# Culturally competent HIV prevention for African, Caribbean, and Black communities and Indigenous Peoples

## ❓ Question

What are the best practices for delivering culturally competent HIV prevention strategies for African, Caribbean, and Black communities and Indigenous Peoples?

## 🔑 Key Take-Home Messages

- Developing culturally sensitive approaches and materials helps ensure HIV prevention interventions are relevant, acceptable, and responsive to the needs of the intended population groups (1–3).

- Close collaboration with target communities is essential to the development of culturally grounded and culturally safe programs (4, 5). For example, the inclusion of a community specific advisory board (such as an Indigenous advisory board) can guide the successful adaptation of an existing intervention, ensuring that its content reflects the practices, worldviews, and experiences of the service recipients (6).

- Culturally competent interventions and strategies that affirm individuals' racial, ethnic, and sexual identities are especially needed (7, 8). Culturally safe services that are appropriately tailored and co-developed with communities are highly valued (3).

- The culturally informed client-centered care coordination model (C4™) for HIV pre-exposure prophylaxis (PrEP) among Black men who have sex with men is a successful example of a culturally competent HIV prevention strategy (9, 10).

## Rapid Response: Evidence into Action

The OHTN Rapid Response Service offers quick access to research evidence to help inform decision making, service delivery, and advocacy. In response to a question, the Rapid Response Team reviews the scientific and grey literature, consults with experts if required, and prepares a review summarizing the current evidence and its implications for policy and practice.

# ⊗ The Issue and Why it's Important

In Canada, certain populations are disproportionately impacted by HIV due to social and structural determinants of health that drive inequities (11). The latest 2023 HIV surveillance report, published by the Public Health Agency of Canada (PHAC) notes that *"Black or racialized persons, and Indigenous people face unique challenges in accessing and receiving quality care, stemming from the reality of colonialism, systemic and structural racism, and social inequities between white vs. non-white individuals, and Indigenous vs. non-Indigenous individuals in Canada"* (12).

In 2023, there were 2,434 first-time HIV diagnoses in Canada; however, race and/or ethnicity data were available for only 42.9% (n=1,043) of cases (12). There are several reasons for low completeness of these data across the provinces and territories of Canada: limited collection of information, restrictions on the ability to submit these data to the national surveillance program, and variation in how race and/or ethnicity is collected (12). Of the 1,043 new cases of HIV for whom race and/ethnicity was reported, 27.6% (n=288) were reported as Black, and 19.6% (n=204) were reported as Indigenous (12).

Ontario has provincial estimates of HIV incidence for African, Caribbean, and Black communities as well as for Indigenous Peoples (13). The Ontario HIV Epidemiology and Surveillance Initiative (OHESI) states that in Ontario in 2023, people who reported their race/ethnicity as Black accounted for the largest proportion (37.8%; n=224) of first-time HIV diagnoses (13). Indigenous Peoples accounted for 3.04% (n=18) of the first-time HIV diagnoses in the same year (13).

Although Canada's health care systems do not routinely collect race and Indigenous identity data—a necessary step in measuring health inequities (14)—it is clear from the available data that African, Caribbean, and Black communities and Indigenous Peoples in Canada experience disproportionately higher rates of HIV incidence than other ethnic or racial groups (12, 13).

Culture plays a critical role in the design, implementation, and research of effective interventions (15). Those working in HIV research and care have repeatedly pointed out that *"...the behavioral transmission of HIV occurs within a social context bound by culture...as such, cultural scripts are believed to influence the norms and attitudes that govern engagement in HIV risk behaviors"* (2). Accordingly, when HIV interventions are rooted in culture, they are more likely to be appealing, acceptable, and effective for the specific populations they are designed to serve (2).

Disparities in how health interventions are implemented across different population groups can lead to unequal health outcomes (3, 16). This review identifies culturally competent HIV prevention

# ⊓ References

1. Fish J, Papaloukas P, Jaspal R, Williamson I. Equality in sexual health promotion: A systematic review of effective interventions for Black and minority ethnic men who have sex with men. BMC Public Health. 2016;16(1):810.

2. Vitsupakorn S, Pierce N, Ritchwood TD. Cultural interventions addressing disparities in the HIV prevention and treatment cascade among Black/African Americans: A scoping review. BMC Public Health. 2023;23(1):1748.

3. Kemp CG, Edwards AJ, White L, Kore G, Thurman PJ, Gaines T, et al. Implementation science for HIV prevention and treatment in Indigenous communities: A systematic review and commentary. Current HIV/AIDS Reports. 2024;21(5):237–56.

4. Lauricella M, Valdez JK, Okamoto SK, Helm S, Zaremba C. Culturally grounded prevention for minority youth populations: A systematic review of the literature. Journal of Primary Prevention. 2016;37(1):11–32.

5. Ajiboye W, Tharao W, Owino M, Soje L, Tian JM, Ly A, et al. Racial disparities in HIV pre-exposure prophylaxis (PrEP) awareness and uptake among white, Black, and Indigenous men in Canada: Analysis of data from the I'm Ready national HIV self-testing study. Canadian Journal of Public Health. 2025;116(2):243–53.

strategies and interventions delivered to African, Caribbean, and Black communities and Indigenous Peoples. By adopting culturally competent strategies, public health efforts can more effectively engage diverse communities and ultimately contribute to ending the HIV epidemic.

## What We Found

### What is cultural competency?

A 2003 study by Betancourt *et al.* developed a practical definition of "cultural competence" in health care based on a review of relevant academic literature, foundation reports, and government publications (17). The authors summarized that cultural competence involves:

- understanding the importance of social and cultural influences on patients' health beliefs and behaviours;

- considering how these factors interact at multiple levels of the health care delivery system; and

- devising interventions that take these issues into account to ensure quality health care delivery to diverse patient populations (17).

Furthermore, Betancourt *et al.* state that cultural competence interventions occur at three levels: organizational, structural, and clinical:

- organizational cultural competence interventions (e.g. diversity initiatives within academic health centres, hospitals, and medical schools);

- structural interventions (e.g. implementing the collection of racial and ethnic data, ensuring health education materials and prevention interventions are culturally and linguistically appropriate); and

- clinical interventions (e.g. equipping health care providers with the knowledge, tools, and skills to manage sociocultural issues during patient encounters) (17).

### Reviews of HIV prevention interventions: African, Caribbean, and Black communities and Indigenous Peoples

We identified several review articles and evidence synthesis products summarizing HIV prevention interventions for African, Caribbean, and Black communities, and one review article focused on HIV

6. Lee C, Thompson-Robinson M, Dodge-Francis C. Acceptability of an adapted HIV prevention intervention for Native American adolescents. AIDS Education and Prevention. 2018;30(1):72–84.

7. Demeke J, Djiadeu P, Yusuf A, Whitfield DL, Lightfoot D, Worku F, et al. HIV prevention and treatment interventions for Black men who have sex with men in Canada: Scoping systematic review. JMIR Public Health and Surveillance. 2024;10:e40493.

8. Remy L, Enriquez M. Behavioral interventions to enhance PrEP uptake among Black men who have sex with men: A review. Journal of the Association of Nurses in AIDS Care. 2019;30(2):151–63.

9. Desrosiers A, Levy M, Dright A, Zumer M, Jallah N, Kuo I, et al. A randomized controlled pilot study of a culturally-tailored counseling intervention to increase uptake of HIV pre-exposure prophylaxis among young Black men who have sex with men in Washington, DC. AIDS and Behavior. 2019;23(1):105–15.

10. Wheeler DP, Fields SD, Beauchamp G, Chen YQ, Emel LM, Hightow-Weidman L, et al. Pre-exposure prophylaxis initiation and adherence among Black men who have sex with men (MSM) in three US cities: Results from the HPTN 073 study. Journal of the International AIDS Society. 2019;22(2):e25223.

prevention interventions for Indigenous Peoples. The findings of these review articles are summarized in **Table 1.** Collectively, these reviews emphasize the need for culturally competent and culturally safe HIV prevention interventions (2, 7, 8, 18, 19). These reviews found that:

- the development of culturally sensitive approaches and materials is essential to ensure that interventions are tailored to the population of interest (1);

- close collaboration with the target community ensures programs are "culturally grounded" (4), meaning that such programs are built on the values, behaviours, norms, and worldviews of the population they are intended to serve (20); culturally safe services that are appropriately tailored to meet the needs of, and developed in close collaboration with target communities (e.g. Indigenous communities), are highly valued (3);

- for racialized women, interventions that are culturally grounded, group based, and delivered face-to-face and in multiple sessions are needed (19);

- few HIV prevention interventions targeting Black communities have meaningfully integrated cultural components (2);

- the delivery of PrEP through community-based organizations tailored to and led by Black sexual minority men may help address barriers to PrEP access and uptake (18), and culturally competent interventions that affirm an individual's racial and sexual identities (e.g. Black men who have sex with men) are especially needed (7, 8);

- social media campaigns with appropriate messaging have the potential to increase PrEP uptake, awareness, and adherence among young Black men who have sex with men and among women (21).

Only one identified literature review focused exclusively on Indigenous Peoples; it outlined several guiding principles to inform Indigenous-led HIV-related implementation research (3):

1. Interventions must be developed in meaningful partnership with Indigenous Peoples, recognizing and acknowledging multiple forms of Indigenous knowing, being, and doing.

2. Future implementation studies should strive to understand the impacts of historical and intergenerational trauma, alongside the systems of oppression, to expand the uptake and reach of HIV prevention and treatment programs.

11. Challacombe L. The epidemiology of HIV in Canada. 2025. Available from: https://www.catie.ca/sites/default/files/2025-03/fs-epi-hiv-03032025-en.pdf Accessed September 18, 2025.

12. Public Health Agency of Canada. HIV in Canada. Surveillance Report to December 31, 2023. 2025. Available from: https://publications.gc.ca/collections/collection_2025/aspc-phac/HP37-51-2023-eng.pdf Accessed February 11, 2026.

13. The Ontario HIV Epidemiology and Surveillance Initiative (OHESI). HIV diagnoses in Ontario, 2023. 2025. Available from: https://www.ohesi.ca/wp-content/uploads/2021/12/HIV_diagnoses_in_Ontario_2023_11-4-2025.pdf Accessed February 11, 2026.

14. Pinto AD, Eissa A, Kiran T, Mashford-Pringle A, Needham A, Dhalla I. Considerations for collecting data on race and Indigenous identity during health card renewal across Canadian jurisdictions. Canadian Medical Association Journal. 2023;195(25):E880–E2.

15. Manson SM. The role of culture in effective intervention design, implementation, and research: Its universal importance. Prevention Science. 2020;21(Suppl 1):93–7.

3. A strengths-based approach should be adopted, where the unique resources, resilience, and implementation facilitators inherent in Indigenous communities are identified.

4. The use of Indigenous research methods should be prioritized, ensuring the research process itself is culturally congruent.

5. Capacity building for implementation research within Indigenous communities is important.

6. HIV implementation studies must respect and reflect diversity both within and across Indigenous communities.

The review by Kemp *et al.* also noted that no studies evaluated PrEP interventions for Indigenous Peoples (3). However, we did find one scoping review of 11 studies examining how Indigenous communities in Australia, Canada, and New Zealand conceptualize PrEP awareness, motivation, access, and effectiveness (22). Indigenous populations in these three jurisdictions "...*share similar historical and contemporary settler-colonial relations, policies, and practices that impact health access and outcomes*" (22). Across 11 included studies, authors found that Indigenous Peoples often did not identify with mainstream gay communities where PrEP promotion usually occurred (22).

A recent 2025 study examining racial disparities in PrEP uptake among White, Black, and Indigenous men in Canada also notes the necessity of PrEP interventions: "*[c]ommunity-based and public health interventions are immediately needed to increase PrEP awareness, access, and uptake for Black and Indigenous communities in Canada*" (5). This study also provides four recommendations to reduce racial disparities around PrEP provision in Canada:

1. Policy makers, program implementers, and providers should use a decolonizing framework that addresses anti-Black and anti-Indigenous racism to help address the structural and systemic barriers faced by these populations when developing PrEP policy, programs, and practice.

2. Black and Indigenous communities must be prioritized in the allocation of resources and actively included in the development of a national PrEP strategy.

3. Collect and utilize race-based data to inform HIV prevention research, programs, and policy development.

4. Implement effective, culturally safe, and community-driven interventions that promote PrEP awareness and uptake in Black and Indigenous communities (5).

16. Gustafson P, Abdul Aziz Y, Lambert M, Bartholomew K, Rankin N, Fusheini A, et al. A scoping review of equity-focused implementation theories, models and frameworks in healthcare and their application in addressing ethnicity-related health inequities. Implementation Science. 2023;18(1):51.

17. Betancourt JR, Green AR, Carrillo JE, Ananeh-Firempong O. Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. Public Health Reports. 2003;118(4):293.

18. Turpin RE, Hawthorne DJ, Rosario AD. Pre-exposure prophylaxis interventions among Black sexual minority men: A systematic literature review. International Journal of Environmental Research and Public Health. 2022;19(4):09.

19. Crooks N, Muehrer RJ. Are sexually transmitted infection/HIV behavioral interventions for women of color culturally grounded? A review of the literature. Journal of the Association of Nurses in AIDS Care. 2019;30(5):e64–e81.

20. Okamoto SK, Kulis S, Marsiglia FF, Holleran Steiker LK, Dustman P. A continuum of approaches toward developing culturally focused prevention interventions: From adaptation to grounding. Journal of Primary Prevention. 2014;35(2):103–12.

## Examples of culturally competent HIV prevention interventions

As this review mainly relies on synthesized research evidence from systematic reviews, here we provide three examples of interventions with more details describing culturally competent interventions for populations of interest (Black men who have sex with men and Indigenous Peoples).

### PrEP messaging

IMPACT is a public health program developed by the Baltimore City Health Department (BCHD) to create a PrEP awareness campaign to effectively engage Black sexual minority individuals and was developed in response to previous advertisements that had failed to reach this community because it reinforced stereotypes about gay men (23). The goal of the IMPACT campaign was to produce messaging that would resonate more effectively with Black sexual minority communities. Notably, this particular campaign was not included in the Kudrati *et al.* review (**Table 1**) that examined communication campaigns to increase PrEP uptake among young Black and Latinx men who have sex with men and women (23).

Qualitative methods were used to inform the PrEP campaign: 80 individuals participated in 13 unstructured, one-hour focus groups on reducing stigma and increasing the visibility of Black sexual minority individuals in Baltimore (23). Of the 80 participants, 64 (80%) identified as sexual or gender minorities, and 70 (88%) identified as Black or African American (23). Four key themes informed the development of campaign messaging (23):

1. Public health messaging should be culturally competent, community-informed, and locally relevant to effectively reach and engage the target population.

2. Avoiding stigmatizing language and messages: language should not alienate or further stigmatize people, especially in the context of HIV and STI prevention where behaviour and sexuality are already stigmatized.

3. Limit the inaccessibility of clinical language: messaging in some public health campaigns is not accessible to lay audiences; terms like PrEP or U=U (i.e. undetectable equals untransmittable) need to be defined to avoid misinterpretation.

4. Using identity labels representing local communities and their diversity. For instance, the use of acronyms to describe sexual and gender minorities was seen as problematic.

Authors concluded that "...*PrEP campaigns need to be developed through community-informed processes to engage and avoid stigmatizing priority populations*" (23). This finding aligns with

21. Kudrati SZ, Hayashi K, Taggart T. Social media & PrEP: A systematic review of social media campaigns to increase PrEP awareness & uptake among young Black and Latinx MSM and women. AIDS and Behavior. 2021;25(12):4225–34.

22. Lim T, Koscak J, Swidrovich J. A scoping review of Indigenous Peoples' conceptualization of HIV pre-exposure prophylaxis in Australia, Canada, New Zealand and the United States and its applications to Canada. Journal of HIV/AIDS & Social Services. 2025:1–27.

23. Fields EL, Long A, Bademosi K, Granderson R, Schumacher CM, Chandran A, et al. Identifying community-informed language to promote HIV pre-exposure prophylaxis (PrEP) in Black LGBTQ communities in Baltimore. AIDS Education and Prevention. 2020;32(2):152–68.

24. Nelson LE, Wilton L, Whitfield DL, Williams GC, Mayer KH, Komárek A, et al. Client-centered care coordination (C4™) for HIV/STI prevention: A theoretical, conceptual, and methodological overview–HIV prevention trials network (HPTN) 073. Sexuality Research and Social Policy. 2022;19(3):1365–82.

25. Barrera Jr M, Berkel C, Castro FG. Directions for the advancement of culturally adapted preventive interventions: Local adaptations, engagement, and sustainability. Prevention Science. 2017;18(6):640–8.

the conclusions of the previously mentioned literature review on Indigenous Peoples' conceptualizations of PrEP, which found that mainstream PrEP messaging often failed to resonate with Indigenous individuals at HIV risk (22).

### PrEP counselling

A randomized controlled trial included in Turpin *et al.*'s review in **Table 1** found that delivering PrEP services in a culturally competent setting improved uptake among young Black men who have sex with men (9). The intervention was modeled on the client-centered care coordination (C4™) model, which was developed and successfully implemented to optimize PrEP use among Black men who have sex with men in the HTPN 073 trial (10, 24). Using an integrative anti-racism lens, the C4™ model is grounded in self-determination theory and HIV prevention case management (i.e. comprehensive risk counselling and services) (24).

In this study, conducted in Washington, D.C., participants were randomized to either the intervention group (n=25) or the control group (n=25) (9). Participants in the control group received PrEP education and supplies from a health care provider that included: information on how PrEP works, indications for starting PrEP, dosing, efficacy, side effects and importance of compliance, HIV risk reduction counselling, signs and symptoms of seroconversion, printed educational materials, a list of local PrEP providers, copay assistance cards, pill case keychains, and condoms with lubricant (9). Those in the intervention group received all the services provided to the control group, plus a personalized counselling session at baseline (9). Counselling was delivered by an individual who self-identified as a Black man who has sex with men and who had extensive outreach and counselling experience related to PrEP (9). During the session, potential barriers to PrEP initiation were explored and addressed, and participants were referred to appropriate community resources, when necessary (9). Optional text- or phone-based follow-up support was provided by the PrEP counsellor (9).

The authors found that more participants in the intervention group initiated PrEP, suggesting that the low-resource, culturally tailored counselling and community support services addressed key barriers and improved PrEP utilization (9).

### Education and behavioural skills training

Becoming A Responsible Teen (BART), an evidence-based HIV prevention intervention, was culturally adapted in the U.S. for urban Native American (Indigenous) adolescents (6). Culturally adapted interventions can increase participant engagement, effectiveness, and sustainability (25). BART consists of eight 1.5–2 hour sessions, conducted weekly over two months (6, 26). Youth learn accurate information about HIV/AIDS; clarify their values around sexual

26. St Lawrence JS, Brasfield TL, Jefferson KW, Alleyne E, O'Bannon III RE, Shirley A. Cognitive-behavioral intervention to reduce African American adolescents' risk for HIV infection. Journal of Consulting and Clinical Psychology. 1995;63(2):221.

27. Shea BJ, Reeves BC, Wells G, Thuku M, Hamel C, Moran J, et al. AMSTAR 2: A critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. British Medical Journal. 2017;358.

28. World Bank Group. World Bank country and lending groups. 2025. Available from: https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups Accessed February 12, 2026.

29. Curtis E, Jones R, Tipene-Leach D, Walker C, Loring B, Paine S-J, et al. Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. International Journal for Equity in Health. 2019;18(1):174.

30. The Ontario HIV Treatment Network: Rapid Response Service. Social and structural determinants of health influencing HIV risk and participation across the HIV care cascade. 2025. Available from: https://www.ohtn.on.ca/wp-content/uploads/2025/03/RR185_Social-and-structural-determinants-of-health-influencing-HIV-risk-and-participation-HIV-care-cascade.pdf Accessed February 17, 2026.

decision-making; and develop skills in condom use, assertive communication, risk-reduction, and problem-solving (6, 26). Originally developed for African-American youth aged 14–18, BART increased HIV knowledge, delayed sexual debut, and reduced sexual activity frequency among participants (6, 26).

To adapt the intervention, authors conducted a literature review and obtained input from an advisory board of Native American health and education professionals (6). Advisors reviewed the intervention's activities for cultural appropriateness, and recommended additional activities they deemed culturally safe (6). Both the literature review and input from the advisory board informed culturally relevant content and activities for the adaptation (6). The advisory board recommended including:

- matrilineal tribe social structures and their associated cultural stories and teachings;

- Native puberty ceremonies and their cultural significance;

- Native philosophy and teachings, including their relation to holistic worldviews, daily practices, and shared roles/responsibility between youth, family, and community;

- the impact of colonization and historical trauma to contextualize health and social disparities within Native communities; and

- Native American terms, such as Mother Earth and Father Sky (6).

The authors also described major structural adaptations, including the addition of multiple Native American historical and cultural stories, inclusion of the Medicine Wheel, and Native American videos conveying accurate HIV risk information and culturally specific methods of partner communication (6). Guest speakers were invited to pray, speak, or conduct culturally safe activities (6). These adaptations led to modification of original sessions and the development of new sessions (6). An opening prayer was conducted by a Native American elder; and a participant led a closing prayer (6).

To determine if the intervention was acceptable to Native American adolescents, researchers conducted a pilot study with male and female participants, aged 14–18, who were members of different Native American tribes (6). All participants received an adapted workbook, USD 75 honorarium for completing the pilot work, and an additional USD 25 for participation in a post-intervention focus group to discuss the strengths and the weaknesses of the adapted curriculum (6).

Pre-pilot and post-pilot surveys found that HIV knowledge scores significantly increased post-intervention (6). Additionally, a session satisfaction survey indicated that participants found the adapted sessions in the intervention to be highly culturally safe (6). The inclusion of Native American cultural stories was found to be beneficial, as it enhanced or offered participants new perspectives on making responsible decisions (6). An activity that interconnected past, present, and future on an individual and social level was adapted, and facilitated a meaningful sense of personal identity (6).

## ⊕ Factors That May Impact Local Applicability

While this review focuses on two of the five population groups in Ontario most impacted by HIV (African, Caribbean, and Black communities and Indigenous Peoples), it is important to acknowledge that individuals may belong to more than one population group. Not all interventions described may be suitable for every individual. Moreover, African, Caribbean, and Black communities as well as Indigenous Peoples are not homogeneous; culturally competent interventions should be tailored to reflect the diversity within these populations.

While cultural competence focuses on provider knowledge and skills, cultural safety (particularly within Indigenous contexts) centres power, self-determination, and the lived experience of service recipients (29). Cultural safety requires health practitioners to consider the impact of their

own culture in clinical interactions, including biases, attitudes, assumptions, stereotypes, and prejudices (29). Advancing health equity requires recognizing and addressing power differentials in clinical interactions and across health care systems (29).

Racism has shaped the social and structural conditions that influence HIV vulnerability, acquisition, and engagement across the HIV prevention and care cascade (30). HIV stigma and discrimination in health care settings has created barriers to HIV prevention, care, and treatment across the HIV cascade, especially among marginalized populations, resulting in disproportionate rates of HIV across certain populations (30). These factors are essential for a proper contextualization of the findings of this Rapid Response.

AMSTAR 2 assessment (**Table 1**) revealed low or critically low overall confidence in the results of most included systematic reviews. Therefore, findings from these reviews should be viewed with caution.

# What We Did

We searched Medline (including Ovid MEDLINE® and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations) using text term HIV AND term cultural* in titles or abstracts AND terms (prevent* OR pre-exposure prophylaxis OR preexposure prophylaxis OR PrEP) in titles or abstracts AND terms ([Black* OR African American* OR ACB* OR Indigenous OR Aboriginal* OR Metis OR First Nation* OR Inuit* OR American Indian*] in titles or abstracts OR MeSH terms [American Indian or Alaska Native OR Indians, North American]). We also searched the Prevention Research Synthesis HIV Compendium of Best Practices of the U.S. Centers for Disease Control and Prevention. Searches were conducted on July 17, 2025 and results were limited to articles published in English since 2015. The literature search was restricted to research conducted in high-income countries. Reference lists of identified articles were also searched. The searches yielded 313 references, of which 30 were included.

## Table 1. Review articles of culturally competent interventions and/or services addressing HIV prevention in African, Caribbean, and Black communities and Indigenous Peoples

| Author & year of publication | Evidence synthesis focus | Year of last literature search | Number & location of included studies* | Key findings related to cultural competency of interventions and/or services | Rating of overall confidence in the results of the review appraised using AMSTAR 2 (27) ‡ |
|---|---|---|---|---|---|
| Demeke et al., 2024 (7) | To examine the available evidence on the access, quality, gaps, facilitators, and barriers of engagement and identify interventions relevant to the HIV prevention and care continuum for Black men who have sex with men in Canada | 2020 | Included studies (n=19): Canada (n=19) | • There is a lack of targeted interventions for Black men who have sex with men<br>• There is a need for intervention strategies among Black men who have sex with men that affirm their racial and sexual identities in addition to their sexual practices | Critically low |
| Kemp et al., 2024 (3) | To review implementation research conducted in Indigenous communities in the Americas and the Pacific that focuses on improving delivery of HIV preventive or treatment services | 2023 | Included studies (n=31): Canada (n=10) United States (n=9) Australia (n=4) | • Studies consistently emphasized the value of tailored, culturally safe services<br>• Community involvement in intervention development, adaptation, and delivery were crucial<br>• No studies evaluated PrEP interventions | Critically low |
| Vitsupakorn et al., 2023 (2) | To characterize the integration of culture in HIV prevention and treatment interventions focused on Black/African Americans | 2021 | Included studies (n=25): U.S. (n=25) | • Out of 25 interventions identified, 24 focused on prevention<br>• 10 interventions targeted men who have sex with men or transgender women<br>• There is much diversity regarding the ways in which interventions integrated cultural elements, with some conflating race/ethnicity with culture<br>• Only 3 interventions were grounded in cultural theory<br>• All interventions were labeled "culturally based", but only 2 explicitly defined culture | Critically low |
| Turpin et al., 2022 (18) | To conduct a systematic literature review of interventions that promote PrEP use among Black sexual minority men | 2021 | Included studies (n=10): U.S. (n=10) | • Key intervention components included providing PrEP access, PrEP counselling, HIV and PrEP education, linkage to general health care, and peer-based support<br>• The delivery of PrEP through community-based organizations tailored to and led by Black sexual minority men may help address barriers to PrEP access and uptake<br>• PrEP interventions based on cultural competency and cultural humility are needed | Low |
| Kudrati et al., 2021 (21) | To review literature that evaluates the use of social media and/or communication campaigns to increase PrEP awareness among young Black and Latinx men who have sex with men and women | 2020 | Included studies (n=8): U.S. (n=8) | • Social media platforms can be leveraged to disseminate PrEP information that is appropriate and engaging for specific audiences<br>• Robust communication campaigns reflecting the social and cultural interests of those vulnerable to HIV are needed | Critically low |

# Table 1 (continued). Review articles of culturally competent interventions and/or services addressing HIV prevention in African, Caribbean, and Black communities and Indigenous Peoples

| Author & year of publication | Evidence synthesis focus | Year of last literature search | Number & location of included studies* | Key findings related to cultural competency of interventions and/or services | Rating of overall confidence in the results of the review appraised using AMSTAR 2 (27) ‡ |
|---|---|---|---|---|---|
| Remy *et al.,* 2019 (8) | To examine the available literature describing behavioural interventions designed to enhance the uptake of and adherence to HIV PrEP medication among Black men who have sex with men | 2018 | Included studies (n=7): U.S. (n=7) | • Only one study directly addressed the challenge of reaching Black men who have sex with men<br>• Only one study discussed the importance of working closely with the target population and community members to create and adapt interventions<br>• A need for more intervention research focused on Black men who have sex with men was identified | Critically low |
| Crooks *et al.,* 2019 (19) | To examine the current state of STI/HIV behavioural interventions for women of color and determine how culture has been incorporated into interventions | 2018 | Included studies (n=17): U.S. (n=16) Netherlands (n=1) | • Interventions that are culturally grounded, group based, and delivered face-to-face and in multiple sessions are needed<br>• A lack of clarity in how to incorporate culture into interventions has been identified | Critically low |
| Fish *et al.,* 2016 (1) | To identify effective HIV and sexual health prevention strategies for Black and ethnic minority men who have sex with men | 2015 | Included intervention effectiveness studies (n=13): Canada (n=1) U.S. (n=12)<br><br>Included additional intervention studies at the development stage (n=6) | • Thorough preparatory work–such as developing culturally sensitive approaches and materials–is important to ensure interventions are relevant to the target population | Moderate |
| Lauricella *et al.,* 2016 (4) | To examine the characteristics of prevention programs for youth developed using culturally grounded approaches | 2015 | Included studies (n=31): U.S. (n=25) Canada (n=1) | • Close collaboration with target populations is critical to developing culturally grounded prevention interventions<br>• Most studies reported collecting extensive input from the community through focus groups, community-based participatory research, and participatory action research to support culturally grounded program development | Critically low |

*Only high-income jurisdictions listed

‡Rating overall confidence in the results of the review (27):

High: No or one non-critical weakness: the systematic review provides an accurate and comprehensive summary of the results of the available studies that address the question of interest.

Moderate: More than one non-critical weakness: the systematic review has more than one weakness but no critical flaws. It may provide an accurate summary of the results of the available studies that were included in the review.

Low: One critical flaw with or without non-critical weaknesses: the review has a critical flaw and may not provide an accurate and comprehensive summary of the available studies that address the question of interest.

Critically low: More than one critical flaw with or without non-critical weaknesses: the review has more than one critical flaw and should not be relied on to provide an accurate and comprehensive summary of the available studies.