

Harambee! 2.0: Formative work addressing intersectional stigmas and HIV testing in African immigrant communities in King County, WA

Presenting for the Harambee! Team:
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Disclosures

No conflicts of interest or relationships to disclose.

Community partners

- **Ethiopian Health Board, Ethiopian Community in Seattle**
 - Rahel Schwartz
 - Sophia Benalfew, Hirut Libneh, Bethel Belay
- **Somali Health Board**
 - Farah Mohamed, Ahmed Ali
 - Mohamed Shidane
- **Eritrean Health Board**
 - Beyene Gebreselassie
 - Kifleyesus Bayru, Yikealo Beyene, Luwam Gabreselassie
- **UW students:** Shukri Hassan, Najma Sheikh, Nahom Daniel, Guiomar Basualdo
- **UW study team:** students + Farah Mohamed, Roxanne Kerani, Rena Patel

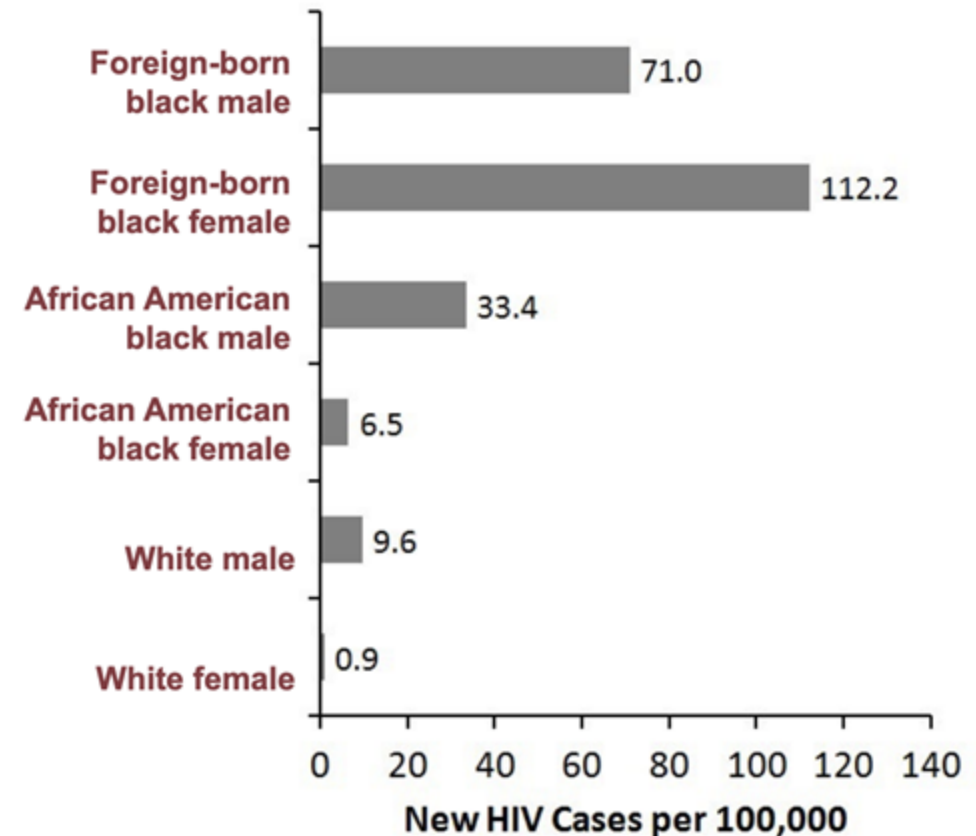


We acknowledge the Coast Salish peoples of this land on which we live and work, the land which touches the shared waters of all tribes and bands within the Duwamish, Puyallup, Suquamish, Tulalip and Muckleshoot nations.

HIV among African-born individuals

- **Disproportionate HIV burden**
 - Account for 2% of population, 10% of new HIV cases in King County, WA
- **Late presentation to care**
 - ~33% of African-born blacks newly diagnosed presented with AIDS
- **High retention and good treatment outcomes**
 - 93% linked to care within 3 months of diagnosis; 85% virally suppressed

HIV Rates by Race, Gender and Foreign-Born Status, Washington State, 2009-2013 **



Harambee! 1.0: Pilot HIV testing

- **Mixed methods, research-service project**
 - 6 “mini” health fairs in 3 residential complexes, April-May 2018
 - 18 key informant interviews
- **Integrated HIV testing**
 - HIV, hypertension, diabetes, cholesterol, obesity
 - Dental, mental, & child health, higher education, social services
- **High HIV testing uptake, but stigma**
 - >50% uptake of HIV testing, high prevalence of non-communicable disease
 - HIV-related stigma biggest barrier to HIV testing



Harambee! 2.0 Methods

- **Key informant interviews (KIIs) and focus group discussions (FGDs)**
 - Purposeful sampling by community partners, Oct. 2019-April 2020
 - People with HIV (PWH), health professionals, religious leaders
 - Conducted in community settings, in Amharic, Tigrinya, or Somali
- **Domains informed by Earnshaw model and covered:**
 - **KII:** 1) interactions with US healthcare system, 2) barriers to health screenings, 3) stigma, 4) intersectional stigmas, and 5) decreasing stigma
 - **FGD:** 1) stigma, 2) intersectional stigmas, and 3) stigma interventions
- **Inductive coding, thematic analysis based on consensus**
 - English transcripts, Nvivo 12.0, 3 main coders
 - Initial codebook based on guides, initial group coding

Results: Dominant themes

1) HIV-related and intersectional stigmas' impact on HIV testing behaviors

- Culture and stigma, social networks and cohesions, hierarchy of stigma
- HIV-related stigma, HIV diagnosis="death sentence"
- Intersecting identities of race/ethnicity, immigrant, non-English language preference

2) Community resources and resilience factors

- Social cohesion, religious leaders and institutions
- Existing community resources- community centers, health boards, health professionals
- Culturally-rich ethnic and social media, generational differences

3) Cultural beliefs/attitudes around preventative care

- Cultural and religious beliefs in shaping communities' views of healthcare
- Shared immigrant experiences

Building meaningful partnerships

- **Investing in process, time, & money**
 - Durable relationships and trust, being present and listening (only)
 - Mindful of larger inequities
 - Navigating “spaces” within communities, who is “community”?
- **Community-based participatory research (CBPR) principles**
 - Equity (e.g., equitable distribution of financial resources)
 - Justice (e.g., representation at all stages)
 - Sustainability (e.g., bidirectional capacity-building)
- **Inclusion of affected members in study team**
- **Partners led implementation**
 - Focus group discussion training
 - Use of non-English languages as appropriate

Maintaining meaningful partnerships

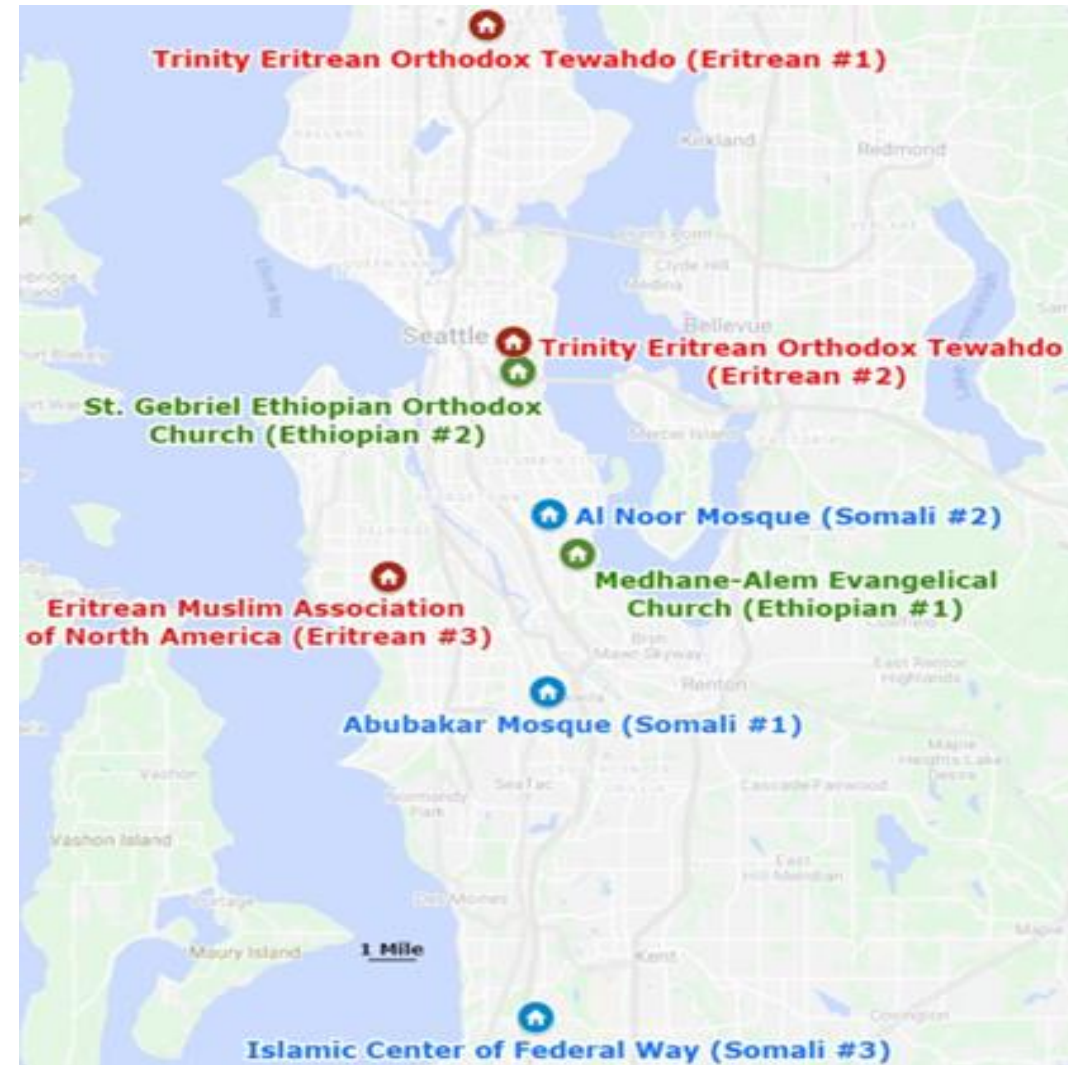
- **Fiscal commitment to partners**
 - More than half of the budget directly to partners
- **Equitable representation from the local communities on their own terms**
 - Meeting times dictated by partners
 - Co-investigator status on grants, co-authorship on publications
- **Equitable decision-making**
 - Consensus
- **Having community members lead**
 - Presentations from local to national venues
 - Intervention development for next phase

Shortcomings...

- **Bidirectionality**
 - How can researchers better help our community partners?
- **Leveraging our resources**
 - How can HIV researchers help address other health concerns in the communities?
- **Leveraging our power and presence**
 - How can researchers/professors/physicians/public health practitioners use their voices to help address issues facing these communities?
- **Leadership/faces of the work**

Future direction: Harambee! 3.0

- Partner with Ethiopian, Somali, and Eritrean communities and religious leaders
- **Aim 1:** Adapt and beta-test Project FAITHH
 - 8 module workshop, given over 2 sessions
 - Adapt for local communities and intersectional stigmas, via workshops and theatre tests
 - Beta-test 1-2 times/community
- **Aim 2:** Pilot stepped wedge cluster randomized trial
 - Combine Project FAITHH + integrated HIV testing in 6 clusters (2 religious venues per community, 200-300 people/venue)



Map 1: Potential faith venues

Thank You!

- STUDY TEAM, ESP. COMMUNITY PARTNERS AND STUDENTS
- ETHIOPIAN COMMUNITY IN SEATTLE, ETHIOPIAN HEALTH BOARD
 - Sophia Benalfew, Hirut Libneh, Bethel Belay
- SOMALI HEALTH BOARD
 - Ahmed Ali, Mohamed Shidane
- ERITREAN HEALTH BOARD
 - Kifleyesus Bayru, Yikealo Beyene, Luwam Gabreselassie
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 - Linh Nguyen
 - Qualitative core
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