



Addressing the **Impact**:

RAISING HIV AWARENESS

IN **ACB** COMMUNITIES



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Our Website:



Why do Black communities have higher rates of HIV compared to others?

Racism creates inequities in access to essential resources like housing, education, employment, and health care. For African, Caribbean, and Black (ACB) communities, these inequities contribute to higher rates of HIV infection by creating barriers in accessing prevention and care services.

While ACB communities have made progress in reducing HIV rates, ongoing challenges such as racism, discrimination, and mistrust in the healthcare system can discourage individuals from seeking or continuing HIV prevention, treatment, and care services. Addressing these systemic barriers is essential for improving health outcomes and achieving equity.

Did You Know?



Black people represent 28% of all first-time HIV diagnoses in Ontario, despite being only 5.5% of the population.



In 2022, among ACB people with a first-time diagnosis of HIV, 45.2% were females 54.8% were males.



Between 2013 and 2022, ACB males accounted for an average of 61.5% of first-time HIV diagnoses among ACB people, while ACB females accounted for an average of 38.5%.



More than half (53.3%) of first-time HIV diagnoses among ACB people in 2022 were diagnosed in Toronto, followed by Ottawa (14.8%), Central West (12.3%) and Central East (11.5%).



ACB people with HIV are slower to link to care than other people living with HIV (19 days vs 16 overall) and take longer to reach viral suppression (105 days vs 91 overall).



The proportion of ACB people with previous evidence of HIV has been increasing since 2013 and was 46.6% in 2022.

How does racism in healthcare make it harder for ACB people to get HIV prevention and treatment?

While HIV can affect anyone, African, Caribbean, and Black (ACB) communities in Ontario are disproportionately impacted compared to their population size. This is due to social and structural factors such as homophobia, discrimination, poverty, unemployment and limited access to quality healthcare.

Racism in healthcare has a long history, with Black people having been harmed in past research studies. Today, systemic racism and direct discrimination continue to erode trust in the healthcare system, causing delays in seeking care. Implicit biases and stereotypes in healthcare settings can lead to inadequate treatment, making it harder for ACB individuals to access the HIV treatment and care they need.

Whether you are a newcomer or not, it is important to equip yourself with knowledge and support to challenge systemic racism and ensure you receive the care and treatment you deserve. The high rates of HIV/AIDS in ACB communities are not solely due to high-risk behaviours but are driven by structural inequalities that increase exposure to the virus and limit access to treatment.

Empowering Yourself to Overcome Barriers:



Know Your Rights! Learn about your rights as a patient and the services available to you.



Advocate for Yourself! Speak up about your needs and ask questions during healthcare visits. If you are unable to or uncertain, bring a trusted friend/family/advocate.



Stay connected to community and resources!

Engage with Community-based HIV organizations and other organizations that provide culturally relevant support and advocacy.



Seek Support! Join networks or peer support groups that empower ACB individuals to navigate the healthcare system confidently.

How is HIV transmitted?

HIV is a sexually transmitted and blood-borne infection (STBBI) that is only spread through certain body fluids from someone who is **HIV-positive** with a detectable viral load. These fluids include blood, semen, pre-seminal fluid, breast milk, rectal fluids, and vaginal fluids. **HIV** can also be contracted through needle exchange. **HIV** cannot be spread through kissing, hugging, or sharing food. If you choose not to use condoms or other HIV prevention methods during sex, you are at risk of contracting **HIV**. **Do you know the HIV status of the last person you had unprotected sex with?**

What is the difference between HIV and AIDS?

HIV stands for human immunodeficiency virus. It is a virus that weakens the immune system by attacking the cells that help the body fight infections, making it easier to get sick. HIV is spread through contact with certain bodily fluids from someone who is HIV-positive, usually during unprotected sex or by sharing needles. With proper treatment, people with HIV can take medications that keep the virus under control (undetectable viral load) and live long, healthy lives without the virus developing into AIDS.

You have AIDS! You can't 'catch' AIDS—HIV can lead to AIDS only if left untreated. AIDS, which stands for acquired immunodeficiency syndrome, is the most advanced stage of HIV infection. While people often use HIV and AIDS interchangeably, they are not the same thing. Without proper treatment and care, HIV can weaken the immune system over time, eventually progressing to AIDS.

What is U=U and how does it apply to me if I am HIV negative?

If you are HIV-negative, you will not get HIV from a sexual partner who is HIV-positive and taking their antiretroviral medication and has an undetectable viral load (virus suppressed). This means their virus is so well controlled that it can't be passed through sex. This is known as Undetectable = Untransmittable (U=U).

If you take HIV treatment, receive proper care, and maintain a suppressed viral load (undetectable) before and during pregnancy, you will not pass HIV to your baby during pregnancy or delivery. To prevent transmission after birth, Canadian guidelines recommend feeding your baby formula instead of breastfeeding. If you are pregnant or planning to become pregnant, get tested for HIV and consult your healthcare provider to learn more about staying healthy and protecting your baby. U=U (Undetectable = Untransmittable) can ensure both you and your baby thrive.

Does having HIV mean I did something wrong or immoral?

No, having HIV does not mean you did something wrong or immoral. HIV is a sexually transmitted infection, and like other illnesses, anyone can be affected. Thanks to advances in research, people living with HIV can manage it and live healthy lives, just like with other chronic conditions.

Educating yourself about HIV is key to breaking harmful myths and reducing fear, shame, and blame. Many negative attitudes about HIV come from a lack of knowledge, which encourages stigma and discrimination. By learning the facts, you can help create a more supportive and understanding community for people living with HIV.

How can my family doctor help me stay HIV-negative?

Building an open and honest relationship with your family doctor is important for staying HIV-negative and improving your overall sexual health. Your doctor can offer regular HIV testing based on your sexual activities, prescribe PrEP (a medication that helps prevent HIV if you are at risk), and offer prevention tools and resources to support your sexual health.

If you are in a relationship with someone who is HIV-positive, your doctor can help you stay protected by ensuring your partner is on treatment and has an undetectable viral load (U=U). They can also give you advice on HIV prevention and connect you with support services to promote well-being.

Is it necessary to get tested for HIV if I am in a **monogamous relationship**?

The realities of monogamous relationships can vary greatly between relationships and is often based on emotional attachment rather than sexual exclusivity. For example, someone might say they are in love and only in a relationship with Sarah while also being sexually involved with Chris (Men who have sex with men). Many people have contracted HIV in relationships they believed were monogamous due to the breakdown of communication. Without honest conversations about sexual fidelity, commitment, and both partners' HIV status, the perceived safety of monogamy to forgo condom use and other HIV prevention methods such as PrEP could increase an individual's risk of HIV and other STIs.

It is important to remember that some people may be living with HIV and not know their status. The only way to ensure your safety is for both you and your partner to get tested and know your HIV status.

Are you sexually monogamous?

I am a woman, why should I consider **PrEP**?

HIV continues to disproportionately affect women, with new diagnoses still rising. PrEP (Pre-exposure prophylaxis) is a highly effective medication that cis-women and trans-women can use to prevent HIV infection. Taking PrEP empowers women to take control of their health, especially if they are having sex with someone who is HIV-positive or whose status is unknown. HIV continues to disproportionately affect women, with new diagnoses still rising. PrEP (Pre-exposure prophylaxis) is a highly effective medication that cis-women and trans-women can use to prevent HIV infection. Taking PrEP empowers women to take control of their health, especially if they are having sex with someone who is HIV-positive or whose status is unknown.

When taken as prescribed, PrEP significantly reduces the risk of getting HIV through sex or injection drug use. It is available as a daily pill or an injection, prescribed by a healthcare provider. PrEP is covered for many by the public Ontario Drug Benefit Program (ODB) and by most insurance plans. There are also programs that can help you access it. Speak to your healthcare provider or a community-based HIV organization to learn more about how PrEP can work for you.

I'm on PrEP, am I protected from other sexually transmitted infections (STIs)?

No, PrEP (Pre-exposure prophylaxis) is highly effective at preventing HIV when taken as prescribed, but it does not protect against other sexually transmitted infections (STIs). To reduce the risk of other STIs, it is important to use additional prevention methods, such as condoms. If you are taking PrEP, regular testing for HIV and STIs is a key part of your care. Routine testing helps detect and treat any infections early, ensuring your overall sexual health is maintained. Always consult with your healthcare provider to stay informed about best practices for prevention and care.

What should I do if I test HIV positive?

Testing positive for HIV can bring many emotions, like shock, denial, anger, or sadness. These feelings are normal, but it is important to know that HIV is manageable with treatment, and people living with HIV can live long, healthy lives. Testing positive does not mean you have AIDS, which is the most advanced stage of HIV. With proper treatment, you can prevent HIV from progressing to AIDS. Taking action quickly is key. **Here is what you can do:**



See a healthcare provider: They will check your health, review your medical history, and run tests to see how far the virus has progressed.



Start treatment right away: Antiretroviral therapy (ART) helps control the virus, and when used as prescribed, it can suppress the virus to Undetectable levels, making it Untransmittable (U=U).



Practice safer sex: Until the virus is undetectable, use condoms to reduce the risk of passing it to others.



Understand disclosure and the law: Learn about your rights and responsibilities around disclosing your HIV status. In Canada, laws about HIV disclosure and criminalization can vary depending on the circumstances. You can get more information from HIV & AIDS Legal Clinic Ontario (HALCO) to see what applies to you.



Seek medication coverage: In Ontario, HIV medications are covered by the public Ontario Drug Benefit (ODB) Program. If you are on the Ontario Disability Support Program (ODSP), there are no costs. Most private insurance plans also cover the medications, and pharmacy programs can help with co-pays. If you don't have insurance, connect with a community-based organization for support.

You don't have to face this alone. Talk to someone you trust and connect with a community-based HIV organization in your region. Understanding HIV and offering empathy is one of the best ways we can support each other.

Does looking and feeling healthy mean I don't have HIV?

No, looking and feeling healthy does not mean you are HIV-negative. The only way to know your status is to take an HIV test. HIV can be detected through a blood test, but some tests may not pick up the virus during the first 2 to 4 weeks of infection. This is called the "window period," and during this time, you can still pass the virus to others even if you recently tested HIV-negative. Always confirm your results with follow-up testing based on the advice of your healthcare provider.

HIV may cause flu-like symptoms shortly after exposure (e.g. fever, chills, rash, night sweats, or fatigue), but these symptoms often disappear. After this, the virus may remain in the body without causing symptoms while silently weakening the immune system. If left untreated, HIV can progress and become life-threatening. If you have had unprotected sex or shared needles recently, connect with a healthcare provider for testing and guidance. Early testing and treatment can save lives and prevent the spread of HIV.

How does using substances increase the risk of HIV and make it harder to adhere to HIV treatment?

Using substances can increase the risk of HIV through:



Sharing Needles or Drug Equipment: HIV can be transmitted through shared needles and other drug equipment.



Risky Sexual Behaviours: Substance use is often linked to unprotected sex and other behaviours that increase the risk of HIV infection.

Harm reduction programs, such as needle sharing and safer injection practices can help lower these risks by promoting hygienic and safe behaviors.

For people living with HIV, substance use can make it harder to adhere to treatment. Cognitive impairment during substance use can lead to missed doses of medication, which may affect overall health and treatment effectiveness. Seek support through healthcare providers and harm reduction services at community-based HIV organizations, which is vital for maintaining health and preventing HIV transmission.

How does the stigma around HIV in ACB communities make it harder to get prevention, testing, and treatment?

HIV stigma in ACB communities creates significant barriers to prevention, testing, and treatment. Negative attitudes and stereotypes, such as associating HIV with promiscuity or deviant behaviour, discourage people from knowing their status, seeking care, or discussing safer sex practices. Internalized stigma can lead to depression, isolation, and poor treatment adherence, ultimately affecting health outcomes.

Stigma is a major obstacle to accessing care, but ACB communities can help break this cycle. By offering support, speaking out against myths, and using nonjudgmental language, we can create a safe and inclusive environment. Remember, HIV can affect anyone, and with effective treatment, it can be suppressed to an Undetectable level, making it Untransmittable. Building awareness and compassion is essential for reducing stigma and encouraging access to care.

How do I know when is the right time to do an HIV test?

Regular testing is recommended for individuals in high-risk categories, including those with new sexual partners, those experiencing symptoms of acute HIV infection (such as fever, rash, and swollen lymph nodes), and those who may have had high-risk exposures, such as unprotected sex or sharing drug-use equipment. Advanced testing technology now shortens the diagnostic window, making testing more accessible and effective. HIV testing is crucial for African, Caribbean, and Black (ACB) communities who face systemic health disparities and stigma. The Ontario guidelines for HIV testing emphasize early detection and timely linkage to care to prevent transmission and support long, healthy lives for those living with HIV. Testing options include lab-based tests, rapid tests, and self-tests, with a shortened window period of six weeks for lab results.

Reducing barriers to HIV testing in ACB communities requires culturally responsive, non-judgmental care that addresses stigma and prioritizes privacy. Testing empowers individuals to protect their health and access prevention tools like pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). There are options to do anonymous testing, which ensures confidentiality or nominal (name-based) testing, which allows for seamless linkage to care and follow-up services, ensuring timely access to treatment and support if needed.

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