

PROCEEDINGS AND EVALUATION REPORT

3rd Ontario African, Caribbean and Black Research Think Tank

Presented by:

African and Caribbean Council on HIV/AIDS in Ontario (ACCHO)

CACVO



ACCHO

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Small Group Discussion Facilitators

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Facilitation and Report Preparation

ACCHO would like to acknowledge San Patten of San Patten and Associates for her assistance in facilitating the Think Tank and preparing this report. Her contributions to ACCHO throughout this process have been invaluable:

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INTRODUCTION

This report provides an overview of the proceedings of the 3rd Ontario African, Caribbean & Black Research Think Tank delivered in Toronto (December 6-7, 2012).

This 1.5-day meeting was hosted by the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO) and brought together approximately 30 researchers, community organization representatives, policy makers, community members and government stakeholders. It was the third Research Think Tank of its kind, meant to engage participants to discuss HIV issues that impact African, Caribbean and Black (ACB) communities in Ontario – which are disproportionately impacted by HIV – and identify research priorities to ultimately inform and strengthen the response to HIV in the province’s ACB communities.

Prior to this event, there was the African & Caribbean HIV/AIDS Research Summit (2006), and the African, Caribbean, Black Canadian HIV/AIDS Research Think Tank (2009).

Due to timing and overlaps with other events, not everyone who should have participated was able to attend the Research Think Tank. Thus, over the summer of 2013, ACCHO undertook a validation process to gather input from additional key stakeholders including people living with HIV (PHAs), ACB Strategy Workers¹ and other key stakeholders about the validity of the research priorities that were identified at the Research Think Tank. A total of 62 stakeholders participated in the validation process through discussion groups and an online survey. Wherever the input from the Research Think Tank is supplemented by participants of the validation process, the additional input is noted in [blue font](#), specifically under the [Thematic Priorities](#) section (pages 10-12) and in the [Research Plans](#) section (pages 17-20). The process is described in the section [Validation Process](#) (pages 21).

Overall, the validation process participants agreed that the six top research priority themes were indeed high priority for Ontario’s ACB communities and if pursued, would make significant contributions to our efforts to address HIV within our communities. The research priorities were identified and validated as themes/issues that are common across Ontario’s ACB communities, address “upstream” factors to HIV vulnerability, and build on the ongoing research and programming efforts around HIV in ACB communities.

OBJECTIVES

The objectives for the latest Research Think Tank meeting were to:

- 🚫 Refine the research gaps, priorities, needs and interests identified at the 2009 Research Think Tank;
- 🚫 Determine new and emerging research needs, gaps and priorities;
- 🚫 Share knowledge and information on current and ongoing research; and
- 🚫 Promote and facilitate meaningful and appropriate community and academic relationships.

¹ The term “ACB Strategy Workers” is used to refer to positions across Southern Ontario specifically funded to implement the provincial Strategy to address HIV/AIDS in ACB communities.

AGENDA

The agenda was designed to begin with an overview of current knowledge and past priorities, moving to broad priority setting, and then to more specific research planning. The first half-day of the Research Think Tank focused on presentations outlining what the research community already knows and needs to know more about. The presentations included: an overview of the epidemiology of HIV amongst ACB people in Ontario, with a focus on emerging trends; highlights from the Ontario HIV Treatment Network (OHTN) Cohort Study, focusing on findings relevant to ACB communities; a review of the research priorities from the 2009 Research Think Tank; and summaries of research findings and remaining questions according to scientific tracks (i.e., socio-behavioural, epidemiology and public health, clinical and basic science). The scientific track presentations were based on data pulled from an online 'ACB & HIV Research Synthesis Questionnaire' conducted by the ACCHO Research Committee, with 40 responses from researchers across Ontario. The participants then discussed, in small groups, research priority themes that emerged from the presentations. Their task was to identify their top three thematic priorities that spanned two or more tracks. After sharing in plenary, these thematic priorities were compiled into a list and members of the ACCHO Research Committee convened after the meeting to organize the priority items as some had overlaps and could be merged.

The second day began with a debriefing of the first day's proceedings, and a review of the thematic priorities. The participants spent the morning engaged in in-depth discussions of priority themes through a World Café format, identifying more specific research questions and issues to be explored within each thematic priority. After lunch, through small group discussions, the participants engaged in preliminary planning of research projects, thinking through possible research partners, methodologies, and timelines for the research themes. Finally, the day closed with a plenary discussion of potential areas of collaboration across research projects and next steps for following up on the research priorities identified in the Research Think Tank. Below is the agenda in table form.

Day 1: Thursday, Dec 6, 2012 (12pm-5pm)				
#	Time	Agenda Items	Content	By
	12:00	LUNCH		
1	1:00	Welcome, introductions & agenda review		Valérie Pierre-Pierre San Patten
2	1:15	Epidemiology of HIV in ACB communities of ON	Epidemiological overview, with emphasis on trends	Robert Remis
3	1:35	Summary of OCS results	ACB highlights from the OHTN Cohort Study	Sergio Rueda
4	1:55	Review of 2009 Research Think Tank priorities	Overview of 2009 RTT track-specific priorities	Wangari Tharao
5	2:15	Questions and discussion	<i>Questions for clarification only</i>	San Patten
	2:30	BREAK		
6	2:45	Track presentations	Socio-behavioural	Tola Mbulaheni

	3:00		Epidemiology and public health	Shamara Baidoobonso
	3:15		Clinical	Hugues Loemba*
	3:30		Basic science	Rupert Kaul
	3:45	Questions and discussion	<i>Questions for clarification only</i>	San Patten
7	4:00	Thematic priorities	Cross-track research priorities	Shamara, Tola, Valérie, Wangari, Zhaida Uddin
8	4:45	Report back and adjournment	Top three research priorities Day One evaluation and adjournment	San Patten

* Due to unforeseen circumstances, Dr. Hugues Loemba was unable to attend the Research Think Tank. Dr. Robert Remis presented on his behalf.

Day 2: Friday, Dec 7, 2012 (9am-5pm)				
#	Time	Agenda Items	Content	By
	8:30	BREAKFAST		
9	9:00	Welcome & Day 1 check-in	Reflections or questions from Day 1	San Patten
10	9:15	Prioritized research themes from Day 1	Top six research priorities from Day 1	San Patten
11	9:30	World Café discussion Round 1	In-depth discussion of priority research themes	Shamara, Tola, Valérie, Zhaida, Robert, Henry Luyombya
	10:00	World Café discussion Round 2		
	10:30	BREAK		
12	10:45	World Café discussion Round 3	In-depth discussion of research priorities (continued)	Shamara, Tola, Valérie, Zhaida, Robert, Henry Luyombya
	11:15	World Café discussion Round 4		
	12:00	LUNCH		
13	1:00	Report back	Summary from each World Café facilitator	San Patten
14	1:30	Research planning discussions	Preliminary planning of research projects	small table facilitators
	2:30	BREAK		
15	2:45	Report back	Summary of research plans for each priority theme	small table facilitators

16	3:15	Plenary discussion	Discussion of potential collaborations	San Patten
17	4:00	Evaluation	Complete evaluation form	San Patten
18	4:05	Thank you's and Adjournment		Valérie Pierre-Pierre

PRESENTATIONS

This section summarizes key themes highlighted in each of the presentations.

Welcome and Introductions

Valérie Pierre-Pierre, Director of ACCHO, opened the meeting with welcoming remarks and background information, noting that this Research Think Tank is complementary to the process to renew the ACB HIV/AIDS Strategy for Ontario, and that continuity between the two projects is built by having San Patten as the consultant for both. Valérie welcomed participants on behalf of ACCHO and thanked the ACCHO Research Committee members and ACCHO staff who helped plan and deliver the meeting. Valérie also thanked the funder (the AIDS Bureau) who supported the Research Think Tank. The Facilitator (**San Patten**) then provided an overview of the objectives and agenda for the Research Think Tank.

Epidemiology of HIV in ACB Communities of Ontario

Dr. Robert Remis, Director of the Ontario HIV Epidemiological Monitoring Unit, provided an overview of epidemiological trends relating to HIV incidence and prevalence amongst people from Africa and the Caribbean living in Ontario, designated as “people from HIV-endemic countries”, in the epidemiological data. Robert highlighted 2006 Census data regarding the ACB population in Ontario, HIV diagnoses from 1985-2011 by sex and exposure category, distribution of HIV diagnoses by the risk factor of “HIV-endemic”, HIV-related deaths in persons born in Africa or the Caribbean, and modeled HIV incidence by the risk factor of “HIV-endemic.” Robert provided the following as key conclusions:

- ⚡ Persons from Africa and the Caribbean in Ontario are at high risk for HIV infection, when compared to other ethno-cultural groups.
- ⚡ In 2009, people from Africa and the Caribbean represented 19% of estimated HIV-infected persons in Ontario.
- ⚡ The relative HIV infection rate among the heterosexual population is approximately 24 times higher for people from Africa and the Caribbean.
- ⚡ From 2004 to 2009, HIV prevalence in the “HIV-endemic” risk group increased by 55% (3,330 to 5,160) and HIV incidence increased by 16%, mainly in females.

Summary of OHTN Cohort Study Results

Dr. Sergio Rueda, Director of Population Health Research at the OHTN, provided some preliminary descriptive findings from the OHTN Cohort Study (OCS). The OCS is an ongoing observational, open dynamic cohort of HIV-positive persons in care in Ontario, with over 5,900 participants recruited from specialized HIV clinics and primary care practices throughout the province. The data are drawn from medical charts and face-to-face interviews, and from linked data at Public Health Laboratories of Public Health Ontario. The OCS data were presented for the purpose of informing the Research Think Tank discussions, but they were not yet published and thus the information presented by Sergio was not to be circulated beyond the presentation at the Research Think Tank.

Sergio's presentation included findings which characterized ACB populations who are living with HIV and in care in Ontario, and compared socio-demographic and clinical characteristics of ACB participants with other ethno-racial groups from the OCS.

It can be noted that the ACB people in the cohort so far, in comparison to other ethnic group categories ('white', 'Aboriginal' and 'other'), are more likely to be women, younger, heterosexual, immigrants and have children. They report less income and less housing stability than other groups, despite having similar employment rates. ACB cohort members also report worse HIV-disease markers (i.e., lower CD4 counts and detectable viral loads). While ACB participants report better lifestyle factors (i.e., smoking, alcohol and substance use) and better physical health, they experience higher levels of depressive symptoms and stress, higher HIV-related stigma, less social support and lower levels of mastery.

Review of 2009 Research Think Tank Priorities

Wangari Tharao, Chair of the ACCHO Research Committee and Director of Programs and Research at Women's Health in Women's Hands Community Health Centre, provided an overview of the priorities identified at the 2009 ACB Research Think Tank. Wangari noted that the overall goal of the ACB Research Think Tank is to generate data in support of the 3rd objective of the original ACB Strategy – establish research priorities that are relevant to the needs of ACB communities, and promote research that is ethical and respectful.

The research priorities were organized according to four tracks:

1. Basic science – pathogenesis, prevention and transmission
2. Epidemiology – data gaps, timeliness of data and methodological issues
3. Clinical science – linkages/communication, population specificity and treatment
4. Socio-Behavioural science – prevention, systemic and sectoral accountability, maturing of PHAs/lifespan approach, criminalization and HIV non-disclosure, capacity building, population specificity, involvement/engagement of heterosexual men, and second-generation HIV-positive youth

Wangari also identified cross-cutting issues that spanned multiple scientific tracks:

1. Ongoing impact of racialization, racism, gender imbalances, homophobia, immigration issues and structural systems and their influences on social mobility, prevention, diagnosis and treatment for ACB populations
2. Multiple intersecting systemic challenges that require a holistic/determinants of health approach, and the need to locate HIV prevention, diagnosis, treatment and support in the context of challenges and competing priorities in real life
3. Location of HIV discourse within human rights and valuing of ACB people living with HIV
4. Breaking the glass ceiling of current G/MIPA² requirements
5. Real time linkages of research and programming
6. Taking inventory of all research to determine what we know and gaps in what we know
7. Research capacity building and infrastructure enhancement to support ACB leadership and researchers, and resources to facilitate community-based self-determination of all ACB sub-populations
8. Establishment of an ACB HIV/AIDS research network
9. Thematic research that blends population(s) priorities, scientific/epidemiological data and front line information with benchmarks and resources in five-year blocks

² Greater/Meaningful Involvement of People Living with HIV/AIDS

10. Evaluation and accountability
11. Enhancement of tools and training to increase quality, scope, usefulness and timeliness of research

Track-Specific Presentations

ACCHO's Research Coordinator, **Tola Mbulaheni**, provided a summary of the socio-behavioural research track; **Shamara Baidoobonso**, member of the ACCHO Research Committee, provided a summary of epidemiology and public health research; **Dr. Hugues Loemba**, ACCHO Research Committee member and Physician at Ottawa's Hôpital Montfort, prepared a presentation on clinical research (presented by **Dr. Robert Remis** in Hugues' absence); and **Dr. Rupert Kaul**, Associate Professor at the University of Toronto Departments of Medicine and Immunology, presented a summary of basic science research. The four presentations outlined current areas of research or research interests in Ontario, key findings from research in each track, research needs and gaps, and research implications. The data for the four research track presentations were gathered from the 40 responses to the online 'ACB & HIV Research Synthesis Questionnaire' administered by the ACCHO Research Committee in fall 2012, as well as from the presenters' own familiarity with the field of research and document/literature review.

The research needs and gaps identified for **epidemiological research** were:

- ⚡ More research is needed to identify an HPV vaccine that meets the HPV prevention needs of African and Caribbean women
- ⚡ Stigma research needs to evolve to look at 'covert' forms of stigma
- ⚡ Epidemiologic research must focus on behaviours that are of public health significance (e.g., yearly HIV testing)
- ⚡ Research needs to consider the diversity within ACB communities
- ⚡ There needs to be more research on heterosexual ACB men
- ⚡ We need research that focuses on why there is a disconnect between risk behaviours and HIV infection rates among ACB youth
- ⚡ We need more research focused on addressing methodological issues that affect research with ACB communities such as low participation
- ⚡ We need more research from outside of Toronto

The research needs and gaps identified for **socio-behavioural research** were:

- ⚡ More research needs to accurately assess 'covert' stigma in ACB communities
- ⚡ Better understanding of the positive and negative impacts of the immigration experience on HIV prevention
- ⚡ Increased knowledge on ACB youth and sexuality and structural issues affecting their quality of life
- ⚡ Longer-term follow-up of ACB immigrant youth
- ⚡ More research examining other forms of supportive housing that do not neatly align with mainstream supportive housing models
- ⚡ The role of ASOs in transitioning families to the pediatric HIV clinic and from this clinic to adult care
- ⚡ Better knowledge of lesbian, gay, bisexual, transgender and queer (LGBTQ) women who are living with HIV
- ⚡ Criminalization & HIV non-disclosure
- ⚡ Francophone/French-speaking communities
- ⚡ Heterosexual men

The research needs and gaps identified for **clinical research** were:

- 🚫 Early versus late diagnosis in course of HIV infection
- 🚫 Continuity of HIV care
- 🚫 Adherence to antiretroviral regimens
- 🚫 Response to antiretroviral drugs (e.g., viral suppression)
- 🚫 Occurrence and treatment of co-morbidities
- 🚫 Rates of vertical (i.e., mother-to-child) HIV transmission
- 🚫 Natural history and mortality related to HIV infection and other sexually transmitted infections (STIs)

All of the above can be examined by gender, age, health services region, region of birth, and time since arrival in Canada.

The research needs and gaps identified for **basic science research** were:

- 🚫 Increased HPV vaccination in young ACB women
- 🚫 Better understanding of whether HPV vaccine reduces HIV risk
- 🚫 Reduced herpes rates if treatment after infection is too late
- 🚫 Optimal way to balance reproductive health and HIV risk

PRIORITY SETTING DISCUSSIONS

Thematic Priorities

The participants then worked in small groups to discuss cross-track research priorities that emerged from the presentations. Each small group identified three thematic priorities which were shared in plenary in order to generate a list of thematic priorities (see Appendix A for the list of thematic priorities identified at each table). This long list was reviewed by members of the ACCHO Research Committee and the facilitator to identify overlaps and to collapse categories wherever appropriate. The list was narrowed down to nine thematic priorities, which were reviewed on Day Two.

It was noted that there are cross-cutting populations that must be considered within each of the research themes: women, men who have sex with men (MSM), youth, heterosexual men, incarcerated populations, transgendered people, PHAs, and immigrants, refugees, migrant workers, people without status and newcomers. While there were no research themes specifically targeting any one population group, the participants were encouraged to think about sub-populations when discussing the issues and questions within each theme.

Only the Research Think Tank participants had the opportunity to vote for their top three cross-track themes, based on their own perspectives and understandings of HIV-related research needs amongst ACB communities. The following table summarizes each of the priority cross-cutting themes discussed at the Research Think Tank. The topics with an asterisk (*) indicate the top six thematic priorities, based on the voting, although these six are not listed in any particular order of priority. Although clinical issues had initially been considered a standalone theme, the participants agreed to combine it with theme #2 (HIV through the life span) as both relate to the treatment and care of people living with HIV throughout their life spans and throughout stages of clinical care.

It should be noted that a community-based research (CBR) approach was deemed essential regardless of the research topic or question. All research endeavours should include meaningful engagement and input from the populations which are the focus of the research, at all stages of the research process. Also, the list of research priorities which emerged from the 2012 Research Think Tank does not negate or override priorities identified at the 2009 Research Think Tank. They are meant to complement, not override other identified priorities, such as those identified by Women’s Health in Women’s Hands Community Health Centre (WHIWH) or by the Committee for Accessible AIDS Treatment (CAAT) in their own think tanks. We acknowledge that the research priorities from previous meetings remain important and indeed still require attention as research and knowledge exchange is a long-term endeavour. The research priorities identified at the 2009 Research Think Tank are included in Appendix C for comparison, and we encourage readers of this report to review the priorities previously identified by ACB stakeholders.

It is important to note that the priorities are not listed in order of importance; all topics are important and could potentially be taken up by researchers looking to build the knowledge to strengthen the response to HIV in ACB communities. The table below includes descriptors for each theme that was developed at the Research Think Tank, with examples added during the Validation phase being indicated in **blue font**. The examples of specific research topics are provided for illustration purposes only; they are not intended to be exhaustive or prescriptive of the specific issues to be covered under each theme.

Priority Cross-Cutting Theme Descriptions	Examples of Specific Research Issues or Topics
1. * HIV prevention best practices – identifying, piloting and measuring the effectiveness of HIV prevention interventions targeting specific sub-populations.	Developing and testing interventions which relate to: perceptions of individual and community risk; role of culture in vulnerability to HIV as well as coping; educating parents and teachers; reaching individuals with special needs or disabilities; reaching sex workers.
2. * Clinical Issues across the life span – treatment and care of people living with HIV throughout their life spans (ACB youth transitioning to adult care to aging with HIV) and throughout the treatment cascade (diagnosis, adherence, and continuity of care).	Clinical research questions relating to: support for disclosure and for serodiscordant couples; natural history of HIV; co-infections (e.g., hepatitis C and STIs); perinatal transmission, pregnancy planning and motherhood, infant feeding choices; needs of youth living with HIV-positive parents; HIV-Associated Neurocognitive Disorder (or HAND) in the ACB population.
3. * Policy analysis – impacts of policy changes to the Immigration Act, Mental Health Act, criminalization of non-disclosure, Interim Federal Health Benefits, social assistance (i.e., Ontario Disability Support Program and Ontario Works) and access to services.	Impact of organizational policies and structure of organizations working with ACB individuals; impact of cost of medications for those without drug plans; access to life insurance; access to legal aid services; employment and labour rights policies for migrant workers.
4. HIV testing** – addressing the challenges of increasing access to	Impact of social determinants of health on decision-making around HIV testing; links of testing to HIV

Priority Cross-Cutting Theme Descriptions	Examples of Specific Research Issues or Topics
and uptake of HIV testing, and assessment of expanded HIV testing options (such as point-of-care, rapid and home testing).	prevention; impact of couples testing on HIV prevention and relationships; provider-initiated HIV testing; HIV testing in relation to stigma; impact of structural factors on HIV testing; the role of culture in HIV testing.
5. * Sexual practices – social epidemiology and exploratory questions of ACB youth and newcomers, serodiscordant couples, gay men and other MSM, heterosexual men, and older adults	Understanding the role of culture; impact of transnational sexual practices (i.e., relationships in home country and in Canada).
6. * Stigma – developing a greater understanding of the nature of HIV-related stigma and how it can be mitigated.	Expanding notions of stigma including internalized stigma ; intersections of violence and discrimination; impact on HIV disclosure ; institutionalized stigma in healthcare services industry .
7. * Methodological issues – development and testing of research methodologies which are culturally relevant, challenge traditional notions of 'legitimate knowledge' and encourage a 'bottom-up' approach to knowledge building.	Understanding barriers to ACB research participation; role of culture in research engagement; building capacity to critically think about research design (e.g., anticipated impacts, building on community knowledge); innovative methods for engaging ACB community members (e.g., online or informal/social methods, linking with trusted clinicians) ; translating and disseminating research findings and epidemiological data in layperson terms ; mixed methods that supplement quantitative data with lived experience narratives.
8. Immune activation – vulnerability due to increased inflammation (immune activation).	

**Although HIV testing was not voted as a top priority in the Research Think, it was identified as such by a many participants of the validation process.

Some of the priorities identified by participants in the validation process were more related to policy and programs, rather than research. Given that the focus of the Think Tank and this report is to document research priorities, policy and programming issues were documented in Appendix B, so as to ensure the voices of people were not lost.

Also, while the table above lays out research priorities for the next 3-5 years, it is important to recognize that, from time to time, new issues may emerge that may need to be taken up sooner rather than later.

WORLD CAFÉ DISCUSSIONS

The World Café is a small group conversational process that allows participants to rotate between various topics. These conversations link and build on each other as people move between groups, cross-pollinate ideas, and discover new insights. As a process, the World

Café evokes the collective intelligence of the group and ensures that participants are able to contribute to the top six thematic priorities:

1. Sexual behaviours
2. HIV prevention best practices
3. Policy analysis
4. Stigma
5. Methodological issues
6. Clinical issues across the life span

Each topic was facilitated by one member of the ACCHO Research Committee (Valérie, Zhaida, Shamara, Wangari, Tola and Robert) seated at one of the round tables. There were no more than eight chairs at each table and participants were instructed not to move chairs between tables. The participants were asked to visit the four topics which were of most interest to them so that by the end of the World Café session, they had discussed four out of the six research themes for about 20 minutes per theme.

The participants were asked to consider the following two questions:

- 🚫 What themes and issues around this topic are currently prioritized and pursued?
- 🚫 What are the issues and types of research that are lacking and require additional attention to address this theme?

Below is a summary of the discussions for each World Café topic.

Sexual Practices

- 🚫 Changing from a focus on sexual behaviours (which carries stigma) to sexual practices which take into account contextual factors
- 🚫 Need to understand changes in behaviours after moving to Canada; is HIV risk higher due to changes in sexual practices or has risk changed due to higher risk sexual networks (contact with communities with higher HIV prevalence)
- 🚫 Social contextual factors – how they influence sexual practices and how they are perceived
- 🚫 Sexual networks, sexual ‘mixing’ (e.g., Detroit -Windsor youth networks)
- 🚫 Respectful relationships – condom use and negotiation, communication issues
- 🚫 Colonization – impacts on culture, perceptions of risk, communication between parents and children, hyper-sexualization (i.e. portraying ACB people to be *more* sexual/extreme in their sexuality) vis-à-vis other ethnicities
- 🚫 HIV knowledge and risk which cannot be accurately measured using western knowledge scales because they do not include culturally-specific traditional knowledge (e.g., yam eating)
- 🚫 Incongruence in gender relations – men’s notions of mother/grandmother versus sexual partners
- 🚫 Internet’s role in shaping sexual networks: relevance of kinship, neighbourhood, race, ethnicity in the age of the Internet, and its impact on disclosure of HIV status
- 🚫 Social epidemiology – creating and using realistic categories that people relate to (e.g., ethnocultural or national origins)
- 🚫 Drug use networks and alcohol use – impacts on sexual practices

Best Practices in HIV Prevention

- ⚡ Based on an inventory of primary prevention initiatives, there is a very limited number of tested interventions for ACB communities; the Many Men Many Voices (3MV) intervention is the only one that has been validated or rigorously evaluated; the “Keep It Alive” campaign was also evaluated
- ⚡ Scale-up of interventions based on modeling for optimum “market penetration” and trickle down impacts
- ⚡ Need to support development of ‘soft evaluation’ methods in the course of outreach activities
- ⚡ Evaluation of existing programs, new proposed interventions in development, rollout of new or experimental interventions/models (challenge in identifying comparators or controls)
- ⚡ Secondary prevention – only known example is disclosure assistance with sexual partners
- ⚡ ACB Strategy Workers – many innovations at the frontline, relevant and well-conceived outreach methods but with little formal evaluation
- ⚡ Mass marketing campaigns – skepticism about cost-effectiveness over the long term
- ⚡ Sexual behaviours – effective prevention programs require better knowledge of determinants of behaviours, characterizing patterns of vulnerability and risk
- ⚡ More comprehensive understanding of what works – need systematic literature review, meta-analysis, collaboration with international colleagues, adaptation of interventions versus de nova development of interventions (focusing on research specific to Caribbean/West Indian populations versus African Americans) – for example: Sigma research – Catherine Dodds (UK)
- ⚡ Mathematical modeling – which parameters (e.g., condom use, number of sexual partners, etc.) are likely to have greater impact on HIV prevention
- ⚡ Systematic measurement and roll-out of interventions such as motivational interviewing
- ⚡ Partnerships – funding agencies, ASOs, researchers (including within and outside ACB-specific partners)
- ⚡ Referral networks to help reach those who are not easily reached, using existing networks and information gathered during engagement of contacts

Policy Analysis

- ⚡ Government policies that need to be investigated for impact on ACB individuals – criminalization of HIV non-disclosure, immigration, federal health benefits, Ontario Disability Support Program (ODSP) and Ontario Works (social assistance), Trillium drug program, universal testing, funding, correctional facilities, public health, child and family welfare, testing guidelines
- ⚡ Organizational policy – MIPA implementation
- ⚡ Impacts – access to services, on specific sub-populations (youth, MSM, families), impact on self-sufficiency, government expenditure perspectives, impact on mental health (anxiety, stress, depression), on care providers (stress). It was also noted that communities need to self-define the impacts.
- ⚡ Methodologies – mixed methods, reviews of existing research, economic arguments and models (cost-effectiveness), study of effective policies and programs, cohort studies of the impact of policies, organizational assessments (e.g., MIPA and role transitions for PHAs from volunteer to staff members)
- ⚡ Key considerations – critical and intersectional approach to documenting the impacts of policy changes, on PHAs and whole communities, with people at the centre when considering impacts
- ⚡ Key consideration: how politically feasible are our policy recommendations?

- 🚫 KTE considerations – recognizing the role of ideology and values versus evidence, HIV within larger discussion of ACB health and social determinants, family-centred policy analysis, guiding framework of race, racism and anti-oppression, understanding of the policy development process and ways to have input
- 🚫 International frameworks around migrant and mobile populations – what is the application to our local contexts? Vulnerability and risk during the migration journey; migrant health framework

Stigma

- 🚫 What is stigma, where does it come from? Education and messaging beginning with children and families
- 🚫 Attention to history and how our communities have been stigmatized well before HIV (race, racism, power, enslavement), community readiness to engage in this dialogue
- 🚫 How to bridge the gap between PHAs and non-PHA ACB community members
- 🚫 HIV and mental health
- 🚫 Changing attitudes of service providers regarding confidentiality and privacy
- 🚫 Impact of the criminalization of HIV non-disclosure on stigma
- 🚫 Anti-homophobia and stigma, intersections with other forms of stigma (race, gender, ability, etc.) – lack of desire to discuss homophobia in ACB communities
- 🚫 How do we resist and manage stigma, applying a strengths-based approach to understand our resilience in the face of stigma
- 🚫 Media analysis – how stigma gets produced and reproduced, alliances with media to influence ACB portrayals
- 🚫 Implications of messaging and language from biomedical science (e.g., plausibility of HIV transmission)
- 🚫 Limited resources for anti-stigma campaigns need to be adapted for communities outside Toronto

Methodological Issues

- 🚫 Recruitment – culturally appropriate and accessible ways to engage ACB people in research, deeply embedded mistrust (especially when taking biological samples)
- 🚫 Build on effective outreach strategies to conduct data collection, more informal
- 🚫 Capacity building – tokenism of peer researcher involvement, lack of decision-making power
- 🚫 Nurturing ACB researchers, including capacity building for peer researchers to become principal investigators (PIs)
- 🚫 Young researchers being mentored by community and experienced researchers
- 🚫 Role of research coordinator: bridge with community and research team, need a network of research coordinators for mentorship, support and knowledge sharing – develop best practices
- 🚫 ACB researchers using innovative and decolonizing methodologies, need better connection within and between institutions
- 🚫 Decolonizing methodologies – collecting and telling stories as a way of sharing knowledge, other forms of knowledge, seeing our western biases in research design
- 🚫 Develop networks of ACB researchers, not necessarily just HIV researchers, build multi-disciplinary networks
- 🚫 The Public Health Agency of Canada (PHAC) A/C-Track survey presents an opportunity for input into appropriate quantitative methods
- 🚫 Community member-researcher dichotomy – many of us identify as both, insider-outsider perspectives, challenges of tokenism; develop self-directed guidelines for how we introduce ourselves

- ⚡ Critical methodology – theory-driven rather than for practical social action
- ⚡ What is considered legitimate knowledge – researcher knowledge versus service provider knowledge
- ⚡ “interview” → conversations, discussions (more accessible and friendly)
- ⚡ Informal ways of disseminating findings – capturing richness from informal discussions and meetings
- ⚡ System and process of research stifles creativity, dominant paradigm
- ⚡ Research agenda – focus on projects with immediate impact over the short term, less focus on longer term and less tangible project outcomes
- ⚡ Reaching out to researchers exploring alternate methods
- ⚡ Conferences as knowledge translation and exchange (KTE) venues – accessibility to ACB communities
- ⚡ Key principles necessary for researchers to work with ACB communities
- ⚡ Ownership of research outcomes and knowledge, modes of dissemination
- ⚡ OCAP (ownership, control, access and possession) principles should be adapted/adopted
- ⚡ Horizontal oppression within the ACB community based on hierarchies and titles, “empire building” – clarity of partnership terms
- ⚡ Ethics clearance – some research ethics boards (REBs) are not representative, some resistance to CBR projects, misunderstanding of issues such as confidentiality and conflicts of interest

Clinical Care through the Life Span

- ⚡ Clinical issues in the lifespan using a subpopulations approach – determine what has been done/what do we know/don’t know, what are the gaps? Develop appropriate strategies for dissemination of what we know to multiple stakeholders, such as a database of research to get information on clinical information (e.g., clinical trials)
- ⚡ HIV and other co-morbidities - including mental health, diabetes, bone disease, cancer, heart disease, etc. and ageing:
 - prevalence across the life span in different manifestations (neurocognitive manifestations in children, proper diagnosis and strategies for assisting children)
 - preparedness of systems and providers to deal with them
 - long-term effects of highly active antiretroviral therapy (HAART) and co-morbidities treatments on people living with HIV over the lifespan
- ⚡ Aging and HIV – long term living with HIV; long term use of HAART; and ageing with HIV; clinical impacts of care giving while living with HIV; impacts of different viral subtypes on disease progression, ageing and clinical outcomes in adults and children (growing up); researchers must be conscious of the heterogeneity of the population, markers and factors relevant to different experiences of “aging”; need to clarify that there are multiple perspectives - long term living with HIV, long term use of ARVs, aging with HIV
- ⚡ Youth and HIV - Appropriate programs for youth transitioning from pediatric to adult care, looking at models from other health areas; outcomes of daily life for children living with HIV with delayed developmental stages; develop a cohort of children living with HIV, follow up after they have left the cohort, continuity of care
- ⚡ Utilization of databases to understand clinical outcomes: OCS; Institute of Clinical Evaluative Sciences (ICES); Citizenship and Immigration Canada (CIC) Database; Interim Federal Health database
- ⚡ Clinical and mental health manifestations of transitioning for LGBTQ populations

RESEARCH PLANS

After a plenary report-back of the World Café discussions of each of the six priority research themes, participants were asked to pick one of the six research topics that they were most interested in or familiar with. They were then tasked to develop, again in small groups, preliminary plans for each of the research themes, based on the specific research questions and issues identified during the World Café discussions. It should be noted that these research plans are very preliminary and each research priority is expected to need more focused development and discussion, including with potential partners who were not able to participate in the Research Think Tank. It should also be noted that while the Research Think Tank discussions focused on these six themes, there are additional priority themes that were not discussed in depth and should be included in planning programs of research relevant to ACB communities in Ontario. Wherever the input from the Research Think Tank is supplemented by participants of the validation process, the additional input is noted in [blue font](#).

Sexual Practices

Focus should be on experiences of migration and how it changes vulnerability. The research project would create and validate a new HIV knowledge scale customized to ACB cultures. [An important research theme would be the “hyper-sexualization” of ACB people within the media and its influence on their social and individual identities, and in turn their sexual practices. Action-oriented research could create platforms for girls to resist dominant gendered and racially shaped stereotypes.](#)

Target population: ACB populations, subdivided into subgroups such as LGBTQ, newcomers – with a stratified sample.

Methodologies: Recruitment for participants would take place within community setting in cities along Highway 401 (Windsor to Ottawa) by young and energetic ACB researchers.

There would also be a qualitative component for in-depth exploration, with participants drawn from the survey sample.

Potential partners: OHTN, ACCHO, Black Coalition for AIDS Prevention (Black CAP), Africans in Partnership Against AIDS (APAA), CAAT, Toronto and Ottawa Public Health.

HIV Prevention Best Practices

Framework – based on a comprehensive review and systematic analysis, synthesis of what is known from developing and developed countries, gathered through literature review and consultations.

Methodologies: Inventory – we would develop an inventory of prevention interventions in Ontario, with gaps and recommendations. This would be conducted through a contracted Request for Proposals (RFP).

Modeling – target indicators that would be most strategic and which sub-populations in order to most effectively target interventions.

Evaluation – support evaluation of: 1) new preventive interventions (with comparative or control group plus intervention group) and impact on prevention indicators; and 2) build overarching monitoring and evaluation capacity for composite data collection for interventions at various levels (including proximal indicators).

Prevention intervention research – seek operating grants through open competitions to test interventions for their impact, effectiveness and feasibility of implementation.

Implementation scale-up – advocate for and seek funding and infrastructure support to roll out effective interventions, seek support from program funders.

Assessing cost effectiveness of awareness campaigns; and systematic reviews of interventions that work from other settings. A caution was noted that identifying “best practices” may suggest a standardized approach to HIV prevention, which can be problematic given the diversity of the ACB communities. Also, documenting frontline innovative practices must include evaluating those practices and determining their effectiveness.

Policy Analysis

Interim Federal Health (IFH) Program – priority policy focus is the health and economic impact of IFH changes on ACB people and their families, negative clinical outcomes.

Methodologies: intersectional lens for qualitative exploration, economic modeling of impacts of social support programs on various sub-populations, drawing from existing databases or creating additional databases, perhaps cohort development.

Potential partners: three level of stakeholders – ACCHO, CAAT, OHTN, Ontario Coalition of Agencies Serving Immigrants (OCASI); AIDS service organizations (ASOs) and community health centres; refugees.

Funding: Canadian Institutes of Health Research (CIHR), OHTN, Social Sciences and Humanities Research Council (SSHRC).

Cultural safety and competence of health care workers; support and promotion of disclosure of HIV status to sexual partners in light of increasing cases of criminalization; and applying the social determinants of health as an analysis and advocacy framework at municipal, provincial and federal policy levels.

Stigma

Anti-stigma campaign – storytelling of people’s experiences, using drama/theatre, social media (e.g., texting), incentives to visit websites for more information, engaging influential local leaders to use Twitter, Facebook, YouTube to stimulate discussions, faith leaders to create dialogue, introduce discussions around sexuality and HIV through community gatherings, use food and music to draw out community members, messages through t-shirts (to stimulate dialogue and raise awareness), multi-stakeholder collaboration for planning and implementing a communication plan. Example: Stepping Stone Tool for stimulating community conversations.

Additional types of stigma that should be included such as stigma related to gender-based violence and sexuality, homophobia, sexism, racism, and mental illness.

Methodological Issues

Target Population: Host an informal gathering for junior researchers, research coordinators for peer mentorship and support. This meeting should be organized around a research conference and result in development of best practice guidelines with ACB communities, perhaps adapting

OCAP principles³. We should also host informal discussions with researchers in allied professions to discuss strategies with ACB populations (outside HIV) – e.g., International Conference on Health in the African Diaspora, Canadian Conference for Public Health.

Methodologies: Conduct a critical review of methodologies and theoretical frameworks that are appropriate (or not) for ACB research, and how they influence the analysis in research projects.

Set terms of reference for ACCHO and other organizations' participation in research projects – review and update guidelines for collaboration in research with ACB populations.

Funding: Finding alternative funding sources: CIHR Meeting, Planning and Dissemination grant, Black professional development or community development grants.

We need to do more to understand and promote collaborative approaches to knowledge development that are based on equitable participation and allow collaborators/partners to realize their varied interests. We also need to build research capacity within ACB communities, and strengthen cultural competency of researchers, which includes using culturally appropriate research methods.

Clinical Care across the Life Span

1. Letter of Intent (LOI) has been approved by OHTN for full applications to be submitted by February 2013: program of research using OCS and ICES data to collect ACB sociodemographic characteristics, health outcomes, service utilization patterns (“Health services utilization and outcomes of persons with HIV originally from Africa and the Caribbean”)
2. What is the experience of young people as they transition from pediatric to adult care?
 - Ⓜ Measure access to care and clinical outcomes
 - Ⓜ Systematic review to look at models of effective transitioning in care, across chronic diseases
 - Ⓜ Qualitative research of contextual factors for young people who have successfully transitioned
 - Ⓜ Pilot test an intervention to support transitioning
3. Prisoners transitioning into care from within to outside institutions
 - Ⓜ Interviews with prisoners and prison staff
 - Ⓜ Pilot test an intervention
 - Ⓜ PASAN

“Being a long-term survivor myself this is huge. We know for many of us HIV has turned out to be a manageable health issue, but as we age we also will have heart disease and sugar, high blood pressure, etc. How does this impact us, how does it impact the drug interactions, how does living long term present challenges for us and our social support networks?”

Several participants of the validation phase did not feel that clinical issues were necessarily ACB-specific, but that effort should be put into ensuring ACB input into clinical research

³ OCAP: Ownership, Control, Access and Possession are principles which enable self-determination over all research concerning Aboriginal peoples. For further reading, please see <http://cahr.uvic.ca/nearbc/documents/2009/FNC-OCAP.pdf>

projects, ensuring collection of ethno-racial variables, and communicating clinical research findings to ACB community members in accessible ways.

CROSS-PROJECT COLLABORATIONS AND CONSIDERATIONS

Collaborations

The participants noted that there is complementarity between the research objectives of the Sexual Practices research project and the objectives of the program of research focusing on Best Practices in HIV Prevention. Wherever possible, these two programs of research should seek collaboration. It was also noted that the database being developed for the Clinical Care across the Lifespan program of research would complement the need to document the impacts of the IFH policy changes within the Policy Analysis project.

Key Considerations

The participants noted several considerations that should be kept in the forefront as the research priorities are pursued. They are listed below:

- ⚡ Pay attention to overlaps and complementarities of research initiatives and to conduct systematic KTE as research projects unfold.
- ⚡ The Centre for REACH (Research Evidence in Action for Community Health) in HIV/AIDS has a sub-committee on capacity building that has been developing training on the application of intersectional approaches, sharing tools through KTE activities, and how this perspective can be used in research and policy development (e.g., use tools such as web forums). We also need to clarify what we mean by “intersectionality” (intersections of identities, versus syndemics or co-morbidities).
- ⚡ We should develop a systematic monitoring and evaluation system for ACCHO’s Research Think Tank outcomes and activities, as a means of building better continuity between Research Think Tanks, and as a means of highlighting the importance of KTE and accountability (i.e., creating a feedback loop from research priority setting through to research projects and back again).
- ⚡ Although many were invited who were not able to attend, we need to ask ourselves why we have not successfully engaged more PHAs in the Research Think Tank. We need to think about effective ways to engage PHAs in research, how research aligns with the daily lived experiences of PHAs and how research will impact their daily struggles. We must be open to critical discussions of the “research machine,” based on their experiences of research in the past.

Recommended Next Steps

- ⚡ The ACCHO Research Committee and the facilitator will develop a proceedings report that will be validated by Research Think Tank participants and a wider range of stakeholders.
- ⚡ The ACCHO Research Committee should follow up with those who did not participate, ask them for their input and engage them in the validation of the Research Think Tank results.
- ⚡ ACCHO will disseminate the research priority areas to the OHTN and funders who support both programs and research, and to research partners to advocate for these issues to be taken up.
- ⚡ Just as the OHTN Conference has research tracks for MSM and Aboriginal communities, we should propose an ACB research track to share these priorities and engage in targeted KTE.

- Ⓜ There should be an annual KTE event as a means of reporting back on progress on the uptake of the research priorities and document how practice is changing. This should include a community forum for plain-language and relevant engagement of ACB community members, especially PHAs.
- Ⓜ Share contact list of participants, for those who agree to have their contact information shared.
- Ⓜ Once the report is finalized, set up meetings with key stakeholders who are influential in leading and/or funding research projects, including funders, policy makers, community groups and researchers.
- Ⓜ After dissemination of the report, host a forum with researchers so that they can network and advance the research priorities.

VALIDATION PROCESS

As described above, the 3rd Ontario African, Caribbean & Black Research Think Tank in Toronto in December 2012 brought together about 30 researchers, community organization representatives, community members and government stakeholders. The Research Think Tank aimed to engage those knowledgeable on HIV issues as they impact ACB communities in Ontario in order to identify research priorities for the next three to five years. Due to timing and overlaps with other events, not everyone who should have had input was able to participate in the Research Think Tank. In particular, Research Think Tank participants noted the need for greater PHA input in the research priorities, as well as more representative input from stakeholders who were not in attendance.

Thus, over the summer of 2013, ACCHO undertook a validation process to gather input from additional key stakeholders, including PHAs, ACB Strategy Workers and others about the validity of the research priorities that were identified at the 3rd ACB Research Think Tank. A total of 62 additional stakeholders who had not been able to participate in the Research Think Tank participated in the validation process - 46 through group discussions, and 16 through an online survey. Discussions with PHAs were hosted in Toronto by Women's Health in Women's Hands Community Health Centre and in Mississauga by the Peel HIV/AIDS Network's Turning To One Another Working Group. Due to timing and logistical issues, consultations with groups residing in other regions of Ontario were not possible. A discussion group was also conducted with the ACB Strategy Workers. The online survey was disseminated to invitees who were not present at the Research Think Tank.

The validation participants were asked to review a summary of the Research Think Tank proceedings and the priorities that were identified by the participants. For each research priority, they were asked: *Given what you know about issues in ACB communities across Ontario, does it make sense as a research priority over the next three years? Why or why not?* All six of the research priorities were validated as key areas for research within Ontario's ACB communities. Additional research issues were also identified, and these are in blue font within the descriptions of the thematic priorities and the six research plans.

In addition, validation process participants felt that HIV testing should be included as a top priority for the ACB research agenda.

CONCLUSION

The 3rd ACB Research Think Tank successfully built on research findings and the collective knowledge of researchers, service providers, policy makers and ACB community members in Ontario to identify remaining research gaps and priorities. The Think Tank resulted in the identification of six major research themes and the participants were able to develop preliminary plans for these programs of research. Although these six research themes were discussed in depth, there are likely other research priorities that can be pursued, and the ACCHO Research Committee will ensure that the priorities are cross-referenced with other meeting reports. The multi-sectoral gathering of approximately 30 stakeholders was a rich opportunity for dialogue and direction setting, with many key issues identified for follow-up.

APPENDIX A – FULL LIST OF CROSS-TRACK RESEARCH THEMES

The following are the three top priorities discussed by each small group in identifying research themes that span more than one research track.

Shamara's table

1. HIV testing – understanding the determinants around testing and understanding decision-making (individual, community, structural)
2. Sexual behaviours – understanding what people are doing and why. Understanding structural factors behind decisions and behaviours.
3. Disconnect between community risk and personal risk.

Tola's table

1. Research methodologies and processes, critique research and what is construed as “knowledge”. Barriers to research participation.
2. Expanding notions of stigma in relation to intersectional violence.
3. Inflammations and whether they lead to increased vulnerability to HIV.

Valérie's table

1. Herpes
2. Culture – effects on behaviours and research/interventions
3. Clinical issues around diagnosis, adherence, access, continuity of care, natural history, etc.

Wangari's table

1. Life span-based approach to HIV research
2. Ways of mobilizing communities/researchers that are not easy to access
3. Policy analysis

Zhaida's table

1. Criminalization
2. 2nd generation HIV+ youth
3. Best practices in prevention programming

APPENDIX B – POLICY & PROGRAM PRIORITIES IDENTIFIED THROUGH THE VALIDATION PROCESS

Note: Content below stemming from the validation process is in *blue font*.

Priority Cross-Cutting Theme Descriptions	Examples of Specific Policy Issues or Topics	Examples of Specific Program Issues or Topics
<p>1. * HIV prevention best practices – identifying, piloting and measuring the effectiveness of HIV prevention interventions targeting specific sub-populations.</p>		<p>ACB-specific messages about sexuality and drug/alcohol use; breastfeeding guidelines; marketing and rollout of effective prevention programs; effective partnerships; community prevention campaigns.</p>
<p>2. * Clinical Issues across the life span – treatment and care of people living with HIV throughout their life spans (ACB youth transitioning to adult care to aging with HIV) and throughout the treatment cascade (diagnosis, adherence, and continuity of care).</p>		<p>Correcting misconceptions about medication side effects; provision of accurate information about research on an HIV cure; nutrition, food security and access to cultural foods;.</p>
<p>3. * Policy analysis – impacts of policy changes to the Immigration Act, Mental Health Act, criminalization of non-disclosure, Interim Federal Health Benefits, social assistance (i.e., Ontario Disability Support Program and Ontario Works) and access to services.</p>	<p>School board policies around sexuality education; policies of professional associations (e.g., teachers, medical) aligning with best practices in HIV prevention and quality of care; affordable housing and housing security.</p>	<p>MIPA and role transitions for PHAs from volunteers to staff members; cultural competence training for healthcare professionals and institutions.</p>
<p>4. HIV testing** – addressing the challenges of increasing access to and uptake of HIV testing, and assessment of expanded HIV testing options (such as point-</p>		<p>Piloting and assessing new counseling approaches to HIV testing ('families' or 'couples').</p>

Priority Cross-Cutting Theme Descriptions	Examples of Specific Policy Issues or Topics	Examples of Specific Program Issues or Topics
of-care, rapid and home testing).		
5. * Sexual practices – social epidemiology and exploratory questions of ACB youth and newcomers, serodiscordant couples, gay men and other MSM, heterosexual men, and older adults		Development of interventions that: address the influence of drugs and alcohol; sexual negotiation; sexual behaviour among youth.
6. * Stigma – developing a greater understanding of the nature of HIV-related stigma and how it can be mitigated.		
7. * Methodological issues – development and testing of research methodologies which are culturally relevant, challenge traditional notions of ‘legitimate knowledge’ and encourage a ‘bottom-up’ approach to knowledge building.	Adequate compensation for research participants; ACB version of OCAP principles.	Mobilizing and nurturing ACB communities/ researchers who aren’t usually engaged (especially PHAs); after-care and support for research participants who have shared traumatic stories.
8. Immune activation – vulnerability due to increased inflammation (immune activation).		

** Although HIV testing was not voted as a top priority in the Research Think, it was identified as such by a many participants of the validation process.

APPENDIX C – PREVIOUSLY IDENTIFIED RESEARCH PRIORITIES (2009 RESEARCH THINK TANK)

Basic Science Track		
*Pathogenesis	*Prevention	*Transmission
Immune Activation	Microbicides	Effect of innate factors on mucosal transmission
Transmission: Sexual & MTCT re ACB women and specific to being in Canada	Vaccines	Effect of hormones in contraceptives on transmission
Genetic influence: Are there specific influences between & among ACB heterogeneous populations	Immunotherapy	
Viral Factors: What if any are specific to ACB populations?	Contraceptive	
Co-infections which co-infections are most to least common what are the factors and the resiliencies?	New Prevention Technologies	

Epidemiology Track		
*Lack of Data	*Timeliness	*Methodological Issues
Of ACBC populations: Local	Epi research data lags	Lack of appropriate mechanisms for studying ACBC populations
Provincial	Mismatch of Epi data with reality on the ground	Operational: Tools may not be appropriate nature and or location
National		

Clinical Science Track		
Linkages/Communication	Population Specificity	Treatment
Better KTE and dissemination practices	*Aging-Life span approach applied to clinical research	Pharma Interventions: How do or don't they affect ACB populations across a) life span and natural disease process
Meaningful community relationships (MIPA)	-Children: Pharma and natural/herbal interventions equally researched and the impacts on development identified, instruments may need to be revised to capture children, family needs not just clinicians	Herbal/Natural interventions: Invest equal time and energy into research of Herbal/Natural interventions
Trust – take into account historical, non-beneficial	-Youth: Pharma and natural/herbal interventions	Co-infections: examined form as clinical as well as a

practices, stop minimizing	equally researched and the impacts on development identified, instruments may need to be revised to capture youth, family needs not just clinicians	determinants of health perspective
*Develop pool of trusted clinical practitioners who respect populations concerns	-Adults (Women, Men): Pharma and natural/herbal interventions equally researched and the impacts on development identified, instruments may need to be revised to capture youth, family needs not just clinicians	ACB populations needs to play a central role in leading investigations, mentoring and or less gate keeping may be needed
Prioritize ACB researchers as investigators that demonstrate anti-oppressive practice	Accountability to ACBC populations	Identify promising practices and improve

Socio-Behavioural Track		
Prevention	*Systemic & Sectoral Accountability	*Maturing PHA's (use a Lifecourse/span approach)
Evaluative research for prevention programming	Institutional barriers to services/ lack of co-ordination	What do we and don't we know about how BPHA's are affected by aging
Identify Best Practices in prevention programming	Impact of racialization and racism on populations	Services need to be tailored to reflect the issues and joys of maturing
*Identify and include how power imbalances and domestic violence affect HIV prevention	Link between racism, poverty & challenges implementing health promotion strategies	Identify & respond to isolation and issues of: relationships, engagement & involvement
Sex health education for all youth esp. 13yrs+, follow up info learned in the Toronto Teen Survey (HIV prevention may need to start earlier using age appropriate materials if action needs to be implemented in the teen years, info to acknowledge kids at Poz too)	Employment	What steps & resources are in place in senior housing/homes to address the issues of stigma and chronic disease that may affect BPHAs
*Criminalization & Disclosure	Capacity Building	Population Specificity
Impact on BPHA's and their respective communities	Greater involvement of Black researchers from various disciplines	*Focused in-depth research concerning ACB women and reproductive health
Increase in cases of black PHA's being prosecuted	Mentoring by PI's of ACBC researchers	Delivery of health services should be anti-racist, anti-oppressive

More dialogue regarding disclosure: why/when/who/where and related legalities	BPHA involvement in research should not be limited to PRA's/Coordination level only	Specific trials that address the needs and concerns re: medications prescribed ACB women
*Involvement/Engagement of Heterosexual Men		*Second Generation HIV Positive Youth
How do we engage heterosexual men in sexual health		Capacity building/empowerment
Space and services for HIV+ heterosexual ACB men		Positive spaces – more culturally appropriate & non-oppressive services for ACB youth
How to evaluate and share from existing/emerging programs		Understand the issues and challenges faced by positive ACB youths
There is not enough dialogue about sexual education between older men and young men		Programming to support ACB youth move through the development and identity challenges inherent to tweens/teens within the context of ACB community, recognizing race, gender, sexuality etc

APPENDIX D – EVALUATION FINDINGS

The following figures summarize the evaluation findings from participant evaluation forms at the end of Day One and Day Two. Figure 1 summarizes evaluation feedback for the usefulness and relevance of the research presentations provided on Day One.

Figure 1

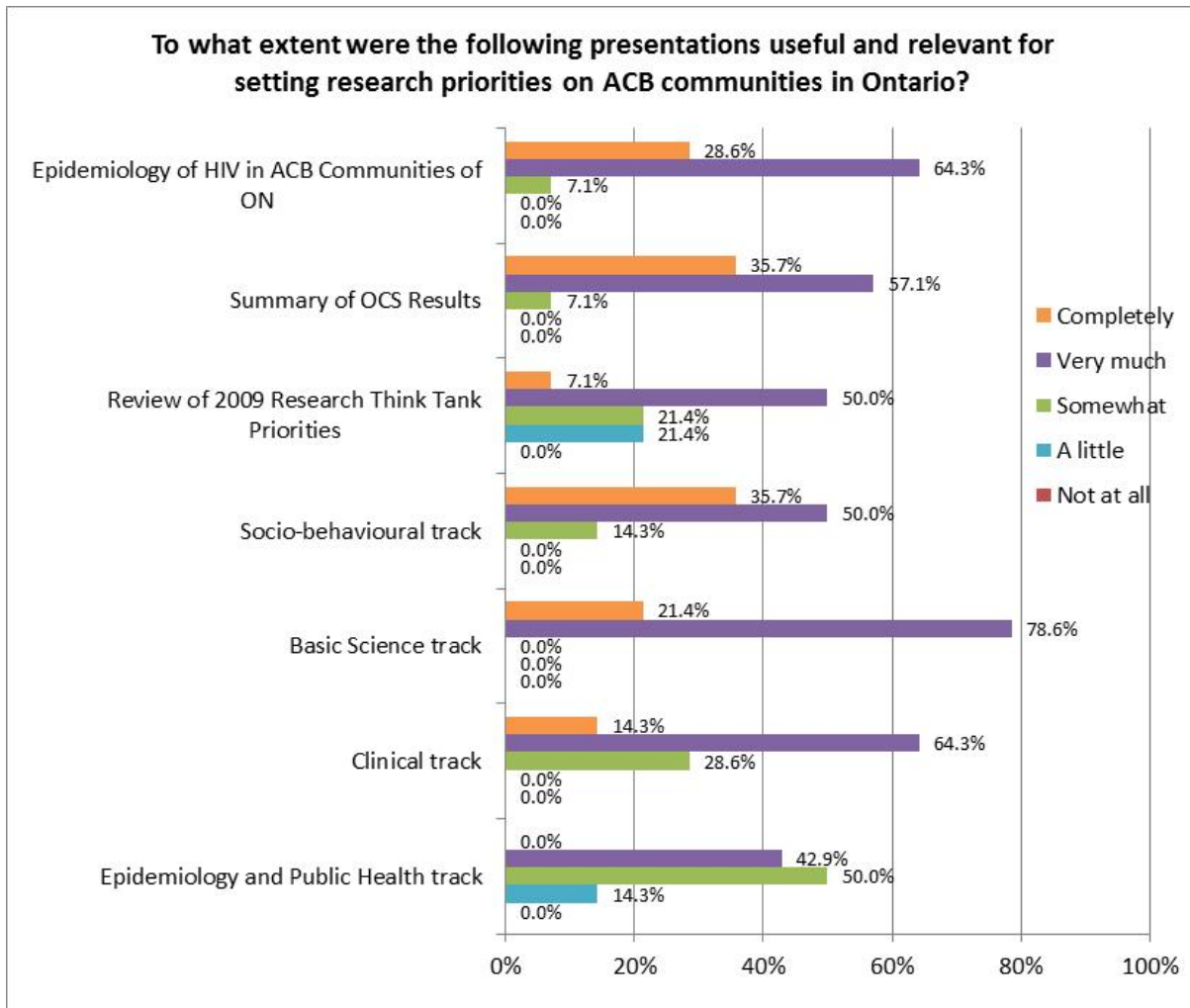
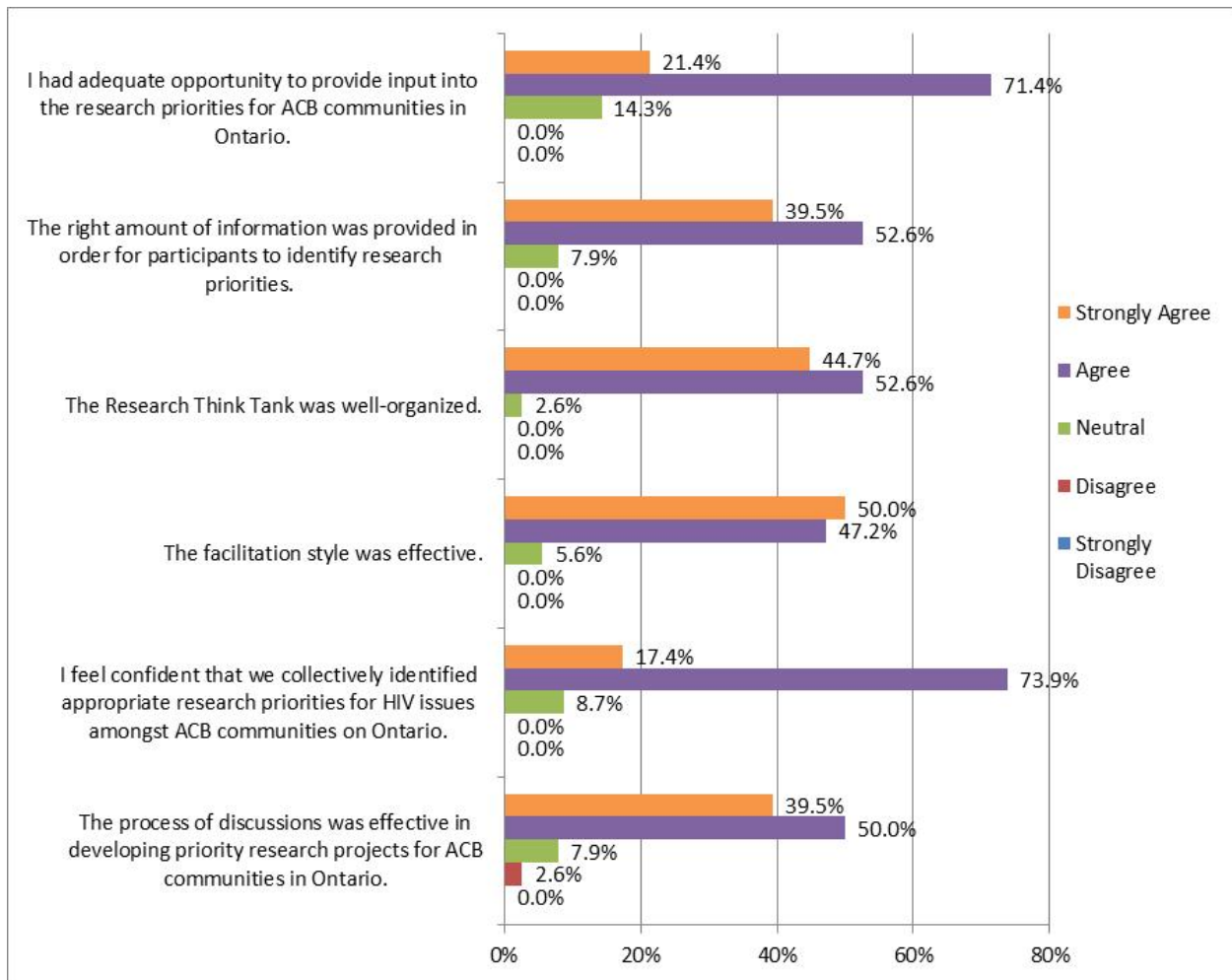


Figure 2 below provides a summary of the evaluation feedback for the Research Think Tank's outcomes and processes. According to the majority of participants, the Research Think Tank resulted in the identification of appropriate research priorities for ACB communities in Ontario. The majority of participants also felt that an adequate amount of information was provided to inform the priority setting discussions, and that the Research Think Tank was well-organized and well-facilitated.

Figure 2



The participants were asked to complete the following sentence: ***"My personal follow-up action item after this Research Think Tank will be to..."***

- 🔗 strategize on funding/networking opportunity
- 🔗 connect with the people I had discussions with about potential collaborations
- 🔗 to continue to try to get involved with the ongoing work of ACCHO and WHIWH
- 🔗 connect with researchers and develop projects that were discussed in the break-out groups
- 🔗 continue the dialogue with some of the participants
- 🔗 make sure feedback mechanisms are put in place to make sure there is KTE for PHA communities
- 🔗 work with other research coordinators and junior researchers to plan an informal meeting to discuss best practices and also assist with working on terms of reference for engaging peers in research
- 🔗 find out more about the report and the priority issues condensed
- 🔗 looking forward to seeing the report and determining my role following this
- 🔗 PHA involvement, want report
- 🔗 contact individual stakeholders

- 🚫 follow up with my group members to critically inform the outer community what the research priorities discussed
- 🚫 implement and conduct research based on priorities of care, stigma and best practices
- 🚫 follow up on cohort of children living with HIV and what happens after they leave this cohort
- 🚫 the project identified at my table
- 🚫 several projects that I am interested in were proposed and I will participate in them
- 🚫 champion the priorities to other researchers and funders

The participants were asked: **“For future meetings on research with/for/about ACB communities in Ontario, what topics would you like to see covered?”** Their responses are summarized below (the numbers in brackets indicate the number of individuals who provided similar comments):

- 🚫 Decolonizing and intersectional methodologies; alternative methodologies (e.g., narrative) (3)
- 🚫 aging with HIV
- 🚫 ownership and empowerment of policies impacting ACB communities
- 🚫 taking stock of existing research findings and application of those findings to programs and policies; report back on follow up from priorities picked (2)
- 🚫 engagement of ACB community members in research, including but not limited to PHAs and researchers (3)
- 🚫 priority subpopulations: immigrants, refugees and newcomers; MSM; transgendered people; youth; youth in custody; sero-discordant couples; affected family members; pregnant women living with HIV (5)
- 🚫 being proactive in HIV research rather than being reactive
- 🚫 prevention strategies with youth
- 🚫 apathy within the ACB population
- 🚫 clinical research in Ontario; mental health issues; alternative meds (3)
- 🚫 stigma study follow up beyond what was done in GTA
- 🚫 building research capacity / mentoring
- 🚫 KTE methods aside from conferences, etc. (e.g., theatre)
- 🚫 migration as a determinant of vulnerability and effective frameworks to capture migration experiences

The participants were asked if they had any **general comments** about the Research Think Tank. Their responses are listed below (the numbers in brackets indicate the number of individuals who provided similar comments):

- 🚫 after Day One, request to stick to time on agenda (3)
- 🚫 well done, great work, very interesting, learned a lot, great discussions (5)
- 🚫 all the presentations were very informative
- 🚫 more discussion and input from all participants
- 🚫 need more complete and appropriate analysis for OCS
- 🚫 I feel that the priorities are probably appropriate, but it is hard to judge in the moment. Looking forward to seeing the report so I can see how it all fits together.
- 🚫 Thank you (2)
- 🚫 Meaningful PHA engagement in this dialogue was not adequate (2)
- 🚫 the topic range was very good; there were too many ideas identified as priorities; there needs to be a stricter prioritizing exercise with fewer priorities emphasized for feasibility and effectiveness

- 👤 excellent workshop; perfect meeting (2)
- 👤 representation of some specific populations that are ACB
- 👤 more people with interest should be invited to the table. It was great to see inclusion of people outside the GTA.