



Colors of Resilience

**A forum to advance evidence informed practices amongst
racialized communities affected by HIV**

Summary Report

Ramada Plaza Toronto, April 26th (Tuesday), 2016.



Committee for
Accessible
AIDS Treatment
Toronto, Canada



ACAS
Asian Community AIDS Services



ASAAP
ALLIANCE FOR SOUTH-ASIAN AIDS PREVENTION



CSSP CGHH



Ontario Positive Asians



Acknowledgements:

The Colors of Resilience Forum is organized by the **Committee for Accessible AIDS Treatment** with the collaborative support of the following co-sponsoring partner organizations:

**Asian Community AIDS Service,
African in Partnership Against AIDS,
Alliance for South Asian AIDS Prevention,
Black Coalition for AIDS Prevention,
Centre for Spanish Speaking Peoples,
Latinos Positivos,
Ontario Positive Asians, and
Ontario HIV Treatment Network**

Special Thanks to:

Forum organizing committee members:

Alan LI, Diana Campbell, Guy Mian, Fatima Barry, Josephine Wong, Marvelous Muchenje, Maureen Owino, Shazia Islam

Forum coordinator: Desmond Deng-Min Chuang

Video filming: Guy McLoughin

Logo graphics by: Aries Cheung

Ramada Plaza Hotel

Regent Park Community Health Centre

AIDS Bureau, Ministry of Health and Long Term Care

The Ontario HIV Treatment Network

And especially to all the forum participants for sharing their valuable knowledge and experiences.

Background

In recent years there has been increasing emphasis on evidence-based practice in the HIV service sector. Many racialized and newcomer communities have undertaken innovative community based research to inform program development in response to emerging/unmet community needs and to advance evidence informed policy. However, there has been limited opportunities for these work to be showcased and shared amongst relevant stakeholders to maximize broader sector awareness and knowledge uptake to impact systemic practices.

This knowledge transfer exchange (KTE) forum aims to provide an opportunity to facilitate dialogue and collaboration to advance evidence-based policy and programming development to address the needs of newcomer and racialized communities affected by HIV in the Greater Toronto region.

Objectives

The key objectives of the forum were to:

- Share knowledge and information on current research related to the HIV, racialized and newcomer communities;
- Share knowledge and experience on evidence informed practices on HIV prevention, care and support amongst racialized and newcomer communities;
- Share knowledge and experience of effective models of integrating research evidence into practice;
- Facilitate dialogue to explore collaborative research, programming and policy development

Introduction

Alan Li and Maureen Owino welcomed participants to the Colour of Resilience Forum, and introduced objectives of the forum. Marvelous Muchenje led a warm up activity to engage participants in dialogues and get to know each other.

Attendance

Fifty-five Individuals attended the forum, including stakeholder groups of: (1) racialized and newcomer people living with HIV/AIDS (PHAs); (2) health and community service providers, program managers, policy makers and program planners; and (3) academic and community based researchers, trainees and students.

Forum Presentations

Morning Session

Panel on “Innovations in evidence-informed and inspired policies and practices”

(see appendix #2 for full set of presentation slides)

Sandra Godoy – Lessons learned: HIV-positive sero-status disclosure intervention (Women’s Health in Women’s Hands Community Health Centre)

Gerardo Betancourt– *La Pasión*, sexual desires, pleasures and passions of latino gay men in Canada: Chicos Net a sexual health behavioural intervention (Centre for Spanish-Speaking Peoples)

Lena Soje & Tao Xie – From CHAMP to ACE: evidence-informed practice that matters (Committee for Accessible AIDS Treatment)

Shannon Ryan – An overview of Black CAP’s BMSM health & wellness resource project (Black Coalition for AIDS Prevention)

Posters on population based research KTE strategies

(See appendix #3 for copy of presented posters)

Carmen Logie – “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. (University of Toronto)

Ramrajh Sharvendiran – Access, Identity, and Men (AIM) Study (Alliance for South Asian AIDS Prevention)

Derek Yee – History of community planning and research that inspired and supported the formation of OPA (Ontario Positive Asians)

Afternoon Session

Panel on “Innovative practices that have informed research and policy development”

(See appendix #2 for full sets of presentation slides)

Alessandro Bisignano – From “PHA Workers Training” to “PEERS” and “Supporting the Supporters Resilience Research” (Committee for Accessible AIDS Treatment)

Richard Utama–From S.L.A.M. to MSM Resiliency Dialogues (Asian Community AIDS Services)

Shazia Islam – More than Fiction: Investing in South Asian POZ communities (Alliance for South Asian AIDS Prevention)

Wesley Jordan Oakes– From iSpeak to WeSpeak (Africans in Partnerships Against AIDS)

Posters on issue based KTE strategies from frontline to research and policies

(see appendix #3 for posters presented)

Catherine Rutto- Understanding trauma for women living with HIV: Gathering ideas for an intervention (University of Toronto)

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

Marvelous Muchenje- Dilemmas of African, Caribbean and Black (ACB) HIV-positive women service providers’ efforts to provide culturally appropriate services (Women’s Health in Women’s Hands Community Health Centre)

Roundtable Discussions

Small group roundtable discussions were held both in the morning session and afternoon session. In the morning, participants were grouped according to populations of interest (e.g. PHA, ACB, MSM); in the afternoon, they were grouped by the issues of interest (e.g. Stigma reduction, GIPA/MIPA).

The roundtable sessions provided spaces for participants to share their lived and work experiences as well as to engage in discussion to explore the following questions:

- What are the key challenges and barriers involved in knowledge translation along the research, policy and practice continuum?
- What wise strategies and models exist that have successfully addressed these barriers?
- What actions and collaborative initiatives would be helpful to further advance evidence informed practices? (for the populations of interest in the a.m. session, and on the issue of interest in the p.m. session)

Cross-cutting Themes and Recommendations:

Below are the summary of the key cross cutting themes and recommendations that emerged from multiple small group roundtable discussions:

Challenges and Barriers:

- **Accessibility barriers:** Many existing health and social services are not developed and planned in response to the social needs and context of the populations, e.g. most of the newcomer populations settle in suburban areas but most HIV services are delivered only in downtown Toronto.
- **Service Coordination Barriers:** There is a lack of coordinated access to services to prevention technologies, testing, and clinical and mental health support that address the complex socio-economic and syndemic related health needs of the communities.
- **Health inequities and lack of cultural competence:** Many systemic barriers remain in health service delivery and mainstream research in that services and resources are not planned and delivered in ways that take into account the interconnected impact of cultures, racism, sexism, homophobia, mental health stigma and HIV stigma.
- **Accountability and commitment to GIPA/MIPA:** Despite progress with the Ontario Accord, there are many gaps and challenges in how GIPA/MIPA are practiced in ASOs and in the research sector. Many community members including PHA staff in agencies felt tokenized and unsupported in their roles. There is inadequate resource and system to engage PHAs in meaningful and gainful employment within the sector. There is a general

lack of accountability measures in place to evaluate and monitor GIPA/MIPA policies and practices.

- **Research Funding policies:** Mainstream research policies and practices continue to privilege basic science and clinical research over social science and community based research. Research funders' recognition of what constitutes significant impact often undervalue positive quality of life changes in affected communities and meaningful community and long term social changes. Research conferences and training programs continue to provide only tokenistic level of support affected communities' participation. (For example, CAHR conference only offered 8 scholarships to community members)
- **Meaningful Research agenda and knowledge translation:** The social and cultural context, specific needs and issues affecting cultural specific and newcomer communities tend to get lost in mainstream research studies that supposedly include all affected communities. For example, research studies on HIV and Aging, impact of criminalization of HIV non-disclosure, Prep- roll out and community access issues etc. all continue to have gaps in how culturally diverse communities' realities are captured and addressed in those studies, e.g. how criminalization of HIV differentially impact ACB men. It also limits effective community mobilization and collaboration in developing effective strategies.

Recommendations:

- **Adopt Intersectionality framework in research:** Research, policies and practices need to use an intersectionality framework and take into account the interlinking and compounding cultural, social, political, faith, and community context of the affected communities.
- **Dedicate equitable resources to support meaningful community engagement strategies:** In recognition of the systemic barriers ethno-racial and newcomer communities face in accessing services, support and research, proactive outreach, culturally sensitive community engagement strategies and equitable resources must be dedicated to reducing disparities and facilitating meaningful involvement of affected communities.
- **Engage students in practice learning:** Academic and research instructions should involve/require their students and trainees to engage in community work as part of their training/internships
- **Establish accountability measures in research funding:** Research funding needs to support equitable resources in community engagement and capacity building activities and establish accountability guidelines to measure outcomes and impact that are meaningful to the affected communities.

Small Group Discussion Highlights:

Below are additional highlights from the population or issue specific roundtables:

Morning Session: Populations of Interest Roundtables

African and Caribbean Black Communities

- Translation of research to policies and practices should be grounded in meeting the actual needs of the community.
- HIV research on ACB communities must take into account the cultures and social locations of the communities and use intersectionality as a lens for enquiry of the community context.

Newcomers

- Research needs to ensure meaningful engagement of affected community members, to energize and to mobilize communities into action
- Research needs to identify barriers in dominant culture and find ways to overcome them
- There should be increased recognition of lived experiences and engagement/deployment of community members in training service providers

Men Who Have Sex with Men

- Focus on an integrated approach and coordinated service delivery model to address the syndemic mental health needs of MSM
- Use PrEP scale up to build synergy with other services to address different syndemic risks
- Explore/learn from other community programmatic partnerships and peer-based programming to improve access and health promotion

People living with HIV/AIDS

- Shorter or modular research interventions would be more accessible and effective in engaging PHA, reduce drop-out issues and increase replicability potential
- Ensure successful interventions can be sustained in programs and services
- Research for ethno-racial communities needs to focus more on issues related to aging, employment barriers and issues affecting marginalized groups within the cultural communities.
- HIV-based conferences should provide financial support for PHAs to take more active leadership role in planning and leading the agenda and discussion, rather than privileging researchers and service providers

Marginalized and under-represented groups (IDU, Trans, youth)

- More outreach, programs, and research need to focus on engaging highly marginalized populations, such as newcomer, sex workers, migrant workers, within the ethno-racial communities; identify their needs and issues to formulate meaningful research agenda.
- Policy, program and research all needs to take into consideration diverse cultural backgrounds, beliefs and social context; and address the intersectionality of marginalization.
- Marginalized community members should be engaged to provide cultural competence and sensitivity training to researchers and service providers on how to work with marginalized communities.

Afternoon session: Issues of interest

Sexual Health

- Cultural diversity and sensitivity should be considered in all sexual health research, policy and program development
- Frontline experiences on sexual health education and related services must be integrated and utilized in informing research and ongoing policy development

Greater and Meaningful Involvement of People Living with HIV/AIDS

- Mentorship and peer support models are effective mechanisms to promote GIPA/MIPA
- ASOs, academia and governments need to consider sociocultural context and impact of stigma in developing proactive strategies to engage different ethno-racial populations to promote GIPA/MIPA
- Agency practice guideline needs to be clearer and more specific.
- Service and research agencies need to proactively outreach and plan supportive resources to support/facilitate the participation of under-represented, marginalized groups such as newcomers to participate in their projects or events.

Organizational Development

- Organizations need to reflect on internal and external barriers that limit effective community engagement in their events/projects. Organizations need to plan systemic support and resources such as childcare subsidy, flexible programming scheduling etc. to increase accessibility of their services.
- Lack of respect for lived experiences and accountability to ensure research outcomes are effectively utilized to inform programs and services creates a sense of tokenism and exploitation that discourage community participation in research.

Resilience

- Needs of better capture and measure resilience impact of “wise practices”.
- Needs for better documentation of both qualitative and quantitative information on individual and community resilience.
- Support GIPA/MIPA role models

Forum Evaluation and suggestions

Participants of the forum were requested to complete an evaluation form to provide feedback on their experiences on how the forum meet its stated objectives. The evaluation form asked participants to rate their experiences with the morning session, afternoon sessions and overall forum activities using a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree) as well as sections for open comments and suggestions for improvements. In the end, 37 participants returned the evaluation forms.

For the morning session, most of participants agreed the panel (4.31), the oral poster (3.93), and the small group discussion (4.32) were effective in achieving objectives of the forum.

For the afternoon session, most of participants agreed the panel (4.13), the oral poster (3.88), and the small group discussion (4.40) were effective in achieving objectives of the forum.

Comments/suggestions:

- Panel session should start on time, and provide solid 15 minutes to speakers.
- Poster session should be longer (e.g. 3-5 minutes with one slide summary).
- Participants may be interested in participating in specific small group discussion but may feel they lack specific lived or work experiences with those populations, so more contextual information may be helpful.

For the overall experiences of the forum, most of participants agreed that the forum had increase their knowledge on issues and current work (4.33), and provided opportunities for building or strengthening new networks (4.25).

The most useful aspects/components of the forum identified by participants include:

- Forum was well organized logistically and venue is welcoming and effective for learning
- Overall structure and format was engaging and effective, providing diverse ways for people to showcase their work.
- Information presented was accessible, clear and practical, really help to put “application of research into real life” in perspective
- Opportunities to learn about the different projects from other diverse ethno-racial communities.
- Small group discussions provided a good opportunity for them to discuss and rethink about their works. Report back sessions after small groups helpful for group learning.
- Sharing and learning research-policy-practice implication through the panel discussion.

Suggestions for future forums that will enable more effectively learning:

- Time allocation could be more carefully managed, with more time for dialogues that directly relate to the themes of the panel presentations.
- Keep up the peer based presentations, asks all agencies to invite/include more PHAs to present.
- Better display of posters during presentation (e.g. also project onto screen)
- More structured networking over lunch and energizer for the afternoon session
- Panel or thematic presentations on: evidence based activism, strength-based programming, cross-community/cross-sector programming
- More time and synthesis from small group discussions to enable identification and development of specific joint positions of advocacy and/or collaborative projects

Appendices

1. Forum agenda
2. Panel presentation slides
3. Posters presentation
4. Evaluation form
5. Participant list and contact information
6. Updated inventory of ethno-racial research and program



Contact:

Maureen Owino, Program Director
Committee for Accessible AIDS Treatment
C/o Regent Park Community Health Centre
465 Dundas Street East, Toronto, ON M5A 2B2
Telephone: 416 364 2261 ext 2277
Email: maureno@regentparkchc.org
coordinator@hivimmigration.ca

Website: www.hivimmigration.ca