



Improving Health Equity in Canada's African, Caribbean and Black communities

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February 7, 2017



**African, Caribbean
& Black Canadian
HIV/AIDS
Awareness Day**

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Awareness Day

- CHABAC coordinated first Awareness Day on **February 7, 2015**
 - Aims to raise awareness of HIV, promote HIV prevention and contribute to addressing HIV-related stigma in Canada's African, Caribbean and Black communities
- The past two years have seen:
 - Events hosted across the country
 - Proclamations in Edmonton, Ottawa and Halifax and Nova Scotia
 - Local media coverage and an annual blog in the Huffington Post
 - Social media coverage
 - Ribbons, posters and fact sheet distributed across the country



About CHABAC

- The Canadian HIV/AIDS Black, African and Caribbean Network (CHABAC) is a national network of organizations, individuals and other stakeholders who are dedicated to responding to issues related to HIV and AIDS in Canada's African, Caribbean and Black communities.
- Led by a National Steering Committee
- Regional Hubs operating across the country



About CHABAC

- **CHABAC's Vision:** To end the HIV/AIDS epidemic among the African, Caribbean and Black population in Canada.
- **CHABAC's Mission:** CHABAC works to strengthen the response to HIV/AIDS epidemics and associated stigma and discrimination among African, Caribbean and Black communities in Canada.
- www.icad-cisd.com/chabac for more info, to become a member or join the listserv



Canadian HIV/AIDS Black, African
& Caribbean Network



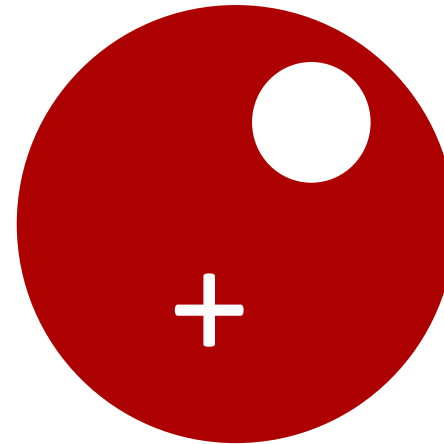
Overview

- People from ACB communities are disproportionately affected by HIV/AIDS in Canada.
 - In 2014, they represented an estimated 13.9%, or one in seven people living with HIV in Canada while representing only 2.5% of the population
 - In 2014, the estimated new infection rate among people from African, Caribbean and Black communities was about 6 times higher than among other Canadians



2.5%

13.9%



ACB make up 2.5% of the Canadian population
and account for 13.9% of new HIV infections in 2014*

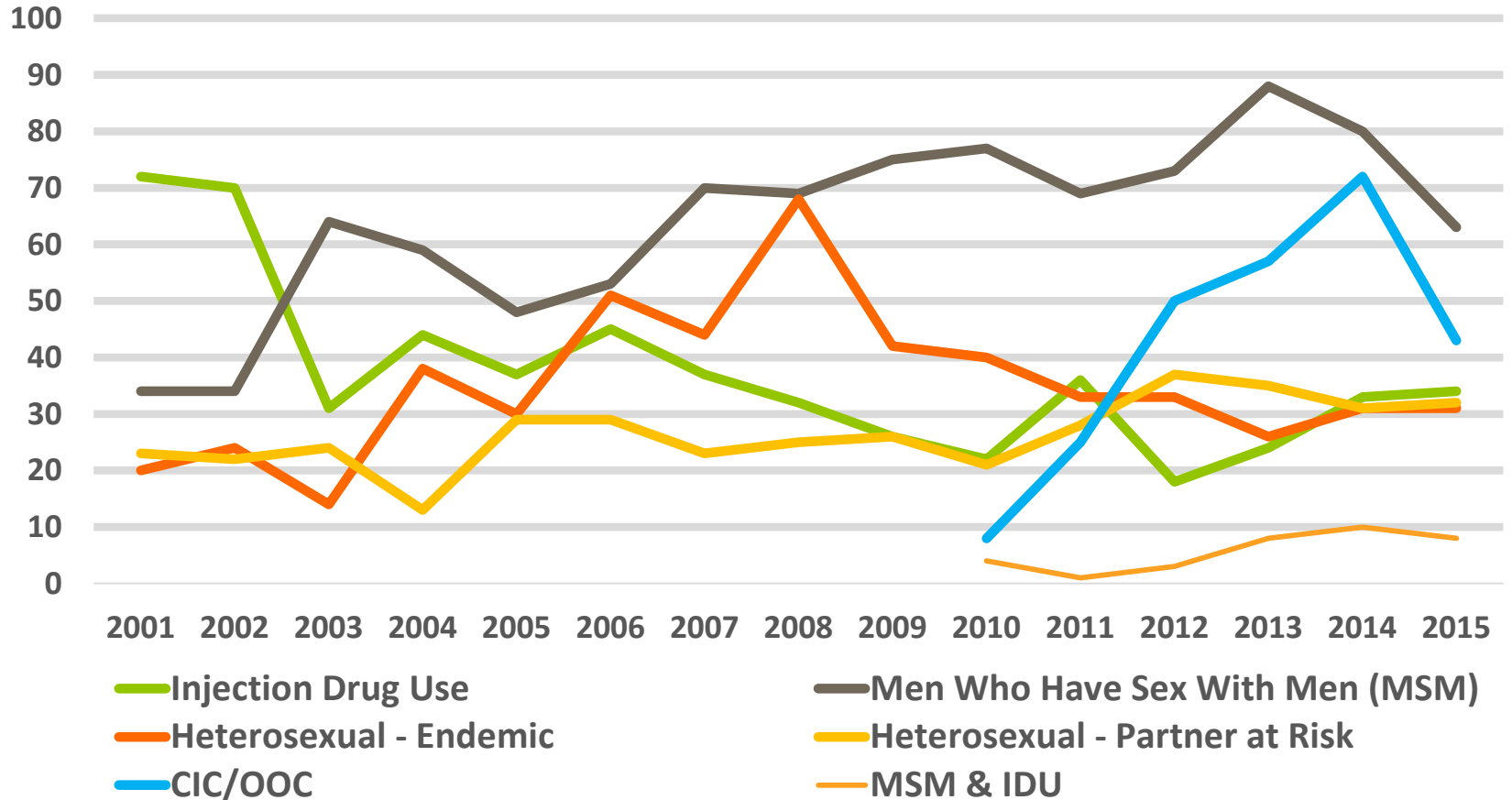
Black - 33% of newly reported HIV cases in Edmonton Zone in 2013-2014**

*Summary: Estimates of HIV Incidence, Prevalence & Proportion Undiagnosed in Canada, 2014, PHAC, Nov 2015

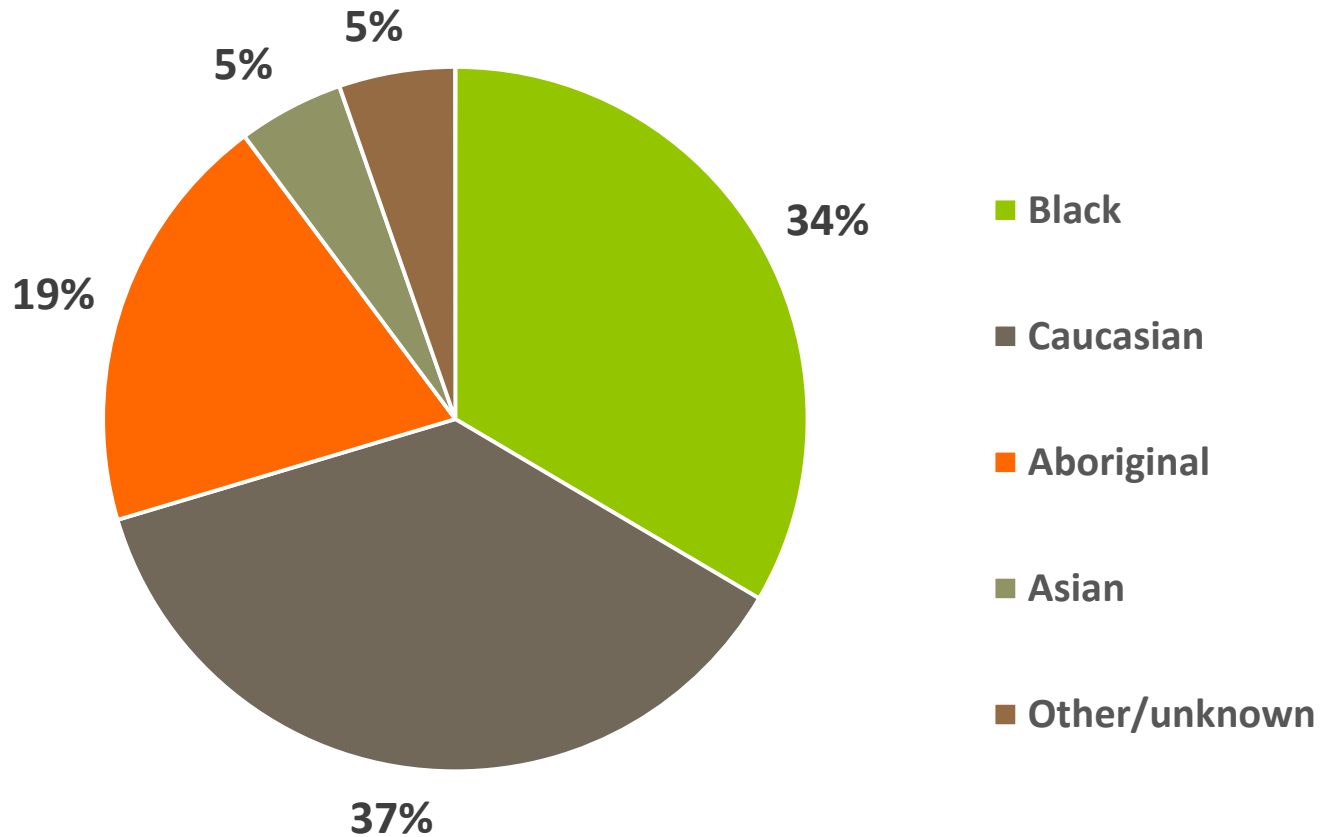
**HIV 2013-2014 - Ethnicity by Zone.xlsx, email from Mariam Osman, Surveillance & Assessment Branch, Alberta Health, received 23/11/2015



Newly Diagnosed HIV Cases in Alberta by Selected Risk Exposure by Year of Diagnosis, 2000-2015



**Ethnicity – Newly diagnosed HIV
Edmonton Zone 2013 - 2014**

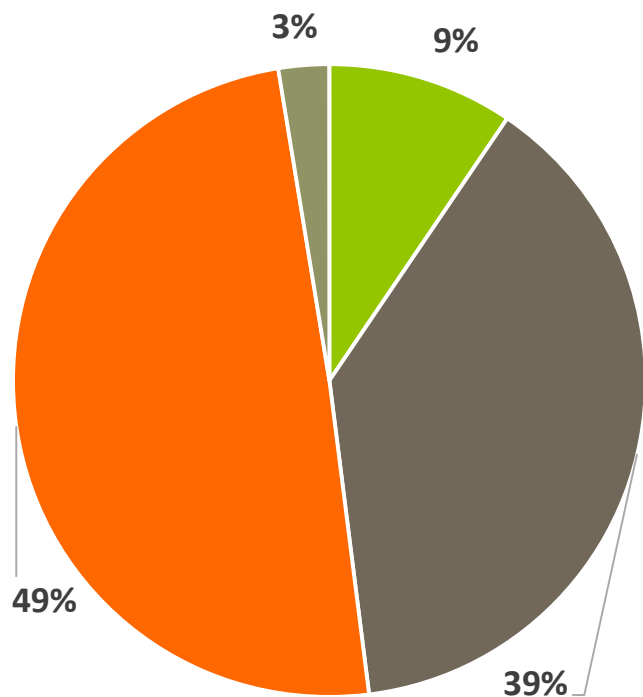


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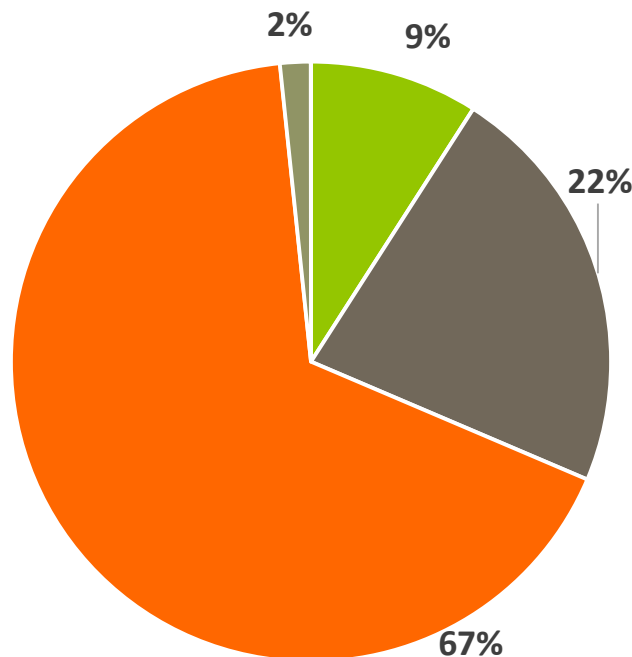


**Cultural Background – Oct 2015 to Jan 2016
Combined Demographics Report, ETO Database**

**Support & Outreach – Registered
Participants (368)**



Ross Armstrong Week (159)



- Black
- Caucasian
- Aboriginal
- Other/unknown





A whole range of determinants of health influence vulnerability to HIV, such as age, gender, sexual orientation and homophobia, gender identity and transphobia, health literacy, socioeconomic status, housing and employment status, immigration status, experience of sexual or domestic violence, experience of racism, criminalization of HIV non-disclosure, religious beliefs and cultural norms and practices.



The Message

Start a Conversation
Know your Health Options
End the Stigma



Start a Conversation

- Start a conversation about how to prevent the transmission of HIV or what it is like to live with HIV, or ask questions to learn about HIV
- Being informed and talking openly about HIV can help to increase awareness and understanding of HIV and AIDS, and reduce HIV-related stigma as well as HIV transmission



Knowing Your Health Options

- Knowing your options can help significantly reduce the risk of HIV transmission
- There have been many changes in the HIV prevention field. It's important to learn about the different options and what might work best for you and/or to help your clients understand what options are available to them
- Knowing your status is key to knowing your options. For information about HIV tests and where to get one, visit www.HIV411.ca
- For more information on emerging prevention options, see CHABAC's fact sheet *Emerging Prevention Technologies and Canada's African, Caribbean and Black Communities* at <http://bit.ly/CHABAC-FS-Emerging-Prevention>



End Stigma

- People from ACB communities face multiple forms of stigma and discrimination and HIV-related stigma is just one of these
- Stigma is an obstacle to HIV prevention, testing and treatment
- ACB communities can reduce stigma by talking about stigma and health issues, including the criminalization of HIV non-disclosure
- For more information see CHABAC's fact sheet ***HIV Stigma in African, Caribbean and Black Communities*** :
[http://www.icad-cisd.com/pdf/CHABAC/Publications-Presentations/CHABAC Stigma-fact-sheet FINAL EN.pdf](http://www.icad-cisd.com/pdf/CHABAC/Publications-Presentations/CHABAC%20Stigma-fact-sheet%20FINAL%20EN.pdf)



Gaps

- Profound stigma and discrimination within some communities resulting in silence, reluctance to test and difficulties with disclosure among PHAs^{1,3}
- Stigmatizing attitudes towards PHAs based on assumptions about the infection, e.g. HIV/AIDS is a “Gay disease,” promiscuity leads to infection¹
“Assault on manliness²”
- Reluctance to engage and remain in care
- Mistrust of the health system/health care providers

¹Ontario HIV/AIDS Strategy for African, Caribbean and Black Communities, 2013-2018; ² Spiers et al, AIDS Behav 2016;

³Owuor et al J Health Psychol 2015



Why should we care about HIV-related stigma?

- Discrimination in healthcare environments (e.g. denial of care, confidentiality breaches, negative attitudes, humiliating practices by health care workers)
- Can have a detrimental effect on health and well-being
 - May result in anxiety, depression, suicidal ideation, dissatisfaction with life
 - Affects access to health and social services
 - Negatively impacts treatment and follow up adherence
- Barrier to HIV testing
- Barrier to HIV prevention (e.g. fear of disclosure)

Chambers et al. BMC Public Health 2015; Katz et al J AIDS Soc 2013



Stigma & testing

*People avoid testing because they fear a positive result and the stigma associated with it.

For people living with HIV, fear of disclosure means that the virus remains invisible, which can lead to feelings of loneliness and despair. As a result, people may be reluctant to access health and social services. The continued stress and isolation caused by stigma can worsen the health of people living with HIV.



Unaware of HIV infection



However, an estimated **1 IN 5 PEOPLE** living with HIV in Canada are unaware of their HIV infection



28%

of people infected via **heterosexual sex** are unaware of their HIV positive status



20%

of people infected via **injection drug use** are unaware of their HIV positive status



18%

of men infected via **sex with other men** are unaware of their HIV positive status



Public Health Agency of Canada, Infographic, Dec 1, 2015 <http://healthycanadians.gc.ca/publications/diseases-conditions-maladies-affections/hiv-aids-snapshot-2014-apercu-vih-sida/index-eng.php>



Rethinking HIV-related stigma in healthcare settings

Gagnon, M. (2014)

Episodic Stigma

Isolated cases

“I’ve always been well treated except this one time”

Symbolic Stigma

Being stereotyped; having fewer rights than other patients; being treated differently

“Because I was HIV-positive, I was automatically labelled”

Structural Stigma

Strategic use of labelling for ‘risk management’; identify PHAs to properly ‘manage’ perceived risk; overlap with HIV *Criminalization* AND reinterprets *universal precautions*



Power and Privilege

- Privilege associated with race, gender, class, sexual orientation, non-transgender experience, etc.
- Power, privilege, identity and oppression are intimately linked and cannot be segmented from each other
- Different experiences of privilege could also lead to oppression



Review

- Stigma/discrimination can come from the health care side as well as from within communities
- Reducing the impact of stigma/discrimination requires varied approaches and is a slow, steady process
- HCWs can all do better by learning the necessary skills to reduce stigma/discrimination



Zero

Zero new HIV infections

Zero stigma and discrimination

Zero AIDS-related deaths



Community Outreach



CHABAC Capacity Building



Awareness Day activities

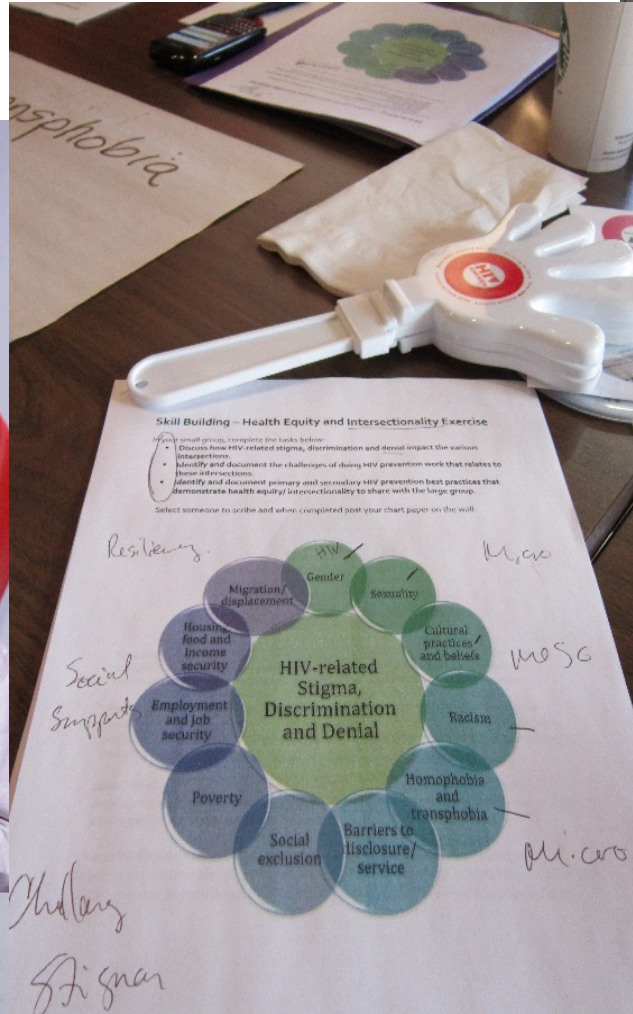


Annual Walk



Awareness Day 2016



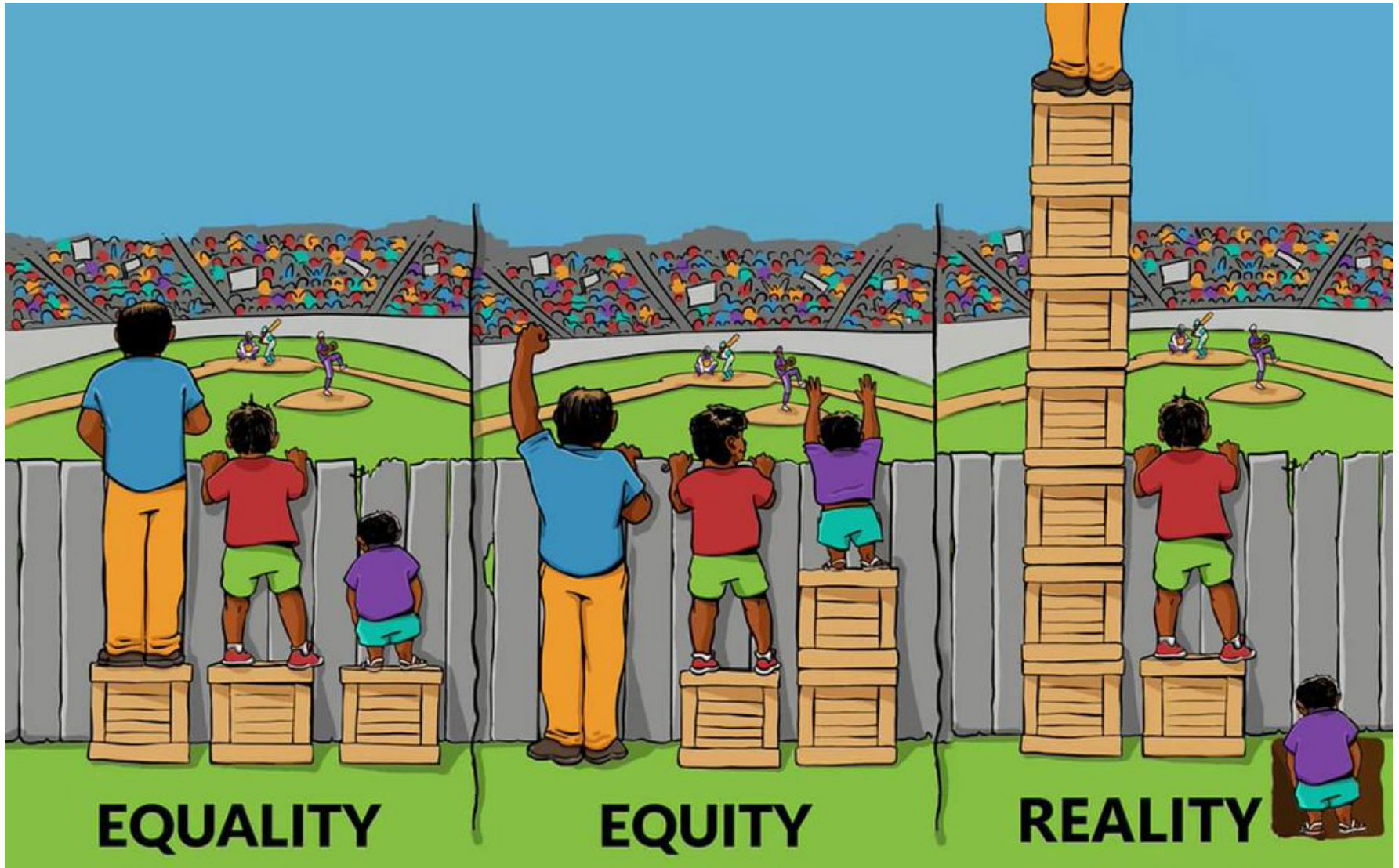


Key points

- It is clear that we have made progress, but not in all areas!
- Some face these Interlocking barriers differently than others
- We all have a place in this: PHAs, social service, healthcare, research, policy
- Outreach and educational campaigns
 - Appropriate information & Access to healthcare
- Community mobilization
 - Building readiness and capacity
 - Addressing barriers
- Effective partnerships are crucial







EQUALITY

EQUITY

REALITY



EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.





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February 7



Thank you!

Questions



Thank you for your participation!

Please take a few minutes to complete a confidential evaluation survey:

<http://fluidsurveys.com/surveys/cpha-k/evaluation-webinar-february-7-2017/>

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