

ADAPTING A CANADIAN DIASPORA
HEALTH PROMOTION INTERVENTION
CROSS CULTURALLY TO ADDRESS HIV
STIGMA IN SHANGHAI, CHINA

Alan Li, M.D.

OHTN Research Conference 2012

Acknowledgement

- The Canada-China Project Team:
 - ▣ The Shanghai Municipal Centre for Disease Control (SCDC)
 - ▣ The Jian An District Centre for Disease Control
 - ▣ University of Toronto, Dalla Lana School of Public Health
 - ▣ Dr. Xue Yi Le, Dr. Jin Ma Ren, Dr. Zhu Xiao Zhun,
 - ▣ Dr. Lai Yi Kang & Dr. Liviana Calzavara



□ Prevention, Care and Support for Vulnerable Populations at Risk of HIV and STI in Shanghai, China”

Principal Investigators: Liviana Calzavara, and Lai Yi Kang

Co-Investigators: Robert Remis, Qi Chao Pan, Ted Myers, Zhen Ning, Alan Li,, Hui Fang, William Flanagan, Sheng Nian Zhang, Irving Salit, Ming Hua Zhuang, Carol Major, Ping Zhong

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Key Components of the Project

□ Four research projects

- intervention trials, HIV/STI prevalence, cross-sectional and longitudinal socio-epidemiologic surveys, qualitative studies
- populations: construction workers (N=1871), female sex workers (N=751), men who have sex with men (N=977), people living with HIV (N=64) and service providers (N=78)

□ Policy review

- document review & synthesis, interviews with key policy makers, think-thanks, visit to Canada, recommendations research projects

□ Training and capacity building

- internships, symposia, lectures, workshops, applied learning
- public health practitioners, clinicians, laboratory specialists, epidemiologist, policy makers, community members

PHA Project Objectives

- Explore the barriers/challenges faced by PHAs in accessing testing, treatment and support
- Explore strategies to address barriers faced by PHAs
- Develop and pilot capacity building activities for PHAs and health care providers to facilitate effective responses to identified challenges

Study population (context):

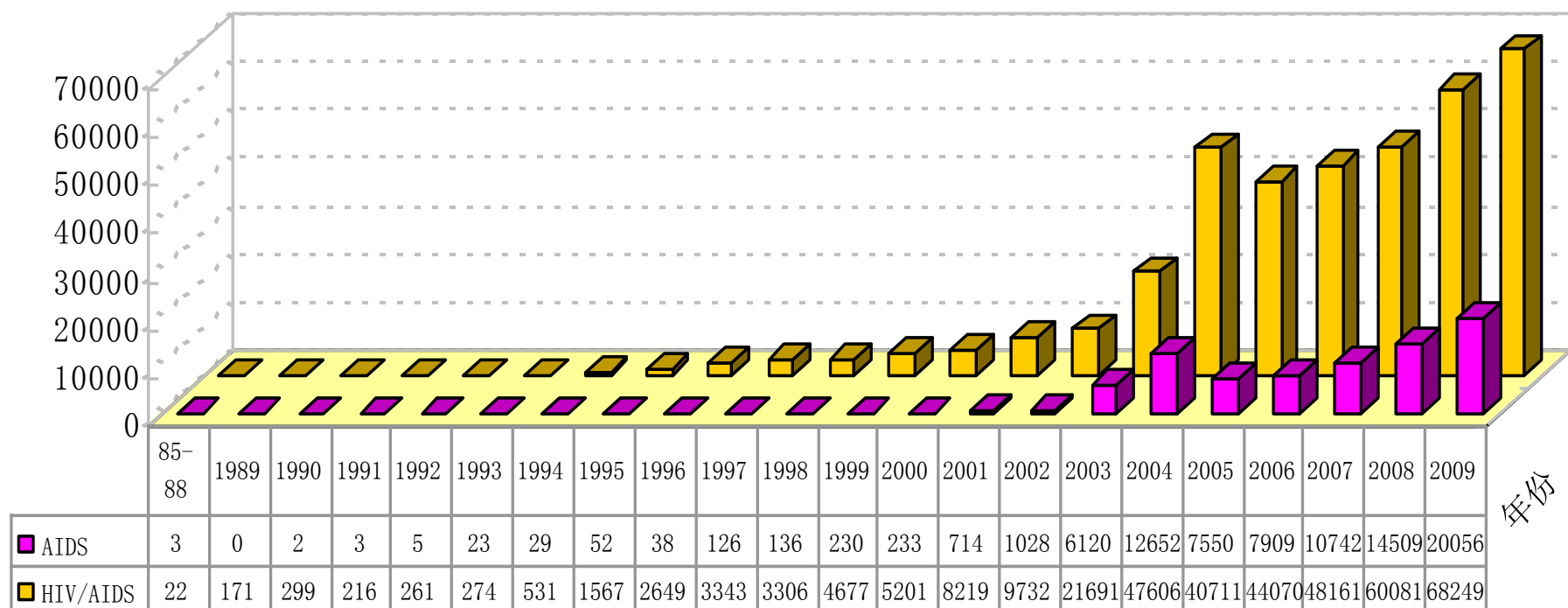
□ **China:**

- 1.4 Billion people, fast growing economy
- Single party government, restrictions on social media
- 700,000+ HIV cases (31% female, 45% heterosexual, 42% IDU, 12% MSM) mostly rural
- New cases increasing: 48161 (2007) to 68249 (2009)

□ **Shanghai:**

- 23 million people, over 6 million migrant workers
- HIV cases increased from 2372 to 5992 from 2006 to 2010 (88% men)

Annual reported HIV & AIDS cases in China 1985-2009



Source: China State Council AIDS Working Committee and UN Theme Group on AIDS

Study Population

- People living with HIV/AIDS in Shanghai: N=50
 - 28 individual interviews + 22 focus group interviews
- Health service providers/Caregivers: N=46
 - 6 Focus groups:
 - Policy makers,
 - NGO,
 - Families & community caregivers,
 - CDC staff,
 - Physicians,
 - Allied health professionals

Research project processes

Research development

- International research partnership development
- Team building and training on qualitative research methods

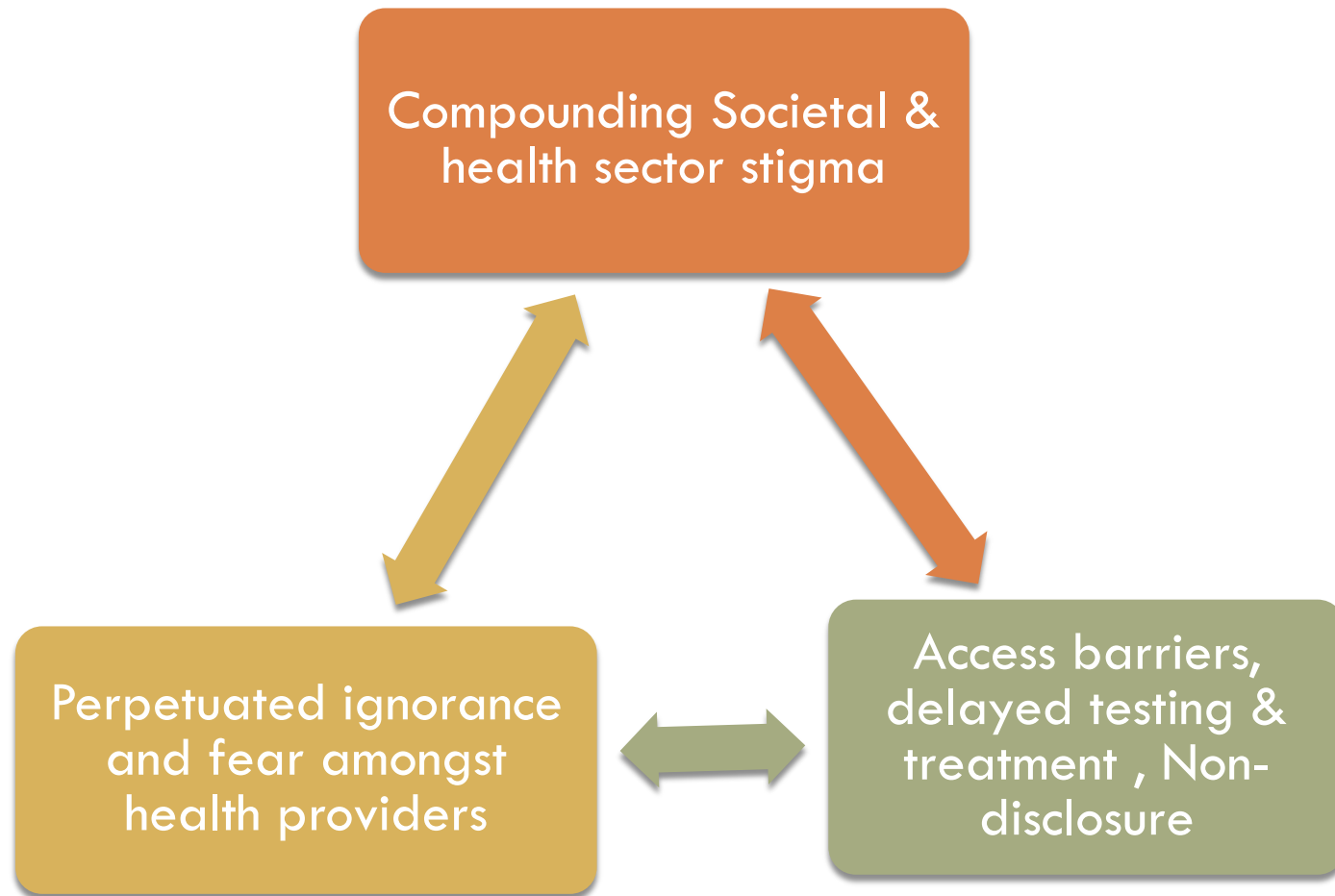
Data Collection & Analysis

- Develop and pilot test research instrument
- Individual interviews & focus groups of PHAs, caregivers, service providers and policy makers
- Collaborative team data analysis & recommendations development

Interventions

- Findings informed capacity building interventions for PHAs and service providers
- Pilot & evaluate interventions for long term policy and service recommendations & knowledge transfer exchange

Key Findings & Rationale for Intervention



Project Capacity Building Interventions

Pilot training intervention to address stigma and disclosure challenges & PHA capacity building

- *“Let’s Talk: A workshop to improve communication between PHA and health service providers”*
- 2 training modules: 1 for PHA 1 for health care providers
- Adapted from Canadian PHA capacity building module: Ethno-racial Treatment Support Network’s Can We Talk

Target populations

- People living with HIV/AIDS (14)
- Health care providers not currently involved in active HIV care, but are likely to be serving PHAs in some settings, e.g. emergencies, obstetrics, general practices. (16)
- Workshops co-facilitated by PHA and health care providers

Training Objectives

- To gain knowledge on issues and barriers affecting effective communication between PHAs and health care providers
- To increase awareness and skills in disclosure of HIV status in health care settings
- To learn and practice strategies to improve communication between PHAs and health care providers

Actual participants

- PHAs (N= 14) from 9 different CDC districts' peer support groups/networks (half of all CDC districts)
- Health care providers (N=16) from 14 different hospitals and clinics, including dermatology, STI, Obstetrics, ER, Infectious Diseases, Oral/dental, Internal medicine, Public health, Health promotion departments.

Adapting the ETSN training module

Canadian Model	China model
Focus on communication & advocacy skills for PHAs (& providers)	Focus on communication skills of PHAs & anti-stigma awareness of service providers
Providers and PHAs trained/interacted together in 1 session	PHAs & providers trained separately in 2 sessions; PHA panel to present to health providers
Case scenarios developed by program participants	Case scenarios developed & pre-approved by research team & CDC staff
PHA facilitators trained to co-lead training	Peer facilitators with little advanced training

Training curriculum

- 2 parallel but different training modules, one for PHA and one for health care providers, each about 2.5 hours
- Training Content include:
 - ▣ report on key findings from research study (establish relevance)
 - ▣ Small group work on case scenarios with scripted instruction for health providers and PHAs
 - ▣ Small group role play scenarios, identify strategies to address challenges and debrief in large group
 - ▣ Facilitators to summarize and identify follow up steps, including provision of informational resources

Case scenarios

- Newly diagnosed PHAs with complex emotional needs
- Married MSM with recent HIV diagnosis unwilling to disclose to wife and continue to engage in high risk activities
- PHA under treatment with undetectable viral load, injured at work and accompany by co-worker to ER for suture who are unaware of his status

Participant evaluation

On achievement of objectives:

- Increase awareness of communication/disclosure challenges (**87%** highly /completely successful)
- Reduce health providers' stigma and discrimination towards PHAs (**82%**)
- Explore skills and strategies to improve disclosure & communication (**87%**)

Results/Recommendations

- Presented to Multi-sectoral Policy Makers KTE forum
- Jan 12, 2012
- Shanghai



Impact/Next Steps

- Enable capacity building in both government stakeholders and affected communities
- Provide positive example that facilitate government buy-in on affected community capacity building & inter-disciplinary collaboration on future projects
- Government and collaborating partners to adapt and integrate training interventions into core provider and affected community training

Thank you!

- For more information contact:
- Alan Li, M.D.
- alanli@inspiract.com