



CANAC 2024 NATIONAL CONFERENCE HIV INTERCONNECTIONS

Join the Canadian Association of Nurses in HIV/AIDS Care (CANAC) for our 2024 National Conference. Framed around the theme of HIV interconnections, this conference brings together nurses, policymakers, allied health professionals, and community members!



May 23-25, 2024



Ottawa, Ontario



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Conference Agenda

Keynote Speakers:

KIMBERLY LEBLANC	Friday May 24 th (915 – 1015)
JOSEPHINE ETOWA	Friday May 24 th (1515 – 1615)
JESSY DAME	Saturday May 25 th (0900 -1000)

Abstract Submissions:

Friday May 24, 2025	
Undetectable and Untransmittable (U=U): Where We're at and Tips for Practice	Friday May 24 th (1030 – 1200)
Legal and Clinical Impacts of the Criminalization of HIV	Friday May 24 th (1030 – 1200)
Collective Prescriptions: Advancing HIV Prevention and Care	Friday May 24 th (1030 – 1200)
Narrative Coherence and Relational Agency: Unraveling Transitions into and out of Alberta Correctional Facilities for People Living with HIV	Friday May 24 th (1300 – 1330)
Mapping Sero Surveillance in Ontario from the Clinic to Public Health	Friday May 24 th (1345 - 1415)
Internalized HIV Stigma During Mandatory HIV Screening in the Canadian Immigration Medical Examination (IME): Findings from A National Study	Friday May 24 th (1345 – 1415)
Understanding the syndemic of COVID-19 pandemic and HIV/AIDs among African, Caribbean and Black Canadians in relation to vaccine hesitancy and enhancing public trust	Friday May 24 th (1430 – 1500)
ACE Intervention: Reducing HIV Stigma and Promoting Community Resilience Through Capacity Building – Lessons from the Ground	Friday May 24 th (1430 – 1500)
Saturday May 25, 2025	
Aging with HIV: Realities, Challenges, and Opportunities	Saturday May 25 th (1015 – 1145)
Educating for Change: Video Showcase and Discussion on Community Engagement (1hr)	Saturday May 25 th (1015 – 1145)
Ethically Integrating Lived Experience from Around the Gender Spectrum in Nursing and Nurse Practitioner Research, Practice, and Knowledge Translation (30 min)	Saturday May 25 th (1015 – 1145)
Association between Social Determinants of Health and COVID-19 Health Outcomes in ACB Populations in High-income Countries: A Systematic Review	Saturday May 25 th (1200 – 1230)
HIV-Related Stigma and Discrimination among Canadians of African Descent Women	Saturday May 25 th 1200 - 1230
Health Care Needs and HIV Risk for People Who Use Drugs In Urban Ottawa: Nursing Students Involved in Research	Saturday May 25 th (1315 – 1345)
Practical Approaches to Improve Services for People Newly Diagnosed with HIV: Findings from a Community-Based Qualitative Study in British Columbia	Saturday May 25 th (1315 – 1345)



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CONFERENCE AGENDA

Framed around the theme of HIV interconnections, this conference brings together nurses, policymakers, allied health professionals, and community members!

 May 23-25, 2024

 Ottawa, Ontario

Thursday May 23, 2024

All walking tours
about 15 - 20 min

Tour 1: 1600 - 1630
Ottawa Mission (53 Daly Street
Entrance) and Sandy Hill
Community Health Centre

Tour 2: 1530 - 1600
AIDS Committee of Ottawa
(meet at ACO)
make note that there is a lot of
construction in front of ACO

1800 - 2100

Social event:
The Laff (42 York Street
Ottawa, ON)
Meet us there for welcome
drinks and snacks!

Friday May 24, 2024

0830 - 0900

Breakfast

0900 - 0915

Welcome from Elder Claudette Commanda,
Chancellor of the University of Ottawa

0915 - 1015

Keynote 1:
Kimberley LeBlanc, Vice-President of CNA

Concurrent Sessions & Themes →	Session 1: Nursing Practice Implications	Session 2: Stigma
1030 - 1200	Undetectable and Untransmittable (U=U): Where We're at and Tips for Practice	Legal and Clinical Impacts of the Criminalization of HIV
1200 - 1300	Lunch (Current HIV medications and recommendations; Len Moore – Sandy Hill Community Health Centre)	
1300 - 1330	Collective Prescriptions: Advancing HIV Prevention and Care	Narrative Coherence and Relational Agency: Unraveling Transitions into and out of Alberta Correctional Facilities for People Living with HIV
1345 - 1415	Mapping Sero Surveillance in Ontario from the Clinic to Public Health	Internalized HIV Stigma During Mandatory HIV Screening in the Canadian Immigration Medical Examination (IME): Findings from A National Study
1430 - 1500	Understanding the syndemic of COVID-19 pandemic and HIV/AIDs among African, Caribbean and Black Canadians in relation to vaccine hesitancy and enhancing public trust	ACE Intervention: Reducing HIV Stigma and Promoting Community Resilience Through Capacity Building – Lessons from the Ground
1515 - 1615	Keynote 2: Dr. Josephine Etowa	
1830	Gala dinner and Award Ceremony at Starling Restaurant	

Saturday May 25, 2024

0830 - 0900	Breakfast	
0900 - 1000	Keynote 3: Jessy Dame	
Concurrent Sessions & Themes →	Session 1 : Living with HIV	Session 2: Community and HIV
1015 - 1145	Aging with HIV: Realities, Challenges, and Opportunities	Educating for Change: Video Showcase and Discussion on Community Engagement (1hr) Ethically Integrating Lived Experience from Around the Gender Spectrum in Nursing and Nurse Practitioner Research, Practice, and Knowledge Translation (30 min)
1200 - 1230	Association between Social Determinants of Health and COVID-19 Health Outcomes in ACB Populations in High-income Countries: A Systematic Review	HIV-Related Stigma and Discrimination among Canadians of African Descent Women
1230 - 1315	Lunch	
1315 - 1345	Health Care Needs and HIV Risk for People Who Use Drugs In Urban Ottawa: Nursing Students Involved in Research	Practical Approaches to Improve Services for People Newly Diagnosed with HIV: Findings from a Community-Based Qualitative Study in British Columbia
1345 - 1500	CANAC Annual General Meeting	

Disclaimer:

Schedule Is Subject To Change



ONTARIO
HIV TREATMENT
NETWORK

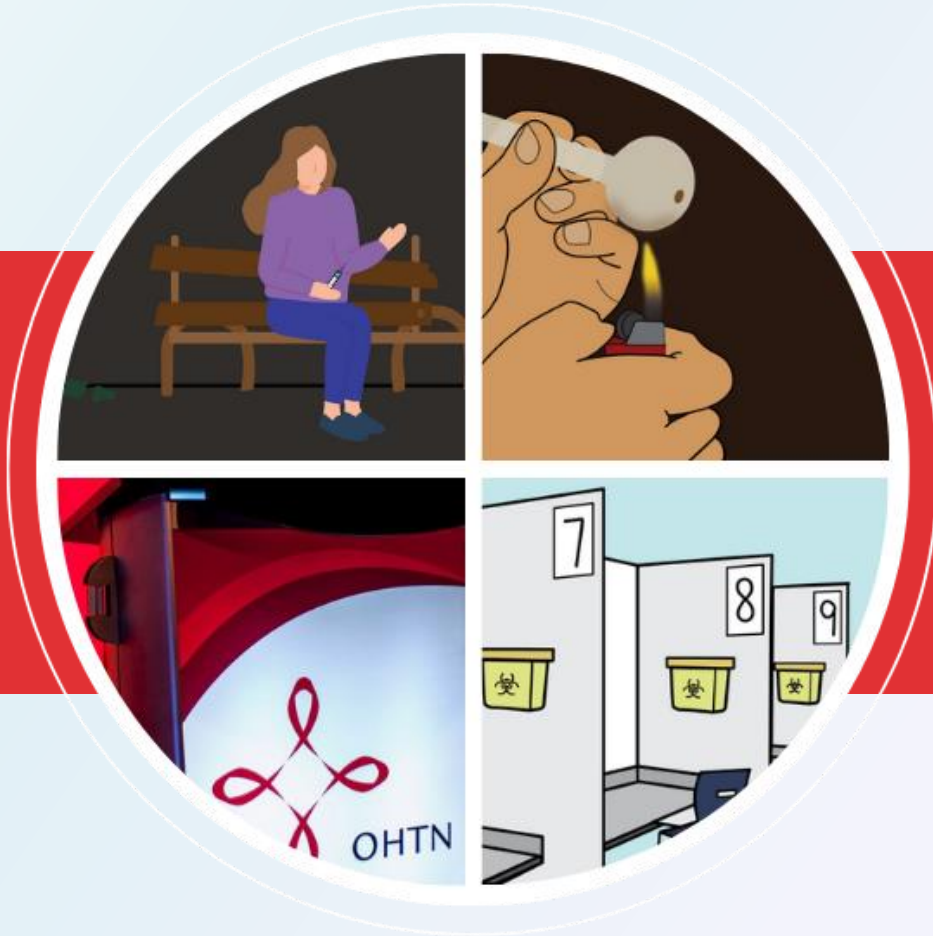


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**Kimberly LeBlanc PhD, MN, BScN, RN,
NSWOC, WOCC(C), IWCC, FCAN**
Friday May 24, 2024 (0915 – 1015)

Kimberly LeBlanc is known globally as an innovative nurse leader. She is the current Academic Chair of the Association for Nurses Specialized in Wound Ostomy and Continence Canada's (NSWOCC) Wound Ostomy and Continence Institute (WOC Institute), and an Advanced Practice and Certified Wound, Ostomy, and Continence nurse working with KDS Professional Consulting. Kimberly is the President-Elect (2022-24, President 2024-26) of the Canadian Nurses Association. She holds a Doctorate of Philosophy in Nursing from Queen's University. In 2020, she was inducted as a Fellow of the Canadian Academy of Nursing (FCAN). Kimberly is an Adjunct Professor at Curtin University, an Affiliate Lecturer at McGill University, and an Honorary Senior Lecturer at Cardiff University. Kimberly is a past president and a founding member of the International Skin Tear Advisory Panel and the past co-chair of the Canadian Pressure Injury Advisory Panel. She is currently a board member of the International Wound Infection Institute (IWII) and the Commonwealth Wound Care Resource Alliance (CWCRA).

Kimberly has lectured extensively on wound and ostomy care and is considered a global expert on wounds and ostomy issues in the aging population and has numerous publications and book chapters on wound, ostomy, and continence related topics. She sits on the editorial boards of the International Wound Journal, Advances in Skin & Wound Care and Canadian Nurse. Kimberly maintains an active clinical practice addressing the wound, ostomy, and continence needs of individuals across the spectrum of care.



Josephine Etowa PhD RN RM FWACN FAAN FCAN FCAHS

Friday May 24, 2024 (1515 - 1615)

Dr Josephine Etowa, PhD RN RM FWACN FAAN FCAN FCAHS is a Full Professor & OHTN Chair in Black Women's HIV Prevention and care at the University of Ottawa's Faculty of Health Sciences, School of Nursing. She is a past holder of the Loyer-DaSilva Research Chair in Public Health Nursing, and past president of the Health Association of African Canadians. Dr. Etowa is a Fellow of the Canadian and American Academies of Nursing, Canadian Academy of Health Sciences and Fellow of the West African College of Nursing. Her research focuses on inequities in health and healthcare with emphasis on women's health, perinatal health, HIV/AIDS, nurses' worklife, community health nursing and the health of African, Caribbean, and Black (ACB) Canadians using intersectionality lens and a community-based participatory research approach. Dr Etowa leads national and international initiatives examining the social determinants of health, racism and health inequities and developing interventions to address anti-Black racism and health inequity. Dr Etowa collaborates with community leaders, researchers, health service providers, and policy makers to create practice and policy changing knowledge mobilization tools. Her anti-Black racism work has resulted in seminal contributions to Canadian health policy and bringing racism to the forefront of dialogues.



Jessy Dame

Saturday May 25, 2024 (0900 - 1000)

My name is Jessy Dame, and I am a proud Two-Spirit Métis Registered Nurse. Though my Cree ancestry is from Manitoba, I was raised in Abbotsford, British Columbia and give thanks to my parents for their support. I graduated with my Bachelor of Nursing from TRU in 2015, and had the honour of being the valedictorian for my graduating class. This road was not easy, but with the help of friends and faculty members who gave me the guidance and support I needed, I was able to succeed. This love gave me the strength I needed to find my voice in this world; to find my voice in advocacy. Advocacy is supporting, strengthening, standing up, and speaking up; this is what I am most proud of and why I became a nurse. I truly believe as nurses we have one of the most influential roles and a responsibility to advocate. Through this ability to advocate I was named one of the top 150 nurses in Canada in 2017. I have recently finished my second year within the Masters of Nursing at UBC with a focus on Queer/Two-Spirit Health and with this support will continue on with my studies.

Friday May 24, 2024
1030 – 1200

Title:

Undetectable and Untransmittable (U=U): Where We're at and Tips for Practice

Authors:

- Aniela M. dela Cruz
- Joanna Binch
- Taliesin Cahill
- Georgia Dewart
- Geoffrey Ford
- Hatem Laroussi
- Craig Phillips

Background:

Health care professionals (HCP) have an important role to play in improving awareness of U=U. It is important that HCPs fully understand and communicate this message with their patients and others to promote uptake of HIV treatment, prevent new infections, and reduce HIV-related stigma. Aim: In this workshop, we present the science of U=U for participants who are new to it and present tips for communicating U=U with people.

Objectives:

- a) present the science behind U=U, including recent evidence on how U=U is being taken up in practice;
- b) learn about facilitators and barriers in integrating U=U in practice; and
- c) present and practice ways to communicate U=U with people.

Methods:

This workshop will aim to reach a diverse audience, including participants who are familiar with U=U, new to U=U, and participants who are interested in learning about how to communicate U=U to people. The interactive workshop will include a mix of information sharing and ways of learning from one another.

Outcomes:

- At the end of the workshop, participants will understand the scientific evidence supporting U=U;
- b) participants will learn about barriers and facilitators to communicating U=U in clinical practice and other settings; and
 - c) participants will have practical tips on how to communicate U=U in clinical practice.

Conclusion:

HCPs are a group of people who can help address HIV-related stigma in society today, by engaging in positive and proactive messaging of U=U in practice.

Friday May 25, 2024
1030 – 1200

Title:

Legal and Clinical Impacts of the Criminalization of HIV

Authors:

- Ryan Peck, Executive Director, HIV & AIDS Legal Clinic Ontario (HALCO)
- Patrick O’Byrne, Full Professor & Nurse Practitioner, Research Chair in Public Health & HIV Prevention, University of Ottawa, School of Nursing

Background:

The criminalization of HIV non-disclosure is an ongoing concern for people living with HIV. Under Canadian law, individuals face prosecution for serious criminal offences (almost always aggravated sexual assault) in circumstances where they did not disclose their HIV status to a partner before sex that poses a “realistic possibility of HIV transmission.” People living with HIV face continued risk of criminal liability even when (i) there is no allegation of transmission of HIV; (ii) there is no intention to transmit; and (iii) the sexual activity in question poses negligible to zero risk of transmission.

Issue:

Such criminalization poses several challenges to human rights and public health, including perpetuating stigma, discrimination, and other harms against people living with HIV. It hinders HIV prevention efforts and hampers care, treatment, and support for those living with HIV by providing disincentives for STI and HIV testing and deterring honest and open conversations with healthcare and other providers, including public health authorities, due to legitimate fears that such conversations will be used in court. Incremental and piecemeal efforts to address this issue through prosecutorial policies and courtroom advocacy have had a modest but limited impact. A consensus has emerged at the community level that Criminal Code reform is required to align the law with science and human rights to mitigate the harms of criminalization.

Workshop:

The state of the law and law reform efforts will be discussed. Additionally, the workshop will focus on some of the legal and clinical implications of the approach to HIV criminalization for nurses.

Friday May 24, 2024
1300 – 1330

Title:

Collective Prescriptions: Advancing HIV Prevention and Care

Authors:

- Rodrigo Diaz Llamas
- RN (BNI)
- Catherine Jean
- Primary Care NP

Overview:

This abstract provides an overview of collective prescriptions for nurses to enhance HIV care and prevention at the SIDE+ clinic in Montreal. SIDE+ is a sexual health clinic catering to a specific clientele, including men who have sex with men, trans people, people living with HIV, sex workers, and individuals who use intravenous substances. It is one of the few clinics in Quebec providing services regardless of insurance or immigration status with a predominantly nurse-led team.

Background:

The evolving landscape of sexual health at SIDE+ has highlighted two critical issues: a rise in uninsured immigrant clients living with HIV and an increasing demand for Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP).

Role of Nurses:

Nurses play an essential role in preventing HIV transmission, particularly through the autonomous prescription of PrEP and PEP. Allowing this nursing autonomy has already proven effective. Through collective prescriptions, the team at the SIDE+ clinic serves as catalysts for change in HIV prevention.

Presentation Focus:

This presentation will highlight the benefits of implementing collective prescriptions in HIV prevention, in addition to highlighting the importance of interprofessional collaboration to meet the needs of users, for example facilitating access to antiretroviral treatment as prevention (TasP).

Key Aspects to be Discussed:

- **Regulatory Considerations:** Current regulatory frameworks surrounding nurse-led PrEP and PEP prescription and advocating for policy changes.
- **Interprofessional Collaboration:** Importance of interdisciplinary teamwork between nurses, nurse practitioners, physicians, pharmacists, and other stakeholders.
- **Nurse Training and Education:** Addressing the need for specialized training and ongoing education for safe and effective PrEP and PEP prescription.
- **Patient-Centered Care:** Emphasizing the role of nurses in providing personalized counseling, monitoring adherence, and addressing barriers to treatment.
- **Public Health Impact:** Potential population-level benefits of nurse-led PrEP, PEP, and TasP services.

Conclusion:

Embracing collective prescription practices enables healthcare systems to leverage nursing expertise, advancing HIV care and prevention while achieving broader public health objectives.

Friday May 24, 2024
1300 – 1330

Title:

Narrative Coherence and Relational Agency: Unraveling Transitions into and out of Alberta Correctional Facilities for People Living with HIV

Author:

- Dr. Morgan Wadams, PhD, RN, BScN

Presentation Objectives:

I will share the final narrative threads and findings of a narrative inquiry into the experiences of transitions into and out of Alberta correctional facilities for men living with HIV. I will also facilitate conversations around transitions for PLWH and a history of incarceration.

Background:

Incarcerated populations in Canada face significant health and social challenges during transitions into and out of correctional facilities. These transitions around facilities pose disproportionate barriers to care for PLWH.

Methods:

Conducted in a Western Canadian city over a one-and-a-half-year period from 2021 to 2022, the inquiry revolved around two men living with HIV and a history of incarceration. Through co-composed field texts and narrative accounts, their unique experiences of transitions into and out of correctional facilities were explored.

Results:

Narrative threads from Bruce and Kyle showcased a lack of narrative coherence and the presence of tensions in their lives, while also emphasizing relational agency. The findings provide avenues for health, social, and justice practitioners who support and care for individuals living with HIV and a history of incarceration to think differently about transitions.

Conclusions:

By highlighting the importance of attending to the unique identities of individuals and relationships from a position of relational agency, the study advances our understanding of transitions. Practitioners and organizations involved in transitions around correctional facilities are invited to envision new ways of fostering trust and agency within and between individuals by cultivating relationships that encompass the dimensions of relational agency.

Saturday May 25, 2024
1200 – 1230

Title:

Association between Social Determinants of Health (SDH) and COVID-19 health outcomes in ACB populations in high-income countries: A Systematic Review

Authors:

- Josephine Etowa
- Bishwajit Ghose
- Wale Ajiboye
- Tega Ekewenu
- Glory Osandatuwa

Background:

Social determinants are known to account for the disproportionate health risks and differential health outcomes experienced in ACB populations. In the case of COVID-19, excess cases and deaths have been attributed to disproportionately high rates of co-morbid conditions (e.g., HIV) in these communities. The objective of this paper is to present the results of our recent systematic review that examined the association between SDH and COVID-19 health outcomes, highlighting socioeconomic barriers between healthcare providers (HCP) and ACB community members in high-income countries (UK, US, Australia).

Methods:

This systematic review was guided by the Joanna Briggs Institute (JBI) guidelines, and Covidence. 2643 articles published between December 2019 to October 2020 were retrieved; 48 articles met the eligibility criteria and became the basis for data extraction and thematic mapping. Selected articles were screened, and underwent quality appraisal, data extraction and the process of thematic mapping to develop a comprehensive evidence-based result.

Results:

Four cross-cutting themes were generated, one of which was racism and discrimination and will be the focus of this paper. It highlighted the structural and individual level barriers faced by ACB communities across high-income countries. These barriers influence their responses to COVID-19 and HIV programs including testing, timely diagnosis, and adherence to treatment.

Conclusion:

Results of this study highlight new ways the COVID-19 pandemic impacted HIV care and widened health equity gaps among ACB people. Our paper will discuss strategies for addressing these gaps, emphasizing the need for authentic collaboration amongst health care providers, policymakers, and community members.



Friday May 25, 2024
1345 – 1415

Title:

Mapping Sero Surveillance in Ontario from the Clinic to Public Health

Authors:

- McClelland A
- Hastings C
- Krüsi A
- Wah A
- Peck R
- French M
- Owino M
- Daroya E
- Burtch M
- Tigchelaar A
- Bogosavljevic K

Background:

Communities of people living with HIV across Canada have become increasingly concerned about how their biomaterial and personal information, collected in clinical healthcare and research encounters, is being shared and used for secondary purposes without consent by public health authorities to conduct surveillance.

Methods:

This community-based research project, led by people living with HIV, legal experts, and researchers, uses Institutional Ethnography to map the pathway of biomaterial and information as it flows from clinical to public health settings. We conducted 26 qualitative interviews with clinicians and public health officials and 17 qualitative interviews with people living with HIV who have had interactions with public health authorities, including those under public health investigation or legal orders.

Results:

Biomaterial and personal information travel through a range of information management systems across different jurisdictions to enable surveillance. Viral genotyping of biomaterial collected in Ontario is conducted in British Columbia, and HIV tests for Ontario are transferred to a lab in the prairies. In some regions, local provincial public health authorities directly access electronic medical records, including viral load and other diagnostics, via diverse databases connected to the Ontario healthcare system. This information is routinely used as part of public health investigations. People living with HIV have limited knowledge of the pathways of their blood and personal information and are distrustful of surveillance systems, organizing their lives defensively towards public health authorities.



Clinicians may have inconsistent understandings about how public health systems and investigations operate, despite being the focal points for procuring informed consent and clinical information.

Conclusions:

Outcomes aim to challenge top-down surveillance systems and articulate a new approach to public health, built from the ground up on principles of trust, informed consent, and transparency.



Friday May 24, 2024
1345 – 1415

Title:

Internalized HIV Stigma During Mandatory HIV Screening in the Canadian Immigration Medical Examination (IME): Findings from A National Study

Authors:

- Aniela M. dela Cruz
- Sithokozile Maposa
- San Patten
- Inusa Abdulmalik
- Patience Magagula
- Sipiwe Mapfumo
- Jean Harrowing
- HIV Edmonton
- Safelink Alberta (Formally HIV Community Link)
- Vera Caine

Background:

With limited research examining the experiences of stigma during mandatory HIV screening within the Canadian immigration medical examination (IME) and engagement in the HIV case cascade during migration and settlement, our study was conducted to understand how this stigma is present during the IME process, as well as the level of engagement in the HIV care cascade during migration and settlement.

Research Question:

How do African and Caribbean immigrants living with HIV in Canada internalize and experience HIV-related stigma, during their experiences of the IME process, migration, and settlement?

Methods:

In this mixed methods study quantitative data were collected using the Internalized HIV Stigma Scale (IHSS) (Sayles et al., 2008) and qualitative data were collected through individual interviews. Participants were recruited through purposive sampling.

Key Findings:

123 people across Canada participated in the survey, and of these, 34 agreed to participate in an individual interview. Low self-acceptance and disclosure concerns resulted in high internalized stigma to 51% and 35% of the participants, respectively. A significantly higher proportion of participants with 9-10 years of education had disclosure concerns than those with 14 or more years of education. HIV-related stigma remained pervasive in people's lives during migration and settlement and unfolded in complex ways during settlement in Canada. Implications for Public

Health:

The layered effect of living with HIV, legal/immigration status, disparities in the social determinants of health among racialized immigrants living with HIV provides impetus for society to re-think public policies that promote discrimination, stigma, racism, and injustices towards racialized immigrants living with HIV.

Friday May 24, 2024
1430 – 1500

Title:

Understanding the syndemic of COVID-19 pandemic and HIV/AIDs among African, Caribbean and Black Canadians in relation to vaccine hesitancy and enhancing public trust.

Authors:

- Josephine Etowa
- Amoy Jacques
- Dr. Luc Malemo
- Erika Kamikazi
- Asli Mahdi
- Azeezat Sule

Background:

The syndemic of the COVID-19 pandemic and the ongoing burden of HIV epidemic posed unprecedented challenges particularly for those groups rendered such as Africans, Caribbean and Black Canadians (ACB). Structural barriers such as the social determinants of health which include anti-Black racism, stigma, and discrimination have significant impact on ACB people's access to HIV/AIDs and vaccine related care.

Objectives:

To examine the perspectives of ACB community and service providers' views on vaccine acceptance and access during the pandemic; to dismantle anti-Black racism within nursing care and HIV programs using the socio-ecological model (SEM). Methods: This mixed methods research (MMR) was conducted in Ottawa and the National Capital regions, and utilized the SEM, intersectionality lens, and community based participatory research frameworks. Data collection was done through six focus group discussions with study participants. Data analysis methods were thematic analysis including inductive coding using NVivo software and rigor methods were member-checking and external audits. Results: Agency and community resilience was a major theme presented by participants to build confidence among ACB community members. To rebuild trust among public health institutions, ACB community members recommended accessing critical health information and culturally informed messages to empower them to make decisions about HIV and vaccine related services and care.

Conclusion:

Restoring public trust among ACB communities will require intentional collaboration among service providers, policymakers and health agencies. Dismantling racism will require prioritizing ACB community's unique needs, meaningful engagement, and provision of opportunities to develop policies will advance HIV care and health outcomes.

Friday May 24, 2024
1430 – 1500

Title:

ACE Intervention: Reducing HIV Stigma and Promoting Community Resilience Through Capacity Building – Lessons from the Ground

Authors:

- Aniela M. dela Cruz
- Sipiwe Mapfumo
- Folasade Olaniyan
- Pragya Mishra
- Carla Hilario
- Saaka Sulemana
- Christa Sato
- Sara Escarraga
- Salima Meherali
- Josephine Pui-Hing Wong

Background:

Immigrants make up about 23% of the Canadian population, and 69% of the immigrant population belongs to a racialized group. Racialized immigrant populations bear a disproportionate burden of HIV. In 2019, 43% of reported cases of HIV with a known race/ethnicity were members of a racialized population. Elevated HIV vulnerability of racialized immigrant groups is associated with displacement, settlement stress, access barriers, and intersecting marginalization. Furthermore, HIV stigma deters people from disclosure and testing, leading to delays in diagnosis, and linkage to treatment, resulting in poor health outcomes. To reduce HIV disparities, a multidisciplinary team made up of researchers in Alberta and Ontario was formed to implement an online intervention, the Acceptance, and Commitment to Empowerment (ACE) training at six project sites. Project ACE uses a multiple-case study design. This presentation will report on project insights specific to the Alberta sites.

Methods:

In this session we will a) provide an overview of ACE intervention study activities to date, including the application of the RE-AIM (reach, effectiveness, adoption, implementation, and maintenance) framework, b) discuss the social, environmental, and contextual facilitators and challenges of engaging communities, and c) engage participants in dialogue about strategies to mobilize community engagement in HIV intervention studies.

Outcomes:

Session participants will a) gain knowledge on applying the RE-AIM framework to guide the implementation of an evidence-informed HIV stigma intervention; b) identify implementation facilitators and barriers based on lessons learned; and finally, c) conceptualize strategies they can use to mitigate challenges encountered during implementation of study activities.

Word Count:

250.

Saturday May 25, 2024

1015 – 1145

Title:

Aging with HIV: Realities, Challenges, and Opportunities

Authors:

- Kate Murzin, Director, National Programs REALIZE
- Hatem Laroussi, PhD, School of Nursing, Laval University

Background:

Nowadays, aging with HIV is a fact and, despite individual and community resiliency built over the past several decades, new challenges appear. If equipped with the right information and tools, health care providers, especially nurses, can play a significant role in providing health care and support for this population. The lack of knowledge about this phenomenon can create misunderstanding and missed opportunities for care delivery.

Aim:

This workshop aims to discuss recent research on the potential challenges facing older people living with HIV and explores promising practices for health care providers.

Objectives:

1. Present up-to-date evidence about aging with HIV.
2. Share theories and promising practices to support optimal aging with HIV.
3. Discuss systems-level barriers faced by people aging with HIV and health care providers.

Methods:

This workshop targets health care providers, nurses, students, and all participants. Not all audience members are aware of aging with HIV and its specificities. An interactive approach will be used to share information and facilitate mutual learning.

Outcomes:

At the end of the workshop:

1. The audience will be able to describe the top challenges for aging with HIV.
2. The audience will have a better awareness of potential strategies to address these challenges.
3. Participants will recognize systemic barriers and challenges for aging with HIV.

Conclusions:

The issues associated with aging with HIV will be a regular feature of our daily practice and to provide optimal care, we must adapt our perceptions about HIV. While some problems such as stigmatization persist, new barriers to care such as ageism are emerging.

Saturday May 25, 2024
1015 – 1145

Title:

Educating for Change: Video Showcase and Discussion on Community Engagement

Authors:

- Georgia Dewart
- Judy Mill
- Vicki Strang
- Wendy Legaarden
- Janice Pelletier
- Vera Caine

Overview:

In 2023, we completed a documentary entitled Educating for Change: Local, National and Global Responses to HIV that brought together different stakeholders to focus on the need to engage in education on HIV. Building on the documentary, we also hosted several community events. In this workshop, we will offer opportunities for researchers, clinicians, and educators to learn and discuss strategies for meaningful community engagement focused on education.

Workshop Content:

We will begin the workshop with the viewing of the Educating for Change video highlighting the work of the Grandmothers of Alberta for a New Generation (GANG), CANAC, and HIV Edmonton. The video, a collaborative project, highlights the stories of global, national, and local responses to supporting those living with HIV. We will provide an overview of how this video project developed and was showcased through local and virtual events. We will discuss aspects of the event planning, including suggestions on how to coordinate and deliver meaningful sessions before outlining opportunities and next steps following the event that unfolded. We will facilitate a discussion on community education, advocacy, and collaboration in the workshop. One focus will be to discuss the challenges, possibilities, and next steps necessary in the continued engagement on community projects for organizations and individuals focused on working with people living with or affected by HIV.

Saturday May 25, 2024
1015 – 1145

Title:

Ethically integrating lived experience from around the gender spectrum in nursing and nurse practitioner research, practice, and knowledge translation

Author:

- Benjamin Carroll RN MNSc. PhD Student

Background:

Gender minority people (Two-Spirit, intersex, genderqueer, nonbinary, asexual), here grouped under the name trans, face many barriers in accessing quality health care. In response, there has been over about the last 10 years a burgeoning of research, clinical practice guidelines, educational and knowledge translation (KT) tools developed to counteract this issue. Concurrently, important changes in controlled substance prescribing practices in Ontario positioned nurse practitioners to be better able to care for trans people in primary care practice.

This presentation will draw from examples of research, practice, and KT experiences of the author, himself a trans man and registered nurse. He will review the recent history of trans care and nursing/NP practice in Canada and then briefly describe the applications of theoretical concepts such as intersectionality, cultural humility, critical self-reflection, and culturally safe care to trans* research, practice, and education. He will also discuss the ways lived experience can show up in and be integrated (or not) into research, clinical practice, education, and knowledge translation, pointing out along the way, the ethical barriers and facilitators to be considered. Throughout, he will highlight clinical, research, and teaching experiences, flagging clinical practice and teaching pearls, and linking these to recent, relevant, and quality research and knowledge translation resources for nurses and nurse practitioners working with folks across the gender spectrum.

Saturday May 25, 2024
1200 – 1230

Title:

HIV-Related Stigma and Discrimination among Canadians of African Descent (CAD) Women

Author:

- Josephine Etowa PhD
- Akalewold T. Gebremeskel (MSc, PhD (c))
- Amoy Jacques (MPH)
- Precious Agboinghale (MSc)
- Haoua Inoua (MBA)

Background:

Canadians of African Descent (CAD) in Ontario are overrepresented in cases of new HIV infections in comparison to other racial groups. This paper presents results of a qualitative study that examined HIV related vulnerabilities, and stigma and discrimination challenges experienced by CAD women.

Methods:

We conducted a qualitative study guided by intersectionality, socio-ecological, and community-based participatory research frameworks. Data sources were 22 in-depth interviews (IDIs) and 3 focus group discussions (FGDs) with CAD women and community leaders in Ottawa. Both IDIs and FGDs were transcribed verbatim and thematic analysis guided data interpretation. Credibility of data was established through data validation strategies.

Results:

Five key themes were generated. This paper will focus on the theme of HIV related stigma and discrimination. Stigma and discrimination are major problems for most of the women in this study. Systemic factors such as poor patient-provider knowledge, and communication, as well as structural racism, have been found to compromise access and quality of health and HIV services. Fear is another key factor influencing CAD women's access to HIV-related services.

Discussion and Conclusion:

Stigma and discrimination have been persistent barriers to access health and HIV-related services for CAD women. Both individual level knowledge building and structural policy interventions are necessary to tackle HIV-related stigma and discrimination. We will share our tailored innovative and targeted critical health and racial literacy as a means of addressing HIV related stigma and discrimination to improve the health outcomes. These include the use of peer equity navigators (PENs) in CAD communities across Ontario.

Saturday May 25, 2024
1315 – 1345

Title:

Health Care Needs and HIV Risk for People Who Use Drugs in Urban Ottawa: Nursing Students Involved in Research

Authors:

- Joanna Binch
- Blessie Catherine Barcelos
- Vihara Jayasinghe-Mudalige
- Frederic Jutras
- Emily MacKa

Background:

In the wake of the COVID-19 pandemic, the health authorities in urban Ottawa have been slow to respond to the growing needs of the people who use drugs and are unhoused, particularly in terms of shelter. Accessing critical health services like combination antiretroviral therapy (ART)- a universal no-cost tool for the detection, prevention, and transmission of HIV- has proven also to be a challenge for this population which is at high risk for HIV and other sexually transmitted blood-borne infections. Compliance with the program can be poor but improves with programs enabling access to treatment and housing interventions. Other research studies have highlighted other significant barriers to care including stigma amongst healthcare providers contributing to lack of trust, affordability, transportation and accessibility, and inadequacy of the psychiatric model.

Research Question:

The purpose of this study is to establish the health needs of individuals who are experiencing homelessness and using drugs, particularly inhalation, and the barriers to care. It is also an opportunity for students to be involved in the planning and execution of a research project; and promote further interest in nursing students to participate in research.

Methods:

Through semi-structured interviews with a sample size of 40-60, observations, and field notes in downtown Ottawa, this qualitative inquiry will rely on an ethnographic approach. As students are executing the research, flexible scheduling around major evaluations, with data collection happening in the summer, has allowed the students participating to maintain a high standard of education while conducting research.

Saturday May 25, 2024
1315 – 1345

Title:

Practical Approaches to Improve Services for People Newly Diagnosed with HIV: Findings from a Community-Based Qualitative Study in British Columbia

Author:

- Chris Draenos
- NP, Ben Klassen
- Robert Dean
- Jean Carlos Reyes
- Andy Lessard
- Sarah Chown
- Mark Hull, MD
- Nathan Lachowsky, PhD

Background:

Systemic gaps in HIV care continue that result in lower uptake of service and result in increased morbidity amongst PLWH and ongoing HIV transmission, particularly among communities that experience intersectional social inequities. We sought to learn how HIV care and prevention can be improved from the perspectives of those newly diagnosed with HIV.

Methods:

Using a community-based approach and applying GIPA/MEPA principles, we conducted in-depth peer-led interviews with people in BC who were diagnosed with HIV between 2018-2023. Eligible participants were aged 18+ and were recruited in partnership with local HIV service organizations and care providers. Interviews were conducted in English (n=20) or Spanish (n=11) and thematically analyzed by peer researchers.

Results:

Most participants (27/31) were 2S/GBTQM and non-binary people, a third were Latinx (n=12), and ages 24-62. Participants highlighted barriers to HIV education, PrEP access, and testing services, which were amplified due to structural barriers, and emphasized the importance of trauma-informed diagnosis. Participants shared positive experiences with their HIV care providers but highlighted the need to address HIV stigma and access to peer support and opportunities to better integrate STI prevention, including doxy PEP/PrEP, and improve availability of long-acting treatment.

Discussion:

HIV responses must address structural drivers and inequities and how resultant gaps in HIV prevention and care can be addressed. Potential enhancements to the HIV care cascade should include multilingual HIV education, improved access to long-acting treatment, and services that are tailored to communities that are disproportionately impacted by HIV.

