



Black PRAISE

Building knowledge about HIV and reducing HIV-related stigma among Black congregations in Ontario, Canada

This fact sheet focuses on how the Black PRAISE¹ intervention helped Black congregations in Ontario strengthen their understanding of HIV and reduce their level of stigma related to HIV.

Introduction

Black PRAISE is an intervention or program to reduce HIV-related stigma among African, Caribbean and Black (ACB) church congregations, and build their knowledge about HIV.

ACB communities in Ontario is one of the key population groups affected by HIV. In 2015 and 2016 combined, Black people accounted for 23% of new HIV diagnoses in Ontario, yet they comprised only 5% of the province’s population.² This general pattern is roughly similar among ACB people on the national level.³

A team comprising mainly ACB researchers and health and social service providers developed Black PRAISE in collaboration with pastors, policy makers, health and social service providers and community advocates. The team tested the intervention among six ACB congregations in the Greater Toronto Area (GTA) and Ottawa.⁴

The Black PRAISE intervention

The intervention comprised three types of tools or resources:

- A booklet that provided information about HIV transmission, HIV testing, care and treatment and HIV prevention. It also provided basic statistics to illustrate how HIV affects ACB communities in Ontario, how the economic and social system makes some population groups more vulnerable to HIV, and links to relevant resources. The booklet ended with a call to action regarding the importance of promoting HIV prevention
- A sermon delivered by the pastor that addressed issues of compassion, love and social justice
- A video that featured ACB people talking about their experiences with stigma, how stigma affects ACB communities and the roles that churches can play in reducing HIV-related stigma.

The tools addressed three components of stigma:

- Inappropriate fear of transmission (due to lack of knowledge about HIV, misconceptions about HIV transmission and testing)
- Negative judgments or beliefs about people living with HIV (e.g., blaming and shaming);
- Compound stigmatization (where HIV-related stigma combines with other pre-existing forms of stigma or discrimination such as racism and homophobia).

Pastors and other key congregants implemented the intervention in their respective churches over a 6-week period, beginning with distributing the booklet and ending with screening the video. All items were delivered to the congregation at the main Saturday or Sunday services on an agreed schedule.

Testing whether the intervention affected congregants' level of HIV-related knowledge or stigma

The congregations also participated in a series of surveys before and after the intervention to determine if the intervention was successful (i.e., to find out whether participants became more knowledgeable about HIV and reduced their level of stigma against people who are living with HIV).⁴ Staff and volunteers from community-based health agencies and the churches coordinated the surveys.

The three surveys took place over a six-month period: a baseline survey prior to the

intervention, another survey immediately following the intervention, and the third survey three months later. The surveys assessed each congregant's HIV knowledge by asking them to answer 18 "true" or "false" questions about HIV transmission. The surveys measured stigma by asking each participant to indicate their level of agreement/disagreement with 25 statements about people living with HIV.

The intervention worked if:

- Congregants became more knowledgeable about HIV after receiving the intervention, compared to their level of knowledge at baseline (i.e., before receiving the intervention)
- There was a decrease in stigma after congregants received the intervention, compared to their level of stigma at baseline

Who participated in Black PRAISE

Among the six churches, 173 congregants participated in the baseline survey and one or both follow-up surveys, as follows:

- 78 people did all three surveys
- 61 people did the baseline and the first follow-up survey only, and
- 34 people did the baseline and the second follow-up only.

The majority of participants were Christian (99%), women (74%), heterosexual (98%), and regular church attendees (82%). They tended to be older (40% were 40-59 years of age). Two out of every three participants had an annual income of less than \$60,000. In terms of their connection to HIV, 27% had ever tested for HIV, and 20% had worked or volunteered in an HIV program at some time.

Did the intervention work?⁴

HIV knowledge

Participants increased their knowledge about HIV after participating in the intervention:

- Among the 78 congregants who completed all three surveys, their average knowledge score was significantly higher after the intervention (71.8 at the first follow-up and 73.3 at the second) than before (63.2 at baseline).

A similar pattern was evident for the other groups of congregants who completed the baseline survey and at least one follow-up.

HIV stigma

Congregants also decreased their level of stigma after participating in the intervention:

- Among the 61 participants who completed the baseline and first follow-up surveys only, the average stigma score was significantly lower at follow-up (49.6) than at baseline (52.2)

- Among the 76 participants with the highest level of stigma at baseline (i.e., higher than the baseline average), the average stigma score at follow-up (54.0) was significantly less than the score at baseline (59.5).

The reduction in stigma depended on the number of intervention components to which participants were exposed. Congregants who were exposed to two or more components significantly reduced their level of stigma compared to those who were just exposed to one educational tool.

Looking Forward

After participating in the intervention, congregants became more knowledgeable about HIV and reduced their level of stigma towards people who were living with HIV. These changes will create a more nurturing and supportive environment for addressing HIV among participating ACB churches and in the wider ACB community.

Black PRAISE also demonstrates that engaging communities to develop and implement HIV programs is an effective strategy for addressing HIV.

Footnotes

¹Pastors Raising Awareness and Insight of Stigma through Engagement

²Ontario Community HIV and AIDS Reporting Tool (OCHART), View from the Front Lines. (2017). *Annual summary and Analysis of data provided by community-based HIV/AIDS Services in Ontario*. Toronto, ON.

³Bourgeois, A. C., Edmunds, M., Awan A., Jonah, L., Varsaneux O, & Siu, W. (2017). HIV in Canada—Surveillance Report, 2016. *Can Commun Dis Rep*. 43(12): 248-56. <https://doi.org/10.14745/ccdr.v43i12a01>.

⁴Husbands, W., Kerr, J., Tharao, W., Calzavara, L., Greenspan, N., Muchenje-Marisa, M., Browne, O., Arnold, K., Luyombya, H., & Nakamwa, J. (2019). *Black PRAISE: Black Churches Respond to HIV-Related Stigma in Ontario, Canada*. Toronto, ON: Ontario HIV Treatment Network.

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