

MAKING COMMUNITIES STRONGER: DEVELOPING HIV/AIDS SERVICES FOR AFRICAN NEWCOMER COMMUNITIES IN CALGARY

Community Roundtable Report
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Dr. David Este, Faculty of Social Work, University of Calgary
Dr. Catherine Worthington, Faculty of Social Work, University of Calgary
Jessica Leech, AIDS Calgary
Josephine Mazonde, AIDS Calgary

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Introduction

In Alberta, the proportion of new HIV cases reported amongst individuals of “Black” ethnicity rose from 5.0% in 1998, to 11.2% in 2003, to 20.4% in 2007, and in 2007 33.8% of newly diagnosed cases of HIV in females were attributed to origin from a country where HIV is prevalent (or “endemic”) (Simmonds, Jasperson & Kruszynski , 2004; Singh, 2008). The number of the Southern Alberta Clinic’s HIV patients from Africa continues to grow, and AIDS Calgary has collected demographic data that indicate 12% of its active registered clients self-identified as “Black” in 2006/07. The epidemiologic data strongly suggest that African newcomer communities are a population in Alberta that requires its unique HIV prevention and care service needs to be addressed. People from HIV-endemic countries living with, and affected by, HIV/AIDS face language, cultural and social barriers beyond those faced by Canadian-born people affected by HIV/AIDS (HIV Endemic Task Force, 2003).

AIDS Calgary Awareness Association is a community-based nonprofit agency that has been providing services to the Calgary community since 1983. The organization works to reduce the harm associated with HIV/AIDS by promoting awareness and understanding of HIV/AIDS issues, providing HIV prevention and education, providing support and advocacy on behalf of people living with HIV, and building community capacity in these areas. AIDS Calgary provides HIV/AIDS prevention, education, care and support services to the Calgary area. As the Calgary region becomes more ethno-culturally diverse, the complexity of HIV/AIDS service needs continues to increase. AIDS Calgary has responded to the changing HIV/AIDS epidemic throughout its history and remains committed to responding to the growing diversity and needs of the populations it serves (AIDS Calgary, 2005).

In 2005, the Calgary Coalition on HIV and AIDS (CCHA) conducted a service provider consultation in which it was identified that significant needs and challenges exist in Calgary with respect to serving people coming from HIV-endemic countries (Patten, 2005a). In order to develop and provide appropriate supports to people from Nigeria, Sudan, South Africa, Somalia, Ethiopia, and other sub-Saharan African countries who are living with and affected by HIV/AIDS, it was clear that specific communities must be consulted in order to assess the community needs with respect to HIV prevention, care and support. AIDS Calgary started this process by commissioning an environmental scan to assess the feasibility of engaging people from HIV endemic countries that are living with and affected by HIV/AIDS to respond to their needs for prevention, support and outreach services (Patten, 2005b). Using this environmental scan as a foundation, AIDS Calgary partnered with Dr. Catherine Worthington and Dr. David Este of the University of Calgary, Faculty of Social Work to create a more comprehensive community-based study to address the following research questions:

1. What are the HIV/AIDS service needs and priorities of African newcomers?
2. How can these needs be met in conjunction with other African newcomer service priorities such as housing, education, and employment security?
3. What are the most appropriate ways for AIDS service organizations (ASOs) in Calgary to engage African newcomer communities in the design and delivery of HIV/AIDS services?

AIDS Calgary and the University of Calgary, Faculty of Social Work were able to secure funding from the Canadian Institutes of Health Research (CIHR) HIV/AIDS Community-Based Research Program to carry out this study. This preliminary report presents a brief summary of the study, its findings, and key strategic directions for community roundtable discussion.

Background

The environmental scan conducted by AIDS Calgary (Patten, 2005b), as well as other community and research initiatives in Alberta and in other regions of Canada provided background information to help frame this study. Key issues are briefly summarized below.

Recognition of HIV/AIDS as an Issue

During the environmental scan in 2005, AIDS Calgary conducted an informal survey with some key immigrant-serving organizations in the Calgary area to assess their general ability to respond to the HIV/AIDS-related concerns of their target populations. Responses from the small sample of organizations indicated that (a) the organizations did not recognize HIV/AIDS as an issue affecting their immigrant clients and (b) immigrant community members from African countries did not access these organizations for HIV/AIDS services or information (Patten, 2005b). This finding is consistent with national level findings. While epidemiological data indicate that nationally the proportion of HIV test reports attributable to the HIV-endemic exposure category is on the rise (Public Health Agency of Canada, 2007), less than 50% of key informants from Caribbean and African communities in Canada considered it was having a great to extreme impact on the community (Health Canada, 2000). According to key informants (Health Canada, 2000), community members feel a great deal of fear about being abandoned by their community and see HIV as a taboo subject in the community. In their countries of origin, HIV positive individuals are at risk for many negative consequences, including abandonment by family and friends, discrimination at work, loss of land or children, and violence and abuse (UNAIDS, 2001). While there is research available detailing the significant stigma and discrimination experienced by people living with HIV/AIDS in Calgary (Leech, 2004), to date, we have little information about specific experiences of African newcomer communities in Calgary.

Cultural Attitudes toward Gender and Sexuality

Also important to the recognition of HIV as an issue and response to it are cultural attitudes toward gender and sexuality among African newcomer communities. The prevention and treatment of HIV requires some degree of openness about sexuality and sexual behaviour. However, the HIV Endemic Task Force (HETF) in Ontario reported that in some cultures, discussion of sexuality and sex is taboo (Handa & Nagash, 2003). In strong patriarchal cultures, women are particularly vulnerable to HIV risk as they may not be comfortable raising issues of sexuality, fidelity of partners, or condom use (Gardezi et al., 2008; Keeping, 2004; Tharao et al., 2004). Among some African communities, there is acceptance of extra-marital sexual relations for men, but not for women (Gardezi et al., 2008; UNAIDS, 2004). Homophobia among African newcomer communities may also create risk situations for men who have sex with men (HIV Endemic Task Force, 2003). In addition, spiritual and religious beliefs may be important in cultural attitudes toward HIV and sexuality (Gardezi et al., 2008).

Use of HIV Testing and Treatment Services

HIV testing is an important component of HIV prevention and care services, but it appears that awareness and use of HIV testing is an issue among African newcomers to Calgary. In AIDS Calgary's environmental scan (Patten, 2005b), it was identified by community members and organizations that there is lack of awareness of the availability of free and confidential HIV testing amongst immigrants from HIV-endemic countries. HIV testing of immigrants to Canada began in 2001; people who immigrated to Canada prior to this date would not necessarily know their HIV status. Immigrants or refugees from countries without public health care systems may be inexperienced in accessing free and confidential HIV testing services and may not understand their rights with respect to HIV testing.

As with HIV testing, the environmental scan conducted by AIDS Calgary indicated that among African newcomers to Calgary there is a general lack awareness of the availability of, and how to gain access to, HIV treatment for those living with HIV (Patten, 2005b). Again, immigrants from most HIV-endemic countries would be unfamiliar with public health care provision of medications and services for HIV treatment. As noted earlier, based on previous research, it is likely that people living with HIV/AIDS within African immigrant communities may fear alienation from community members, deportation, lack of employment, and stigma – all of which prevent them from seeking services. There may also be fears about lack of confidentiality in HIV treatment services. Also, AIDS service organizations make some African people uncomfortable due to their appearance of focusing on gay men or injection drug users (Health Canada, 2000).

In 2003-04, the Southern Sudan Humanitarian and Cultural Association led a project to promote awareness amongst high risk individuals living in the Southern Sudan community, support health promotion activities, and provide support to people living with HIV/AIDS. The Association learned that while the traditional norm is to only have sex with someone they intend to marry, most young people who have immigrated to Canada no longer strictly abide by this cultural value, and many youth are sexually active with multiple partners before choosing their husband or wife. The Association also learned that services must take into account the fact that the different groups of people from the Sudan do not necessarily cooperate due to ethnic and tribal tensions (Alberta Community HIV Fund, 2005).

In 2004-05, the African Canadian Society of Alberta led a project to improve knowledge, attitudes and practices of African immigrants in Edmonton with respect to HIV/STI transmission and prevention and to establish a referral system to HIV testing and treatment centres like HIV Edmonton, Community Public Health Centres, STD/STI Clinics, and HIV Clinics. The African Canadian Society of Alberta learned that students were the most receptive audiences for HIV/AIDS information and that people living with HIV within African communities were very reluctant to access treatment, care or support services due to fears of lack of confidentiality and discrimination (Alberta Community HIV Fund, 2005).

Overall, the literature highlights the unique concerns and challenges of Calgary's African newcomer communities in the face of HIV/AIDS. The rising number of new HIV infections among people who identify as "Black" in Alberta is a strong indicator that HIV is firmly

entrenched and service needs are growing in this population. In contrast, the general lack of recognition that HIV is a pressing issue and low awareness of testing and treatment services available highlight the urgent need to address HIV prevention and awareness while improving access to testing and treatment services in culturally sensitive ways.

Methodology

Research Design

This study used qualitative research methods within a community-based research framework. In order to achieve the study goals to (1) describe the HIV/AIDS service needs and priorities of African newcomers to Calgary, (2) investigate how these needs can be met in conjunction with other African newcomer priorities, and (3) determine the most appropriate ways for AIDS service organizations to engage African newcomer communities in the design and delivery of HIV/AIDS services, the study consisted of three inter-related components: (a) development of strategies for engaging African newcomers in discussions about their perceptions, priorities, and service needs related to HIV/AIDS; (b) confidential semi-structured interviews with African newcomers; and (c) focus groups and interviews with allied professionals who provide services to immigrants and refugees in southern Alberta and other regions of Canada. Through the use of a qualitative approach, a variety of perspectives on Calgary's HIV/AIDS health and social services were gathered. While these views should not be considered representative of all African newcomer and service provider views in Calgary, they do offer guidance on factors to be considered in services planning.

Developing Engagement Strategies – Advisory Committee

A study Advisory Committee was formed in order to ensure that the study would effectively engage African community members and that the results would be useful for African communities and agencies serving these communities. The Advisory Committee was comprised of eight representatives from ethnocultural associations of African communities and service providers from immigrant-serving and HIV organizations. The Advisory Committee included individuals who have strong connections with, and trust from, a range of African communities in Calgary. The advisory committee met as a group, and members were also consulted individually to provide direction on components of the research, including the refinement and elaboration of research questions for interviews and focus groups; identification of research ethics issues; and development of strategies for recruiting interview participants. Now that study results are available, Advisory Committee members will be invited maintain their involvement and provide guidance in developing programs.

Participant Recruitment and Sampling

Participants were recruited through members of the Advisory Committee and through one of the co-principal investigators who has conducted a number of studies with members of Calgary's African communities.

Particular attention was paid to ensure that the sample of individual interview participants was diverse with respect to age, gender, length of residency in Calgary, cultural group,

occupational and employment background, and experiences with health and social services. To be considered for participation in the individual interview process, the following criteria had to be met: the participant had to be 18 to 64 years of age, have lived in Calgary for one year or more, and be proficient in English. For the focus groups, those invited included professionals who were providing services to immigrants and/or refugees within the African community in Calgary, and those who were employed by a human service or health care organization that provides services to people of African descent.

Interviews with African Newcomers

Trained interviewers (3 African community members, and two others with international experience) conducted confidential, semi-structured interviews with 41 adult African newcomers from east, west, central, and south Africa. Interviews lasted between 40 and 90 minutes. The purpose of these interviews was to explore and gain a deeper understanding of the HIV/AIDS service needs and priorities of African newcomers to Calgary and to investigate how these needs can be addressed. Additional interview topics included questions about social issues faced by African newcomers to Calgary; how HIV/AIDS is perceived among community members; how HIV risk is perceived; and how health and HIV/AIDS services are perceived and used.

Focus Groups

Three focus groups with 17 participants in total were held with allied service providers from health, social and immigrant-serving organizations in Calgary. The primary purposes of the focus groups were to gather additional perspectives in relation to the study's three main research questions, enhance the trustworthiness of the study by further complementing the knowledge that emerged from the individual interviews, and to gather additional detailed information about how service providers perceive that HIV/AIDS service needs can be met in conjunction with other immigrant/refugee service priorities, such as housing, education, employment security and integration.

Consultative Interviews

Telephone interview consultations were conducted with researchers and service providers from other regions of Canada who have developed and delivered HIV services for newcomers from HIV-endemic countries. The aim of these consultations was to enhance our understanding of potential program strategies, and also allow us to learn from the challenges and successes of other agencies from across Canada.

Data Analysis

With the permission of the study participants, all interview and focus group sessions were audio taped. Once transcribed, all the interviews and focus groups were played back and re-read to ensure the accuracy of the transcripts, fill in any gaps in the text and begin the process of becoming acquainted with the data.

Two team members identified categories and themes from the individual interviews to develop an initial coding framework. The team reviewed this framework, and a revised framework served as the foundation for in-depth analysis of 36 transcripts. Data analysis was facilitated with the use of the computer software N6, which is useful in the management and analysis of textual data through coding and recoding, organizing families of codes, and retrieval of textual data. Two members of the research team reviewed the analysis to enhance credibility. A subset of five transcripts was used to confirm thematic results from the main analysis.

Preliminary coding of focus group transcripts was conducted by two team members, and one team member reviewed and confirmed themes. Telephone interview transcripts were coded by one team member, and reviewed and confirmed by another team member.

Results

Interviews with African Newcomers

This section of the report presents a brief summary of the results from the individual interviews with African newcomers. A profile of the participants is provided, followed by the major themes from the interviews related to the HIV/AIDS service delivery system and African newcomer communities in Calgary.

Interview Participant Characteristics

A total of 41 participants from African newcomer communities were interviewed, of whom 24 (59%) were male and 17 (41%) were female. The age of the participants in the individual interviews ranged from 18 to 65, with the majority (71%) in the 34-49 age group (see Table 1).

Table 1: Age of Participants

Age	Number of participants	%
18-33	9	22%
34-49	29	71%
50-65	3	7%
66+	0	0.0
Total	41	100.0

Table 2 provides a breakdown of the specific African communities to which the participants belonged.

Table 2: Community Membership

Community	Number of Participants
Nigeria	8
Sudan	6
Ghana	5
Kenya	4
Botswana	4
Ethiopia	3
Zimbabwe	2
Somalia	2
South Africa	2
Swaziland	1
Tanzania	1
Senegal	1
Congo	1
Ivory Coast	1
Total	41

The level of education achieved by the participants is shown in Table 3.

Table 3: Education Level of Participants

Education	Number of participants
Less than High School Diploma	1
High School Diploma	9
Technical School	3
College	3
Some University	3
Completed University	20
Unknown	2
Total	41

Major Themes Identified by Interview Participants

1. Settlement Experiences

Although the focus of the study centered on HIV/AIDS services and African newcomer communities in Calgary, we realized it was important to get an understanding of the salient issues members of these communities encounter when settling in Canadian society. Interview respondents identified the following major challenges: (a) adapting to “Canadian culture and practices” (the term “culture shock” was used to describe this process), (b) the change in gender roles, (c) intergenerational conflict, (d) feelings of social isolation and lack of support that would traditionally be provided by the extended family, and (e) the experience of racism.

Not surprisingly, considerable attention was given to employment challenges. More specifically, this revolved around two issues – the inability to acquire employment that matched either the educational or occupational training of members of the African communities, and the resultant underemployment that often occurred. Study participants identified language barriers, lack of recognition of foreign credentials, lack of Canadian experience, and discriminatory practices by employers as concerns related to employment.

These settlement and adaptation issues are well documented in the literature specific to immigrant and refugees to Canada (e.g., Reitz, 2001; Statistics Canada, 2003; Wayland, 2006); and in studies that examine the experiences of African newcomers (Danso & Grant,

2000; Elabor-Idemudia, 2000; Igondaro, 2006). These themes provide an important context for understanding issues specific to HIV/AIDS services development for African newcomer communities in Calgary.

2. HIV/AIDS Services Utilization

Interview participants identified five major issues with respect to use of HIV/AIDS services and supports by African newcomers, including (a) cultural influences and help-seeking behaviour, (b) social stigma, (c) stigma and discrimination from health care professionals, (d) lack of knowledge about available services and supports, and (e) issues of confidentiality.

a) Cultural Influences and Help-Seeking Behaviour. A dominant theme within the interviews centered on how cultural values and practices influence the help-seeking behaviour of African newcomers in Calgary. The following statement is representative of the commentary that describes this sentiment:

We do not think it is necessary for us to go like one once a year [for checkups] but it is not something that we are used to doing. (Nigerian female)

Some of the respondents claimed they would not access health services unless they were sick. A male participant from Swaziland stated, “*If I were sick and could not explain why, then I would probably use it [the health service].*”

Another issue that influenced help-seeking behaviour was systemic differences. Not understanding the Canadian health care system could result in not seeking care. One participant described the difference in health care system in some regions of Africa: “*In some areas in Africa they do not have health insurance. They do not have drug cards . . . they do not have family doctors.*” (Sudanese male)

b) Social Stigma. Stigma around HIV was identified as an important barrier to services use. Some participants indicated that HIV was feared and seen as a “taboo” disease. Respondents maintained that the fear of being stigmatized or discriminated against by community members based on assumptions that visiting an HIV/AIDS service means that one is HIV positive is a major barrier to using HIV/AIDS services.

So even though I need it and it's there, I will not use it because like if a service is built in downtown where everybody will see me coming for advice or information – where anybody will see me walking in. Another Ghanaian seeing me walking in thinks automatically that I have AIDS and since it's not openly discussed, she will go and say, “Hey, do you [know] that she has AIDS? I saw her at the AIDS centre.” And you will never know, but everybody will be whispering and sympathizing with you for something you have no idea about simply because you walked into an AIDS Calgary office. (Ghanaian female)

c) Stigma and Discrimination from Health Care Professionals. Study participants also stressed that members of the community experienced discrimination by health care professionals. Commenting on this behaviour, one participant stated:

But in the Canadian context . . . people from Africa who have HIV/AIDS are much more likely to be discriminated against by the health services. Yes, because of the stigma that is around it already, Africans have the largest population of HIV/AIDS patients. [If they] see you as Africans [then] the first thing is that possibility.
(Ghanaian male)

d) Lack of Knowledge about Available Services and Supports. Participants maintained that African newcomers and health care providers need to share information that potentially would increase the use of services by members of the African community. In particular, it was emphasized that information needed to be disseminated about health services to community members so individuals could make better informed decisions around health service utilization:

I don't think there's enough information being given to people as to where they can go either to get information about how to prevent getting infected [with HIV] in the first place or how to deal with the infection once they are diagnosed with the disease. I do not think there's enough of that information around. I think pamphlets or videos or that kind of information are disseminated to places where people congregate, particularly in casual environments. (Zimbabwean female)

Distributing information in a variety of languages was seen as being important.

e) Issue of Confidentiality. The issue of confidentiality emerged as a key determinant to the use of services by members of the African newcomer communities. Many participants commented that even if individuals were ill, they would not access HIV services unless they were assured they would be treated confidentially. The issue was stressed by this participant:

If the feeling of having that sickness becomes overwhelming, suddenly that person will go, but [only if the] way that the process [is being done. They will think] of offering [themselves for an HIV test if] it is [quietly and secretly] done. In other words, it's [done] confidentially [and] I mean in which case the agencies might say, "Hey, we're [offering] out these services. It may be we can come to your house so that nobody sees you, nobody knows that, you know, just come in and we'll talk about, and do the test there." (Nigerian male)

3. HIV/AIDS Risk Factors and African Newcomer Communities in Calgary

During the course of the interviews, participants identified a series of risk factors that either individually or collectively could make African newcomer communities vulnerable to HIV/AIDS. These risk factors included (a) denial; (b) lack of awareness (What is HIV? How is it transmitted? How can it be prevented? How it can be treated?); (c) low perception of HIV risk in African newcomer communities; (d) inconsistent condom use; and (e) specific concerns related to women and youth. The lack of knowledge about available services and supports was previously presented.

a) Denial. A risk factor that emerged was denial. Some participants stated that there are community members who insist they are not at risk for HIV:

I think a lot of people . . . feel it's a disease that doesn't affect them. I mean they are aware of it. They are aware that there's a disease but because they are so far removed from reality they are not having any direct contact with people that have the disease or knowing of someone in the community in Calgary that has the disease. People feel it's a disease that's outside their own little community. (Zimbabwean female)

b) Lack of Awareness. The lack of awareness around HIV in terms of what it is, how it is transmitted, and how it can be prevented or treated was cited as another potential risk factor:

Well, I think there is high risk. . . they have sex it's not protected and then because it's not discussed so the awareness [of what HIV is] is low and [the awareness of how it is spread] is also low, and then once both are low, then everybody become[s] careless and they are not being precautious. (Sudanese male)

c) Low Perception of HIV Risk in African Newcomer Communities. Some participants maintained that members of African newcomer communities perceive they are at low risk for HIV/AIDS because HIV/AIDS is not visible in Canada. One participant remarked:

AIDS in Canada or in North America or Europe, it is not seen by people. They don't see the symptoms of AIDS in people walking around. (Sudanese male)

In particular, HIV screening that most newcomers to Canada undergo was seen as a protection against HIV:

I think some would believe that because they are in Canada and... had to go undergo testing before...getting a visa, [that they] have to [have a] clean immune system, no HIV, yeah. So maybe some would be like, "Well, [I] had [the] greatest risk of [contracting] AIDS in Africa so now that I am here I'm clean." And Canada has a low HIV rate apparently, so some would believe that, "Well, I'm clean I can do anything I want." (Kenyan male)

Several interview participants remarked that even personal contact with someone living with HIV did not increase perceived HIV risk among community members. As one woman said:

I think one of the things [that would help people] decide to use prevention would be [to be] educated or [if] a good friend has HIV or they know of a sister who has HIV or a dear friend. I normally find it has to be someone close to them who has been afflicted by the HIV/AIDS that will make them think and decide, but then I still know a lot of people who throw caution to the wind. They seem to think that, "It can't happen to me. HIV is a myth. It only happens to bad people." So I believe 90% of my community don't use it – don't use protection. (Ghanaian female)

d) Inconsistent Condom Use. As the previous participant quote suggests, inconsistent condom use surfaced as a factor that put communities at risk:

I think they don't use condoms . . . it's like using a condom is not their style. They do not want it. [Maybe a few] they [are starting] to learn but [they are] few – the people that have [HIV or AIDS] already, I don't think that they are protecting themselves or other people. (Sudanese female)

e) Concerns Related to Youth and Women. Some participants expressed the view that youth in the community were at greater risk for HIV because of their behaviour:

I think they do consider it like a serious issue but I don't see it, really. Like the seriousness is not there, you know? I know they know it, like it's something damaging the community, but teenagers just don't [really] take it [seriously]. Like you know how they go on with their life. For me I see it, they don't take it [seriously] . . . not at all. (Sudanese female)

I think the young people don't care about it and [the] adults are more aware [of it] because they have seen it maybe destroy lives back home. (Ghanaian male)

From a gendered perspective, female respondents maintained that the traditional acceptance of infidelity among men posed a threat and created fear among some African women. They maintained these women are scared of becoming infected by their husbands who may be having sex with other women:

I mean you trust your husband but at the same time your husband could be cheating on you and then [come] back to you and sleep with you. (Botswanian female)

Focus Group Results

Focus Group Participants

Three focus groups were conducted with a total of 17 service providers from health, social, and immigrant-serving agencies who were knowledgeable about the salient health and social issues that immigrant/refugees from continental Africa encounter as they attempt to settle in Canada.

Major Themes from Focus Groups

The two major themes that emerged from the analysis of the focus group data included (1) issues related to the provision of HIV/AIDS services to the African newcomer communities and (2) recommendations for engaging with African newcomer communities for improving the provision of services to community members.

1. Issues Related to the Provision of HIV/AIDS Services to African Newcomer Communities

The service provider participants in the three focus groups identified several issues similar to those discussed in the individual interviews. Language barriers, stigma, and lack of knowledge about HIV/AIDS emerged as the major themes related to provision of HIV/AIDS services to African newcomer communities in focus groups.

a) Language Barriers. The existence of language barriers was consistently identified as a major challenge by the service providers. The following is illustrative of commentary on this obstacle:

. . . We often do not have in-house interpretation for those specific groups [African newcomers] so we are doing whatever we can via the telephone to provide language services and support. (Focus Group I Participant)

b) Stigma. The fear of being stigmatized by their communities emerged as another factor contributing to the limited use of HIV/AIDS services:

A lot of fear, shame. That is common, especially from the females . . . they do not want anybody [to know they use HIV services], especially people they know here that live in the city. (Focus Group II Participant)

Another participant remarked:

I think I would have to say stigma – I think that stigma is a huge thing. I think stigma for those who are living with HIV is very severe. (Focus Group III Participant)

c) Lack of Knowledge – Preventing HIV/AIDS. Focus group participants spoke about the lack of knowledge related to HIV/AIDS prevention strategies. As one participant said:

In terms of prevention . . . HIV awareness and understanding sexual risk behaviours, understanding about negotiating with partners . . . it is about general education. (Focus Group III participant)

2. Engagement Strategies

The general consensus of participants in focus groups was that service providers needed to work in collaboration with African newcomer communities to develop services for HIV/AIDS prevention and care. The major strategies identified were (a) dialogue with African newcomer communities, (b) creative social marketing strategies to increase the awareness of HIV/AIDS, and (c) training and education in cultural competence for health care professionals.

a) Dialogue with African Newcomer Communities. Focus groups participants maintained it was important for service providers to work together with this population, as captured in this comment:

I think it would be really great to get all of the leaders in the communities involved to get some discussion going in each community about HIV so education that would hopefully facilitate reduction in stigma. (Focus Group II Participant)

Another participant stated:

I think having a “go-to” person in the community is important. I think it needs to be that personal contact, especially in the context of HIV. (Focus Group II Participant)

b) Social Marketing Strategies. The use of social marketing strategies to increase the level of HIV/AIDS awareness was identified by focus group participants as another key tool:

... a well-designed, acceptable poster to Sudanese or the Ethiopian community that would speak about HIV or that would be in a diverse language that could be up in the immigrant-serving agencies. (Focus Group I Participant)

Another participant indicated it was important to promote services:

... it is about how we market ourselves as service providers, right? How we are advertising and who we are advertising to and what are the services that we are talking about that we provide. (Focus Group II Participant)

c) Training and Education in Cultural Competence. Some of the service providers felt there was a need for staff in their organizations to receive some “cultural competency training” focused on gaining a better understanding of the cultures of the various African newcomer communities, as well as some knowledge as to how to work effectively with community members:

I think the lack of knowledge of caregivers in the different groups is a problem . . . having somebody come in to educate us on how to work better with these populations – a huge gap is knowing what we need to do and what we need not to do . . . (Focus Group III Participant)

Focus group participants were asked, “Do you think that your staff has the competency to work effectively with African newcomers?” One participant responded:

I know our staff do not and they [know] that too, and we have had conversations around this many, many times. . . . As service providers we need to open our minds and learn about different cultures and see that there is a different way of being. (Focus Group II Participant)

Consultative Interviews – Service Providers and Researchers

Consultative interviews were conducted with six service providers and researchers in other regions of Canada who have worked with African, Caribbean and Black communities in the development and delivery of HIV/AIDS services. Participants in these interviews stressed the need to work in collaboration with communities to develop and deliver appropriate HIV/AIDS services; the cultural sensitivity required to address issues of HIV transmission risk within the context of sexuality, gender relations, cultural health beliefs, racism, and settlement and acculturation issues; and the need to integrate HIV/AIDS prevention program offerings with other health and immigrant services to reduce stigma and barriers to service access.

Strategic Directions

This research project set out to answer three key research questions in order to better understand the challenge of HIV/AIDS in African newcomer communities in Calgary. As the insights shared in this report highlight, this challenge is a complex one rooted in culture, awareness, understanding, communication and community. In order to overcome this challenge, it is clear that the approach taken must work within this broad framework. The community has provided us with a series of key strategic directions which can assist in developing stronger, more appropriate services and supports for African newcomer communities in Calgary. In summary, these include the following:

1. HIV/AIDS service needs and priorities of African newcomers

- **Awareness:** raise community awareness, with a focus on HIV risk and prevalence in Canada and among African newcomer communities (including the HIV testing process during immigration).
- **Prevention:** provide education focused on talking about sexuality, HIV prevention, condom use, condom negotiation, HIV testing; need to focus on youth and gender dynamics.
- **Services:** provide information on services and supports available for HIV prevention, testing, care and support for people living with HIV (including confidentiality of services); create more accessible and culturally appropriate services.
- **Stigma in the Community:** address deep rooted stigma and discrimination associated with HIV in order to reduce barriers to accessing services.
- **Stigma in Health Settings:** address stigma and discrimination related to HIV and African origin by health care providers and other service professionals in order to reduce barriers to accessing services.

2. Meeting these needs in conjunction with other African newcomer service priorities such as housing, education, and employment security

- **Integration of HIV Education:** integrate HIV education with other essential services such as employment training, language training, general education and settlement and integration services.
- **Health Care System:** provide education on Canadian health care system, use of preventive health care services, availability of free services and benefits of preventive health care.
- **Employment:** enhance service supports related to employment, recognition of foreign credentials, and employment training (economic well being is a key determinant of health and relates to HIV vulnerability).

3. Appropriate ways for AIDS service organizations (ASOs) in Calgary to engage African newcomer communities in the design and delivery of HIV/AIDS services

- **Support Leadership in the Community:** engage community in dialogue about HIV, and work collaboratively with community leaders and members to raise awareness, reduce stigma and carry out HIV education and support programs; use peer mentorship and grassroots programming approach.
- **Outreach:** reach out to communities to increase visibility of HIV as in issue, provide HIV education in community-based settings or groups such as cultural associations, churches etc.; provide services discretely in the community (e.g. HIV testing in people's homes).
- **Address Language Barriers:** translate written materials into key language groups; improve access to high quality, confidential translation services.
- **Culturally Appropriate Social Marketing, Materials and Presentations:** create materials and presentations specifically tailored to for unique African newcomer communities, with key messages regarding HIV prevention and services available; materials must avoid further stigmatization of African newcomer communities.
- **Cultural Competency of Service Providers:** provide education for service providers to increase cultural competency and improve ability to provide appropriate services to members of African newcomer communities.

The key strategic directions provided above will form the foundation for a strengthened approach to HIV/AIDS in African newcomer communities in Calgary in the future. Through a greater understanding of the complexity of the situation and the concerns of the community, community organizations must work to tailor services and supports to address the needs of the community. The Community Roundtable Dinner and Discussion being held in conjunction with the release of this report will assist in further refining the priorities of the community, continuing a process of community engagement and building a stronger partnership base to support work in this area.

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