



Effective HIV prevention, education and outreach activities in African, Caribbean and Black communities



Question

What HIV prevention, education and outreach activities have been shown to be effective in African, Caribbean and Black communities?

Key Take-Home Messages

- African, Caribbean and Black populations represent 14% of the HIV epidemic in Canada. To reduce new infections, HIV prevention intervention research is needed in these communities.(1)
- Programs that deliver education and skills-building experiences to small groups have been successful as behavioural risk-reduction interventions within African, Caribbean and Black communities.(2-4)
- Faith-based interventions provide culturally relevant HIV prevention, education and outreach efforts. Strengths include: their captive audience of youth, parents and potential volunteers; their community credibility; and their potential to reach youth and adults outside of their communities.(5-7;7-9)
- HIV prevention interventions led by African and Caribbean peers have been shown to be effective in educating and reaching African, Caribbean and Black communities. These interventions have been largely successful at involving the broader community, building rapport, and developing culturally and linguistically appropriate tools.(1;2;10;11)
- Community awareness initiatives that target the entire community (as opposed to individuals) are effective prevention interventions. Culturally appropriate mediums such as theatre productions have been successful in increasing awareness in African, Caribbean and Black communities.(1;2;12)
- Although injection drug use and sharing needles is not a common risk factor in African, Caribbean and Black communities in Canada, needle exchange programs have been proven to be both beneficial and cost-effective in reducing the spread of HIV among African American communities in the US. (6)
- African, Caribbean and Black community members should be involved in all aspects of community action and ownership related to HIV research, programs and interventions.(1-3;12-15)

EVIDENCE INTO ACTION

The OHTN Rapid Response Service offers HIV/AIDS programs and services in Ontario quick access to research evidence to help inform decision making, service delivery and advocacy. In response to a question from the field, the Rapid Response Team reviews the scientific and grey literature, consults with experts, and prepares a brief fact sheet summarizing the current evidence and its implications for policy and practice.

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The Issue and Why It's Important

While African and Caribbean diaspora communities make up less than 8% of all Black populations in Canada, the US and the UK, they are over-represented in terms of HIV prevalence and incidence.(2) In Canada, African, Caribbean and Black people make up less than 3% of the population, yet they account for 14% of HIV infections.(16) In 2008, 9,250 (14%) of the 65,000 people in Canada living with HIV were from countries where HIV is endemic (i.e. Africa and the Caribbean). (16) A significant proportion of those HIV infections (2,300 to 4,300) occurred in Canada.(16) Most ACB people in Canada (85%) live in Toronto, Montreal and Ottawa, but there are growing African, Caribbean and Black communities in Vancouver and Calgary.(16)

According to 2005 US data, African Americans accounted for over half of all newly acquired HIV infections and were 10 times more likely to acquire HIV than white Americans.(6) African and Caribbean communities are also more likely to experience challenges, such as socioeconomic issues (e.g. poverty), lack of awareness of HIV serostatus, high rates of sexually transmitted infections, homophobia and sexual risk factors, that place them at higher risk for HIV infection and are barriers to successful implementation of prevention/risk-reduction programs. (2) To engage African, Caribbean and Black communities in HIV prevention, education and outreach activities, planners must consider these factors when developing programs.(3)

Despite being almost 30 years into the HIV epidemic, most research on African, Caribbean and Black communities in Canada has focused on understanding the risk factors for HIV infection; relatively few studies examine the effectiveness of prevention interventions, education and outreach activities in these communities. There is an urgent need for new intervention research.(1)

What We Found

Despite a thorough search of the academic literature, we were unable to find any systematic reviews discussing the effectiveness of HIV prevention interventions implemented in African, Caribbean and Black communities. We were able to locate two primary literature articles that described interventions – one of which reported on the effectiveness of the intervention. We located several grey reports that describe various HIV intervention efforts, and we have included these in our review as they provide information on various programs, their strengths and weaknesses, and suggest improvements that may help improve the effectiveness of HIV interventions within African, Caribbean and Black communities.

The US Centers for Disease Control and Prevention's Compendium of Evidence-Based HIV Behavioral Interventions (<http://www.cdc.gov/hiv/prevention/research/compendium/rr/characteristics.html>) contains information on effective and recommended HIV prevention interventions for African Americans, including outreach (including internet outreach), counseling, testing and referral services, social networking strategies and partner services. These interventions have been identified by the HIV/AIDS Prevention Research Synthesis Project and classified as best-evidence or good-evidence after undergoing rigorous evaluation to assess efficacy.

The interventions we found in the literature and the compendium fell into one of five categories: 1) group skills-building interventions; 2) faith-based interventions;

3) peer-led interventions; 4) community awareness initiatives; and 5) needle exchange programs.

Group Skills-Building Interventions

Programs that deliver education and skills-building experiences to small groups have been successful in reducing behavioural risks in African, Caribbean and Black communities.(2-4) These interventions are often targeted to specific populations, such as youth, women or people living with HIV. The group skills-building interventions listed below are classified as best-evidence in the US Centers for Disease Control and Prevention's Compendium of Evidence-Based HIV Behavioral Interventions.

The following evidence-based group skills-building interventions targeted youth:

- **Becoming a Responsible Teen** reduces risky sexual behaviors and improves safer sex skills among adolescents by providing information on HIV and related risk behaviors and the importance of abstinence and risk reduction. The intervention helps participants clarify their own values while gaining technical, social and cognitive skills. Through discussions, games, videos, presentations, demonstrations, role plays and practice, adolescents learn problem solving, decision-making, communication, condom negotiation, behavioral self-management and condom use skills. To help participants recognize risk and gain a greater sense of their vulnerability, the intervention includes a discussion with local, HIV-positive youth. It also encourages participants to share the information they learn with their friends and family and to provide support for their peers to reduce risky behaviors.(4)
- **FOY+ImPACT** reduces substance use and sex risk behaviors of high-risk youth by focusing on decision-making, goal setting, communication, negotiation and consensual relationships. Through the use of games, discussions, homework, role-playing and videos, youth receive information on abstinence and safe sex, drugs, alcohol, drug selling, AIDS and other sexually transmitted infections (STIs, contraception and human development).(4)
- **Be Proud! Be Responsible!** aims to increase knowledge of HIV and other STDs and change attitudes to risky sexual behaviors among male adolescents. The intervention: includes facts about HIV/AIDS and risks associated with intravenous drug use and sex behaviors; clarifies myths about HIV; and helps adolescents realize their vulnerability to AIDS and STDs. Videos, games, exercises and other culturally and developmentally appropriate materials are used to reinforce learning and build a sense of pride and responsibility in reducing HIV risk. Role-playing situations allow participants to practice implementing abstinence and other safer sex practices.(4)
- **HORIZONS** targets adolescent females seeking sexual health services. The intervention includes group sessions and individual telephone calls, both of which are conducted by African American women health educators. The interactive group sessions foster a sense of cultural and gender pride and emphasize diverse factors that contribute to adolescents' STD/HIV risk, including individual factors (knowledge, perceived peer norms supportive of condom use and condom use skills), relational factors (persuasive communication techniques to enhance male partner responsibility for condom use), sociocultural factors (encouragement to reduce douching) and structural factors (male partners' access to services).(4)

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The following evidence-based group skills-building interventions targeted women:

- **Communal Effectance—AIDS Prevention** emphasizes negotiation skills training and promotes the idea that women's sexual behavior not only affects themselves but also those around them. Women are taught to protect themselves from HIV infection through cognitive rehearsals, role plays, discussions and interactive videos. The intervention sessions provide women with general HIV and AIDS prevention information, and instruct women how drugs and alcohol can lead to risky sex behaviors, and how to use condoms.(4)
- **Enhanced Negotiation** focuses on the social context of women's daily lives. The intervention explores the meaning of gender-specific behaviors and social interactions, norms and values, and power and control, as well as emphasizing the local HIV epidemic, sex- and drug-related risk behaviors, HIV risk reduction strategies, and the impact of race and gender on HIV risk and protective behaviors. Intervention sessions teach women correct condom use, safer injection, and communication and assertiveness skills, while allowing women to develop and evaluate short-term goals for communication, gaining control and developing assertiveness.(4)
- **Standard SAFE** emphasizes recognizing risk, increasing commitment to change behavior and facilitating the acquisition of protective skills. Group discussions: increase awareness of AIDS and other STDs and prevention methods; address myths of HIV acquisition; increase awareness of personal risk; and discuss relationship issues and barriers to condom use. Videotapes, games, discussions and practice teach women how to ask partners about their current behaviors, apply condoms and make safer decisions regarding sexual health. A nurse clinician also provides standard STD counseling and testing.(4)

The following evidence-based group skills-building interventions targeted people living with HIV:

- **Healthy Relationships** focuses on skills building, self-efficacy and positive expectations about new behaviors. Through group discussions, role plays, videos and skill-building exercises, the intervention helps people living with HIV: develop skills to cope with HIV-related stressors and risky sexual situations; enhances decision-making skills for self-disclosing HIV-serostatus to sex partners; and develop and maintain safer sex practices. Participants receive personalized feedback about their own risk practices and develop strategies to maintain satisfying relationships while protecting both themselves and their partners.(4)
- **WILLOW** focuses on women living with HIV. Interactive discussions emphasize gender pride and help women learn how to identify and maintain supportive people in their social networks. The intervention enhances awareness of HIV transmission risk behaviors, discredits myths regarding HIV prevention for people living with HIV, teaches communication skills for negotiating safer sex, and reinforces the benefits of consistent condom use. (4)

Faith-Based Interventions

According to the literature, faith-based interventions are a culturally relevant and effective method to deliver HIV prevention and education within African, Caribbean and Black communities. Faith-based organizations have considerable power in influencing behaviour.(5-9) Through their broad presence in African American communities, faith-based organizations have access to a wide audience and can be used to disseminate key prevention messages.(5-9)

However, little empirical work has been done on the types of faith-based HIV prevention programs that have been or are currently being implemented effectively.(7) Here are some of the faith-based interventions that have been implemented successfully among African, Caribbean and Black communities.

Two programs, Churches United to Stop HIV (CUSH) and the Balm in Gilead, train faith-based leaders and congregations to develop HIV educational programs, prevention workshops, outreach and referral services, and support programs for infected individuals and others affected by HIV.(5-7)

Several faith-based programs target youth and adolescents. Project BRIDGE, a community-based participatory research project, engages African American adolescents in developing the program. Adolescents who participated in the three-year intervention were more likely than youth who did not participate to: report significantly less marijuana and other drug use and more fear of AIDS; and to agree that people with AIDS need to be treated with compassion.(7;9) A similar program, Teens for AIDS Prevention (TAP), trains Christian youth-group members as peer HIV educators who then present prevention programs to other teens throughout the community. Both programs include generic material for teens on HIV prevention as well as workshops on values and life skills, “spreading the word” (role-playing on communication skills), and a faith component.(7)

Faith-based interventions can also be effective in risk reduction. The Saved SISTER Project is a faith-based peer-led prevention strategy aimed at reducing risk factors for HIV infection among current or former drug-using African Americans. This program uses weekly sessions with peer educators to teach participants ethnic and gender pride, assertiveness skills, behavioural self-management and coping skills.(6) Another program, Metro CAN, was developed in Tennessee to provide street outreach and risk reduction, HIV/STI testing and counseling, alcohol and drug coordination services that transition participants to treatment, ongoing long-term intensive case management, support groups and spiritual nurturing activities. One innovation of the Metro CAN program is that it integrates spirituality into the delivery of culturally competent services. Results indicated that this program reduces substance use and HIV risk behaviours, increases life-enhancing behaviours such as housing stability and employment, and decreases involvement in illegal activity. It also appears to be particularly effective for African American women.(7;8)

These programs indicate that public health and faith-based communities can partner and develop successful collaborations.(7) Limitations to working with faith-based organizations can include the unwillingness of faith leaders to discuss sensitive topics and an emphasis on abstinence versus comprehensive sex education or risk reduction strategies. Strengths include: their captive audience of youth, parents and potential volunteers; their community credibility; and their potential to reach youth and adults outside of their communities.(7)

Peer-Led Interventions

Community-based organizations have implemented peer-led HIV prevention interventions that engage community members in informal, non-intrusive settings. (2) Peer outreach is a social role that fits with African Americans’ historical experiences and communal values.(10) The following interventions have been largely successful at involving the broader community in HIV prevention, building

rapport, and developing culturally and linguistically appropriate tools.(2)

- A Baltimore-based experimental study on a peer outreach intervention for HIV-positive and -negative people found that social-cognitive-behavioural interventions, which incorporate social identity and peer outreach components, are a promising approach in HIV prevention. Participants who took part in ten 90-minute training sessions with peer workers were three times more likely than people in the control group to report a reduction in injection risk behaviours and four times more likely to report increases in condom use with casual sex partners.(10)
- Ottawa's Operation Hairspray, another peer-led intervention, seeks to engage African and Caribbean hairdressers and barbers to reach people from countries where HIV is endemic. The project initially trained 19 hairstylists as peer volunteers and, within the first year, the peer volunteers had over 14,000 conversations with clients about HIV prevention and referrals to community agencies and websites. They also distributed 24,000 condoms as well as other materials, such as pens, candies with the phone number for a sexual health info-line, and information pamphlets. In 2006, Operation Hairspray received the Canadian Association for HIV Research (CAHR) award for innovation in HIV prevention.(2;11)
- The Global Ottawa AIDS Link (GOAL) project, a partnership involving researchers, community members, and health educators, includes an arts-based HIV prevention best practices workshop, bilingual HIV epidemiological factsheets, the Ottawa Street Health team, and the creation of guidelines for community-based research with African, Caribbean and Black communities in Ottawa.(1)
- Toronto's AWARE (Assisting Women with AIDS-related Education) project provides peer-based outreach and support to women. Peer workers deliver information and facilitate workshops in addition to providing referrals and information on existing community programs. AWARE provides outreach to women where they congregate (i.e. family resource centres) as well as group workshops in collaboration with other local AIDS service organizations.(2)

Community Awareness Initiatives

Awareness initiatives that target the entire community (as opposed to individuals) are also effective prevention interventions in African, Caribbean and Black communities:

- The Toronto-based African and Caribbean Council on HIV/AIDS in Ontario's (ACCHO) Keep it Alive campaign was a groundbreaking community-based HIV awareness and prevention campaign implemented in 2006-2010, which promoted HIV testing and condom use as well as reinforcing individual and community responsibility to reduce stigma.(1)
- Theatre productions aimed at increasing awareness have been successful, and provide a culturally appropriate medium to involve individuals from the African, Caribbean, and Black community, including people living with HIV, in the production itself.(2;12)

Needle Exchange Programs

Although injection drug use and sharing needles is not a common risk factor for HIV in African, Caribbean and Black communities in Canada, needle exchange

programs have been proven to be both beneficial and cost-effective in reducing the spread of HIV among African American communities in the US.(6) These programs contributed to an 80% reduction in risk behaviours and a 30% reduction in HIV among injection drug users. Needle exchange programs have also been shown to decrease drug use when coupled with education, counseling and referrals to drug treatment facilities and/or methadone clinics. However, political, governmental, religious and societal beliefs that needle exchange programs encourage drug use continue to impede these efforts, limiting the use of this service as a method of risk reduction and HIV prevention.(6)

The Importance of Community Involvement and Outreach

The literature highlighted the importance of involving African, Caribbean and Black community members in all aspects of community action and ownership related to HIV research, programs and interventions. Opportunities for community involvement can include: peer education, evaluation, sponsorship, fundraising and sitting on a project advisory panel.(1;2;12;14;15;17) When possible, research teams or workers should be hired from African, Caribbean, and Black communities and trained as needed.(15) In the event that programs cannot recruit workers from the community, they should employ individuals who have the capacity to establish rapport with the target groups.(13) For example, to be more approachable to potential participants, outreach workers from a prevention initiative in Florida wore indistinct street clothing and carried a duffle bag or cloth shoulder bag containing condoms and HIV prevention literature.(13)

Factors That May Impact Local Applicability

The literature reviewed was almost universally based in urban settings. Therefore these strategies and methods may not be applicable to rural populations. Similarly, some studies pertain only to very specific populations such as youth or people who use drugs. The literature cited was from high-income countries, namely Canada and the US. The majority were US-based and may need to be adapted for use with African, Caribbean and Black populations in Canada. All the studies and interventions discussed in this review were implemented solely with African, Caribbean and Black populations, so the findings may not be applicable to other populations.

What We Did

We conducted Google searches using word combinations (African, Caribbean and Black HIV outreach prevention education), (African American HIV outreach prevention education), (Black African American outreach prevention intervention), and (Caribbean HIV outreach prevention education). Using relevant articles, we conducted related article searches in PubMed and scanned reference lists to identify additional literature. We did not limit search results by date of publication, but we did limit results to studies from high-income countries only. We then reviewed all the references in the papers found. Lastly, we reviewed the Centers for Disease Prevention and Control's Compendium of Evidence-Based HIV Behavioral Interventions. All searches were conducted in October 2013.