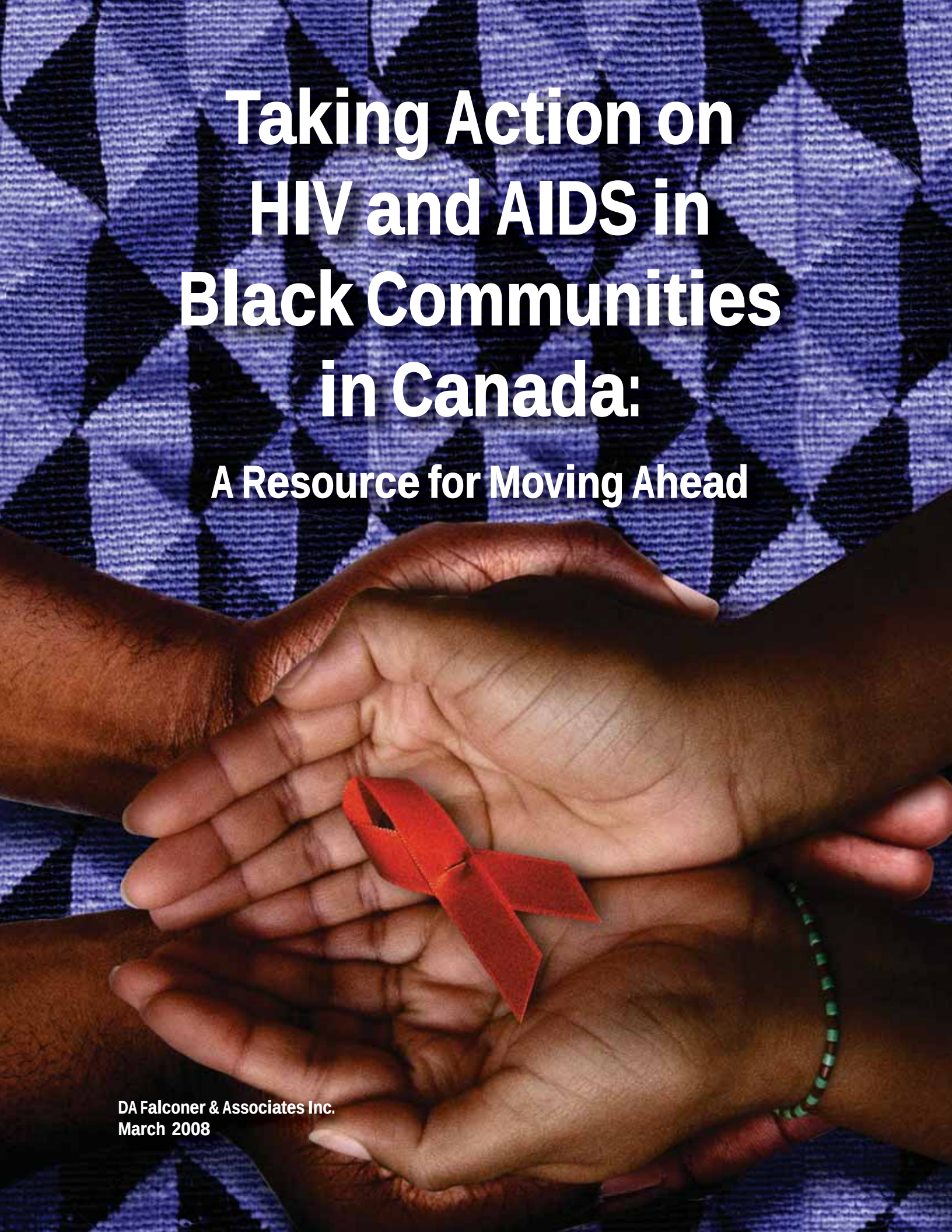
Taking Action on HIV and AIDS in Black Communities in Canada:

A Resource for Moving Ahead



DA Falconer & Associates Inc.
March 2008

Cataloguing in Publication Program
Taking Action on HIV and AIDS in Black Communities in Canada:
A Resource for Moving Ahead
Text in English
ISBN 978-0-9736976-3-6
1. DA Falconer & Associates Inc.
2. HIV/AIDS-Black Communities-Canada-Resource.
3. Interagency Coalition on AIDS and Development (ICAD).
4. Title.
Published by Interagency Coalition on AIDS and Development (ICAD)
1 Nicholas Street, Suite 726
Ottawa, ON K1N 7B7
www.icad-cisd.com
Translation: Jean Dussault
Design: Frantz Brent-Harris
All rights reserved.

Table of Contents

1.0 Introduction

HIV is at a crisis level in Black[1] communities in Canada. Black people are over-represented in the number of new HIV infections and AIDS cases. In 2001, Black people represented 2.2% of the Canadian population. In 2005, the Public Health Agency of Canada estimated the HIV infection rate among Black people to be at least 12.6 times higher than among other Canadians.[2] For 2006, Black people accounted for 12.9% of the positive HIV test reports and 11.1% of the reported AIDS cases where ethnicity was known.[3] While these numbers are significant in and of themselves, they are most likely understated due to factors such as underreporting and a lack of ethnicity data.[4]

The disproportionate number of Black people living with HIV and AIDS combined with an increasing number of Black people presenting for services at AIDS service organizations (ASOs) across the country prompted action in 2005. The Springboarding a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities project was implemented with the objective of conducting preliminary research that would contribute to the development of a national HIV/AIDS strategy for Black Canadian, African and Caribbean communities.[5] This Phase I resulted in an environmental scan report[6] and a consultation on a draft strategy framework and principles. A first of its kind in Canada, the environmental scan report provides:

- a snapshot of current programmatic and research activities and initiatives addressing HIV/AIDS and related issues in Black communities;
- statistical and demographic information on HIV/AIDS and Black people in Canada;
- an annotated listing of various reports produced with findings and/or recommendations specific to HIV/AIDS and the Black communities; and
- information on government responses to HIV/AIDS in Black communities.

For Phase II, a resource was to be developed that can be used at the municipal, provincial and national level to enable better planning and delivery of HIV and AIDS programs and services to Black communities. *Taking Action on HIV and AIDS in Black Communities in Canada: A Resource for Moving Ahead* is that document. It is targeted to everyone who is interested or willing to address HIV and AIDS in Black communities in Canada.

The resource is organized into six key sections based on the cities in which interviews and focus groups were conducted as well as a national overview. Each section generally contains selected demographic characteristics of the Black population, HIV and AIDS statistics specific to Black people, and key findings and suggested actions from the interviews and focus groups. The series of suggested actions are targeted to Black community members, including Black people living with HIV; service providers; policy makers and researchers.

[1]The term "Black" will be used throughout the document to refer to people of Black African descent regardless of country of origin. This includes Black Canadians, Africans and people from the Caribbean. Historically and at the time of writing, the epidemiological term "HIV-endemic" has generally referred to Black people.
[2]Public Health Agency of Canada. 2007. HIV/AIDS Epi Update: HIV/AIDS in Canada Among Persons from Countries where HIV is Endemic. http://www.phac-aspc.gc.ca/aids-sida/publication/epi/pdf/epi2007_e.pdf
[3]Public Health Agency of Canada. 2007. HIV and AIDS in Canada: Surveillance Report to December 31, 2006. http://www.phac-aspc.gc.ca/aids-sida/publication/survreport/pdf/survrep1206.pdf
[4]According to the Public Health Agency of Canada, "Two of Canada's largest provinces, Ontario and Quebec, do not provide ethnic information on positive HIV test reports to the national level. This is a limitation for monitoring the epidemic among persons from countries where HIV is endemic, as the two provinces together account for over two-thirds of all positive HIV test reports; as well, they include two large urban centres, namely Toronto and Montreal, that contain large proportions of people from countries where HIV is endemic." HIV/AIDS Epi Update: HIV/AIDS in Canada Among Persons from Countries where HIV is Endemic. http://www.phac-aspc.gc.ca/aids-sida/publication/epi/pdf/epi2007_e.pdf
[5]The project was funded by the Public Health Agency of Canada through the Interagency Coalition on AIDS and Development and it was a partnership of the organizations represented on the National Steering Committee: African and Caribbean Council on HIV/AIDS in Ontario (Toronto, ON); Centre de Ressources et d'Interventions en Santé et Sexualité (Montreal, QC); Interagency Coalition on AIDS and Development (Ottawa, ON); James R. Johnston Chair in Black Canadian Studies, Dalhousie University (Halifax, NS); National Congress of Black Women Foundation (Vancouver, BC); Safeworks (Calgary, AB).
[6]The Springboarding a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities Project Environmental Scan Report is available at http://www.icad-cisd.com/pdf/publications/SNS_EnviroScan_Final_Report_9_Dec_05.pdf.

2.0 Process

2.1 National Steering Committee

To initiate the project, the National Steering Committee from Phase I was re-engaged with responsibility for providing guidance, direction, assistance with identifying key stakeholders for interviews and regionally-based focus groups, linkages to appropriate persons and/or organizations, linkages to the Public Health Agency of Canada Status Report Working Group, technical advice and support, and feedback on draft documents (see Appendix A for the Committee's Terms of Reference).

2.2 Information Gathering Guide

To guide the interviews and focus groups, an information gathering tool was developed (see Appendix B). It focused on the following areas:

1. Current gaps to better planning and delivering HIV/AIDS programs and services to Black Canadian, African and Caribbean communities at the municipal, regional/ provincial and national levels;
2. Unique or specific regional/provincial issues when it comes to addressing HIV/AIDS in Black Canadian, African and Caribbean communities;
3. Needs of various stakeholders to enable better planning and delivery of HIV/AIDS programs and services to Black Canadian, African and Caribbean communities, i.e. community members, Black people living with HIV/AIDS (PHAs), service providers, policy makers and researchers.

2.3 Information Gathering Methods

Information was collected through documentation reviews as well as interviews and focus groups across the country (Vancouver, Calgary, Toronto, Ottawa, Montréal and Halifax) with Black community members, including people living with HIV and researchers; service providers; and other key stakeholders (see Appendix C for interview participants). The interviews and focus groups were conducted from June to September 2007.

2.4 Stakeholder Participation

A total of 95 individuals participated in the interviews and focus groups; 14% of whom were Black people living with HIV/AIDS. Table 1 summarizes the overall stakeholder participation.

Table 1: Stakeholder Participation

City	Interview Participants	Focus Group Participants		PHA Participants
		Community Members	Service Providers	
Vancouver	1	5	10	1 Female
Calgary	1	1	7	0
Toronto	4	7	10	2 Females / 3 Males
Ottawa	1	5	7	1 Female
Montréal	5	11	12	4 Females / 2 Males
Halifax	1	3	4	0
TOTAL	*13*	*32*	*50*	*8 Females / 5 Males*

3.0 Vancouver and British Columbia

3.1 Demographics

Using selected demographic characteristics taken primarily from the 2001 Census of Canada[7] , this section provides a profile of the Black community in Vancouver, in British Columbia and in Canada.

Population Size

- The 2001 Census enumerated 662,215 Black people in Canada which represented 2.2% of the country's population and a 31% growth in the Black population from 1991.
- The Black population of British Columbia was 25,460 which represented 0.7% of the province's population.
- The Black population of Vancouver was 18,400 which represented 0.9% of the city's population and a 20% growth in the Black population from 1991.

Canadian-Born Blacks & Places of Birth for Black Immigrant Population

- In 2001, 45% of the Black population in Canada was Canadian-born. The top three places of birth for the Black immigrant population were Caribbean and Bermuda, Africa, and Central and South America.
- In British Columbia, 51% of the Black population was Canadian-born. The top three places of birth for the Black immigrant population were Africa, Caribbean and Bermuda, and United States of America.
- In Vancouver, 48% of the Black population was Canadian-born.

Age

Table 2: Black population by age, Canada, 2001

Geographic Area	Under 15 years (%)	15-24 years (%)	25-34 years (%)	35-44 years (%)	45-54 years (%)	55-64 years (%)	65 years and over (%)
Canada	29.5	16.7	16.0	15.4	10.7	6.8	4.9
British Columbia	30.7	14.6	17.4	16.3	10.0	6.4	4.6
Vancouver	28.6	14.5	18.8	17.7	9.7	6.6	4.1

Gender

- Women and female children were more than half (52%) of Canada's Black population in 2001.
- In British Columbia, men and male children were more than half (53%) of the province's Black population.
- In Vancouver, men and male children were more than half (53%) of the city's Black population.

[7]Statistics Canada. 2001. Census of Canada. http://www12.statcan.ca/english/census01/products/standard/themes/ListProducts.cfm?Temporal=2001&APATH=3&Theme=44&FREE=0

Language

- Almost three-quarters (72%) of Canada's Black population was enumerated as speaking English most often at home and 14% spoke French most often at home. Nine percent (9%) spoke a non-official language most often at home.
- In British Columbia, 90% of the Black population spoke English most often at home while only 1% spoke French most often at home. Nine percent (9%) spoke a non-official language most often at home.

Education

- Of the 2001 Canadian Black population 15 years and over, 28% had less than a high school graduation certificate and 13% had a university degree.
- In British Columbia, 23% had less than a high school graduation certificate and 17% had a university degree.

Income

- In Canada in 2000, the incidence of low income for the Black population was 33%.
- In British Columbia, the incidence of low income for the Black population was 27%.

3.2 HIV and AIDS Statistics

According to the British Columbia Centre for Disease Control[8] :

- In British Columbia, 4.4% (16/360) of the new HIV positive cases in 2006 were Black people, of which 43.7% were women.
- From 2000-2006, Black people represented 4.6% (132/2849) of the total new HIV positive cases. Women accounted for 43.2% of the new HIV positive cases in the Black community.
- In 2006, Black people represented 2.5% (2/79) of the total AIDS cases and both were women.

3.3 Key Findings – Vancouver

The Vancouver census metropolitan area had the 4th largest Black population in Canada in 2001. The consultation revealed several key themes.

- **The Black community is geographically scattered.** There is no central hub where the community gathers together and there is a sense of disconnection among community members. The community appears to be growing, particularly in the number of African immigrants.
- **Fear, HIV stigma and discrimination are negatively affecting Black people coming forward for HIV prevention information, care and support.** There is a perception that as a small community, there is less confidentiality when people present for information or support. Fear of disclosure, stigma and discrimination are significant contributors to Black PHAs living in isolation and often not accessing available services that may enhance their quality of life.
- **There is a lack of visibility and prioritizing of HIV and AIDS in the Black community.** Black people are often not visible in messages about HIV and AIDS and when they are, it tends to be in reference to the epidemic in Africa. This furthers the perception that HIV and AIDS are not an issue for the community in Canada. The

[8] British Columbia Centre for Disease Control. 2007. HIV/AIDS Annual Report 2006. http://www.bccdc.org/downloads/pdf/std/reports/HIV-AIDS%20Update%20Report_2006.pdf

limited availability of race-based HIV and AIDS statistics compounds the perception and informs the lack of prioritizing of the issue in the Black community. There is no strong voice in the Black community around HIV and AIDS.

- **Priority for funding appears to be research, gay men and injection drug use.** Concerns were raised that HIV funding, provincially, tended to be geared towards doing research versus supporting service delivery.
- **There are many improvements that can be made to enhance HIV and AIDS programs and services to the Black community.** There are a number of barriers to access, including lack of childcare, translation, culturally and linguistically appropriate materials and transportation. There is a concentration of HIV programs and services in Vancouver while the Black community is often in the suburbs. There are also few services for the Black community, especially at the provincial level. For many newcomers, they lack information about existing services, including where to access HIV testing. It was noted that Black people are visible in prisons but get little attention.
- **Capacity building of the Black community to respond to HIV and AIDS is critically needed.** There is a lack of appropriate people with relevant knowledge and skills to address HIV and AIDS in the Black community.

3.4 Taking Action – Vancouver

In order to address the gaps, barriers and obstacles to better planning and delivery of HIV and AIDS programs and services to the Black community in Vancouver, several actions were identified.

- **Build community. Opportunities and mechanisms should be created to better connect and facilitate working together among members of the Black community around HIV and AIDS issues.** This will require working with community leaders and community institutions, particularly religious ones such as churches and mosques. This will also require better utilization of people within the community as there are untapped resources, including Black PHAs. Attention should be paid to building capacity within the Black community such that there are more Black researchers and service providers to work with the community.
- **Make addressing HIV and AIDS in the Black community a funding priority.** Policy makers should become more aware of the HIV and AIDS issues affecting the Black community. They also should work with community members and service providers before developing policy. Community members should participate in opportunities to influence decision-making.
- **Increase visibility of HIV and AIDS in the Black community.** Multiple strategies should be used to raise awareness; promote prevention, care and support; encourage testing; and address stigma, discrimination and homophobia. Efforts should be made to get needed race-based statistics. A strong voice around HIV and AIDS in the Black community should be nurtured.
- **Enhance availability, access and quality of HIV and AIDS programs and services to the Black community.** Links should be made with settlement services to bridge HIV, AIDS and settlement issues. For existing services, the diversity of staff, volunteers and Board members should be enhanced and coupled with skills training to better work with different communities. Cooperation, collaboration and communication should be enhanced among service providers. More community-based research should be conducted to determine needs and support better programs and service delivery.

4.0 Calgary and Alberta

4.1 Demographics

Using selected demographic characteristics taken primarily from the 2001 Census of Canada[9] , this section provides a profile of the Black community in Calgary, in Alberta and in Canada.

Population Size

- The 2001 Census enumerated 662,215 Black people in Canada which represented 2.2% of the country's population and a 31% growth in the Black population from 1991.
- The Black population of Alberta was 31,390 which represented 1.1% of the province's population.
- The Black population of Calgary was 13,700 which represented 1.4% of the city's population and a 34% growth in the Black population from 1991.

Canadian-Born Blacks & Places of Birth for Black Immigrant Population

- In 2001, 45% of the Black population in Canada was Canadian-born. The top three places of birth for the Black immigrant population were Caribbean and Bermuda, Africa, and Central and South America.
- In Alberta, 49% of the Black population was Canadian-born. The top three places of birth for the Black immigrant population were Africa, Caribbean and Bermuda, and Europe.
- In Calgary, 45% of the Black population was Canadian-born.

Age

Table 3: Black population by age, Canada, 2001

Geographic Area	Under 15 years (%)	15-24 years (%)	25-34 years (%)	35-44 years (%)	45-54 years (%)	55-64 years (%)	65 years and over (%)
Canada	29.5	16.7	16.0	15.4	10.7	6.8	4.9
Alberta	29.2	17.7	17.5	15.4	11.3	5.5	3.3
Calgary	29.5	17.5	19.7	15.7	10.3	5.2	2.2

Gender

- Women and female children were more than half (52%) of Canada's Black population in 2001.
- In Alberta, men and male children were more than half (51%) of the province's Black population.
- In Calgary, men and male children were slightly more than half (50.5%) of the city's Black population.

[9]Statistics Canada. 2001. Census of Canada. http://www12.statcan.ca/english/census01/products/standard/themes/ListProducts.cfm?Temporal=2001&APATH=3&Theme=44&FREE=0

Language

- Almost three-quarters (72%) of Canada's Black population was enumerated as speaking English most often at home and 14% spoke French most often at home. Nine percent (9%) spoke a non-official language most often at home.
- In Alberta, 87% of the Black population spoke English most often at home while 2% spoke French most often at home. Nine percent (9%) spoke a non-official language most often at home.

Education

- Of the 2001 Canadian Black population 15 years and over, 28% had less than a high school graduation certificate and 13% had a university degree.
- In Alberta, 26% had less than a high school graduation certificate and 16% had a university degree.

Income

- In Canada in 2000, the incidence of low income for the Black population was 33%.
- In Alberta, the incidence of low income for the Black population was 27%.

4.2 HIV and AIDS Statistics

- In Alberta, 25.2% of new HIV infections in 2006 were Black people.[10]
- From 1998-2004, with ethnicity known, Black people represented 11.8% (139/1182) of the total newly reported HIV cases for that period.[11]

4.3 Key Findings – Calgary

The Calgary census metropolitan area had the 6th largest Black population in Canada in 2001. The consultation revealed several key themes.

- **The Black community in Alberta is concentrated in Calgary and Edmonton.** There are small populations of Black people elsewhere such as African immigrants in rural parts of northern Alberta. The economic boom has resulted in more migrants to the province and there is an increasing number of African newcomers, particularly from Sudan, Ethiopia and Somalia.
- **Fear, HIV stigma and discrimination are negatively affecting Black people coming forward for HIV prevention information, care and support**. People fear being seen connected to HIV and the stigma and discrimination that may result from the connection.
- **There is a lack of visibility and prioritizing of HIV and AIDS in the Black community.** There is a general lack of awareness around HIV and AIDS issues which is compounded by the lack of race-based statistics and discussion around sex and sexuality. The leaders in the community do not address HIV and there is no strong voice around HIV in the Black community.
- **Funding is lacking for programs and services targeted at the Black community.** There is a perception that Black people are not seen as a priority in Alberta so very little is targeted towards the community. There is also a perception of government indifference to addressing HIV and AIDS in Black communities. Community members are not involved in policy-making and decision-making to encourage policies that are practical and can have real, positive impact on people's lives.

[10]AIDS Calgary Awareness Association. 2008. HIV/AIDS Statistical Summary. http://www.aidscalgary.org/aboutHiv/documents/HIVAIDS_StatsSummary_Jan08_V2.pdf
[11]Ami Singh, Summary overview of HIV/AIDS in Alberta, Presentation to Alberta Advisory Committee on AIDS, June 29, 2005

- **There are many improvements that can be made to enhance HIV and AIDS programs and services to the Black community.** Services are concentrated in Calgary and Edmonton which pose particular barriers around travel and follow-up. There is a need for translation services and culturally and linguistically appropriate materials. There is also a need to better understand what is available and to consider prison issues if programs and service delivery are to be improved. Systemic racism needs to be acknowledged and addressed.
- **Capacity building of the Black community to respond to HIV and AIDS is critically needed.** There is a significant lack of targeted programs and services and there is no AIDS service organization specifically serving the Black community. The community tends to not be vocal and demand services. Black PHAs often lack job opportunities which negatively affect their health and well-being.

4.4 Taking Action – Calgary

In order to address the gaps, barriers and obstacles to better planning and delivery of HIV and AIDS programs and services to the Black community in Calgary, several actions were identified.

- **Build community.** A group of leaders and members from the Black community should come together at a common table to take leadership in addressing HIV and AIDS in the community and in developing a plan of action. There may need to be some work done to bring people together and existing associations and churches should be engaged.
- **Make addressing HIV and AIDS in the Black community a funding priority.** Investments by government should be made to address the gaps and barriers to programs and services. Government knowledge of changing needs should be increased.
- **Increase visibility of HIV and AIDS in the Black community.** Efforts should be made to educate the community on preventing HIV and maintaining health while living with HIV and AIDS. A social marketing campaign should be implemented with caution that it may stigmatize the community.
- **Enhance availability, access and quality of HIV and AIDS programs and services to the Black community**. Links should be made with settlement services to bridge HIV, AIDS and settlement issues. Portable training programs should be developed that can go to different cities and work locations. There should be targeted programs and services, particularly for youth, with appropriate materials. From design to delivery to evaluation of programs and services, community members should be involved. Existing organizations should find ways to engage and work with the Black community. There should be an examination of systemic racism and its role in service delivery.

5.0 Toronto, Ottawa and Ontario

5.1 Demographics

Using selected demographic characteristics taken primarily from the 2001 Census of Canada[12] , this section provides a profile of the Black community in Toronto, in Ottawa, in Ontario and in Canada.

Population Size

- The 2001 Census enumerated 662,215 Black people in Canada which represented 2.2% of the country's population and a 31% growth in the Black population from 1991.
- The Black population of Ontario was 411,095 which represented 3.6% of the province's population.
- The Black population of Toronto was 310,500 which represented 6.7% of the city's population and a 29% growth in the Black population from 1991.
- The Black population of Ottawa was 38,200 which represented 3.6% of the city's population and a 75% growth in the Black population from 1991.

Canadian-Born Blacks & Places of Birth for Black Immigrant Population

- In 2001, 45% of the Black population in Canada was Canadian-born. The top three places of birth for the Black immigrant population were Caribbean and Bermuda, Africa, and Central and South America.
- In Ontario, 43% of the Black population was Canadian-born. The top three places of birth for the Black immigrant population were Caribbean and Bermuda, Africa, and Central and South America.
- In Toronto, 40% of the Black population was Canadian-born.
- In Ottawa, 38% of the Black population was Canadian-born.

Age

Table 4: Black population by age, Canada, 2001

Geographic Area	Under 15 years (%)	15-24 years (%)	25-34 years (%)	35-44 years (%)	45-54 years (%)	55-64 years (%)	65 years and over (%)
Canada	29.5	16.7	16.0	15.4	10.7	6.8	4.9
Ontario	29.8	16.1	15.8	16.0	10.6	6.9	4.6
Toronto	28.6	16.0	16.2	16.4	10.9	7.2	4.7
Ottawa	34.2	17.6	15.4	14.9	9.4	4.9	3.6

Gender

- Women and female children were more than half (52%) of Canada's Black population in 2001.
- In Ontario, women and female children were more than half (53%) of the province's Black population.
- In Toronto, women and female children were more than half (54%) of the city's Black population.
- In Ottawa, women and female children were more than half (52%) of the city's Black population.

[12]Statistics Canada. 2001. Census of Canada. http://www12.statcan.ca/english/census01/products/standard/themes/ListProducts.cfm?Temporal=2001&APATH=3&Theme=44&FREE=0

Language

- Almost three-quarters (72%) of Canada's Black population was enumerated as speaking English most often at home and 14% spoke French most often at home. Nine percent (9%) spoke a non-official language most often at home.
- In Ontario, 86% of the Black population spoke English most often at home while 2% spoke French most often at home. Nine percent (9%) spoke a non-official language most often at home.

Education

- Of the 2001 Canadian Black population 15 years and over, 28% had less than a high school graduation certificate and 13% had a university degree.
- In Ontario, 28% had less than a high school graduation certificate and 11% had a university degree.

Income

- In Canada in 2000, the incidence of low income for the Black population was 33%.
- In Ontario, the incidence of low income for the Black population was 31%.

5.2 HIV and AIDS Statistics

According to the Ontario HIV Epidemiologic Monitoring Unit[13] :

- In **Ontario**, 16.2% (174/1076) of the HIV diagnoses in 2007 were Black people (HIV-endemic exposure category). Of these, 64.4% were females.
- In **Ontario**, 21.2% (1830/8634) of the HIV diagnoses from 2000-2007 were Black people. Of these, 56.9% were females.
- In **Toronto**, 15.9% (99/625) of the HIV diagnoses in 2007 were Black people.
- In **Toronto**, 21.3% (1123/5277) of the HIV diagnoses from 2000-2007 were Black people.
- In **Ottawa**, 14.7% (21/145) of the HIV diagnoses in 2007 were Black people.
- In **Ottawa**, 25.5% (268/1053) of the HIV diagnoses from 2000-2007 were Black people.
- In 2004, Black people represented 29.3% (22/75) of the total AIDS cases with race/ethnicity known in Ontario[14].

5.3 Key Findings – Toronto & Ottawa

The Toronto census metropolitan area had the largest Black population in Canada in 2001 while the Ottawa-Gatineau census metropolitan area had the 3rd largest. The consultation revealed several key themes.

- **The Black community is very large and diverse.** There is a need to engage a range of stakeholders in the community, including religious leaders. HIV is one of many issues for the community. There is a need to use the skills, knowledge and expertise in community to better reach the community.
- **Fear, HIV stigma and discrimination are negatively affecting Black people coming forward for HIV prevention information, care and support.** There is fear around lack of confidentiality as well as stigma and discrimination. This needs to be addressed because of its negative impact and it is further compounded by the reluctance to discuss issues such as sex, sexuality and homosexuality.

[13] Ontario HIV Epidemiologic Monitoring Unit. 2007. HIV Update. http://www.phs.utoronto.ca/ohemu/HIVupdate_tables.html
[14] Remis, R. and J. Liu. 2007. Race/Ethnicity Among Persons With HIV/AIDS in Ontario, 1981-2004. http://www.phs.utoronto.ca/ohemu/doc/Ethnicity_report.pdf

- **There is no public presence or sense of urgency around HIV and AIDS in the Black community.** There are no key spokespersons in the public eye talking about HIV and AIDS in the Black community. There is also a lack of representation in service delivery and decision-making positions. The limited availability of race-based statistics fosters the sense that there is no need for urgency.
- **Funding is fragmented and it is limited for targeted initiatives**. Funding is often project-based and there is a need for more targeted resources. Anti-Black racism, particularly at the policy level, is seen to negatively affect funding decisions as targeted funding for the Black community is often criticized and scrutinized more than other targeted funds. Toronto, like other cities/regions in the province, has engaged in the province-wide Community Planning Initiative[15] (CPI) and there should be a link between the CPI and funding. Funders from different levels of government need to better align their requirements with each other.
- **There are many improvements that can be made to enhance HIV and AIDS programs and services to the Black community.** There is a need for more collaboration and coordination for service delivery among a range of providers, including AIDS service organizations, public health departments and hospitals. There is also a need for service providers to be better equipped with cultural competence training as well as culturally and linguistically appropriate materials to outreach to the community. Education, particularly to youth, needs to increase as does translation services and promotion of existing services. While Toronto has AIDS service organizations that target the Black community, Ottawa has none. Attention needs to be paid to specific populations within the Black community, such as the Black prison population, Black PHAs, Black women and Black men who have sex with men. Attention also needs to be paid to issues such as the determinants of health, mental health and addictions as well as the needs of immigrants, refugees and undocumented people. Lack of services in French in Ontario, including in government departments, is a barrier for the Black Francophone community which has grown in Ontario. There is a need for better and more accessible services for PHAs. There is also a need for more legal services generally.
- **Capacity building of the Black community to respond to HIV and AIDS is critically needed**. The infrastructure around issues of HIV and AIDS and the Black community is fragmented and there is a need for more cohesion, particularly among Black agencies addressing HIV and AIDS. Capacity within the Black community needs to be built to address gender issues, subordination of women and engaging with government. Capacity also needs to be built to spiritually support people through the process from testing to a positive diagnosis. The capacity of Black organizations needs to be enhanced to enable them to better meet community needs.

5.4 Taking Action – Toronto & Ottawa

In order to address the gaps, barriers and obstacles to better planning and delivery of HIV and AIDS programs and services to the Black community in Toronto and Ottawa, several actions were identified.

- **Build community.** Efforts should be made to build trust and work with diverse stakeholders within the Black community, including traditional healers, academics, and religious and clan leaders. Black community members should come together

[15]The HIV/AIDS Community Planning Initiative in Ontario was launched in June 2004 by the AIDS Bureau of the Ministry of Health and Long-Term Care. Funded community-based AIDS service organizations were asked to engage other services in a community planning process designed to improve services for people with HIV and populations at risk. See AIDS Bureau, Ministry of Health and Long-Term Care (2007). Building Bridges: an analysis and summary of the HIV/AIDS community planning initiative in Ontario.

to advocate directly to government for services. Black community members should also come together to challenge destructive cultural norms, gender relations and the subordination of women. There should be leadership development for Black PHAs. There should also be capacity building to increase the number of Black researchers doing HIV and AIDS work in the community.

- **Make addressing HIV and AIDS in the Black community a funding priority.** This includes more and targeted investments with acknowledgement of the new investments made by the Ontario Ministry of Health and Long-Term Care. It also includes funders re-examining their funding formulas and making investments to cover longer periods of time versus short-term, 1-year projects. Community members should be engaged with funders to educate them on community needs. Funders should play a supportive and facilitative role of bringing different stakeholders from within the Black community to the table.
- **Foster a public presence and sense of urgency around HIV and AIDS in the Black community**. Key spokespersons, including Black PHAs, should be identified and opportunities created for them to get the message out about HIV and AIDS in the Black community. They should be armed with race-based statistics to show the magnitude of the epidemic in their city, province and Canada. Testing should be promoted. Existing and new forums should be used to disseminate prevention, care, treatment and support information and education as well as encourage discussions around sex and sexuality. A social marketing campaign should be developed to address homophobia.
- **Enhance availability, access and quality of HIV and AIDS programs and services to the Black community**. Links should be made with settlement services to bridge HIV, AIDS and settlement issues. Service providers and researchers should be trained to be more culturally competent in their work and Black community members should be hired to work with the community. Portable training should be developed. Targeted initiatives for specific populations within the Black community should be implemented. Greater cooperation, collaboration and communication should occur among service providers, including Black AIDS service organizations, and effort should be made towards creating one strong Black AIDS service organization. In Toronto, there should be cross-agency planning across the city and in Ontario, greater alignment between various existing HIV strategies. Evaluations should be conducted and program models and policies revised to reflect community changes and to embrace technology and new tools. The impact of racism on service delivery and planning should to be named with efforts made to address it. More research with community involvement and ownership should occur and the results should have practical applicability and wide dissemination beyond conferences. Various types of research should be undertaken across the province and more emphasis should be placed on the assets and resilience versus the deficiencies of the community.

6.0 Montréal and Québec

6.1 Demographics

Using selected demographic characteristics taken primarily from the 2001 Census of Canada[16] , this section provides a profile of the Black community in Montréal, in Québec and in Canada.

Population Size

- The 2001 Census enumerated 662,215 Black people in Canada which represented 2.2% of the country's population and a 31% growth in the Black population from 1991.
- The Black population of Québec was 152,200 which represented 2.1% of the province's population.
- The Black population of Montréal was 139,300 which represented 4.1% of the city's population and a 37% growth in the Black population from 1991.

Canadian-Born Blacks & Places of Birth for Black Immigrant Population

- In 2001, 45% of the Black population in Canada was Canadian-born. The top three places of birth for the Black immigrant population were Caribbean and Bermuda, Africa, and Central and South America.
- In Québec, 41% of the Black population was Canadian-born. The top three places of birth for the Black immigrant population were Caribbean and Bermuda, Africa, and Europe.
- In Montréal, 41% of the Black population was Canadian-born.

Age

Table 5: Black population by age, Canada, 2001

Geographic Area	Under 15 years (%)	15-24 years (%)	25-34 years (%)	35-44 years (%)	45-54 years (%)	55-64 years (%)	65 years and over (%)
Canada	29.5	16.7	16.0	15.4	10.7	6.8	4.9
Québec	28.3	18.6	16.3	13.5	11.0	6.8	5.4
Montréal	27.7	18.5	16.4	13.5	11.3	6.9	5.6

Gender

- Women and female children were more than half (52%) of Canada's Black population in 2001.
- In Québec, women and female children were more than half (52%) of the province's Black population.
- In Montréal, women and female children were more than half (53%) of the city's Black population.

[16]Statistics Canada. 2001. Census of Canada. http://www12.statcan.ca/english/census01/products/standard/themes/ListProducts.cfm?Temporal=2001&APATH=3&Theme=44&FREE=0

Language

- Almost three-quarters (72%) of Canada's Black population was enumerated as speaking English most often at home and 14% spoke French most often at home. Nine percent (9%) spoke a non-official language most often at home.
- In Québec, 24% of the Black population spoke English most often at home while 55% spoke French most often at home. Eleven percent (11%) spoke a non-official language most often at home.

Education

- Of the 2001 Canadian Black population 15 years and over, 28% had less than a high school graduation certificate and 13% had a university degree.
- In Québec, 29% had less than a high school graduation certificate and 15% had a university degree.

Income

- In Canada in 2000, the incidence of low income for the Black population was 33%.
- In Québec, the incidence of low income for the Black population was 40%.

6.2 HIV and AIDS Statistics

According to the Institut national de santé publique du Québec[17] :

- **In Québec,** 17.4% (75/430) of the new HIV diagnoses in 2005 were people from Sub-Saharan Africa and the Caribbean. Of these, 53.3% were females.
- **In Québec**, 16.3% (39/240) of the new HIV diagnoses in the first half of 2006 were people from Sub-Saharan Africa and the Caribbean. Of these, 33.3% were females.
- **In Québec**, from April 2002 to June 2006, people from Sub-Saharan Africa and the Caribbean accounted for 17.8% (330/1853) of the new HIV diagnoses. Of these, 52.7% were women.
- **In Montréal**, from April 2002 to June 2006, 19.6% (244/1246) of new HIV diagnoses were for the exposure category origin from an HIV-endemic country. Of these, 58.2% were females.
- **In Québec,** from April 2002 to June 2006, people from Sub-Saharan Africa and the Caribbean accounted for 18.2% (50/275) of the new AIDS diagnoses.

6.3 Key Findings – Montréal

The Montréal census metropolitan area had the 2nd largest Black population in Canada in 2001. The consultation revealed several key themes.

- **The Black community is fragmented and there is a French/English divide.** There is a need for the community to come together to address HIV and AIDS while recognizing the language differences. This engagement needs to include various stakeholders within the Black community, including churches.
- **Fear, HIV stigma and discrimination are negatively affecting Black people coming forward for HIV prevention information, care and support.** Black PHAs are living in isolation as a result of fear, stigma and discrimination. Homophobia is contributing to this as there is a general lack of support within the community for Black people who identify as gay.

[17] Institut national de santé publique du Québec. 2007. Programme de surveillance de l'infection par le virus de l'immunodéficience humaine (VIH) au Québec – Cas déclarés de janvier à juin 2006 et cas cumulatifs d'avril 2002 à juin 2006.
http://www.inspq.qc.ca/pdf/publications/614-InfVIH.pdf

- **There is a lack of visibility and prioritizing of HIV and AIDS in the Black community.** Awareness of HIV and AIDS in the Black community needs to be increased and race-based statistics are critical for this effort. The limited availability of the statistics reinforces the notion that HIV and AIDS need not be a priority for the community. To get the information out, various mechanisms need to be used and prevention messages need to place some emphasis on prenatal HIV testing for Black women.
- **Funding is fragmented. Funding is often project-based and long-term, committed funding is needed**. Black people, including Black PHAs, need to be represented in decision-making positions around policy and funding.
- **There are many improvements that can be made to enhance HIV and AIDS programs and services to the Black community**. Information on existing resources is not as widely available as it should be and existing HIV services needs better coordination. There is a need for more programs and services targeting the English-speaking Black community in Montréal. Service providers need to be equipped with cultural competence skills and linguistically and culturally appropriate HIV prevention materials. Targeted programs and services for different populations within the Black community are lacking, particularly for youth and men, and the needs of people who are undocumented are often not considered. There are some populations within the Black community, such as sex workers, that have almost no visibility. Barriers to accessing treatment and health insurance coverage need to be addressed. There is also a need for more research on HIV and AIDS in the Black community. Researchers need to link and consult with the community and ensure research results will be beneficial to the community.
- **Capacity building of the Black community to respond to HIV and AIDS is critically needed.** Foreign credentials need to be recognized as some people bring skills and knowledge of responding to HIV and AIDS in their country of origin. The very few AIDS service organizations that are targeting the Black community need to be better resourced and funded to meet the high and growing demand placed on them.

6.4 Taking Action – Montréal

In order to address the gaps, barriers and obstacles to better planning and delivery of HIV and AIDS programs and services to the Black community in Montréal, several actions were identified.

- **Build community.** Efforts should be made to build trust and bring together community leaders, religious leaders, sport leaders and youth to a common table. The skills and experiences already existing in the community should be utilized. Black PHAs should be provided with opportunities to build their capacity, demonstrate leadership and be employed in delivering programs and services. Internal community work should be done to fight destructive cultural norms.
- **Make addressing HIV and AIDS in the Black community a funding priority.** Funding should be available to increase the number of programs, services and service providers. All levels of government should work better together to provide the necessary resources to organizations working on HIV and AIDS in the Black community. Policy makers should consult with Black community members before making decisions and creating policy.
- **Increase visibility of HIV and AIDS in the Black community.** Awareness of HIV and AIDS, including anonymous testing, should be increased coupled with race-based statistics on how the Black community is particularly affected. Educational strategies

should be developed to dispel myths, deal with racism and address stigma, fear, denial and homophobia within the Black community.

- **Enhance availability, access and quality of HIV and AIDS programs and services to the Black community.** HIV should be integrated with other issues the community is dealing with such as settlement, poverty and housing. Both the number of Black service providers and the number of agencies that can serve the Black community should be increased. There should be better communication, sharing and collaboration among existing service providers as well as cultural competence training for the service providers. Attention should to be paid to the needs of Black PHAs, including improving legal aid services, and to the involvement of Black PHAs from conception to implementation of programs and services. Opportunities should be created to strengthen and re-orient HIV prevention programs to better serve the community.

7.0 Halifax and Nova Scotia

7.1 Demographics

Using selected demographic characteristics taken primarily from the 2001 Census of Canada[18], this section provides a profile of the Black community in Halifax, in Nova Scotia and in Canada.

Population Size

- The 2001 Census enumerated 662,215 Black people in Canada which represented 2.2% of the country's population and a 31% growth in the Black population from 1991.
- The Black population of Nova Scotia was 19,670 which represented 2.2% of the province's population.
- The Black population of Halifax was 13,100 which represented 3.7% of the city's population and a 24% growth in the Black population from 1991.

Canadian-Born Blacks & Places of Birth for Black Immigrant Population

- In 2001, 45% of the Black population in Canada was Canadian-born. The top three places of birth for the Black immigrant population were Caribbean and Bermuda, Africa, and Central and South America.
- In Nova Scotia, 92% of the Black population was Canadian-born. The top three places of birth for the Black immigrant population were Africa, Caribbean and Bermuda, and Europe.
- In Halifax, 91% of the Black population was Canadian-born.

Age

Table 6: Black population by age, Canada, 2001

Geographic Area	Under 15 years (%)	15-24 years (%)	25-34 years (%)	35-44 years (%)	45-54 years (%)	55-64 years (%)	65 years and over (%)
Canada	29.5	16.7	16.0	15.4	10.7	6.8	4.9
Nova Scotia	29.8	15.0	13.3	14.7	11.1	7.1	8.9
Halifax	31.3	15.6	13.7	14.9	10.7	6.8	7.0

Gender

- Women and female children were more than half (52%) of Canada's Black population in 2001.
- In Nova Scotia, women and female children were more than half (53%) of the province's Black population.
- In Halifax, women and female children were more than half (54%) of the city's Black population.

[18]Statistics Canada. 2001. Census of Canada. http://www12.statcan.ca/english/census01/products/standard/themes/ListProducts.cfm?Temporal=2001&APATH=3&Theme=44&FREE=0

Language

- Almost three-quarters (72%) of Canada's Black population was enumerated as speaking English most often at home and 14% spoke French most often at home. Nine percent (9%) spoke a non-official language most often at home.
- In Nova Scotia, 97% of the Black population spoke English most often at home while 0.7% spoke French most often at home. One percent (1%) spoke a non-official language most often at home.

Education

- Of the 2001 Canadian Black population 15 years and over, 28% had less than a high school graduation certificate and 13% had a university degree.
- In Nova Scotia, 43.9% had less than a high school graduation certificate and 9.3% had a university degree.

Income

- In Canada in 2000, the incidence of low income for the Black population was 33%.
- In Nova Scotia, the incidence of low income for the Black population was 36%.

7.2 HIV and AIDS Statistics

- In **Nova Scotia**, the category heterosexual contact/person born in a country where HIV is endemic represented 3.2% (18/557) of the cumulative adult HIV cases from unspecified date (before 1992) to 2000.[19] This does not include HIV positive cases among Black people born in Canada as there is no specific category to capture these cases.

7.3 Key Findings – Halifax

The Halifax census metropolitan area had the 7th largest Black population in Canada in 2001. The consultation revealed several key themes.

- **There are two distinct Black communities – Black Nova Scotians whose roots in Canada go back many generations and Black immigrants.** The long history and particular experience of Black Nova Scotians in Canada needs to be acknowledged and considered in addressing HIV and AIDS in the Black community. There are also rural Black communities that require attention as the Black communities are scattered throughout Nova Scotia.
- **Fear, HIV stigma and discrimination are negatively affecting Black people coming forward for HIV prevention information, care and support.** There are issues around confidentiality and anonymity as many Black Nova Scotians are connected to and know each other. Being in a small community, Black PHAs fear having their HIV status disclosed and being stigmatized and discriminated against. As a result, they often live in isolation and do not access services until they are acutely ill. Fear and stigma also cause people to not go for anonymous testing. There is a particular challenge to address HIV and sexual orientation, especially with churches.
- **There is a lack of visibility and prioritizing of HIV and AIDS in the Black community**. Very little information on HIV is visible in the places where Black people tend to congregate. The Black community has not expressed concern or been vocal, as a community, around HIV and AIDS issues and particularly not since the end of the HIV-

[19] Nova Scotia Department of Health. 2001. HIV/AIDS Surveillance Report 2000. http://www.gov.ns.ca/health/downloads/HIVAIDS2000report.pdf

focussed Black Outreach Project in the mid-1990s. The limited availability of race-based statistics reinforces the notion that the epidemic is not a priority for the community.

- **Funding for HIV and AIDS is generally lacking and specifically lacking for targeted initiatives.** There is a need for different levels of government to collaborate and invest resources for HIV and AIDS programs and services. People responsible for policy and funding need to hear from the community about their needs, recognize the potential for HIV to spread in the community and make relevant policy and funding decisions.
- **There are many improvements that can be made to enhance HIV and AIDS programs and services to the Black community.** The limited programs and services around HIV generally need to be expanded with targeted initiatives based on community needs and service providers who are reflective of the Black community. There is a need for cultural competence training for service providers and the Nova Scotia government has developed a tool to support such training. There is also a need for interpreters as well as culturally and linguistically appropriate materials. Service providers need to collaborate more among themselves and network with Black organizations or individuals focusing on health issues. The specific needs of Black PHAs need to be identified. Various types of research is needed that is racially and culturally specific as well as will be beneficial to the community
- **Capacity building of the Black community to respond to HIV and AIDS is critically needed.** There is a need to build the capacity of the community to do the work, have their voice heard and get their concerns about HIV and AIDS on the agenda of policy makers.

7.4 Taking Action – Halifax

In order to address the gaps, barriers and obstacles to better planning and delivery of HIV and AIDS programs and services to the Black community in Halifax, several actions were identified.

- **Build community.** Efforts should be made to connect members of the Black community to come together to address HIV and AIDS in the community. The Halifax-based Health Association of African Canadians was identified as a group that should take a leadership role in moving the HIV agenda forward.
- **Make addressing HIV and AIDS in the Black community a funding priority.** The Black community should actively engage with and put pressure on different levels of government for funding and for race-based statistics.
- **Increase visibility of HIV and AIDS in the Black community**. Prevention messages should be promoted, especially for youth. The church should be engaged as one means of channelling information and education.
- **Enhance availability, access and quality of HIV and AIDS programs and services to the Black community**. Links should be made with settlement services to bridge HIV, AIDS and settlement issues. There should be more Black service providers as well as HIV service providers with cultural competence training. The existing provincial infrastructure specific to the Black community should be used to support better and integrated service delivery. Black PHAs should have a liaison between health professionals and their needs should be identified and addressed.

8.0 National Level

8.1 HIV and AIDS Statistics

According to the Public Health Agency of Canada[20]:

- From 1998 to 2006, the HIV-endemic exposure category accounted for 6.4% of the positive HIV test reports and 12.6% of the AIDS cases with exposure category information.
- The proportion of overall positive HIV test reports attributed to the HIV-endemic category increased from 3.0% in 1998 to a peak of 8.5% in 2004 and more recently to 8.4% in 2006.
- The absolute number of AIDS cases attributed to the HIV-endemic exposure category has decreased over time (from 59 in 1998 to 43 in 2004), but the proportion has increased, from 9.6% in 1998 to a peak of 16.9% in 2002 and, similarly, to 16.4% in 2004.
- Of the positive HIV test reports from 1998 to 2006 for the HIV-endemic exposure category, 78.2% were people under the age of 40 years.
- Between 1998 and 2006, women accounted for 54.2% of positive HIV test reports and 41.8% of AIDS cases among the HIV-endemic category.
- Of the estimated 2,300 to 4,500 new HIV infections in Canada in 2005, new infections attributed to the HIV-endemic exposure category increased slightly from a range of 300 to 600 (15% of the total) in 2002 to 400 to 700 (16%) in 2005.

8.2 Key Findings – National

In addition to exploring HIV and AIDS issues in the Black community at the municipal and provincial level, the issues were also examined at the national level. Several key themes emerged from the consultation.

- **Nationally, the Black community is disconnected from each other.** There is work underway in different parts of the country; however, it is often done in isolation. There is a need to develop mechanisms to link the community and foster cooperation, collaboration and communication. There is a need for a national, community-based Black organization with strong leadership to address HIV and AIDS on a national level. There is also a need for a national strategy to address Black health.
- **Funding is difficult to access.** While funding for HIV and AIDS has increased at the national level, there has been a slow roll-out of the new funds, particularly for population-specific approaches. For smaller organizations, accessing national funding is especially challenging as they often lack the capacity to write the required proposals. There is a need for greater collaboration between different levels of government.
- **There is a lack of visibility and voice around HIV and AIDS in the Black community in Canada**. There is no visible spokesperson and race-based statistics on the extent of the epidemic in the Black community across the country is sorely lacking. A national social marketing campaign on HIV and AIDS in the Black community is needed. Various prevention messages are also needed including the promotion of prenatal HIV testing for Black women. There is a need for greater representation and participation by Black people, including Black PHAs, in decision-making and policy processes.

[20]Public Health Agency of Canada. 2007. HIV/AIDS Epi Update: HIV/AIDS in Canada Among Persons from Countries where HIV is Endemic. http://www.phac-aspc.gc.ca/aids-sida/publication/epi/pdf/epi2007_e.pdf

- **Immigration and settlement pose particular challenges**. There are issues with HIV testing during the immigration process, including poor counselling and inconsistent follow-up. There are also barriers for newcomers who have to transition from federal to provincial support and these barriers are exasperated for people living with HIV.
- **Use of "endemic" is problematic.** The term 'people from countries where HIV is endemic' is considered limiting and unspecific. There is a need to name "Black" when the term is referring to Black people.
- **The needs of Black PHAs require attention.** Many Black PHAs are living in isolation and are not accessing programs, services and treatments that would enhance their quality of life and improve their health and well-being. There is a need to learn more about the effects of HIV treatments and drugs on Black people.

8.3 Taking Action – National

In order to address the gaps, barriers and obstacles to better planning and delivery of HIV and AIDS programs and services to the Black community nationally, several actions were identified.

- **Build community.** Concerted efforts should be made to better link, nationally, the work being done around HIV and AIDS in the Black community. A national body should be created with a mandate to be an influential voice for the community at the national level around HIV and AIDS issues, including providing representation on national bodies and monitoring policy and funding decisions. This national voice should be guided by a national strategy to address HIV and AIDS in the Black community.
- **Make addressing HIV and AIDS in the Black community a funding priority**. The Federal Initiative to Address HIV/AIDS in Canada should have targeted funding for addressing HIV and AIDS in the Black community. Specificity should be encouraged when the term "endemic" is used, particularly in reference to Black people.
- **Increase visibility of HIV and AIDS in the Black community.** National social marketing campaigns aimed at addressing HIV and AIDS issues in the Black community, including stigma, discrimination, racism and homophobia, should be implemented.
- **Enhance availability, access and quality of HIV and AIDS programs and services to the Black community.** Initiatives with a national scope should be undertaken as should various types of research. To address issues related to immigration and settlement, there should be engagement with Citizenship and Immigration Canada. Attention should be paid to engaging and meeting the needs of Black PHAs.

9.0 Conclusion

The crisis that is HIV and AIDS in Black communities in Canada requires action. Across the country, to differing degrees, work is underway to address the issues. This work needs more support and resources. The disproportionate number of Black people living with HIV and AIDS gives rise to the need to scale up the response to HIV and AIDS in Black communities in Canada and confront the resulting challenges. From the consultation that occurred across the country with Black community members, including people living with HIV and researchers, service providers and other key stakeholders, the messages are clear:

- **Governments need to increase their investment and provide targeted funding to address the crisis.**
- **Policy makers need to engage with the Black community to revise and make policy that will have a positive impact on preventing further HIV transmissions in the Black community and meeting the care, treatment and support needs of Black people living with HIV.**
- **Community members, including Black people living with HIV, need to come together, strategize, plan and take action.**
- **Service providers need to enhance their capacity to respond more effectively to community needs.**
- **Researchers need to undertake all types of HIV and AIDS research that will be beneficial to the Black community.**

Now, more than ever, is the time to take action on HIV and AIDS in Black communities in Canada!

10.0 Summary of Suggested Actions – Municipal, Provincial and National Levels

Table 7: Summary of Suggested Actions – Municipal, Provincial and National Levels

	Build community	Make addressing HIV and AIDS in the Black community a funding priority
Community Members, including Black people living with HIV	1. Gather together and include various stakeholders within the community. 2. Identify capacity gaps and how they may be filled. 3. Strategize and create a plan of action. 4. Take action to fill capacity gaps and implement plan. 5. Challenge destructive cultural norms, gender relations and the subordination of women. 6. Facilitate development and demonstration of leadership for Black PHAs. 7. Establish mechanisms for better communication and collaboration. 8. Foster creation of a national body specific to addressing HIV and AIDS in the Black community.	9. Participate in opportunities to influence decision-making. 10. Advocate for more and targeted funding. 11. Engage with various government departments.
Service Providers	17. Support community members coming together and filling capacity gaps.	18. Participate in opportunities to influence decision-making. 19. Advocate for more and targeted funding. 20. Engage with various government departments.
Policy Makers	31. Invest in community members coming together and filling capacity gaps. 32. Create opportunities for community members to come together.	33. Enhance knowledge of the Black community and its needs. 34. Work with community members and service providers to develop or revise policy. 35. Invest more and targeted funding. 36. Foster greater collaboration with other levels of and within government.
Researchers	43. Build capacity for research. 44. Work with the community and service providers to identify and undertake research projects.	45. Conduct research that will contribute to decision-making. 46. Participate in opportunities to influence decision-making. 47. Advocate for more and targeted funding. 48. Engage with various government departments.

Increase visibility of HIV and AIDS in the Black community	Enhance availability, access and quality of HIV and AIDS programs and services to the Black community
12. Employ multiple strategies to raise awareness; promote prevention, care and support; encourage testing; and address stigma, discrimination, racism and homophobia. 13. Advocate for race-based HIV and AIDS statistics. 14. Identify key spokespersons, including Black PHAs, who will be a strong voice around HIV and AIDS in Black communities in Canada.	15. Participate in the design, delivery and evaluation of targeted programs and services. 16. Participate in the development of culturally and linguistically appropriate materials and program/ service models.
21. Employ multiple strategies to raise awareness; promote prevention, care and support; encourage testing; and address stigma, discrimination, racism and homophobia. 22. Advocate for race-based HIV and AIDS statistics.	23. Make links with settlement and other relevant services. 24. Facilitate reflectiveness of the Black community in staff, volunteers and Board members. 25. Participate in cultural competence training. 26. Cooperate, collaborate and communicate with other service providers. 27. Develop targeted programs and services with community involvement. 28. Facilitate the development of culturally and linguistically appropriate materials and program/service models. 29. Name racism and address its impact on planning and service delivery. 30. Employ Black PHAs.
37. Invest in efforts to raise awareness; promote prevention, care and support; encourage testing; and address stigma, discrimination, racism and homophobia 38. Invest in social marketing campaigns. 39. Nurture the production of race-based statistics.	40. Invest in more Black service providers and more agencies that can serve the Black community. 41. Address access to services in French outside of Québec and English within Québec. 42. Fund more legal aid services.
49. Advocate for race-based HIV and AIDS statistics. 50. Share research results widely.	51. Undertake various types of research, including evaluations. 52. Offer new models and approaches to enhance programs and services. 53. Promote community assets and resilience.

Appendix A

Springboarding a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities Project, Phase II

National Steering Committee Terms of Reference

Purpose
The National Steering Committee will provide guidance and direction for the Springboarding a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities Project, Phase II which aims to develop a resource that can be used at the municipal, provincial and national level to enable better planning and delivery of HIV/AIDS programs and services to Black Canadian, African and Caribbean communities.

Membership
The National Steering Committee will consist of representatives from across the country and include:

1. Esther Amoako, African and Caribbean Council on HIV/AIDS in Ontario, Toronto, ON
2. Nalda Callender, National Congress of Black Women Foundation, Vancouver, BC
3. David Divine, James R. Johnston Chair in Black Canadian Studies, Dalhousie University, Halifax, NS
4. Alain Houde, Public Health Agency of Canada, Ottawa, ON
5. Arlene Hunte, Calgary Health Region, Calgary, AB
6. LLana James, African and Caribbean HIV/AIDS Capacity Building Project, Toronto, ON
7. Félicité Murangira, African and Caribbean Health Network of Ottawa, Ottawa, ON
8. Michael O'Connor, Interagency Coalition on AIDS and Development, Ottawa, ON
9. Wangari Tharao, African and Caribbean Council on HIV/AIDS in Ontario/ Women's Health in Women's Hands Community Health Centre, Toronto, ON
10. Vincent Vegetarian/ Marie Anésie Harérimana, Centre de Ressources et d'Interventions en Santé et Sexualité (CRISS), Montreal, QC

Meetings
There will be 1 in-person meeting and 3-4 teleconferences.

Term
January – December 2007.

Responsibilities
The Steering Committee will support the project by providing:

- Direction and general guidance;
- Assistance with identifying key stakeholders for interviews and regionally-based focus groups;
- Linkages to appropriate persons and/or organizations;
- Linkages to the PHAC Status Report Working Group;
- Technical advise and support, as appropriate and available;
- Review and feedback on draft documents.

Decision-making
Decisions will be made through consensus by the National Steering Committee members present at meetings.

Minutes
Minutes of meetings will be taken to form a part of the project reporting requirements. Draft minutes will be circulated for approval.

Facilitation
Meetings will be facilitated by the project consultant, Dionne A. Falconer of DA Falconer & Associates Inc.

Appendix B

Springboarding a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities Project, Phase II

Interview/ Focus Group Questions

1.At the municipal level, what are the current gaps to better planning and delivering HIV/AIDS programs and services to Black Canadian, African and Caribbean communities? [Consider prevention, care, treatment and support]

a. Why do you say this? How do you know these gaps exist?
b. What action is needed to address these gaps? By whom?
c. What barriers or obstacles may stand in the way of action being taken?
d. What can be done to reduce or eliminate these barriers or obstacles?

2.At the regional/provincial level, what are the current gaps to better planning and delivering HIV/AIDS programs and services to Black Canadian, African and Caribbean communities? [Consider prevention, care, treatment and support]

a. Why do you say this? How do you know these gaps exist?
b. What action is needed to address these gaps? By whom?
c. What barriers or obstacles may stand in the way of action being taken?
d. What can be done to reduce or eliminate these barriers or obstacles?

3.At the national level, what are the current gaps to better planning and delivering HIV/AIDS programs and services to Black Canadian, African and Caribbean communities? [Consider prevention, care, treatment and support]

a. Why do you say this? How do you know these gaps exist?
b. What action is needed to address these gaps? By whom?
c. What barriers or obstacles may stand in the way of action being taken?
d. What can be done to reduce or eliminate these barriers or obstacles?

4.What are the unique or specific regional/provincial issues when it comes to addressing HIV/AIDS in Black Canadian, African and Caribbean communities?

a. Why are these issues unique or specific?
b. What are the implications of these issues for enabling better planning and delivering HIV/AIDS programs and services to Black Canadian, African and Caribbean communities?

5.What are the needs of the following stakeholders to enable better planning and delivery of HIV/AIDS programs and services to Black Canadian, African and Caribbean communities?

a. Community members
b. Black people living with HIV/AIDS
c. Service providers
d. Policy makers
e. Researchers

6.Any other comments?

Appendix C

Springboarding a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities Project, Phase II

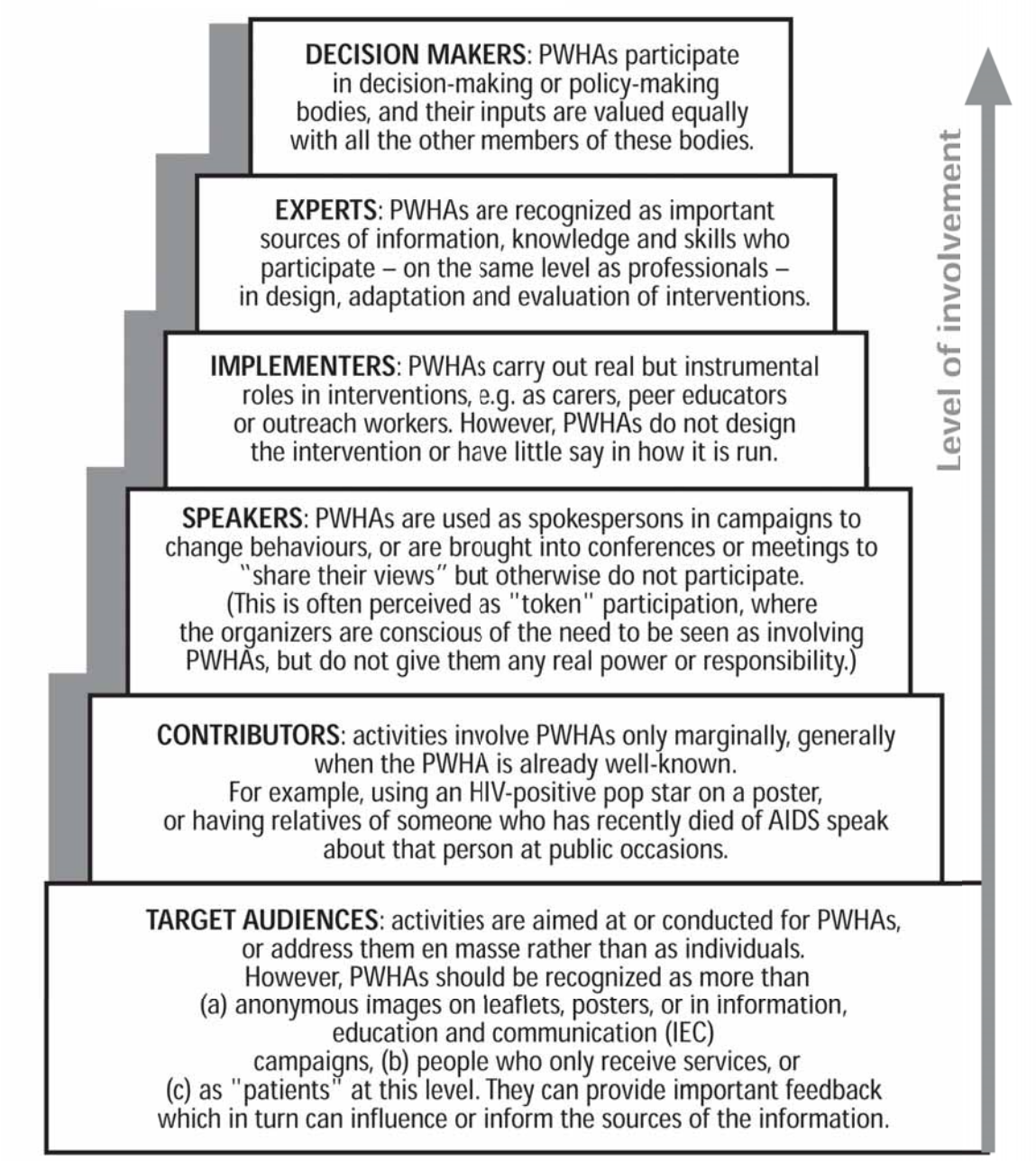
Interview Participants

1. Dr. Gina Ogilvie –University of British Columbia/ British Columbia Centre for Disease Control (Vancouver)
2. Joanne Csete & Richard Elliott – Canadian HIV/AIDS Legal Network (Toronto)
3. Dr. David Haase – Dalhousie University/ Canadian HIV Trials Network (Halifax)
4. Marie Anésie Harérimana – Centre de Ressources et d'Interventions en Santé et Sexualité (Montréal)
5. Joseph Jean-Gilles – Groupe d'action pour la prévention de la transmission du VIH et l'éradication du Sida (Montréal)
6. Rinaldo Walcott – University of Toronto (Toronto)
7. Jennifer Gunning – Canadian Institutes of Health Research (Ottawa)
8. Pastor Orville Browne – Hospital for Sick Children/ Latter Rain Adventist Church (Toronto)
9. Janice Dayle – Global Network of People Living With HIV/AIDS North America (Montréal)
10. Jenn Clamen – Stella (Montréal)
11. Courtney Sewell – Black Community Resource Centre (Montréal)
12. Dave Este – University of Calgary (Calgary)

Appendix D

Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA) Pyramid of Involvement

This pyramid models the increasing levels of involvement advocated by GIPA, with the highest level representing complete application of the GIPA principle. Ideally, GIPA is applied at all levels of organization.



Adapted from Principle to Practice: Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA) (Geneva: UNAIDS, 1999) http://data.unaids.org/Publications/IRC-pub01/JC252-GIPA-i_en.pdf

Appendix E

References

1. AIDS Bureau, Ministry of Health and Long-Term Care (2007). **Building Bridges: an analysis and summary of the HIV/AIDS community planning initiative in Ontario.**

2. AIDS Calgary Awareness Association (2008). **HIV/AIDS Statistical Summary.** http://www.aidscalgary.org/aboutHiv/documents/HIVAIDS_StatsSummary_Jan08_V2.pdf

3. British Columbia Centre for Disease Control (2007). **HIV/AIDS Annual Report 2006**. http://www.bccdc.org/downloads/pdf/std/reports/HIV-AIDS%20Update%20Report_2006.pdf

4. DA Falconer & Associates (2005). **Springboarding a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities Project Environmental Scan Report.** http://www.icad-cisd.com/pdf/publications/SNS_EnviroScan_Final_Report_9_Dec_05.pdf.

5. Institut national de santé publique du Québec (2007). **Programme de surveillance de l'infection par le virus de l'immunodéficience humaine (VIH) au Québec – Cas déclarés de janvier à juin 2006 et cas cumulatifs d'avril 2002 à juin 2006.** http://www.inspq.qc.ca/pdf/publications/614-InfVIH.pdf

6. Nova Scotia Department of Health (2001). **HIV/AIDS Surveillance Report 2000**. http://www.gov.ns.ca/health/downloads/HIVAIDS2000report.pdf

7. Ontario HIV Epidemiologic Monitoring Unit (2007). **HIV Update.** http://www.phs.utoronto.ca/ohemu/HIVupdate_tables.html

8. Public Health Agency of Canada (2006). **HIV/AIDS Epi Update.** http://www.phac-aspc.gc.ca/publicat/epiu-aepi/epi-06/pdf/epi06_e.pdf

9. Public Health Agency of Canada (2007). **HIV/AIDS Epi Update: HIV/AIDS in Canada Among Persons from Countries where HIV is Endemic.** http://www.phac-aspc.gc.ca/aids-sida/publication/epi/pdf/epi2007_e.pdf

10. Public Health Agency of Canada (2007). **HIV and AIDS in Canada: Surveillance Report to December 31, 2006.** http://www.phac-aspc.gc.ca/aids-sida/publication/survreport/pdf/survrep1206.pdf

11. Public Health Agency of Canada (2007). **Populations at Risk.** http://www.phac-aspc.gc.ca/aids-sida/populations_e.html#con

12. Remis, R. and J. Liu. (2007). **Race/Ethnicity Among Persons With HIV/AIDS in Ontario, 1981-2004** http://www.phs.utoronto.ca/ohemu/doc/Ethnicity_report.pdf

13. Santé et Services sociaux Québec (2006). **Portrait des infections transmissibles sexuellement et par le sang (ITSS) au Québec Année 2005 (et projections 2006).** http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2006/06-329-01.pdf

14. Singh, Ami (2005). **Summary overview of HIV/AIDS in Alberta.** Presentation to Alberta Advisory Committee on AIDS, June 29, 2005

15. Statistics Canada (2001). 2001 **Census of Canada.** http://www12.statcan.ca/english/census01/products/standard/themes/ListProducts.cfm?Temporal=2001&APATH=3&Theme=44&FREE=0

16. Statistics Canada (2003). **Canada's ethnocultural portrait: The changing mosaic.** http://www12.statcan.ca/english/census01/products/analytic/companion/etoimm/pdf/96F0030XIE2001008.pdf

17. UNAIDS (1999). **Principle to Practice: Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA).** http://data.unaids.org/Publications/IRC-pub01/JC252-GIPA-i_en.pdf