

## Advancing Health Equity Among Newcomer and Racial Minority People Living with HIV/AIDS through Cross-sector Engagement

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1-Committee for Accessible AIDS Treatment (CAAT);  
2-Ryerson University, 3-Regent Park CHC

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### Acknowledgements

- 45 PARTICIPANTS & 22 ADVISORY COMMITTEE MEMBERS
- ALAN LI – REGENT PARK COMMUNITY HEALTH CENTRE
- ANDREW MIAO – COMMUNITY FOR ACCESSIBLE AIDS TREATMENT
- DEVAN NAMBIAR - COMMITTEE FOR ACCESSIBLE AIDS TREATMENT
- FANTA ONGOIBA - AFRICANS IN PARTNERSHIP AGAINST AIDS
- HENRY LUYOMBYA - COMMUNITY FOR ACCESSIBLE AIDS TREATMENT
- JACK KAPAC – UNIVERSITY OF WINDSOR
- JAMES MURRAY – MINISTRY OF HEALTH AND LONG TERM CARE
- JOSEPHINE WONG – RYERSON UNIVERSITY
- JULIE MAGGI – WOMEN’S COLLEGE HOSPITAL/ST. MICHAELS HOSPITAL
- KENNETH FUNG – UNIVERSITY HEALTH NETWORK
- MARISOL DESBIENS – LATINO POSITIVO
- NOULMOOK SUTDHIHASILP – ASIAN COMMUNITY AIDS SERVICES
- OMER ABDULGHANI – COMMITTEE FOR ACCESSIBLE AIDS TREATMENT
- RACHAEL ZHOU – MCMASTER UNIVERSITY, HAMILTON
- ROY CAIN – MCMASTER UNIVERSITY
- ONTARIO HIV TREATMENT NETWORK – FUNDING PARTNER

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### Committee For Accessible AIDS Treatment (CAAT)

- A coalition formed in 1999 to reduce barriers faced by people living with HIV/AIDS (PHAs) who are immigrants, refugees or with precarious status in Canada
- Coalition of over 35 health, legal and social service organizations plus individual immigrant/refugee PHAs
- Focuses on Empowerment Education, Research, Service Coordination and Advocacy on issues related to HIV, Immigration and Access



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## Changing Demographics of HIV

- In the 1980s, over 80% of persons living with HIV/AIDS were men who had sex with men (MSM)
- In 2009 – MSM (42%), heterosexual (31%), intravenous drug user (22%)
- In 2009, over 67% of all reported HIV cases still did not have information on race or ethnicity
- Among HIV case reports with ethnic or race information in 2009, racialized new immigrants and refugees comprised 22.5% of new HIV cases (PHAC, 2009)
- Over 40% of the people living with HIV/AIDS (PHAs) from endemic countries contracted HIV after their arrival in Canada (Remis et al., 2006)

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### The MEL Study: Mobilizing ethno-racial leaders against HIV stigma and Discrimination (2009/2010)



**Working together, Reducing HIV Stigma**

**MEL Study Community Forum**  
 Location: 318 Church Street Community Center, Room 304  
 Date: Tuesday, April 20, 2010  
 Time: 2 pm to 5 pm

**Agenda:**

- \* Report on study findings - Mobilizing Ethnoracial Leaders Study
- \* Dialogue on Anti-Stigma Interventions & Strategies
- \* Dialogue on Intersectoral Collaborations & Partnerships

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- BACKGROUND**
- Followed-up study from recommendations of previous research: *Improving Mental Health Service Access of Immigrant, refugee and non-status PHAs (2006-8)*
  - A developmental study funded by the Ontario HIV Treatment Network to inform the design of a multi-year intervention research.

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## Purpose

Explore the challenges and opportunities in engaging leaders from ethnoracial minority communities to address HIV stigma and discrimination.

- **Communities of focus:**
  - African
  - Caribbean
  - East/South East Asian
  - Latino/Spanish-speaking, and
  - South Asian
- **Sectors of focus:**
  - Media
  - Faith
  - Social justice

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### Methodology: Theoretical Paradigm

- Community-based action research
- Qualitative interpretive approach
- Guided by a critical social science paradigm
- Underpinned by the principles of:
  - a) meaningful involvement of PHAs;
  - b) collective empowerment;
  - c) capacity building; and
  - d) social justice

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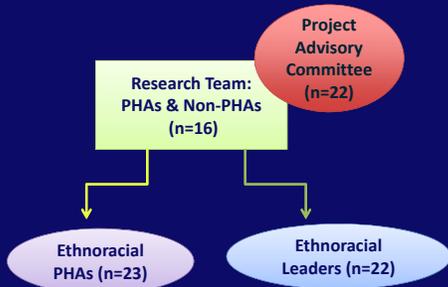
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### Community-Campus Partnership: Project Team and Research Participants



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### Key findings: PHAs' Perspectives

- Dominant religious and moralistic discourses perpetuate homophobia and negative messages about sexual diversities.
- HIV status is associated with rejection by family, friends and communities
- Negative disclosure experiences: breach of confidentiality, loss of job, and loss of housing, etc.
- Internalized stigma → shame, diminished sense of self → social withdrawal, isolation and non-disclosure
- Lack of HIV champion role model impedes collective empowerment

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**Key findings:**  
**Ethnoracial Leaders' Perspectives**

- Dominant moralistic discourses are sex negative and condemning of homosexuality
- Perception of HIV as a gay disease is still common
- Lack of HIV statistics and 'invisibility' of PHAs → silence & perception of HIV as a non-urgent issue
- Lack of experience with / emotional connection to HIV issues → impedes collective action
- Tension between "guilty" vs. "innocent" victims; human rights vs. religious doctrines
- Leaders championing social change may face backlash and being ostracized

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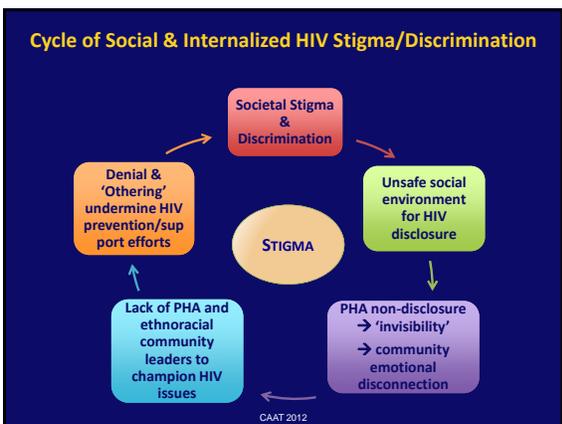
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**Key Follow-Up Action Strategies & Study Recommendations**

- Reclaiming HIV as an important health and fundamental human rights issue concerning everyone
- Facilitating critical dialogues within and across the target sectors to address the cognitive and affective knowledge gaps related to HIV/AIDS
- Developing strategies to reduce internalized stigma and external stigma / discrimination

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