

Outcomes Report of Activities Supported by Campus Alberta HOPH Meeting Grant

Please provide responses to the six questions below, expanding as necessary to a maximum of two, single-spaced pages.

This report is due April 30, 2018 to [Jamie Day](#).

Date of Report	April 25, 2018
Date of Meeting	Saturday February 17, 2018 (Calgary) and Saturday February 24, 2018 (Edmonton)
Title of Meeting	African, Caribbean and Black Listening Campaign Alberta
Team Lead(s)	Co-Leads are: T. Chowdhury, A. dela Cruz, M. Olaosebikan, C. Egan, S. Mapfumo, T. Abate Demeke, B. Salami
Amount of Award	\$4000.00

1. Please append the program/agenda for your HOPH-sponsored meeting.

Please find attached (Appendix A) the meeting packages for the Calgary meeting and the Edmonton Meeting.

2. Meeting attendance (total number of attendees, affiliations represented, etc.):

Meeting Date and Location	Number of Participants	Affiliations Represented
February 17, 2018 Participants Calgary Public Library Central Branch 12:00 pm to 4:00 pm	14 participants, including organizers	<ul style="list-style-type: none"> University of Calgary Alberta Health Services HIV Community Link Calgary Catholic Immigration Society Ribbon Rouge Foundation Ghana Association of Calgary Association Francophone de Brooks University of Alberta Person(s) living with HIV
February 24, 2018 Participants 10510 – 107 Avenue Edmonton, Alberta 2:00 pm to 6:00 pm	39 participants, including organizers	<ul style="list-style-type: none"> University of Calgary Ribbon Rouge Foundation Alberta Health Services University of Alberta HIV Community Link HIV Edmonton Alberta Association of Immigrant Serving Agencies



Faculty of Health Sciences



Meeting Date and Location	Number of Participants	Affiliations Represented
		<ul style="list-style-type: none"> • Edmonton Immigrant services Association • Madeleine Sanam Foundation • Rees Community Foundation • Diversity Magazine • Kandolo Law Office • Alberta Culture and Tourism (Government of Alberta) • Alberta Health (Government of Alberta) • Member of Parliament Office, Edmonton Centre, Government of Canada • Open Communion • Association of Kenyans in Alberta • Sierra Leone Association of Alberta • Eritrean Community Association of Edmonton • Uganda Cultural Association of Alberta • Somali Canadian Women and Children Association • Savannah Association • Yoruba • Cultural Association of Edmonton • Honorary Consul, Consulate for the Republic of Botswana • Winners Chapel • Seventh Day Adventist Church • Person(s) living with HIV

3. Outline the meeting expenses covered by the awarded funding:

The following outlines the expenses covered: We had two meetings held in Calgary and Edmonton. The costs covered through this meeting grant were: (a) meeting logistics, (b) meeting meal expenses, (c) community participant travel support, and (d) research team travel.

We plan to have another meeting among a group of identified (from these two meetings) academic, healthy system and community member who will form the core of the future research grants.

Please see Appendix B for a final list of participants.

4. List, provide, or explain outcomes from the meeting (reports, publications, etc.):



We will be preparing a community report to circulate and disseminate among the Calgary and Edmonton meeting participants as well as for circulation across the wider stakeholder groups working on HIV/AIDS related issues in Alberta as well as other provinces and territories. The final report will be based on the meetings reports developed for each meeting. Please see Appendix C – Summary Notes from February 17, 2018 and February 24, 2018.

5. List (with projected timelines and names of participants) what activities or next steps are ensuing from the meeting (follow-up meetings, etc.):

Please see Appendix C – Summary Notes (including next steps) from February 17 and 24, 2018). In addition, we will:

- Form an STBBI advisory council comprised of new immigrants/refugees and African, Caribbean and Black community members. The purpose of this advisory council review project ideas that are generated through the Sexually Transmitted and Blood Borne Infection Action Plan (2016-2020 STBBI OSAP), to provide feedback and identify any potential sources of stigma in the design of the projects.
- Provide attendees of meeting with a summary of discussion points and next steps
- Plan to submit a grant to build on the findings of our catalyst project. For example, we will look to the CIHR or SSHRC to fund and support continued community engagement to respond to the priorities identified through our project (Appendix C).

6. Please provide any additional commentary on the benefits or unexpected consequences arising from the meeting:

- Gathering of a group of individuals who identified as belonging to a diverse from of African, Caribbean and Black communities created a platform for different cultures to share in the same vision to reduce HIV stigma for their community members. They acknowledged that at times they do not see “eye to eye” on things, but that they were united in their concern over HIV being over-represented in the surveillance data for the ACB broader community.
- They also identified that it would be important to work together and do their individual part to raise awareness in their own communities and also work collaboratively to achieve greater impact in this area.
- Many people volunteered to be on an advisory council and to optimize inter-cultural collaboration.
- Several meeting attendees were from rural areas and shared that they appreciated having an opportunity to share their voice on a topic that affects many of their friends and family members.
- Some meeting attendees who historically were either disengaged or obstructive to some ACB community based projects, became champions for this listening campaign project. They communicated their actions to the organizers of this meeting a few days following the meeting and reported that they tried to raise awareness of HIV related stigma and the need for ACB community members to work together to identify opportunity to improve access to STBBI care for ACB community members.
- No unintended consequences have arisen since this meeting was conducted.

APPENDIX A: PARTICIPANT MEETING PACKAGES – CALGARY AND EDMONTON



Agenda

Central Library, Calgary Public Library
Calgary, Alberta

Saturday, February 17, 2018

12:00 pm to 4:00 pm

- 11:30 am Meeting Check-In and Registration**
- 12 noon Lunch**
- 12:30 pm Welcome and Opening Remarks**
Moréniké Oláosebikan & Añiela dela Cruz
- 12:40 pm Overview of the 2016/2020 STBBI Provincial Strategy**
Cari Egan
- 12:45 pm Current Programs and Research in Alberta: HIV/AIDS, Sexually Transmitted Blood Borne Infections (STBBIs)**
Sipiwe Mapfumo, HIV Community Link
Turin Chowdhury, University of Calgary
Cari Egan, Alberta Health Services
Añiela dela Cruz, University of Calgary
- 1:15 pm Open Forum Discussion**
Facilitated by: Cari Egan
- 2:15 pm Coffee Break**
- 2:30 pm Small Group Session: Identifying Key Research Priorities**
Facilitated by: Añiela dela Cruz
- Small Group Facilitators:
Moréniké Oláosebikan, Sipiwe Mapfumo, Cari Egan, Turin Chowdhury
- 3:30 pm Summarizing Discussion and Next Steps**
Facilitated by: Cari Egan
- 3:45 pm Participant Feedback Forms**
Facilitated by: Añiela dela Cruz
- 3:50 pm Closing Remarks**
Moréniké Oláosebikan & Turin Chowdhury



RIBBONROUGE



**UNIVERSITY OF
ALBERTA**



**UNIVERSITY OF
CALGARY**



**Alberta Health
Services**





Participant Feedback Form
Central Library, Calgary Public Library
Calgary, Alberta
Saturday, February 17, 2018
12:00 pm to 4:00 pm

Instructions: Please write your feedback below for today's event. Your feedback is helpful for future planning. Thank you!

1. Describe something new you learned today.
2. Describe what you liked the most about the event today.
3. Describe what you liked the least about the event today.
4. Do you think the event helped to identify key research topics for HIV/AIDS prevention and support among Alberta African, Caribbean, and Black Communities?
5. Please write down additional comments and feedback you have about today's event.





Agenda

10510 – 107 Avenue
Edmonton, Alberta
Saturday, February 24, 2018
2:00 pm - 6:00 pm

- 1:30 pm Meeting Check-In and Registration**
- 2:00 pm Community Meal**
- 2:30 pm Welcome and Opening Remarks**
Moréniké Oláosebikan & Añiela dela Cruz
- 2:40 pm Overview of the 2016/2020 STBBI Provincial Strategy**
Cari Egan
- 2:45 pm Current Programs and Research in Alberta: HIV/AIDS, Sexually Transmitted Blood Borne Infections (STBBIs)**
Sipiwe Mapfumo, HIV Community Link
Tsion Demeke Abate, HIV Edmonton
Moréniké Oláosebikan, Ribbon Rouge
Añiela dela Cruz, University of Calgary
- 3:15 pm Open Forum Discussion**
Facilitated by: Cari Egan & Moréniké Oláosebikan
- 4:15 pm Coffee Break**
- 4:30 pm Small Group Session: Identifying Key Research Priorities**
Facilitated by: Añiela dela Cruz
- Small Group Facilitators:
Moréniké Oláosebikan, Sipiwe Mapfumo, Cari Egan
- 5:30 pm Summarizing Discussion and Next Steps**
Facilitated by: Cari Egan
- 5:45 pm Participant Feedback Forms**
Facilitated by: Añiela dela Cruz
- 5:50 pm Closing Remarks**
Moréniké Oláosebikan & Añiela dela Cruz





Participant Feedback Form

10510 – 107 Avenue

Edmonton, Alberta

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2:00 pm - 6:00 pm

Instructions: Please write your feedback below for today's event. Your feedback is helpful for future planning. Thank you!

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4. Do you think the event helped to identify key research topics for HIV/AIDS prevention and support among Alberta African, Caribbean, and Black Communities?
5. Please write down additional comments and feedback you have about today's event.



RIBBONROUGE



2016-2020 Alberta Sexually Transmitted and Blood Borne Infection Strategy

The 2016-2020 Alberta Sexually Transmitted and Blood-Borne Infection Operational Strategy and Action Plan (STBBI OSAP) was initiated in response to escalating STBBI trends in the province. This community led initiative was designed to ensure that the most affected populations not only inform the process, but are central to setting priorities and developing the strategic action plan. A broad coalition of almost 450 community partners and 185 organizations, including AHS, have embarked on a totally new approach to addressing STBBI escalating rates in Alberta. This provincial STBBI strategic planning exercise set the stage for co-creating a wraparound model. The STBBI OSAP is comprised of 74 recommendations developed by the coalition that are focused on five pillars of delivering comprehensive STBBI support and client centred care, including prevention, testing, treatment, support and stigma. The STBBI Operational Strategic and Action Plan incorporates the Collective Impact approach to address the large and complex problems that impede progress on reducing the burden of sexually transmitted and blood-born infections in Alberta.

The following are recommendations were developed specific to the newcomer community in Alberta

1) *Outcome goal: Culturally sensitive and Integrated supports for New Canadians/Refugees living with HIV/Hepatitis*

- Federal, provincial and community based representation to collaborate and perform provincial needs assessment and service mapping resources (i.e. build on CHABAC Service Mapping Project) for New Immigrants living with HIV or Hepatitis, including review of existing federal and provincial policies related to care delivery for immigrant/refugee populations.
- Champions within new immigrant and refugee community and government are cultivated.

2) *New Immigrant/Refugee community members work with decision makers and health service providers to mobilize their community to develop the competence to remove the discrimination and stigmatization as it relates to HIV/AIDS, Hepatitis, healthy sexuality and mental health/addiction.*

- A collaborative network and new immigrant pathway to care is established to raise awareness and utilization of STBBI services.
- CIHR Catalyst Grant application submitted to develop a listening campaign for African, Caribbean and Black community members to better understand the impact of stigma experienced by their community and members living with HIV.

Drumbeat



Drumbeat helps **tackle stigma** and **remove barriers** to accessing resources, addressing HIV in the African, Caribbean and Black (ACB) communities, and achieving better access to HIV testing and support services. We work to reduce HIV transmission and improve supports for ACB communities affected by HIV.

Key program activities include:

- Education for clients and staff in programs and organizations serving ACB communities
- Outreach at ACB community gathering places such as immigrant serving organizations churches, businesses, cultural associations, and events
- Consultation on best practices and cultural competency training for engaging ACB communities in health and social services
- Free safer sex supplies and information material in the community
- HIV information brochures available in several African languages
- Special events, meetings and groups focusing on the needs of women

Drumbeat's Advisory Committee

This innovative community mobilization project is the result of a multi-year research partnership between HIV Community Link and the University of Calgary. An Advisory Committee of diverse African community members and allies collaborate to raise awareness, reduce risk, and promote healthy decision making. By tackling stigma and breaking down barriers to testing and support services, we are building an informed and compassionate response to HIV in the ACB communities in Calgary.

Presentations and Resources:

If you are interested in presentations and workshops on HIV and HIV-related issues, let us know. We offer free presentations and trainings.

Want to get involved? Connect with us at drumbeat@hivcl.org (<mailto:drumbeat@hivcl.org>) or (403) 508-2500 ext. 109. Find us on Facebook [@AfricanCommunitiesProgram](https://www.facebook.com/AfricanCommunitiesProgram/) (<https://www.facebook.com/AfricanCommunitiesProgram/>).

Why is this Program Important?

African, Caribbean and Black communities represent 4% of Canada's population, yet represent 15% of Canada's HIV epidemic, according to HIV statistics in 2014. The African Communities Program opens up conversation on HIV in the groups it works with. The project works to address stigma which we identify as the major obstacle in the response to HIV in the African communities. Stigma and fear mean people may hesitate to learn about and be tested for HIV and also avoid accessing treatment and support services when living with HIV.

FAQ

Will I be deported if I test positive for HIV?

You will not be deported if you test positive. HIV testing is free and treatment is covered by Alberta Health Insurance.

If HIV is very difficult to transmit when people are receiving treatment, are new infections still happening in our communities?

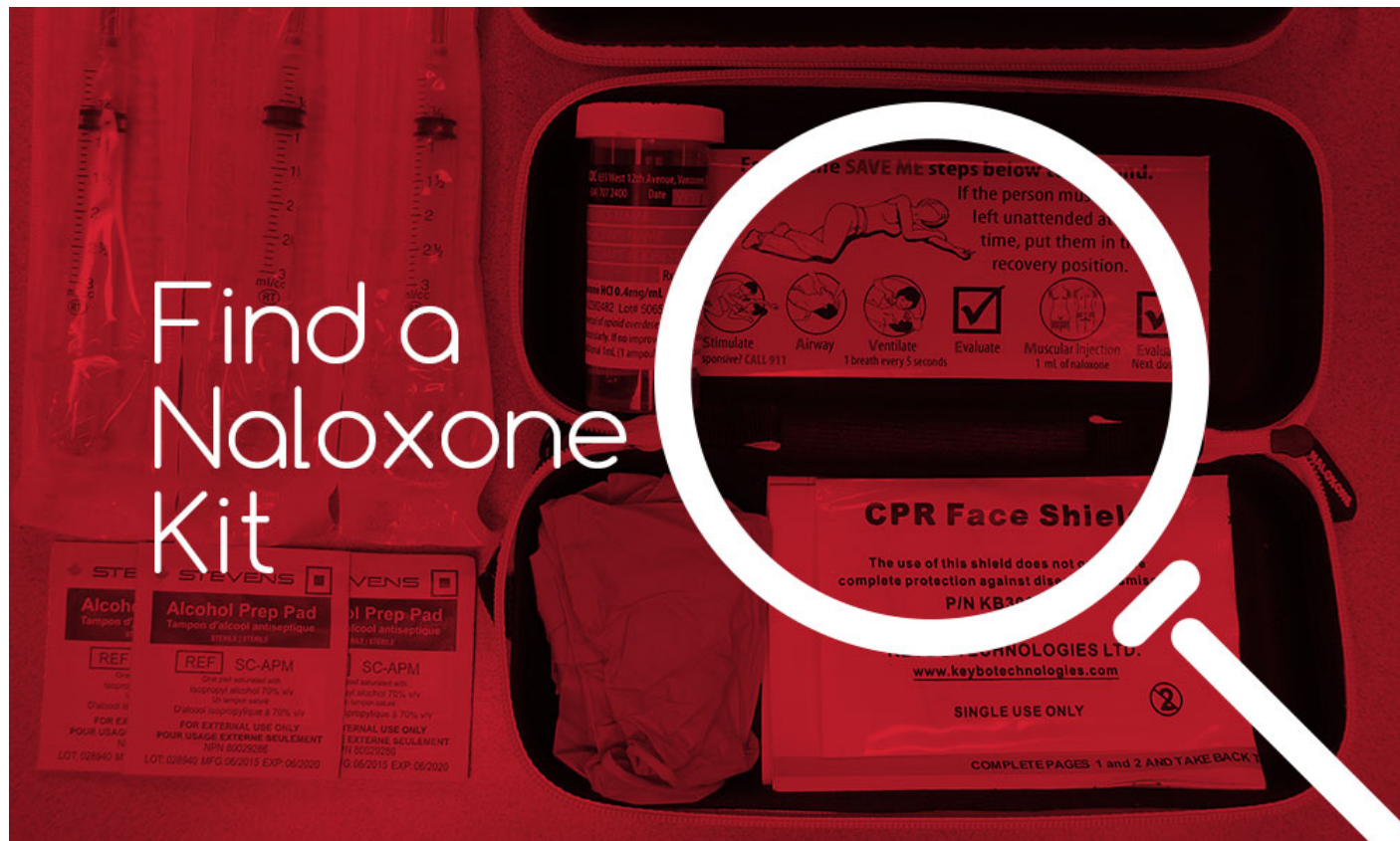
Yes, there are many new infections every year, and the numbers are growing in our African Communities. Many people living with HIV do not know they have the virus because they are not getting regular testing. Testing is free, and testing is the only way to know if someone has HIV.

Why do agencies like HIV Community Link and STI Clinic ask so many personal questions about one's lifestyle when you want to be tested or access services? It seems very intrusive.

These types of questions are asked to help us understand who we work with, what are the risks in the community and how we can provide the best programs to prevent HIV transmission and support those living with HIV. You can let someone know you are not comfortable answering certain questions and still be able to use the services.



(<https://www.hivcl.org/testing/>)



(<http://www.albertahealthservices.ca/info/Page15586.aspx>).



(<https://www.hivcl.org/blog/>).



[\(https://www.hivcl.org/category/news/\)](https://www.hivcl.org/category/news/)

Recent Posts

Splash of Red Masquerade Is on May 5, Tickets Now on Sale [\(https://www.hivcl.org/2018/01/26/splash-of-red-masquerade-is-on-may-5-tickets-now-on-sale/\)](https://www.hivcl.org/2018/01/26/splash-of-red-masquerade-is-on-may-5-tickets-now-on-sale/)

HIV Community Link's Shift Calgary Program Wins Prize for Innovation and Leadership
[\(https://www.hivcl.org/2017/12/19/hiv-community-links-shift-calgary-program-wins-prize-for-innovation-and-leadership/\)](https://www.hivcl.org/2017/12/19/hiv-community-links-shift-calgary-program-wins-prize-for-innovation-and-leadership/)

Today I Stand up to Disrespect [\(https://www.hivcl.org/2017/12/17/4578/\)](https://www.hivcl.org/2017/12/17/4578/)

➤ Stay in Touch


[. \(https://www.facebook.com/HIVCommunityLink/?hc_ref=SEARCH&fref=nf\)](https://www.facebook.com/HIVCommunityLink/?hc_ref=SEARCH&fref=nf)


[. \(https://twitter.com/HIVCommLink\)](https://twitter.com/HIVCommLink)



(https://www.linkedin.com/company/aids-calgary-awareness-association?report%2Esuccess=KJ_KkFGTDCfMt-A7wV3Fn9Yvgwr02Kd6AZHGx4bQCDiP6-2rfP2oxyVoEQiPrcAQ7Bf).



(<https://www.instagram.com/hivcl/>).

We'll keep you up to date on the latest news and events in Calgary and Southeastern Alberta. For more information [subscribe to our mailing list](http://aidscalgary.us1.list-manage2.com/subscribe/post?u=436179f46ef0240ca1b40a57a&id=f4bd945a80). (<http://aidscalgary.us1.list-manage2.com/subscribe/post?u=436179f46ef0240ca1b40a57a&id=f4bd945a80>).

➤ Find Us In

Calgary: 110 – 1603 10 Ave SW, T3C 0J7 |
(403) 508-2500 or 1 (877) 440-2437 (toll free)

Medicine Hat: 356 2 Street SE, T1A 0C |
(403) 527-5882 or 1 (877) 440-2437 (toll free)

Brooks: PO Box 331, T1R 1B4 | (403) 376-6020

[PRIVACY POLICY \(HTTPS://WWW.HIVCL.ORG/PRIVACY-POLICY/\)](https://www.hivcl.org/privacy-policy/).
[TERMS & CONDITIONS \(HTTPS://WWW.HIVCL.ORG/TERMS-CONDITIONS/\)](https://www.hivcl.org/terms-conditions/).



July 2017

In This Update

- Greetings!
- Preliminary Results: Alberta Pilot Study
- Upcoming Research and Work

Community-Based Research Advisory Committee

Abdul Abdulmalik (AB)
Andrea Carter (AB)
Añiela dela Cruz (AB)
Jean Harrowing (AB)
Muru Khamisi (AB)
Pam Amulaku (AB)
Patience Magagula (BC)
Peggy Spies (AB)
Robert Bardston (National)
San Patten (NS)
Sipiwe Mapfumo (AB)
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Tsion Abate Demeke (AB)
Vera Calne (AB)

Greetings!

As a team we are pleased to provide you an update on our work in the area of HIV stigma, migration and settlement, and the health of newcomers in Canada. Since 2002, some of us have worked to understand HIV in immigrant communities in Alberta. We are a community-based research team based out of the University of Calgary, University of Alberta, and we are from British Columbia, Alberta, Saskatchewan, Ontario, and Nova Scotia, all working together to better understand the experiences of immigrants living with HIV in Canada. We also work to find ways reduce health and social inequities experienced by immigrants living with HIV in Canada; and we work with the community to identify research priorities. We belong to a CBR Advisory Committee that guides and advises our research initiatives. Each member brings their strengths and expertise to our collective work.

Preliminary Results: Alberta Pilot Study

In 2015, we began a pilot study called ***“An Exploratory Study Assessing and Understanding HIV-Related Stigma Among African Immigrants Living With HIV in Alberta, Who Have Had HIV-Testing During the Immigration Medical Examination (IME) Process”*** and we have just completed data collection and preliminary data analysis. We would like to report on preliminary findings to the community, as findings indicate the need for further research and study in the area of mandatory HIV testing during the Canadian immigration medical examination. In this pilot study, we aimed to understand how African immigrants living with HIV in Alberta internalize and experience HIV-related stigma.

Key preliminary results

- Participants were uniformly distributed in gender being 50% male and 50% female (n=8). The majority (75%) of the participants immigrated to Canada between 2010 and 2014, and (62.5%) had completed post-secondary education.
- 50% of the participants were in a committed relationship with one person at the time of the interview, and the other half were not in any relationships.
- All participants were currently taking medication for HIV.
- More than half of participants (62.5%) knew in advance to their Canadian IME that they were HIV positive.
- At the time of the interview, 62.5% have previously been diagnosed with AIDS.
- In terms of knowledge about their last CD4 count, 37.5% knew the count while the other 37.5% did not. 2 participants did not

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**The Study Line -
Call or Text:**

+1 (587) 334-8965

report their knowledge about their last CD4 count.

- We measured whether participants felt significant internalized stigma in the following domains: stereotypes, disclosure, social relationships, and self-acceptance.
- We found that African immigrants living with HIV experience **significant internalized stigma associated with self-acceptance**, compared to the other domains.
- Mandatory HIV testing practices were not questioned by any of the participants as being unfair. Some participants did raise concerns about the impact of the test on their lives and how they received diagnosis.
- Stigma remains a concern for several of the participants. Stigma is experienced both from within their communities as well as care providers.
- Once diagnosed, some participants were referred to health services and programs, however as one participant pointed out: **"Canada...They told me to go to see some community whatever. They give advice. I never go. They give me address, everything. I never go."**
- Participants pointed out that once they were referred to HIV service providers in Alberta that they had positive experiences that sustained their hope for a good life.
- For several participants keeping HIV a secret was important. In some cases they were worried that their HIV status would be shared not only with those they knew in Canada, but also those who knew them in their country of origin.
- We found **inconsistencies** in the way people experienced mandatory HIV screening during the immigration medical exam, in the areas of: informed consent, pre-HIV test counselling, post-HIV test counselling, and referral to health care services or follow up care in the context of migration and settlement in Canada.

Preliminary results suggest further research is needed, as there is potential for **disruption in the HIV cascade of care for people living with HIV, who are in the process of migrating to and settling in Canada**. Stay tuned for the final analysis and results of the Alberta pilot study.

Upcoming Research and Work

Our new study, ***"African and Caribbean Immigrants Living with HIV in Canada – Internalized and Experienced stigma during the process of Migration and Settlement"*** has begun and our team is working to work with partners across Canada to recruit people who might be interested in participating in the national study. This study builds on the Alberta pilot. We are so pleased to receive further funding to continue building on the results of the pilot study. This work will continue into 2018. Be sure to share the study survey link with people you think might be interested in participating in the study. The link is:

<http://tinyurl.com/phfwkmu>

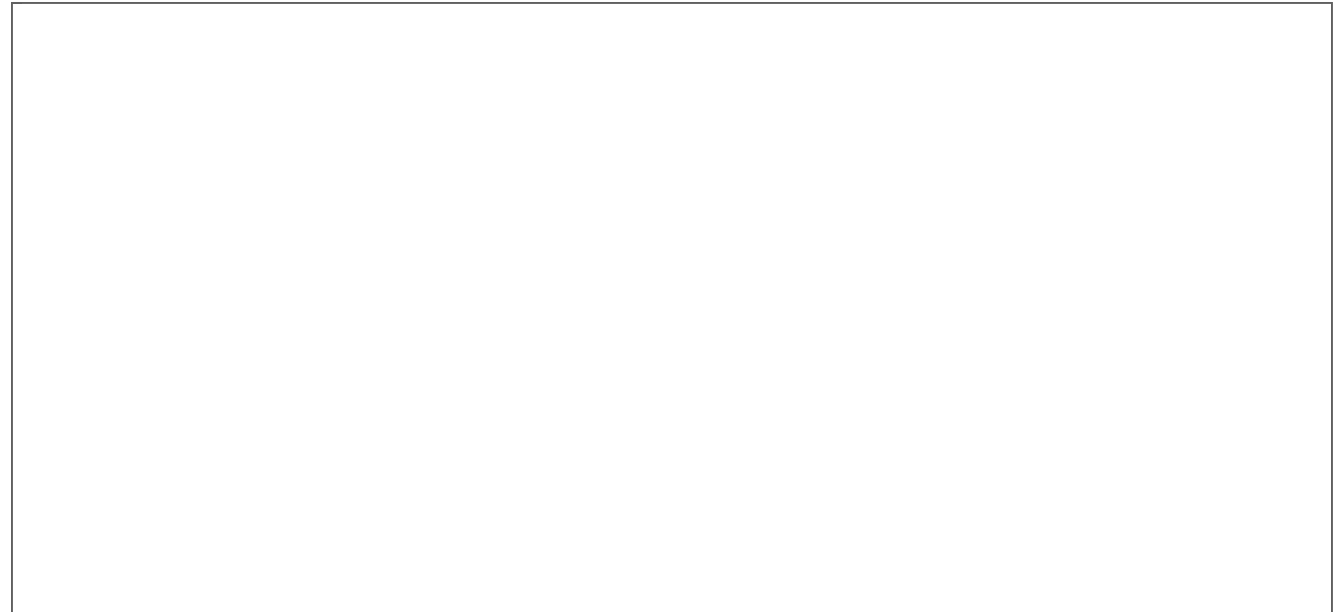
Public health nursing researcher explores Canadian immigrants' experiences with HIV/AIDS stigma

Añiela dela Cruz's study examines impact of mandatory HIV screening during immigration process

2Share

By Lynda Sea, Faculty of Nursing

December 1, 2017



The Newcomer, HIV, Immigration, Treatment Engagement, and Stigma in Canada (NewHITES) Community-Based Research Team includes community leaders, AIDS service organizations in Alberta and B.C., the Public Health Agency of Canada, and researchers from Calgary, Edmonton, Saskatchewan, and Halifax. In September, the team met at the University of Calgary campus to discuss their work. *Photo by Lynda Sea, Faculty of Nursing*

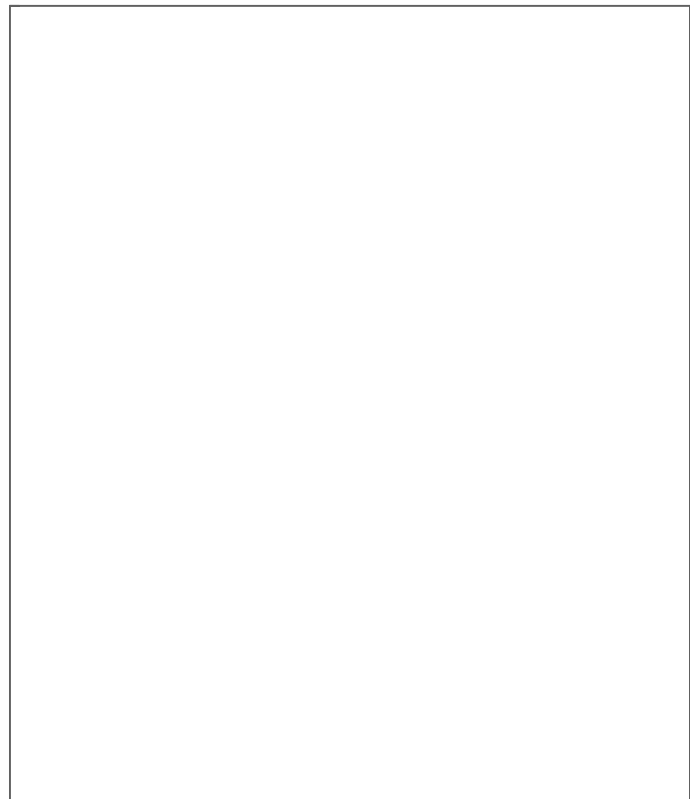
Añiela dela Cruz started her research career examining how the perception of HIV/AIDS changes as people cross borders and its implications for transmission and infection. As assistant professor in the [Faculty of Nursing](#) and member of the [O'Brien Institute for Public Health](#) at the Cumming School of Medicine, she is currently focused on stigma experienced by immigrants who are living with HIV who migrate and settle in Canada.

Her current research examines the health, social, and societal contexts of immigrants living with HIV in Canada to identify ways to reduce health and social inequities.

- Read more in the [Calgary Journal](#) article "Why African, Black and Caribbean Communities Struggle with HIV/AIDS Stigma in Canada"

Dela Cruz, BN'98, is part of a community-based research team from the University of Calgary and University of Alberta with collaborators from British Columbia, Alberta, Saskatchewan, Ontario, and Nova Scotia, who are working together to better understand the experiences of immigrants living with HIV in Canada.

In 2015, the Newcomer, HIV, Immigration, Treatment Engagement, and Stigma in Canada (NewHITES) Community-Based Research Team started a pilot study to look at HIV-related stigma among African immigrants living with HIV in Alberta. That work set the foundation for a new study around African and Caribbean immigrants living with HIV in Canada and



their internalized and experienced stigma during the process of migration and settlement.

As part of a community-based research team, Añiela dela Cruz is working to better understand the experiences of immigrants living with HIV in Canada. Photo courtesy Faculty of Graduate Studies

Gaps and inconsistencies during mandatory HIV-screening in immigration exams

As part of the Canadian immigration application processes, mandatory HIV screening has been in place since 2002. As part of their upcoming study, the NewHITES team is looking at people's experiences of this screening in the Canadian Immigration Medical Examination.

Preliminary results show some inconsistencies in the way people experienced that screening in the areas of informed consent, pre-HIV test counselling, post-HIV test counselling, and referral to health care services or followup care. This is significant because gaps in the process are related to how immigrant applicants are counselled to access health and social care in the event they are indeed successful in migrating to Canada.

"It seemed that people were experiencing stigma during these mandatory immigration exams and not getting connected to services during the migration and settlement process," dela Cruz says. "We know that people who are engaged within that continuum of HIV care cascade will do well — physical health-wise and socially.

"We also know that if there is an interruption in that cascade of care, people will have poorer social health and outcomes. You'll find people live in social isolation or are marginalized and not able to have regular employment because they're too afraid to be engaged in care."

Goal to better support people and newcomers who are living with HIV in Canada

The other huge implication around this inconsistency is if someone doesn't know their status and is being tested for HIV and not informed.

"It's a life-changing diagnosis," dela Cruz says. "If you work with people living with HIV and ask about their experiences of getting their positive diagnosis, it's very shocking to say the least. It's a recurring theme to hear from our participants that 'I wish I was told I have cancer, it would be easier — it would be easier to tell my family or hold my job.' It's that profound."

Dela Cruz says the long-term aim with the group's research is to explore new approaches in providing HIV prevention, care, and support services for this newcomer population. The study will contribute important knowledge in understanding the intersections between immigration policies and practices, and the ways in which these contribute to stigma.

"We're looking at HIV stigma in the context of migration and settlement, and the other layer is immigration process and policies," she says. "Once we have that info, we can start planning for an intervention. That could be things like making recommendations to the immigration physician with policies and practices. The goal is to have programs that better support people and newcomers who are living with HIV in Canada."

90-90-90: Global targets for ending the AIDS epidemic

Dec. 1 marks World AIDS Day, which started in 1988 and is dedicated to raising awareness of HIV/AIDS. **90-90-90** is the ambitious global target to end the AIDS epidemic set out by UNAIDS. It outlines that by 2020, 90 per cent of all people living with HIV are diagnosed; 90 per cent of all people with diagnosed HIV infection are engaged in treatment; and 90 per cent of all people receiving antiretroviral therapy will have viral suppression.



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- **February 13, 2018** [Your stress is now my stress: research study explains how](#)
- **January 31, 2018** [UCalgary's W21C lab teams up with technology and aging network to test new products](#)
- **January 30, 2018** [UCalgary part of Canadian collaboration to solve genetic mysteries](#)
- **January 30, 2018** [Keeping your New Year's resolution to lose weight could dramatically reduce future cases of cancer](#)

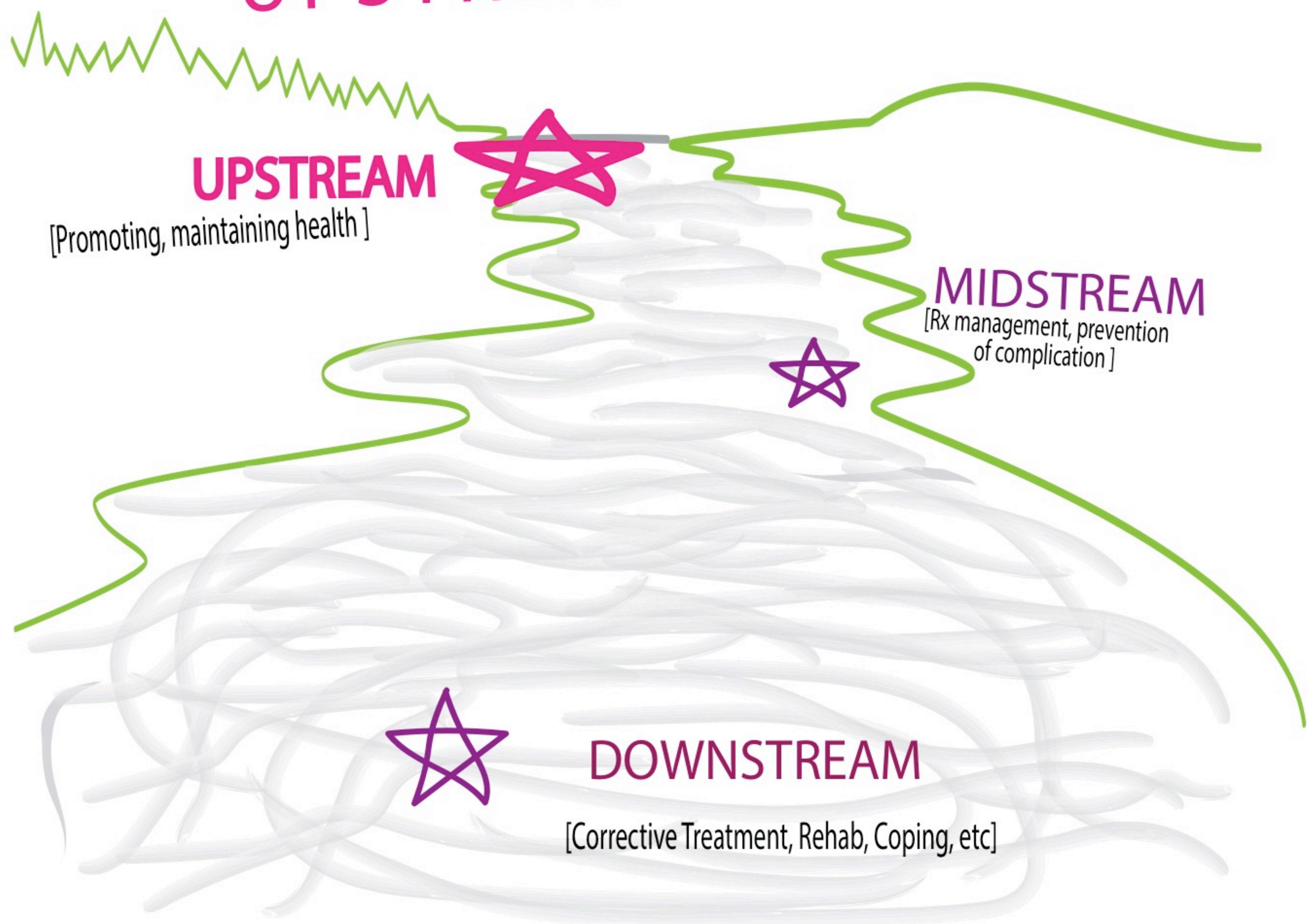
Engaging with an immigrant community
to work towards community-driven priorities

Dr. Turin Tanvir Chowdhury

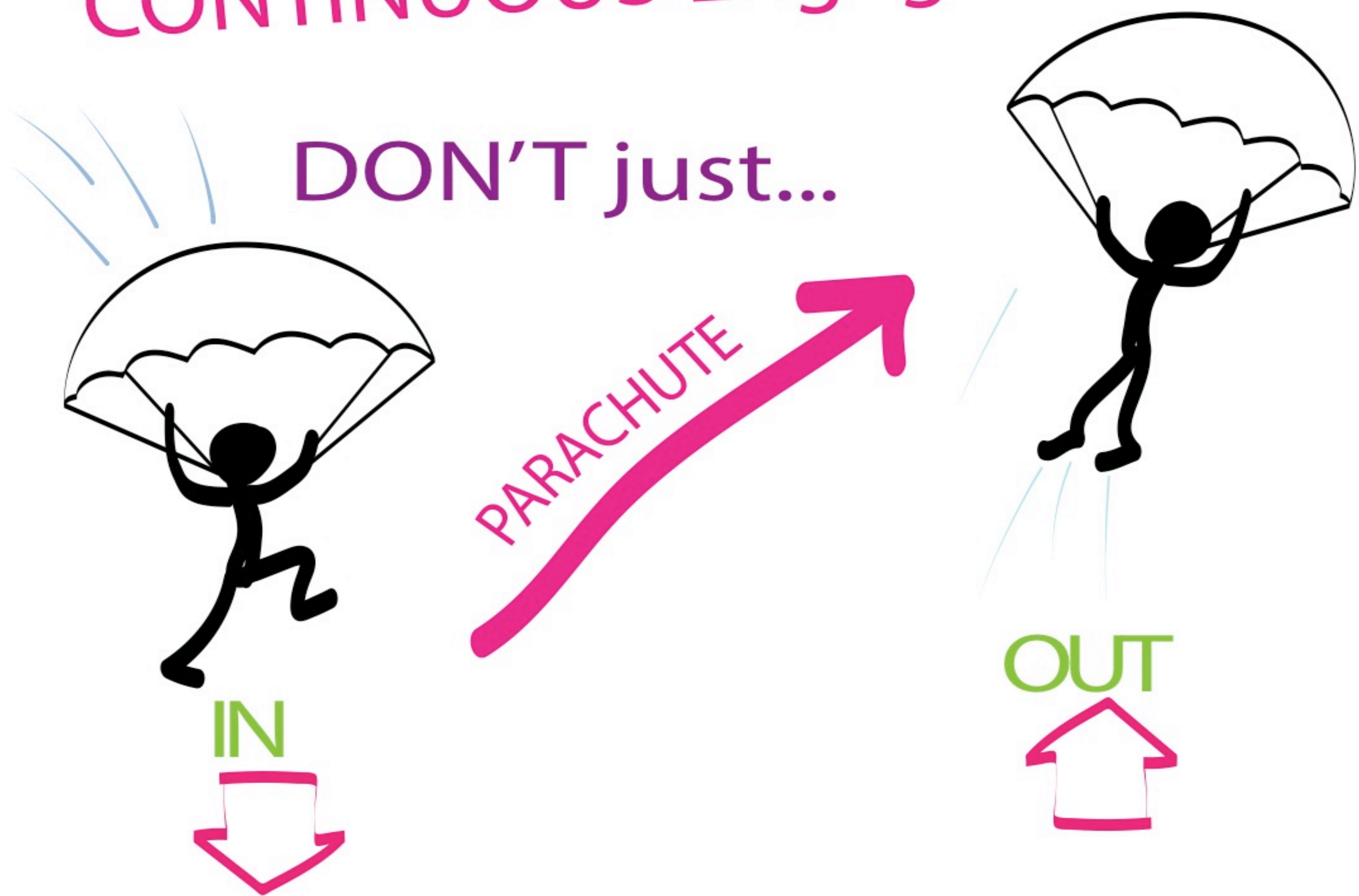


UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE
Department of Family Medicine

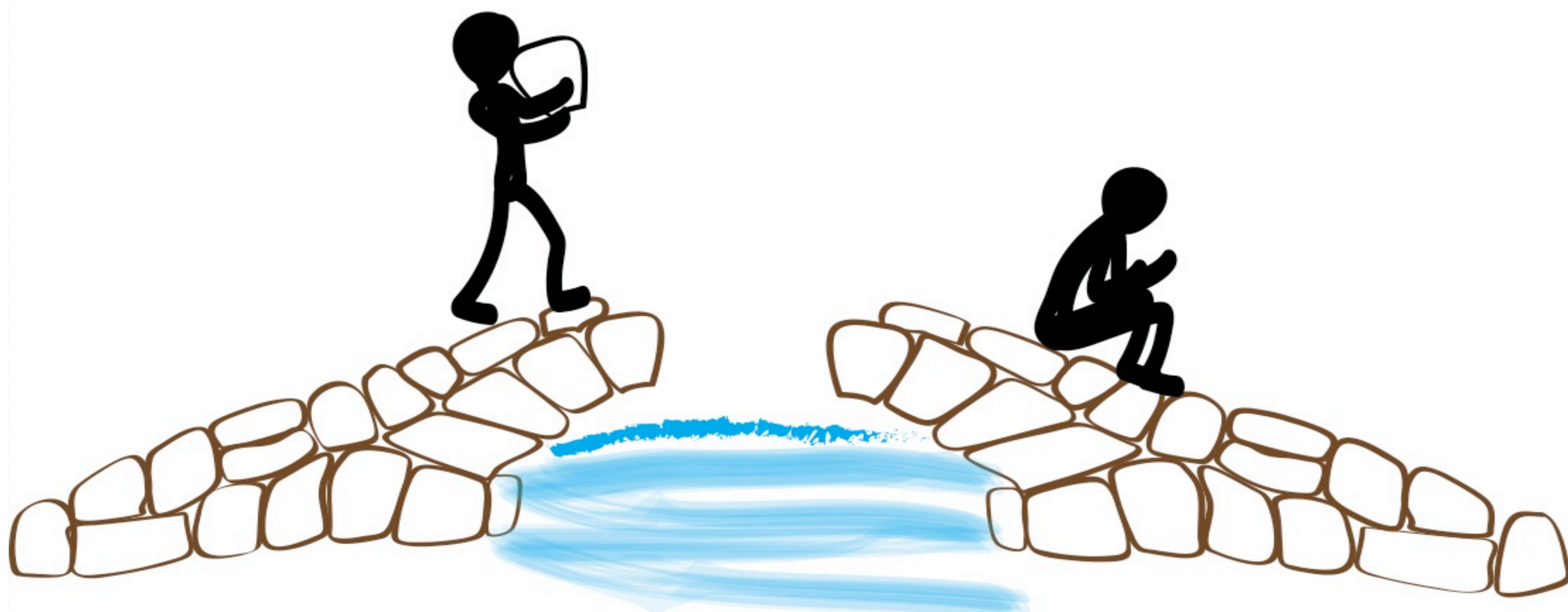
UPSTREAM Prevention



CONTINUOUS Engagement

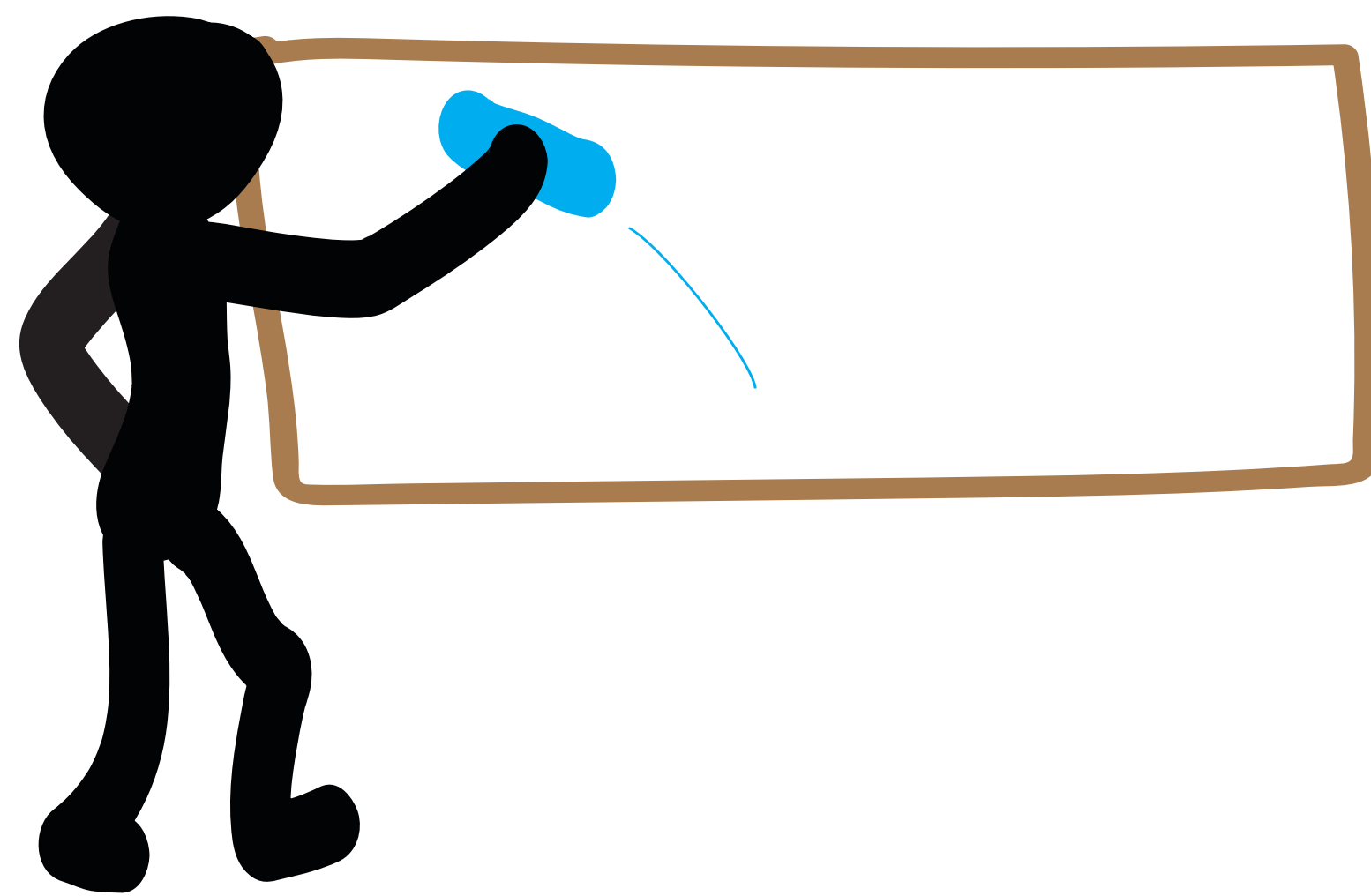


Let's Start BUILDING
Bridges towards them!



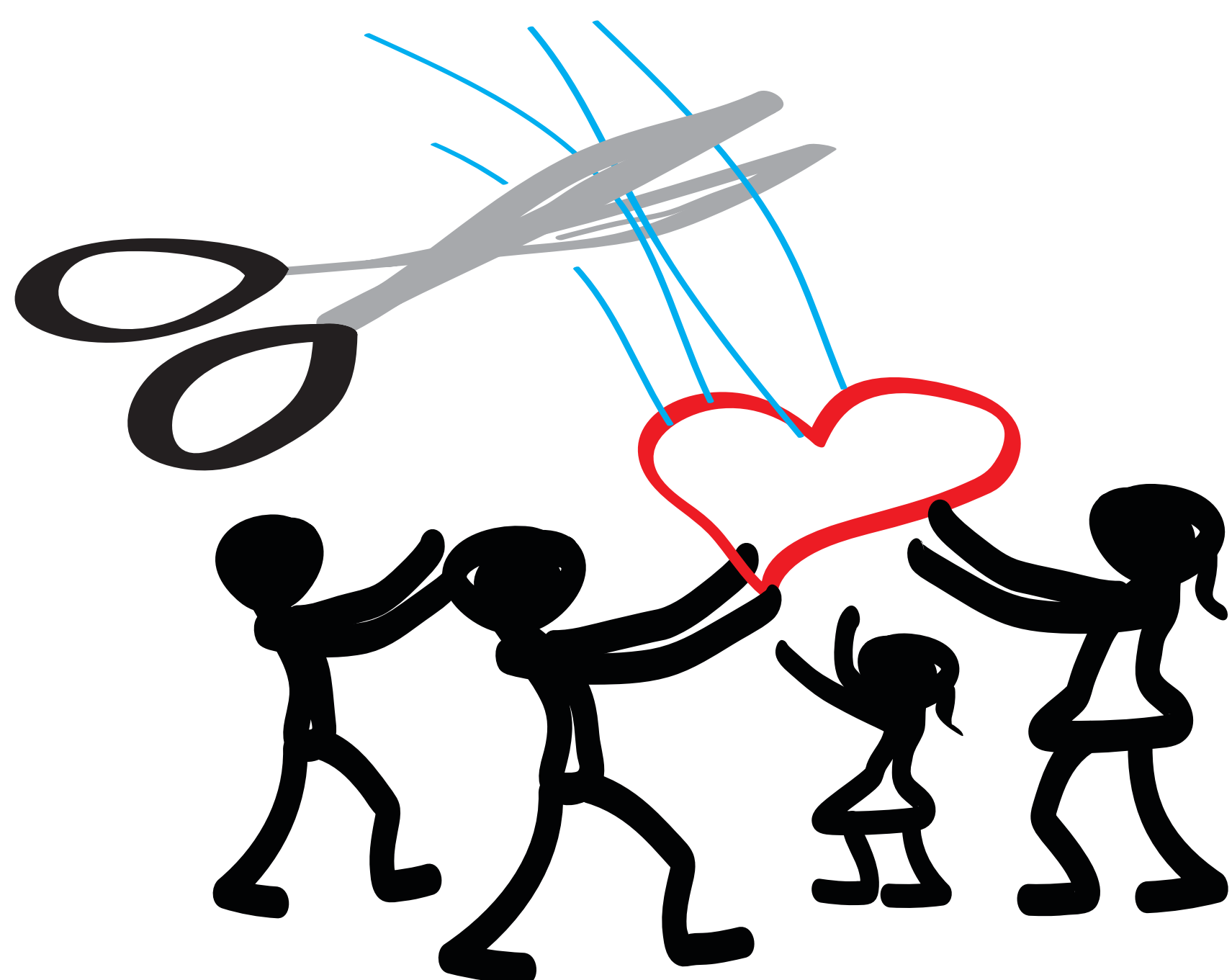
Start

LISTEN TO THE COMMUNITY



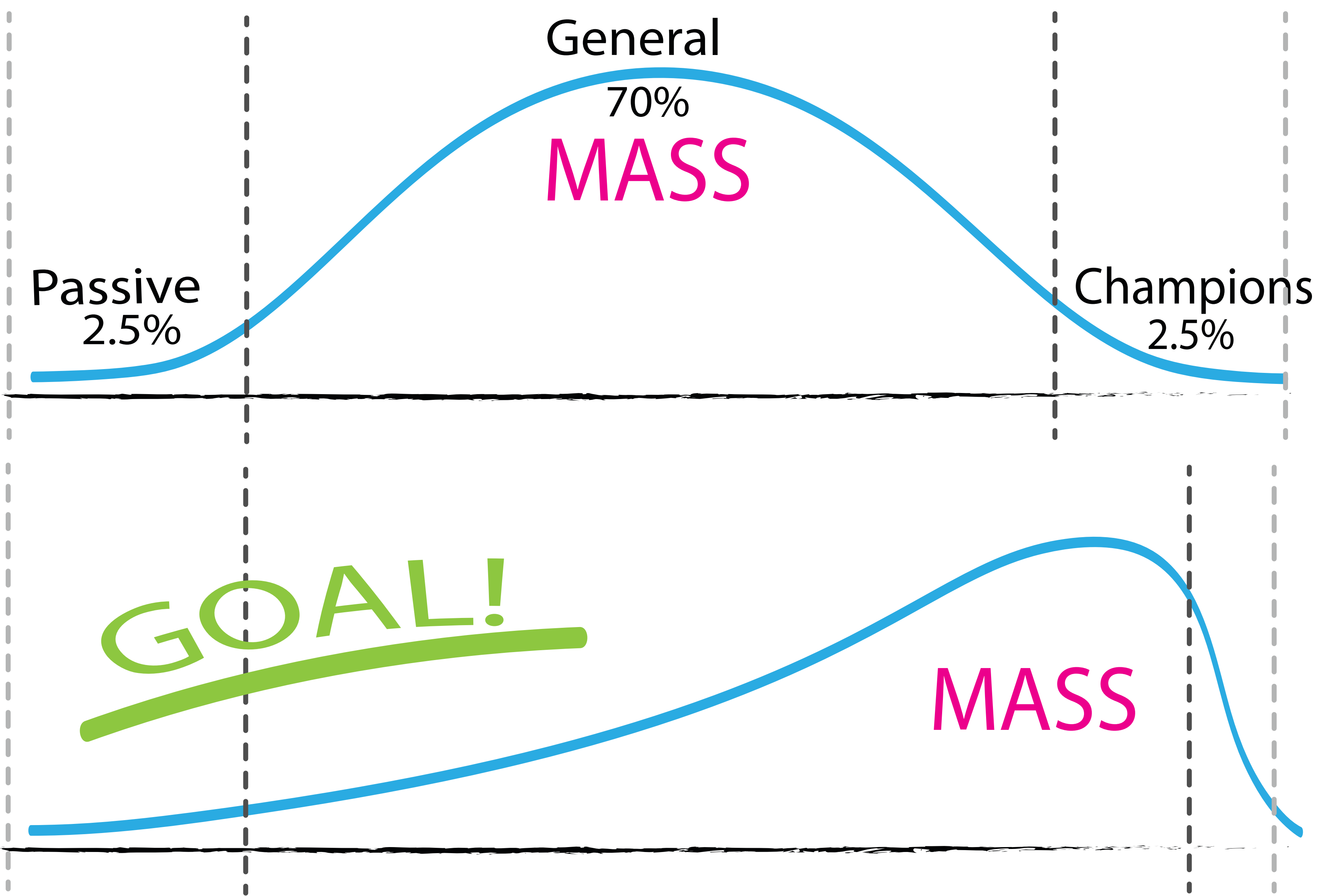
Start with
a clean slate!

SERVICE TO THE COMMUNITY



NO
strings
attached

DON'T Miss the MASS



APPENDIX B: PARTICIPANT LIST – CALGARY AND EDMONTON

APPENDIX B: PARTICIPANT LISTS (REDACTED)

Calgary Participants

First Name	Last Name	Organization
Affiliation: ACADEMIA		
		University of Calgary
		University of Calgary
		University of Calgary
		HIV Community Link
Affiliation: HIV & AIDS/ Health/ Social/ Settlement Service Providers		
		HIV Community Link
		HIV Community Link
		HIV Community Link
		HIV Community Link
		Calgary Catholic Immigration Society
		Alberta Health Services
Affiliation: Community Organizers/ Community Influencers		
		Ribbon Rouge Foundation
Affiliation: Community Association Leaders		
		Ghana Association of Calgary
		Association Francophone De Brooks
		Association Francophone De Brooks
Affiliation: Policy Makers, Government		

APPENDIX B: PARTICIPANT LISTS (REDACTED)

Affiliation: Primary Care Networks		

Edmonton Participants

First Name	Last Name	Organization
Affiliation: ACADEMIA		
		University of Alberta
		University of Calgary
		University of Alberta
		University of Alberta
		HIV Community Link
Affiliation: HIV & AIDS/ Health/ Social/ Settlement Service Providers		
		Alberta Association of Immigrant Serving Agencies & Edmonton Immigrant Services Association
		Madeleine Sanam Foundation
		HIV Community Link
		HIV Edmonton
		HIV Edmonton
		Alberta Health Services
Affiliation: Community Organizers/ Community Influencers/ Community Engaged Artists		
		Ribbon Rouge Foundation
		Ribbon Rouge Foundation

APPENDIX B: PARTICIPANT LISTS (REDACTED)

	Ribbon Rouge Foundation
	Ribbon Rouge Foundation
	Rees Community Foundation
	Diversity Magazine
	N/A
	Kandolo Law Office
	Alberta Culture and Tourism, Government of Alberta
	Open Communion
	Affiliation: Community Association Leaders
	Association of Kenyans in Alberta
	Sierra Leone Association of Alberta
	Eritrean Community Association of Edmonton
	Eritrean Community Association of Edmonton
	Uganda Cultural Association of Alberta
	Somali Canadian Women and Children Association SCWCA
	Savanah Association
	Yoruba Cultural Association of Edmonton
	Yoruba Cultural Association of Edmonton
	Yoruba Cultural Association of Edmonton
	Affiliation: Policy Makers, Government
	Honorary Consul, Consulate for the Republic of Botswana
	Member of Parliament, Edmonton Centre
	Member of Parliament, Edmonton Centre
	Alberta Health
	Alberta Health
	Alberta Health

APPENDIX B: PARTICIPANT LISTS (REDACTED)

Affiliation: Primary Care Networks		
Affiliation: Religious Leaders		
	Winners Chapel	
	Seventh Day Adventist Church	

APPENDIX C: MEETING PROCEEDINGS – CALGARY AND EDMONTON

African Caribbean and Black Listening Campaign
Calgary, Alberta
February 17, 2018 @1200h to 1600h

	Agenda Item	Summary
1200	Registration and Lunch	<ul style="list-style-type: none"> • 25 participants RSVP'd to attend: 13 actually attended (52% attendance, including organizing team). • 8 community participants.
1230h	Welcome and Opening Remarks	<ul style="list-style-type: none"> • Añiela formally opened the meeting by welcoming everyone to the afternoon. The organizing team was introduced: Sipuwe Mapfumo (HIV Community Link); Moréniké Olaosebikan (Ribbon Rouge); Cari Egan (Alberta Health Services); Turin Chowhury (University of Calgary); and Añiela dela Cruz (University of Calgary). • Añiela facilitated a roundtable of introductions of participants from the community. • Moréniké provided opening remarks: the background to this work; the goal of meetings and link to broader work (e.g., the 2016/2020 STBBI Provincial Strategy), and why we are gathered for the afternoon.
1240h	Overview of the 2016-2020 STBBI Provincial Strategy	<ul style="list-style-type: none"> • Cari provided an overview of the 2016/2020 STBBI Provincial Strategy, as it relates to the work of the afternoon. She walked through her handout in detail. See attached.
1245h	Current Programs and Research in Alberta: HIV/AIDS, Sexually Transmitted Blood Borne Infections (STBBIs)	<ul style="list-style-type: none"> • The organizers highlighted key work happening in Alberta related to these themes and the intersection with newcomer Canadians' health and wellbeing. • Sipuwe Mapfumo, HIV Community Link (See handout provided) • Turin Chowdhury, University of Calgary (See handout provided) • Moréniké Olaosebikan, Ribbon Rouge (See pamphlet provided). Ribbon Rouge is an arts-based organization and Foundation that aims to address HIV/AIDS in the community by Getting to Zero. • Añiela dela Cruz, University of Calgary (See handout) • No questions from the participants emerged.
1315h	Open forum discussion	<ul style="list-style-type: none"> • An open forum discussion as facilitated by Moréniké and Cari to encourage an open dialogue of what are the priorities related to HIV, STBBIs, and the newcomer African, Caribbean and Black communities in Alberta.

Agenda Item

Summary

Discussion Points:

- Very grateful to the organizers for working on the ground. It is important to have community involved in policy development.
- Leaders in the community (e.g., community association presidents) are involved with community members in intimate ways.
- There are harsh immigration policies that result in unintended consequences. For example, family reunification is often delayed for newcomers already working in Canada. Partners in Canada may become involved in extra-marital relationships during significant immigration delays.
- There is a need for holistic approach to newcomers, especially in developing social support networks and systems for newcomers.
- There is a need to engage with people along the entire pathway of migration to, and settlement in Canada. For example, people receive education about how to obtain a social insurance number (SIN), why can there not be mandatory health workshops for newcomers? This is very important.
- There is culture shock for newcomers. The ways 'things' are done 'back home' are different from 'the way things are done in Canada'. For example how people view health or how they think about seeing a physician. Another example is that some people prefer traditional medication or people might fear seeking health care professionals. Also, there should be workshops and education about family and children's services, the law, and relations with the Police Service.
- There is increased marginalization of newcomers due to their experienced culture shock. The Listening Campaign helps to address these issues.
- Racism still exists for many people (e.g., language, physical appearance, colour of skin). Because of this people start to withdraw from society.
- When the system fails to acknowledge issues of racism it is difficult to meet people where they are at, or to view people in holistic ways.
- The issue of stigma is significant. Stigma is a two-sided issue: as experienced by the person being stigmatized and the person or system who stigmatizes the individual. How will society address stigma in these ways?
- People in society assume that there is a uniform culture among people who come from African countries. This is not

Agenda Item

Summary

- so – there is diversity within each community and population, and within each country.
- There is a need to avoid categorizing and assuming people belong to one culture. There is much diversity and this should be recognized.
 - What does community even mean to the community? There is a need to engage with community in a deep and unique way.
 - Policy makers need to consider how communities function and work in their unique ways. For example, there is a need to understand how communities function, how communities lead their members.
 - Perception that policy is out of reach and far to reach; that communities have very little influence on policy and decision making that is relevant to communities.
 - There needs to be a co-created environment in decisions that are made; and in meeting people where they are at.
 - HIV stigma needs to be addressed as a priority. It is important to mobilize community and to engage in dialogue.
 - How do policy makers engage with newcomers in identifying priorities when employment or housing is a priority over their own health?
 - Another issue is that sometimes people start the conversation like this and then it is not sustained – there is no action. There needs to be long-term commitment to the dialogue happening.
 - Stigma also happens with the health care provider and doctor; there is a lack of information and support for people looking after newcomers.
 - What is the purpose of this? What will be done after all of this talk? These issues of racism are not new and yet we are still talking about it.
 - There is a need for grass roots work. How can grass roots work be best supported? There is a frustration with the lack of action about these issues we talk of today.
 - There needs to be action on systemic and institutionalized racism. Decision makers need to co-identify the issues and act together. How do we identify ways to really address priorities?
 - Vision is to stitch communities together for action. We are mapping out the problem landscape – identifying what are the barriers to some of these issues.
 - There needs to be education for health and social providers about perceptions of 'health' back home. Physicians need to understand this for holistic care.

Agenda Item	Summary
	<ul style="list-style-type: none"> • Priority is a safe place and space for newcomers. For example, a clinic for newcomers. • Priority to understand and deconstruct social vulnerability. • Need for programs like Drum Beat – education is the answer to many problems; need to address lack of knowledge in the community. • Need to acknowledge diversity within community – needs champions in each pocket community to mobilize and take action. <p>Key Themes of Discussion:</p> <ul style="list-style-type: none"> • Community engagement and action for policy development; co-creation of environments between policy decision makers and community • Holistic approaches to caring for supporting newcomers; Meet people ‘where they are at’; recognizing diversity within communities; understand priorities of newcomers; understanding cultural aspects of health (e.g., how health is perceived by newcomers and Canadian society; what influences health seeking practices) • Racism needs to be addressed at the individual, societal, systemic and institutionalized levels • Complexity of stigma (individual, family, societal, care providers) and how HIV stigma is addressed at these levels • Build capacity in cultural competence in society • Safe place and space for newcomers; deconstructing social vulnerability
1415h Coffee Break	
1430h Focussed Discussion: Key Research and Action Priorities	<p>Due to the size of the group, we remained as one group to carry out focussed discussion of the key themes that were raised from the open forum. Cari and Moréniké facilitated the focussed discussion.</p> <p>Añiela provided an overview of the key themes that emerged from the open forum (see above) to guide focussed discussion. What to look at key priorities based on themes that emerge and to identify tangible ways to address priorities.</p> <p>Key Priorities and Action Items (Focussed Discussion):</p> <ul style="list-style-type: none"> • What is most important and why? • A safe place for newcomers; a physical place where the community is; where the community gathers at events; where both policy makers and community members gather and engage directly with one another; where high decision makers come to the community to hold dialogue.

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- There is a lack of funding for such a space (e.g., Africa Center in Calgary). There is a need to have a physical space for dialogue to occur and to take action on policy matters.
- It is important to not create “silo conversations”; need a holistic approach; engage politicians and policy makers in one space with community members; need for a grass roots approach; need for voice of community champions and policy champions.
- Need to understand how the decisions are made – who to engage and how; Government of Alberta (e.g. Alberta Health); politicians (civic, provincial, and federal level; councillors; MLAs; and MPs); Alberta Health Services (operations and services arm of Alberta Health); Champions (community association leaders, non-profit organizations such as settlement agencies, universities/researchers).
- Cari noted that there are several implementation groups in place in relation to the provincial STBBI strategy: this is a place where community champions can engage and to have a voice with the issues raised today.
- **Access to data:** communities need to access data so they can use this data to strengthen action plans
- Need to translate data in a way that is understandable and accessible to community; build capacity in community to use data.
- Need to have data re-synthesized to make it useful to communities to use for change; NGOs need this data for change; to engage locally e.g. continue dialogue for change and to take action for change.
- Need to address ways to bring data to community in a meaningful way; build capacity build community champions to use this data; need resources for community champions to use this data (e.g., financial and capacity building).

Action items for consideration:

- **Steps towards creating a safe place and space for newcomers:**
 - Data access
 - Articulate change and outcomes
 - Articulate clear timelines
 - Collaboration between community members, leaders, and champions
 - Build capacity in community
- **STBBI newcomer implementation group:**
 - Cari (Alberta Health Services) to follow up with participants on this working group – there is

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Summary

opportunity here to continue the conversation and to identify projects through this group in the future

- Listening campaign participants can participate and engage
- Through this group research priorities will be clearly articulated and plans of actions can be articulated as well
- Newcomer group will focus on the ACB communities in Alberta (in response to the current epidemiological trends and data)
- **Would like a larger conference on a regular basis:**
 - Larger conference to engage, mobilize and identify priorities
 - For example, “Health of African, Caribbean and Black Newcomers” not focused just on HIV – this will not result in good attendance. Rather, focussing on health in a broader and holistic way (see previous notes)
 - Need a core organizing group to sustain this type of work
- **Form an Advisory Committee:**
 - A core advisory committee should be formed to carry and sustain the work going forward.
 - To engage with people who are champions and who are fundamentally interested in the issues identified today (e.g., STBBIs, HIV, stigma, newcomer health in a holistic way).

Individual Identification of Priorities:

- Añiela invited participants to choose their top priorities (1- most important and 3 – least important) using the numbered post-it notes provided.
- Participants walked around to each of the flipchart paper and white board to indicate what is most important to them as individuals.
- Cari – took photos of this – Cari, please insert notes here to articulate the items that were identified as key priorities.

Moréniké closed the focussed discussion.

1530h Summarizing
 Discussion and Next
 Steps

- Participants indicated they would like to receive a summary report of the listening campaign by email.
- Participants were also invited to take photos of each of the flip charts and white boards that captured the open and focussed discussion sessions.

Agenda Item	Summary
1545 Participant Feedback forms	<ul style="list-style-type: none"> Organizing team committed to creating a summary report after both meetings are completed and to email the reports to all participants, with proposed next steps. Participant feedback was collected using the forms in participant packages. Añiela stressed the importance of getting feedback – to justify our community listening campaign to funders and also for planning purposes – Edmonton meeting next week. 7 feedback forms received from 8 community participants. Response rate (88%). Añiela will collate responses for the organizing team and for the final community report.
1550h Closing Remarks	Moréniké and Turin thanked all participants for their valuable time.

African Caribbean and Black Communities Listening Campaign
 Edmonton, Alberta
 February 24, 2018 @1400h to 1800h

Agenda Item	Summary of Discussion
1:30 pm to 2:00 pm Registration and Community Meal	<ul style="list-style-type: none"> • Shared meal and informal networking. • 41 participants RSVP'd to attend. • 25 of the RSVP'd participants attended, and an additional 12 participants arrived who were not on the RSVP list. A total of 37 participants attended (including organizers).
2:30 Welcome and Opening Remarks	<ul style="list-style-type: none"> • Moréniké Oláosebikan & Añiela dela Cruz formally started the meeting. • Añiela introduced the team and organizing team for both the Calgary and Edmonton meetings: Turin Chowdhury (University of Calgary - regrets), Añiela dela Cruz (University of Calgary), Moréniké Oláosebikan (Ribbon Rouge), Cari Egan (Alberta Health Services), Sipiwe Mapfumo (HIV Community Link), and Tsion Demeke Abate (HIV Edmonton) • A roundtable of participants was completed. • Moréniké provided opening remarks: the background to this work; the goal of meetings and link to broader work (e.g., the 2016/2020 STBBI Provincial Strategy), and why we are gathered for the afternoon.
2:40 Overview of the 2016/2020 STBBI Provincial Strategy Cari Egan	<ul style="list-style-type: none"> • Cari provided an overview of the 2016/2020 STBBI Provincial Strategy, as it relates to the work of the afternoon. She walked through her handout in detail. See attached.
2:45 Current Programs and Research in Alberta: HIV/AIDS, Sexually Transmitted Blood Borne Infections (STBBIs)	<p>Current Programs and Research in Alberta: HIV/AIDS, Sexually Transmitted Blood Borne Infections (STBBIs)</p> <ul style="list-style-type: none"> • The organizers highlighted key work happening in Alberta related to these themes and the intersection with newcomer Canadians' health and wellbeing. • Sipiwe Mapfumo, HIV Community Link (See handout provided) • Turin Chowdhury, University of Calgary (See handout provided) • Moréniké Oláosebikan, Ribbon Rouge (See pamphlet provided). Ribbon Rouge is an arts-based organization and Foundation that aims to address HIV/AIDS in the community by Getting to Zero. • Añiela dela Cruz, University of Calgary (See handout)

Agenda Item	Summary of Discussion
3:15 pm Open Forum Discussion	<div data-bbox="683 279 1438 451"><ul style="list-style-type: none">• Tsion Demeke Abate, HIV Edmonton provided an update on the work HIV Edmonton is doing in the community to support the African, Caribbean, Black communities in Edmonton and northern Alberta.• No questions from the participants emerged.</div> <div data-bbox="634 493 1421 665"><p>An open forum discussion as facilitated by Moréniké and Cari to encourage an open dialogue of what are the priorities related to HIV, STBBIs, and the newcomer African, Caribbean and Black communities in Alberta. Question posed to the large group: <i>What strikes you as most important to HIV and the community?</i></p></div> <div data-bbox="634 707 1438 1850"><p>Discussion Points:</p><ul style="list-style-type: none">• Women and children are priority, particularly in areas of income, poverty, an economic stability.• Most women living with HIV are reluctant to get treatment for HIV. Priority for women living with HIV is economic stability to support their families.• Another issue is around how women are told or made to believe they should not become pregnant – due to vertical transmission. Accurate information and adequate counselling is needed.• Leaders of community associations are quite involved in their community members' lives. For example, community members might approach a president to tell them about another community member living with HIV.• Community Association Leaders (e.g., presidents) don't know how to respond to these matters, or might not have the capacity to do so, although they want to support their community members.• Community Association Leaders would like accurate information related to HIV to relay to their community and members, to support their members the best way they can.• There is a sense that physicians should improve on informing their patients and to have conversations with ACB people being diagnosed with HIV. Open conversations need to take place about how to manage and cope with HIV.• There should be consistent and appropriate pre-HIV testing counselling where people are informed that they are being tested, and that adequate and appropriate follow up care is provided after a positive HIV test. People need to be better prepared to live with their HIV, and physicians have an important role in this.</div>

Agenda Item

Summary of Discussion

- A representative from the federal government indicated that there is a form that needs to be completed by the immigration panel physician to ensure appropriate pre and post HIV test counselling is being completed.
- However, one study is showing inconsistencies in these practices within the newcomer population.
- Education among people needs to be strengthened. People might not understand the importance of HIV care because of a lack of education. Or perhaps, there are misunderstandings within the doctor-patient interaction regarding accessing care and treatment in Canada.
- There needs to be an **understanding of why people in the ACB communities do not access care?** This is what was found in the work leading up to the provincial strategy. If people have tested positive, why are people not accessing HIV care?
- It is important to consider the **social determinants of health** in relation to the HIV patterns in the Alberta ACB communities. People in Alberta ACB communities seem to be negatively impacted by the social determinants of health (e.g., housing, poverty, corrections).
- There is an increasing trend of ACB Canadians who are involved in **the corrections system**. How does this link to HIV? Many young black Canadians in corrections systems. How can we best support ACB Canadians when they return to the community after being in the corrections system?
- **Stigma is also a social issue.** Stigma is a cocktail of lived experiences e.g., economics, family relationships, community, relations with one another in society.
- **For example, are health care workers equipped to care for people living with HIV?** Or do they also carry stigma?
- **Also, people in the community are afraid to tell their own family about their HIV because of stigma and fear.**
- **There needs to be open dialogue between a person living with HIV, the physician, and family members.**
- There is also perception among **young ACB Canadians** that HIV does not exist in society. It is not talked about within the younger population. Could scan social media to see what the patterns are related to dialogue around HIV. This is an opportunity for community leaders to engage with the young population. There seems to be a lack of awareness, or no education among the young population regarding HIV. There is a need to reach young people in the education systems – where youth are found. Also, there is

Agenda Item

Summary of Discussion

an opportunity to work with families to engage youth in the conversation.

- It is important to understand the **diversity within the ACB communities in Canada**. It is very diverse in terms of language, cultural beliefs and practices, education. This must be taken into consideration – that the ACB population in Canada is diverse.
- It is important to **distinguish between the multiple nations and tribes represented by African people**, because **stigma is vastly different** depending on the Nationality spoken about.
- Countries in Southern Africa might not enact stigma to the extent West African countries currently enact stigma. For example, one participant noted that Nigeria in particular was “frightening” in denial of HIV. Further, **community readiness for change** might change between different countries.
- Another example of diversity within communities is that that Eritreans who emigrated decades ago, for example might be quite unaware/ be in denial about the issue while South Africans & Zimbabweans have shone a spotlight on this issue for several years.
- The relevance of **“Rites of Passage” and our history of colonization**. One participant noted that these coming of age rituals were our traditional ways of passing information around sex, sexuality, gender etc. in culturally relevant ways. **Current silence on these conversations are results of colonization**: Now that we are civilized, how do we undo this?
- It is important to also **consider the migration experiences of people in addressing the social determinants of health and HIV**. For example, people might have fear of health care systems or authority, based on their contexts of their home countries. Some people may have survived trauma.
- Sometimes, it appears that the Canadian health care system is not diverse enough to meet the needs of people. There needs to be equity in the system for all people.
- Some people are working multiple jobs to survive; survival is more of a priority than treatment for HIV. **It is very complex when we look at what people’s priorities are in their lives**.
- **Multi-level solutions must be planned to address the complexity and diversity of ACB communities in Canada**. Multiple systems in Canada (not just health) need to be able to respond to the complex needs of the populations.

Agenda Item

Summary of Discussion

Need to understand the deep reasons why people are refusing HIV treatments in the community. E.g., do people not trust the health care system? Are people afraid to access the health care system?

- **Faith** is very central to the wellbeing of ACB peoples. Need to consider the role of faith in health and wellbeing. Consider how people view health, health and faith, illness, and treatments.
- **People also rely and approach their faith leaders** when they face problems or issues in life. There is an opportunity to engage with faith leaders as part of the solution. Faith leaders can be very influential.
- **Faith leaders need the tools and capacity** to best support their faith community members.
- **Health care workers also need to understand the role of faith** in health, wellness, and HIV. Need to move away from “no news and good news” to one that is more holistic, based on relationships with people, and the need to support people in authentic ways. Some people would rather hide in the way the health care system is run.
- **Some people really do believe there is no HIV in Canada.** HIV is present everywhere in people’s home countries and some people still think that HIV is a death sentence. It’s important to have conversations with people so they understand HIV in the Canadian context (e.g., that there is treatment available and that people can live normally, if they take their medicine. Newcomers may especially have inaccurate information about HIV.
- There **needs to be best practice programs like Drum Beat in Calgary.** There needs to be support for more of these programs. These type of programs really do reach people in the ways we hope to reach people to make a change.
- **Women living with HIV** are especially vulnerable in society.
- **Culture is a big factor to consider when thinking of ways to address HIV in the community.** For example, the roles of the traditional healers must be considered, as with faith leaders.
- **Race is an issue.** Why are non-ACB people like Care and Aniela doing this work?
- **It’s important to note that no single person is leading the work alone.** Much of the work at Alberta Health Services and research from the University of Calgary is done and guided by leaders and members from the community.
- **It is important to follow up with people or to make sure people who test negative for HIV the first time to be**

Agenda Item

Summary of Discussion

followed up. Some people might feel immune to HIV based on a negative HIV test, but are still at risk for HIV infection.

- There is an **opportunity to engage with families here in Canada.** Need to re-start the conversation within families about sex education, and passing along information on to young people through family conversations. People generally feel ashamed to talk about sex education. **Families, parents, youth, community leaders, father leaders need to engage together to have these very important conversations.**
- **Criminalization of HIV non-disclosure** is also an issue. This is a racialized issue. Many people who have been charged for non-disclosure are also from ACB communities. This needs to be addressed. The media has a role in how this is portrayed in the general public. This also influences why people fear to seek HIV care.
- Also, it is important to ensure people stay engaged in the HIV care cascade when they return to the community after corrections.
- **Canadians society and systems need to recognize that people are vulnerable because of their differences** (e.g., illness, homelessness, disability, gender) – these issues need to be addressed first and foremost.
- **Research is needed to inform policy and programs to best support the ACB communities in Canada (related to HIV).** How are services funded? We need to show research that helps produce strong programs and policies that support ACB communities in Canada.
- **People from government needs to be part of these conversations** so they are well aware of the issues and can advocate for better programs and policies.
- There is a **disconnect with young people and their parents.** Parents and children can talk more about some of the issues brought up in the forum. We need engagement with the broader community to do this. ASOs in Calgary and Edmonton do some of this work already, but it needs to be better supported by the community, leaders, and faith leaders.
- Need to **urge pastors and faith leaders as a group to invite ASOs to do some HIV 101 information sessions** to close some of the gaps in the community.
- **ACB communities needs similar resources and programs like Aboriginal people in Canada:** prayer rooms, healing rooms and specialized care in health care settings. Why

Agenda Item	Summary of Discussion
	<p>can't ACB communities in Canada have similar spaces like Aboriginal people?</p> <ul style="list-style-type: none"> HIV funding for programs and services shouldn't just go to ASOs, but to other non-profit organizations as well which are supporting ACB Canadians in the community e.g., settlement organizations, language training, skills training, etc. There needs to be funding to do more outreach work with the community.
4:15 pm Break	
4:30 pm Small Group Session: Identifying Key Research Priorities	<p>The organizers decided to bypass small group work and to continue the larger group discussion, by identifying key priority areas.</p> <p>First, Añiela and Tsion pulled out the key themes from the discussion and wrote them on flipchart paper:</p> <ol style="list-style-type: none"> Building capacity of community leaders Health Care System improvements Perception of HIV in Canada Criminalization of HIV non-disclosure Reintegration after incarceration Recognizing diversity within the ACB communities in Alberta Significance of faith leaders in findings solutions to issues The role of faith leaders in the HIV conversation Generation gaps between parents, children and youth Bringing ACB youth into the HIV dialogue Cultural beliefs towards health Research, accountability by communities and researchers alike Need sound evidence for policy and programs Economic empowerment of women and the social determinants of health <p>Second, each participant was given 3 stickers labelled with "1, 2, and 3". Each participant was invited to indicate which themes were most important to them individually, by placing their stickers on three items that mattered the most (1) and the least (3).</p> <p>Visually, the group was able to see which themes were identified as most important to the participants.</p>
5:30 pm Summarizing Discussion and Next Steps	<p>Añiela and Tsion summarized the top 3 key themes that visually were identified as most important by participants:</p> <ol style="list-style-type: none"> Health care system issues and gaps Building capacity of community leaders and faith leaders

Agenda Item	Summary of Discussion
3. Research to inform policies and programs to best support the ACB communities	<p>Moréniké and Cari discussed next steps:</p> <ul style="list-style-type: none">• Some remarks from Dr. Ire: research needs money – getting funding is not that easy for researchers. Need to clarify what health care services are available to the refugee population in Canada. Race matters and we need to address issues of racism as a barrier to HIV prevention, support, and treatment. HIV test is problematic because it excludes people, the way it is set up for immigrant applicants.
5:45 pm Participant Feedback Forms	<p>Añiela encouraged all participants to complete. It's important for the organizing team to hear what worked well and didn't work well – for future planning.</p>
5:50 pm Closing Remarks	<p>Moréniké and Cari discussed next steps:</p> <ul style="list-style-type: none">• Very inspiring conversation to identify the issues and priorities.• The conversation doesn't end today – it's only the beginning to help identify key priority areas for action and research.• Yes, we are a diverse group of people, but we have common goals we want to achieve.