



WELLESLEY INSTITUTE
advancing urban health

Enabling Grant Research Report

Effecting Policy Change in the Fight Against HIV/AIDS Among African Communities Living in Toronto

Introduction

The project “Effecting policy change in the fight against HIV/AIDS among African communities living in Toronto” was designed with the goal of bringing together policy makers and community leaders to discuss ways of bringing about change in policies that will enable African communities to access services and ultimately reduce the spread of HIV/AIDS. A workshop was held that brought together representatives of the Government, funding agencies, organizations and community members. The purpose of the workshop was to inform stakeholders about issues that impede African communities from accessing information on, and care for HIV/AIDS in Toronto. The outcome of the workshop discussions included a more understanding of the HIV/AIDS issues by the stakeholders who identified the research areas e.g. the need for Government officials to be well informed in order to play a more proactive role in the fight against HIV/AIDS. A research team comprising of the above stakeholders who attended the workshop as well as others will be formed to pull together a research project on effective policy change.

Project Review

A working group comprising of community members who participated in the needs assessment study as well as new members was formed. A total of 13 members from various community organizations both AIDS Service Organizations (ASOs) and non ASOs participated. The Ontario AIDS Network joined as a collaborating member and a representative was on the working group. Monthly meetings were held starting August, 2005. Participants were introduced to the present study and taken through the steps of the project. During the meetings members continued to contribute on the development of the next phase of the project. Various committees were formed to prepare for the workshop. The Premier of Ontario, various Government Ministries, Embassies of African countries in Canada, ASOs and non-ASOs, funding agencies, the Mayor of Toronto, and community leaders were invited to attend the workshop.

Workshop

The workshop was held on Nov 26, 2005 at the Ramada Hotel in Toronto. A total of 34 participants attended. The following were able to attend the event as policy makers:

1. Mr. John McKinley, Assistant Deputy Minister, Community Health Division , Ministry of Health and Long Term Care

2. Ms. Judeline Innocent, Health Care Manager, Central East Correctional Centre, Ministry of Community Safety and Correctional Services
3. Councillor Kyle Rae, City of Toronto, Board of Health
4. Mr. Chaidwich Leneis, HIV/AIDS Program Delivery Officer, Canadian Institutes of Health Research
5. Mr. Tony Caines, Community Projects Officer for the AIDS Prevention Grants, Public Health Department, City of Toronto

The above guests spoke on behalf of their institutions and departments with Mr. McKinley speaking on behalf of the Minister of Health, Hon. George Smitherman, Ms. Innocent on behalf of the Minister of Community Safety and Correctional Services, Hon. Monte Kwinter, and Councillor Rae on behalf of the Mayor, His Worship David Miller.

As well, we had professional speakers on HIV/AIDS from both academic and health institutions speaking on various topics from basic facts of HIV/AIDS to social economic factors and Microbicides development. Other participants included ASOs and non-ASOs Executive Directors, Church leaders, University academic staff and students. Most importantly there were six community youth ranging in age from 16 to 29 years. After presentations, there were group discussions addressing the following topics:

1. Do you think Government leaders have addressed HIV in communities satisfactorily? If not what do you think are the reasons? How can you involve them in forums and discussion about HIV/AIDS?
2. In your opinion, how have communities tried to fight HIV/AIDS? What role have community leaders played in this fight and what obstacles have they encountered?
3. How can the funding situation be improved in order to address social exclusion among African communities? How should communities direct funds for maximum benefit?
4. Many issues affect the African youth in Toronto and many times they are described as “at risk” How do you think this should change in view of the growing numbers of youth infected with HIV/AIDS?

In response members felt that Government officials are not as informed about HIV/AIDS as they should be. The Public Health department has the power to go to different institutions and talk about AIDS and therefore needs to step up its outreach work. It was felt that there is stigmatization even from government officials. It was reported that when refugees are tested

they are not told their status and members felt this is a wrong procedure. There should be a policy giving refugees the right to know their status.

Participants agreed that community leaders including school and church leaders have a duty of educating their communities about support and medical care, condom distribution. They should practice better counseling methods as part of health promotion. There is a need for culturally sensitive voluntary counseling and testing as well as safer legal/court procedures for HIV/AIDS cases. People living with HIV should be engaged more in mobilization and advocacy as they have

become voices and faces of HIV/AIDS in communities. Finally leaders should spearhead funding drives and facilitate partnerships and collaborations among stakeholders. The obstacles encountered by leaders include; stigma, ignorance, denial, homophobia, lack of adequate funding, expensive medications and treatment, government bureaucracy, pharmaceutical companies are profit oriented services, and lack of political will to advocate for combat of HIV/AIDS.

African participants felt that there is a need to first come together and form a common voice and have a plan before involving everyone else in the fight against HIV/AIDS. There is a need for communities to be empowered and for multiculturalism to be encouraged. There should be more money for community based research projects which have a capacity building component. Opinion leaders need money for mobilization and so the Government has a responsibility to identify the right leaders who would deliver to communities.

Participants felt the term “At risk” stigmatizes youths further and so it should not be used. Risk factors affecting youth e.g drug and alcohol abuse should be identified and addressed more specifically. There is need for peer education programmes for information and education. Participants felt racism should be addressed more openly. There should be public, broad and open dialogue in relation to HIV/AIDS. There should be youth friendly services that encourage VCT, care and support.

Outcomes

Research Questions

- Are Government officials and other policy makers aware of existing barriers impeding African immigrants from fighting HIV/AIDS?
- How much do African immigrants engage in the public policy process in order to advocate for and achieve change?

- Are there policies already in place that African communities could build on and improve in order to reduce the spread of HIV/AIDS in their communities?

Objectives

- To investigate knowledge levels on HIV/AIDS of Government officials as the main policy makers
- To examine how community advocacy will impact on the development and implementation of public policy
- To identify policy ready issues with the government and establish ways of fitting community needs and HIV/AIDS issues into the government agenda

Capacity Building

Members of the community worked on various committees to put the workshop together. Members contributions before and during the workshop will go into the development of the research project. They were able to identify research questions and objectives that will form the next project.

There is still a need for more capacity building in the community especially among the youth. Many African immigrants need to enhance their skills by pursuing higher education yet the cost of postsecondary education is prohibiting. Participants felt that research budgets should have a training component for community members.

Workshop Evaluation

Participants felt the workshop offered an excellent opportunity to network. As well, the level of expertise of presenters was high. Generally, participants would have liked more time for discussions but they liked the use of videos. Most presenters could not provide handouts of their presentations. For some it was the cost of photocopying but for others there was limited time to photocopy. The cost of dissemination should be a key component on a research budget. Generally, the participants felt the workshop was a success and the work should continue.

Literature Review

In order to mobilize the Government and communities in the prevention of HIV/AIDS certain policies need reinforcement and/or change. Policy change is necessary for better access to services by African immigrant, to target HIV/AIDS programs and increase funding, and to decreased discrimination against people and families affected by HIV/AIDS among other issues. It is well known that social and economic inequality produces inequalities in health. As well,

advances in health status in future will depend on preventing illnesses through more policy attention to the broader determinants of health.

Various sources of information were used to gain a broader understanding of the need for this project and to justify its urgency. Informal consultations with community leaders were used to further gain in-depth information about what the community knows and what changes are expected. This process began before the formal workshop and is ongoing. Other sources of literature that we are consulting include e-library databases: *Social Abstracts*, *Social Sciences Citation Index* and *OVID-CINAHL (Pulius Ovidius Naso –OVID (Latin) - Cumulative Index to Nursing and Allied Health Literature)*. As well, the *USAID* and other HIV/AIDS-Based internet sources are used.

With the help of the Research Assistant the following references have been extracted and used in this initial stage of the project and more is currently being extracted:

- Michael Rachlis. Health Care and Health: In *Social Determinants of Health, Canadian Perspectives*, by Dennis Raphael, Editor. 2004; Canadian Scholars' Press Inc. Toronto
- Public Health Agency of Canada: Population Health. 2005. www.phac-aspc.gc.ca/ph-sp/phdd/overview_implications/03_inclusion.html
- David Langille. The Political Determinants of Health: In *Social Determinants of Health, Canadian Perspectives*, by Dennis Raphael, Editor. 2004; Canadian Scholars' Press Inc. Toronto
Public Health Agency of Canada: Population Health. 2005. www.phac-aspc.gc.ca/ph-sp/phdd/overview_implications/03_inclusion.html
- Canadian Centre for Policy Alternatives: www.policyalternatives.ca
- Canadian Policy Research Network: www.cprn.com

Reflection

The challenges faced were lack of facilities for meetings. APAA has just moved to share office space with two other organizations. As well, APAA does not have presentation facilities: Laptop, Power Point Projector, Overhead Projector, TV, Video and CDC players, and flip chart stand. I approached the problem of space by requesting WCHC to provide space and presentation facilities for our first meeting. Participants were reimbursed \$25 per participant per meeting.

Due to tight schedules of Government officials it took while to have a final date of the workshop, Nov 26, 2005, hence the date of submission of this report. In future, we will make plans very early in the program when dealing with Government officials. The working group started with a membership of 18 this number dropped to 9 by the time of the workshop. In future, members will be requested to carefully check their schedules before accepting to participate. If the budget allows reimbursements should be increased. This issue will be considered seriously when recruiting members of the CAC.

The issue of hosting the project by APAA was discussed during the project. It was suggested that in future projects the costs of administration be increased to cater for salaries of essential staff. APAA is sharing space with other organizations; therefore there was less working space for the project. Although a Research Assistant was hired on Nov 1, 2005 for a period of three months, he is experiencing problems due to the above reasons.

Others can learn from our experiences in dealing with community members as well how to deal with challenges that a community-based research project faces. Since this report will be made available to other researchers they will be free to contact us and share their experiences. We can offer any assistance we can provide.

APAA worked in collaboration with McMaster University on the initial study that led to this one and to assist with our costs the University gave \$4,500 bonus which offset hotel costs and other incidentals.