over the room and it was amazing...that's the first time publicly he's ever done that, and he's continued to do it for us every day."*** (Peer facilitator, Caribbean Female).

### 3) Responsive Training Curriculum

The ETSN training curriculum, grounded in PHA's lived experiences, was identified to be effective and responsive to the complex needs of PHA and affected communities.

- ***"The peer counselling skills where we had to practice in small groups, we learned to listen to each one's story and give feedback to the other one who practiced. I studied counseling skills in my grad***

*school in Uganda, but I never had a personal, one-on-one, life talk with someone else living with HIV and mental health addictions, like with alcohol and all these issues that are really personal and not any other groups other than through ETSN that had group scenarios and group practices, cause we each talked about issues that are immediate and tangible.” (Integrated cohort, Active, African Male)*

#### 4) Experiential and Collaborative Learning

Study participants identified the ETSN model of experiential and collaborative learning as a powerful process that built comprehensive knowledge and strong connections that contributed to the development of a community of practice:

- *“Each class, we had assignments. Group assignments and I would start working and posting my own idea to our group. Each group would have a task and I had a lot to learn... **it had given me an opportunity to learn more about different issues on HIV.** Two, because of those work... because where I was coming from, as I said, you are individual, nobody will say anything, but **the training let me become interactive, so I know you, you know me, it was like networking in a way.** Three, **it even went beyond CAAT because it helped me like at APAA, Black-Cap, ... it expands my view, so the training gave me this great opportunity to be connected”** (Non-HIV multi-level group, African Male).*

#### 5) Meaningful Engagement of PHA Graduates

Another wise practice of ETSN was to engage PHA graduates in the planning, delivery and evaluation of the program to ensure that the curriculum was inclusive and relevant to PHA and affected communities' needs.

- *“There was actually a retreat a few years ago for ETSN graduates to review and revise the curriculum. Yes? Yes. So that's really beautiful right? **There's this constant feedback and accountability in how the whole training works** and I think, for me, just being able to learn from other peers is actually very special and it's quite hard to find this in the community.” (Peer facilitator, East Asian Male)*

#### 6) Structured Mentorship and Community Succession

Study participants indicated that the success of ETSN was built on a strong alliance of professionals, community advocates and PHA leaders, who worked closely on structured mentorship and community succession.

- *“**This is why so much of us love our mentors who help us to grow and if we don't have the water to put on the roof, our mentor will find a way to get the water up there so that we can flourish and we will grow just the way we deserve to be and I love our mentors for that.**” (Peer facilitator East Asian Male)*
- *“At the end of (each training) day, we sit down with our mentors for an hour and a half, which nobody likes it (laugh) and we get feedback, right? **We try to get really constructive feedback on how you have done well or how you can improve more and things like that.** So, it's very constructive and it helps people to understand how they need to improve themselves and yeah...” (Peer facilitator, Latino Male)*



## Barriers & Challenges

### Systemic Challenges

During discussion about barriers and challenges related to the ETSN program, some participants highlighted their observations that ETSN did not received equitable resources to support its impactful work.

*“The challenge I have noticed is that ETSN, **we don't have a lot of resources financially, but I feel that we do a lot of great work and inspiring work** compared to the people who have a lot”. (Peer facilitator, African Male).*

### Challenges related to program structure

Study participants responses showed that there were some notable differences in experiences and perspectives amongst peer participants and agency stakeholders. Overall, key areas of programmatic challenges include recruitment approaches, limited deployment opportunities, language barriers, and resource limitation for partnered agencies.

#### 1) Recruitment dependency on partner agencies limiting outreach and participation:

*While the current mode of participant recruitment through partner agency staff promoted more target outreach and more streamlined screening, our study participants also found it limiting as it depends highly on how familiar the agency staff is with ETSN program and therefore their readiness and effectiveness in promoting ETSN to their clients; and it also exclude PHAs who are more isolated and may not have accessed ASO services.*

- *“I think that ETSN should advertise in hospitals or doctors' clinics to say... at least you have people from the community who don't have anything to do with ASOs, so that everyone can be part of this resource. I've come across a lot of people who are out there, but they just don't want to get involved, but they need the information, they need the connections [with peers]”. (Non-HIV multi-level group, Caribbean male)*

#### 2) Limited frequency of training and deployment opportunities for graduates:

*Study participants identified that since ETSN is only offered on the average of two times a year, this limits the opportunities that peer graduates can be engaged as peer facilitators to deliver the program.*

- *“(Because of the limited frequency of the training there to be facilitated) ... One of the PHAs said to me, it's like you're training, it's like you've got a group of race horses that are trained and ready to go but there's no track for us to run on. So that's what you got here.” (Mentor group)*

#### 3) Language barriers, intensity of training and strict attendance requirement:

Some study participants identified that the multi-day attendance requirement, the intensity and complexity of the training content as well as group work requirement between sessions of ETSN can pose barriers for some participants, especially newcomers with language barriers and who has to deal with many competing priorities such as settlement and employment.

- *“The Saturday trainings, for the clients (the challenges were) definitely the language and level of education. **You know sometimes ah ah people are not um training ready per se just because they are doing so many trainings at the same time, or maybe employment, or maybe not employment but other issues.** Uh... poverty... uh..uh... immigration processes that sort of thing.” (Agency director group)*

#### **4) Long duration of training concerns agency in terms of staff resource planning:**

*Some agency partners expressed concerns that the long duration of the training may take up too much staff time especially since many ethno-racial ASOs had to deal with high service demands with limited staff resources.*

- *“I mean they are all valuable, but is you, you know like I can only send my staff to so much training especially it’s gonna be four days and they are only working there five days out of a week. **Especially as a small non-profit organization, with limited staff capacity** and um I mean there is no way to do that, and I mean **that just become a huge barrier for me to make a decision to actively support my staff to attend that training.**” (Agency director group)*

## **Challenges related to sector-wide issues**

Challenges identified by research participants that limited the positive impact of ETSN relate more to social and structural factors affecting organizational resources and employment practices. From the peers’ perspectives, key barriers include the trend of professionalization and undervaluing of lived experiences within the HIV sector that limited peer engagement and leadership, and stigma and discrimination that reduce the recognition of the training experience beyond the HIV sector. From agency stakeholders’ perspectives, there was an oversupply of training opportunities but limited funding resources to support equitable peer engagement.

#### **1) Limited Resources to Support Peer Engagement Opportunities at home agency and HIV sector:**

Our study participants identified a lack of peer engagement opportunities at their own ethno-racial home agency as a barrier for them to be able to apply and utilize the knowledge and skills they learnt. From agency partners’ perspectives, the lack of funding resources to support such initiatives is a sector-wide problem.

- *“Most AIDS service organizations have is with a continuation of decrease of funding. The potential threat of decrease of funding. **How do we continue to pay honorarium for individuals who are coming to do this or have been trained to do the work?** I don't have a paid position to offer them and I don't even have an extra dollar to pay them 50-dollar honorarium here and there. I can do it once in a while, but I can't do it all the time. And so, then it goes back to time and respect for the individual, and actually paying people for the work they do. ...how can I contribute to their contribution to the organization in a meaningful way that mean something to them. That could be one of the challenges.” (Agency director group)*

## 2) Perception that some staff/peers are “over-trained” beyond their “utilization” level:

Due to the lack of resources to support peer engagement initiatives and the resulting lack of opportunities, both ETSN graduates and agency stakeholders identified that people with lived experiences are over-trained and underutilized.

- *“My personal take in, um it's within the HIV sector, **uh at-at first it was PHAs over survey, and then research, and now PHAs are over trained.** Um coz there is every training but there is no opportunity for them to practice a lot of those training that they receive. I don't think there is an effective strategy out there.” (Agency director group)*

## 3) Professionalization, stigma and discrimination led to devaluing of PHA lived experience within and beyond HIV sector:

*ETSN graduate participants cited the over-privileging of academic professional qualifications and undervaluing of lived experience in many ASO's hiring practices as a significant barrier to their engagement in the HIV sector. The wider societal stigma and discrimination towards HIV further limits the recognition of the value of their lived experience and utilization of their HIV sector specific training including ETSN.*

- *“When they (ASO) post jobs...there are HIV +ve people that are trained, they know everything. They're the living examples, but they're always denied, because they have this one, the fact they are more comfortable hiring someone from the university, with the degree or whatever. They hire them to learn on the job, because they don't know what they're going to do there. They don't have the experience.” (Integrated cohort, non-engaged, African male)*
- *“One of the challenges is that, people get all these skills and, **they don't have the opportunity to use it and I think a lot, we have to look within ourselves because um, even the ethno-racial agency..., because they don't use the graduate, you know.** There's job that you see oh then you know that they could do it, they've done it before but when you post a position, a contract position, or you want to fill in, you get them but when you post a permeant position then you put all those degrees on it and say come in, and you know that this person have worked there and they can do the job. So I think we need look within ourselves as a form of, like, how do we empower people, and how do, maybe the ministry that gives the funding and to all these program, hold these agencies accountable in terms of, if you are say in your practice” (Mentor group)*

# Recommendations to strengthen ETSN by research study participants

## Suggestions for program structure improvement

- Expand outreach and promotion to recruit participants through more diverse health and service organizations to reach more marginalized people within our cultural communities such as people with mental health and addiction issues.
- Collaborate with partner agencies to conduct language specific groups to be run by ETSN graduates.
- More alumni reconnection sessions to showcase and build peer-led initiatives, including applications for funding and mentorship support for such initiatives.
- Mentorship succession planning and training to support peer facilitators to take on roles of mentors.
- Utilize more web-based technology to shorten in-person meeting time requirements.

## Suggestions for enhancement in program content

- More follow-up training for ETSN graduates on treatment updates and life skills.
- Increase in-depth training contents on mental health and addiction issues, hepatitis C, broader sexual health issues, and other psychosocial issues relevant to newcomers
- Increase training contents on the history of HIV activism and current issues of interest such as criminalization of non-disclosure, U equals U, etc.

## Suggestions for organizational and community level strategies

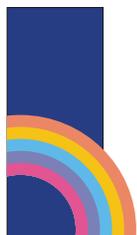
- Advocate for or develop infrastructure and initiatives within the HIV sector to support PHA who have taken on roles as service providers (Supporting the Supporters).
- Enhance coordination with other PHA training programs to ensure non-overlap and increase sector-wide recognition.
- Develop an inventory of practice opportunity for peers within the sector to enhance peer engagement and deployment
- Establish more proactive interlinkages to utilize graduates within CAAT's other programs.
- Formalize "placement" processes for graduates using a placement model with partner agencies similar to placement for academic track students in different job positions.
- Improve recognition of training through publishing and copyrighting training curriculum and explore formal accreditation status.
- Expand and promote program to other cities provincially, nationally and internationally.

*"We could look at getting resources from other provinces to worldwide. There's nothing that can stop ETSN from growing. Like we heard there're people who have gone to sub-Sahara Africa and talked about ETSN and others who came back to their country of origin and they were talking about ETSN. So ETSN is powerful like that and we need to get it to a point where we keep going higher and higher. The sky's the limit."*

*(Peer facilitator, African female)*

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