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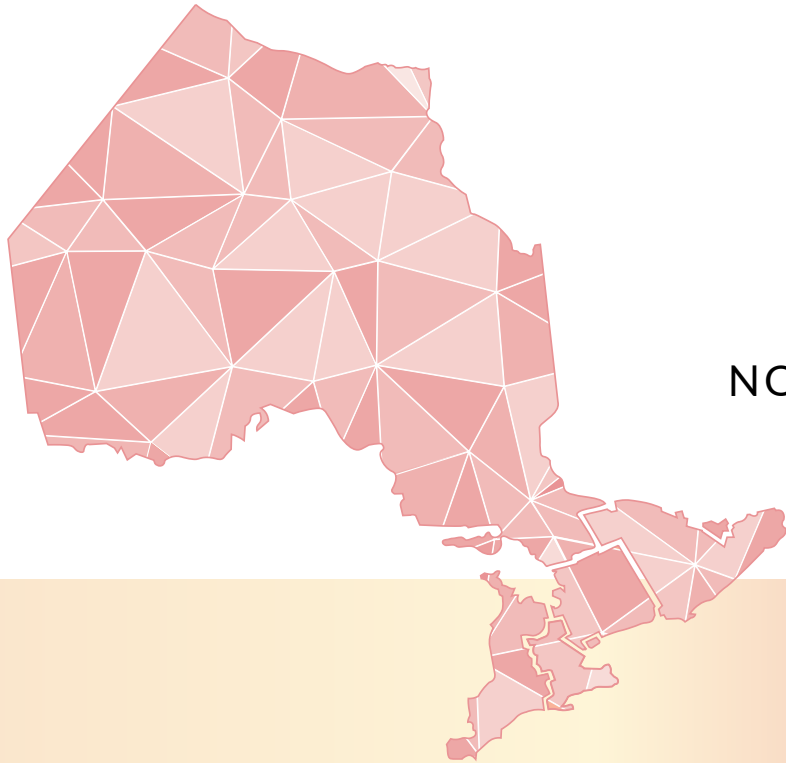
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Responding to the Impacts of HIV on African, Caribbean & Black (ACB) Communities in Ontario Using Collaborative and Innovative Models of Care



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PHO Black Health Series - March 3, 2026

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Disclosure

- Nothing to disclose

Learning Objectives

- Describe the HIV Epidemic in Ontario and how it disproportionately affects African, Caribbean and Black (ACB) communities in Ontario
- Describe the HIV prevention, testing, and clinical care landscape available to ACB communities
- Identify the core components of an innovative HIV Clinical model of care designed by and for Black people living with HIV
- Describe challenges faced and solutions implemented to maintain trust and collaboration with ACB communities in the context of HIV services
- Consider how to apply the strategies used to promote equitable access to HIV clinical care services and related adaptations to advance health equity in your own public health practice

Outline

- HIV Response in Ontario
- 2024 HIV Epidemiological Trends
- HIV Prevention, Testing and Clinical Care Landscape
- Innovative HIV Clinical Model of Care

PART I



The HIV Response In Ontario

Ontario HIV Treatment Network (OHTN):

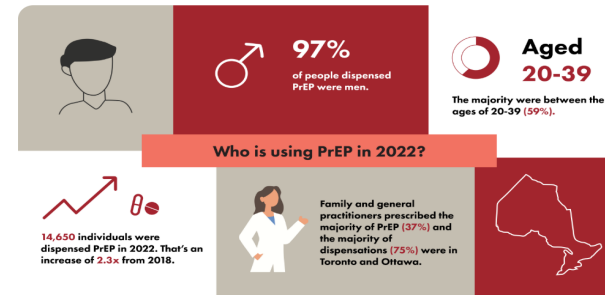
Our mission is to improve the health and lives of people living with HIV and at risk of HIV by using data and evidence to drive change.

Ontario HIV Epidemiology and Surveillance Initiative (OHESI) collaborative partnership between:

- Ministry of Health (MOH)
- Public Health Ontario (PHO)
- Ontario HIV Treatment Network (OHTN)
- Public Health Agency of Canada (PHAC)



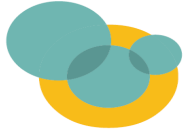
HIV in Ontario • Sharing Evidence • Improving Health



HIV pre-exposure prophylaxis (PrEP) in Ontario, 2022

[Download full report](#)





Categorizing HIV diagnoses in Ontario

FIRST-TIME HIV DIAGNOSES

People learning of their positive HIV status for the first time by having an HIV test in Ontario and:

- Do not report a previous HIV diagnosis inside or outside of Ontario
- Have no history of viral load testing in Ontario

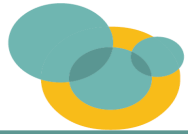
Note: This includes people who acquired HIV in Ontario and people who acquired HIV outside of Ontario but are having their first-ever positive HIV test in Ontario

PREVIOUS EVIDENCE OF HIV (PEH)

People who have a first-time positive HIV test in Ontario but report having a prior positive test outside of Ontario

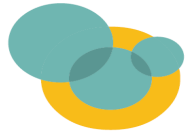
OR

People who have a first-time positive HIV test in Ontario but prior history of HIV viral load testing in Ontario

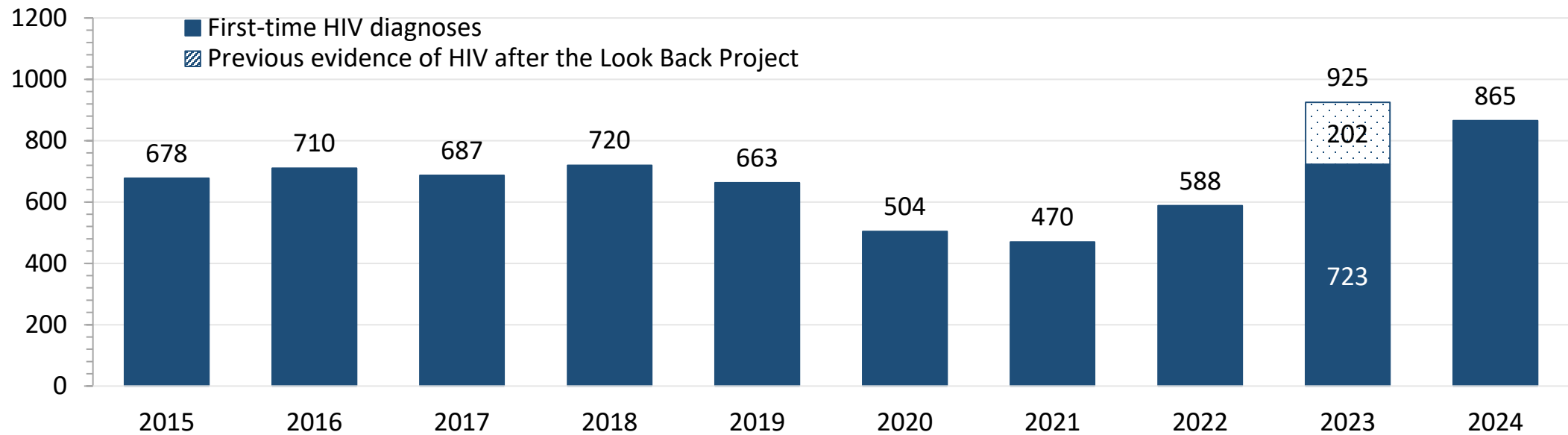


HIV Look Back Project

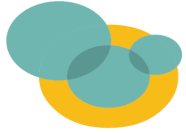
Background	<ul style="list-style-type: none">• Ontario’s HIV surveillance program uses data submitted by clinicians/providers when ordering HIV tests.• For some first-time HIV diagnoses, the ordering provider does not complete all the information on the testing form, leading to missingness in our data system for key variables of interest.
Purpose	<ul style="list-style-type: none">• Data quality project undertaken in 2024 by OHESI to better understand a significant increase in HIV diagnoses in 2023 and to improve missingness in data.
Methods	<ul style="list-style-type: none">• Select local Public Health Units supplemented missing data by conducting a retrospective review of their data systems and submitted this information to Public Health Ontario for analysis.
Key findings	<ul style="list-style-type: none">• With additional previous HIV test history data submitted, the number of first-time HIV diagnoses in 2023 decreased from 938 to 723.• Although absolute numbers for key variables of first-time HIV diagnoses in 2023 changed after the project, the proportion by age group, health region, exposure category and race/ethnicity category did not change suggesting that missingness in data for 2023 for these variables was random. The exception to this was the sex variable which changed by 5%.



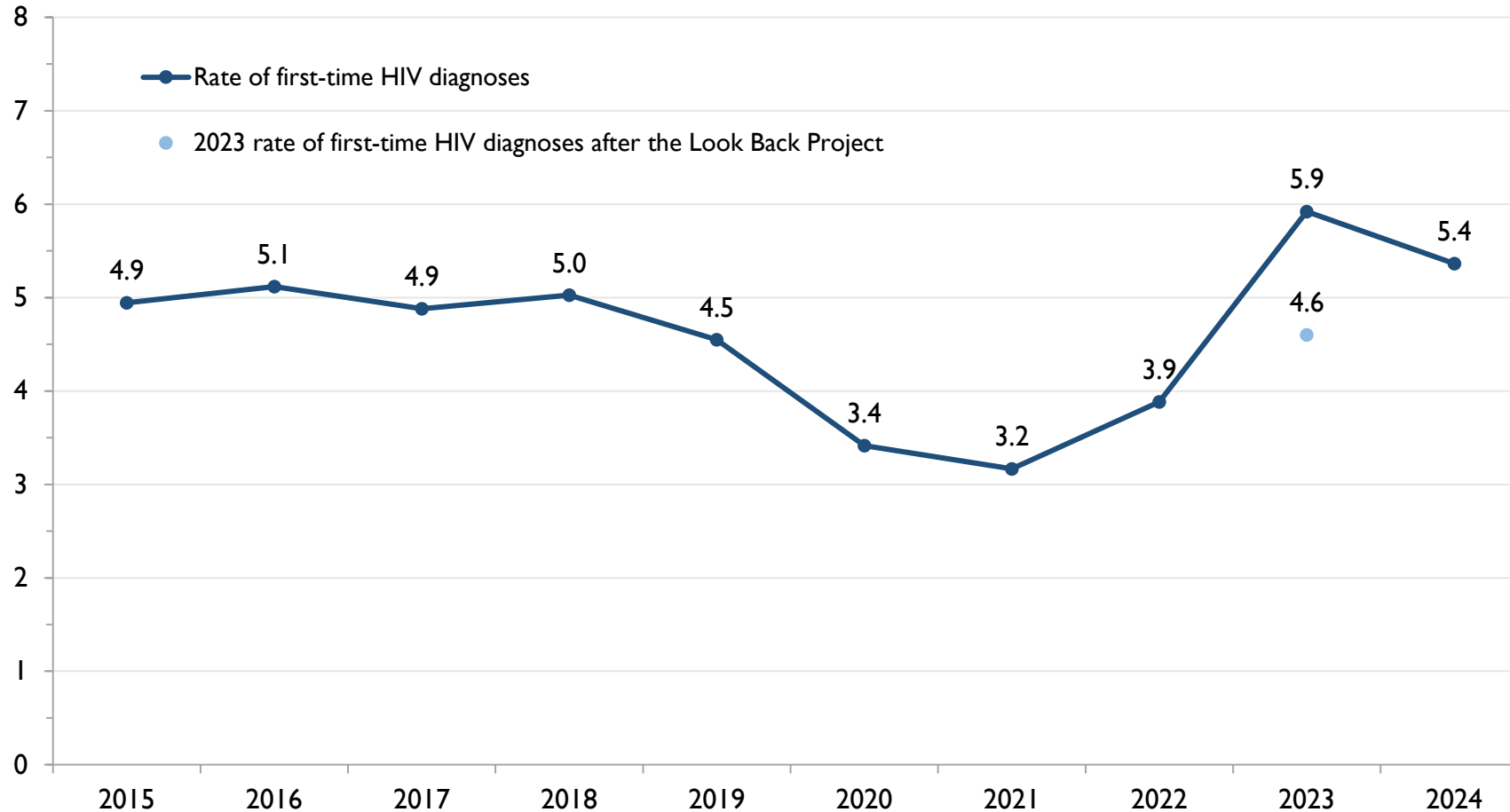
Number of First-time HIV Diagnoses, Ontario, 2015 - 2024



Takeaway: The number of first-time HIV diagnoses was stable from 2015 to 2019, declined during the COVID-19 pandemic (2020-2021), and increased again in 2022, 2023, and 2024. In 2024, there were 865 first-time HIV diagnoses, a decrease of 6.5% compared to 2023.

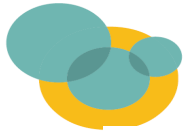


Rate of first-time HIV diagnoses per 100,000 people, Ontario, 2015 - 2024

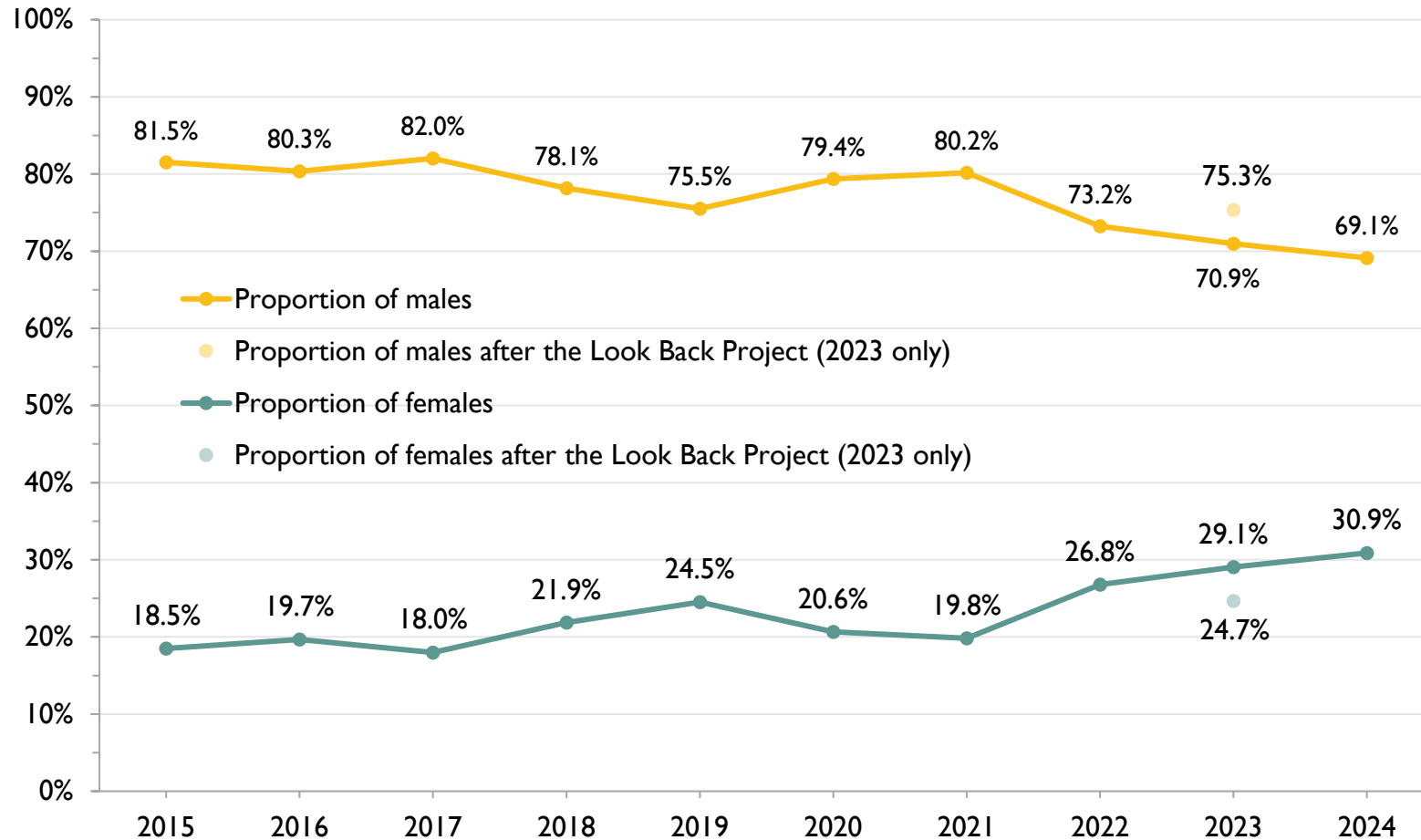


Key Messages

- After several years of stability from 2015 to 2018, the rate of first-time HIV diagnoses declined from 2019 to 2021. Rates began to rebound in 2022 and reached a high in 2023 before seeing a slight decline in 2024.



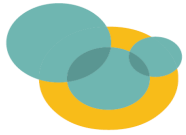
Proportion of first-time HIV diagnoses by sex*, Ontario, 2015 - 2024



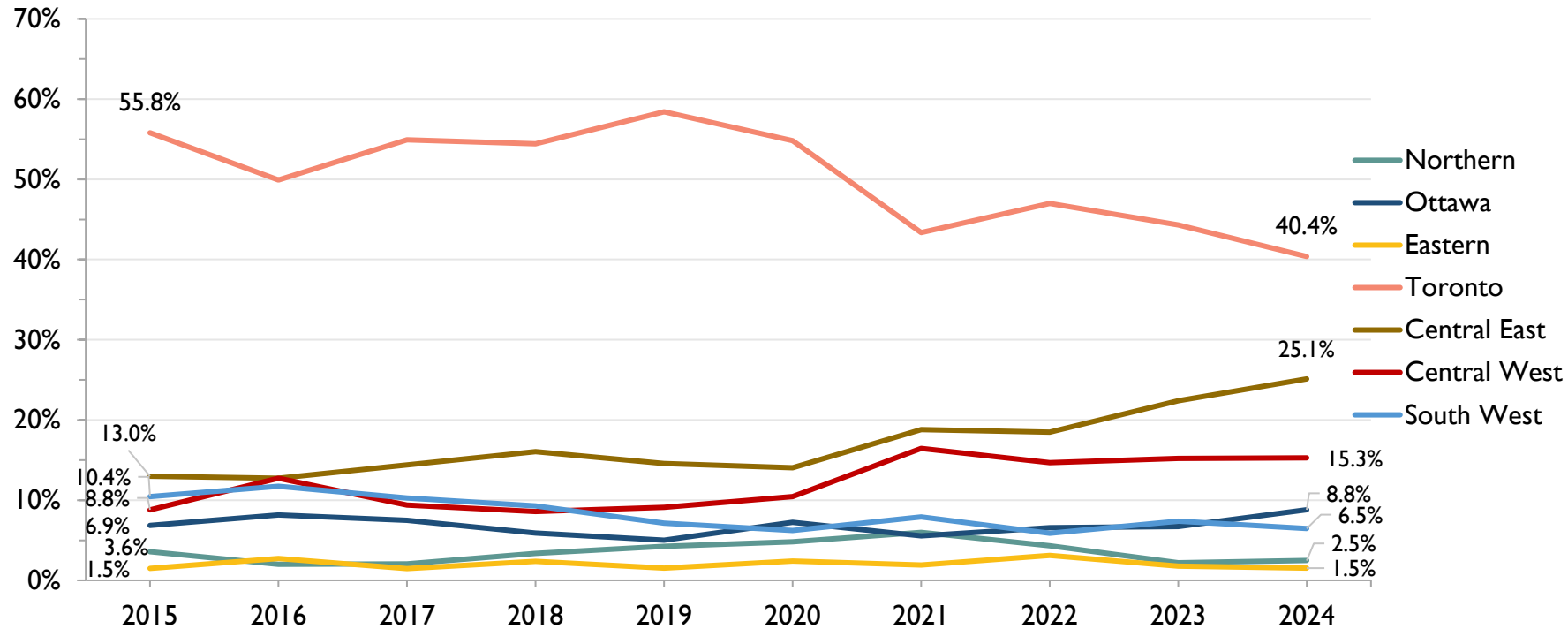
Key Messages

Between 2015 and 2024, males accounted for a greater proportion of first-time HIV diagnoses compared to females, however, the proportion among females has steadily increased over the past 10 years.

*Percent among those with known sex; average unknown sex ~1%



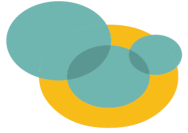
Proportion of first-time HIV diagnoses by region*, Ontario, 2015 - 2024



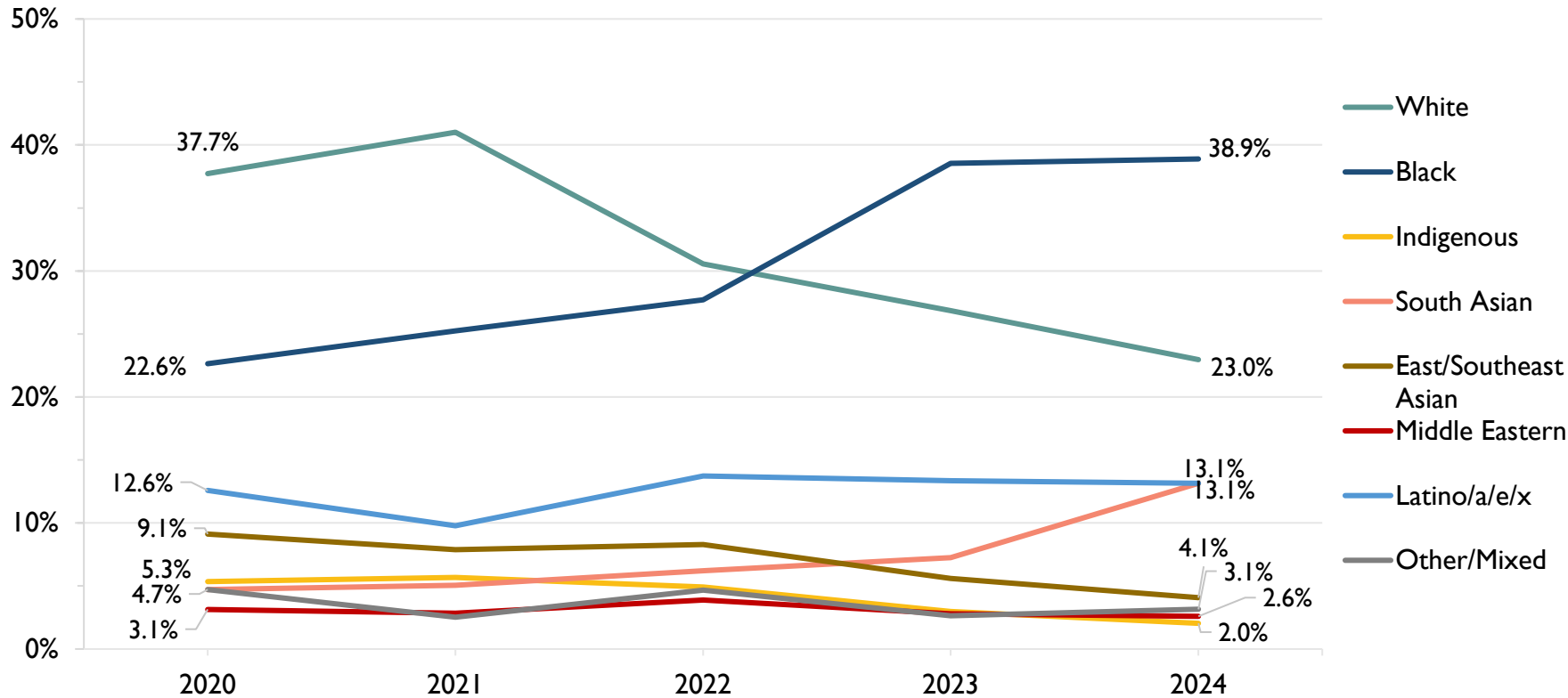
*Percent among those with known region; average annual unknown region ~1.2%

Key Messages

- Toronto continues to account for the largest proportion of first-time HIV diagnoses from 2015 to 2024, although its share decreased from 55.8% in 2020 to 40.4% in 2024.
- The greatest increases between 2015 and 2024 were seen in Central East from 10.4% to 25.1% and Central West from 8.8% to 15.3%.
- Proportions of first-time HIV diagnoses in other regions remained relatively stable overall with year-to-year variability and no sustained long-term shifts from 2015 to 2024.



Proportion of first-time HIV diagnoses by race/ethnicity*, Ontario, 2020 - 2024



Key Messages

- The proportion of first-time HIV diagnoses among Black individuals increased steadily from 22.6% in 2020 to 38.9% in 2024, becoming the largest reported group by 2023.
- Diagnoses among White individuals declined substantially over the same period, from 37.7% in 2020 to 23.0% in 2024.

*Percent among those with known ethnicity; average annual unknown ethnicity ~37.6%

In Summary

- In 2024, there were 865 first-time HIV diagnoses, a decrease of 6.5% compared to 2023.
- The proportion of first time HIV diagnoses in women has been increasing.
- Toronto accounts for the largest proportion of first-time HIV diagnosis, followed by Central East and Central West.
- Those who reported their race/ethnicity as Black accounted for the largest proportion of first time HIV diagnosis.

Inequitable Access to Healthcare

'Black and racialized communities face significant disparities in access to healthcare – Black (72.3%) adults had lower access than the non-racialized population (83.8%)'

Public Health Agency of Canada (2024)

For Black communities, accessing quality healthcare too often means navigating systems that neither see nor understand their unique needs.

The economic and social conditions that influence access include:

- Health status
- Income
- Education
- Employment
- Housing, and
- Experiences of discrimination.

What can we do for ACB People at Risk or Living with HIV?

- Identify how **Anti-Black Racism** fits into the overall picture with an eye towards the structural and social determinants of health
- Address **increased risk** across all the systemic issues
- Need **stigma-free healthcare experiences**, providers who understand that HIV does not discriminate
- Need **better, faster linkage to care**
- Increased and low-barrier **access to PrEP and PEP**
- More access via **primary care physicians**, not just HIV specialty docs
- Community-centred healthcare with increased access all health and social service environments

Targeted HIV Prevention, Testing, Clinical Care

- PrEP Scale up
 - Culturally competent PrEP delivery - Taibu & WHIWH
 - PrEPStart
- Targeted HIV testing initiatives
 - Self testing – Get a Kit (GAK)
 - Rapid HIV testing at HQ
 - KnowHIV Campaign
- Targeted HIV clinical care
 - HQ Rapid linkage to care
 - Blue Door Clinic for uninsured populations
 - Aya Circle of Care - Taibu

PART II



AYA Circle of Care

Dr. Notisha Massaquoi MSW, PhD

Assistant Professor

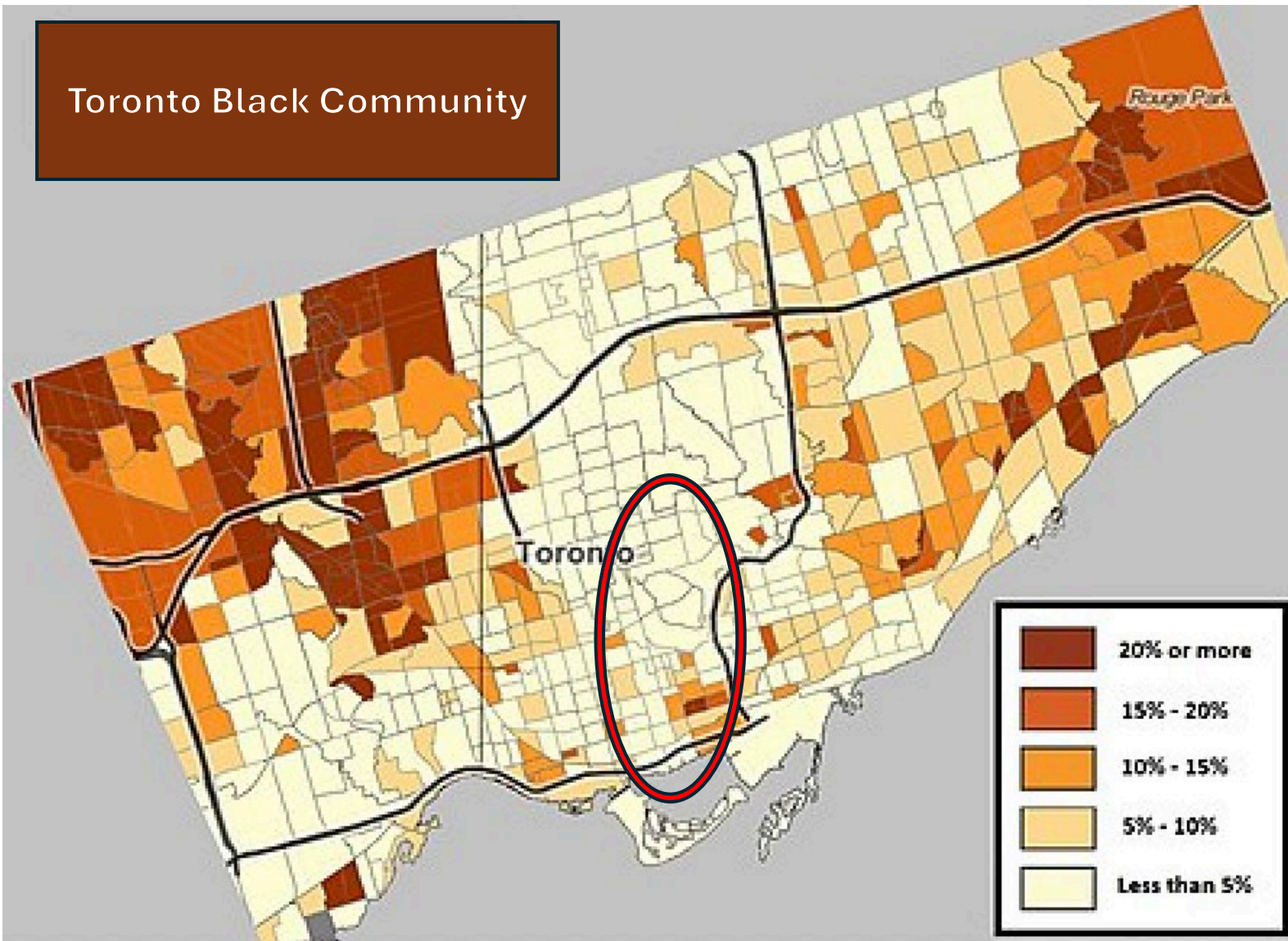
Department of Health and Society

University of Toronto, Scarborough

Founding Director: The Black Health Equity Lab

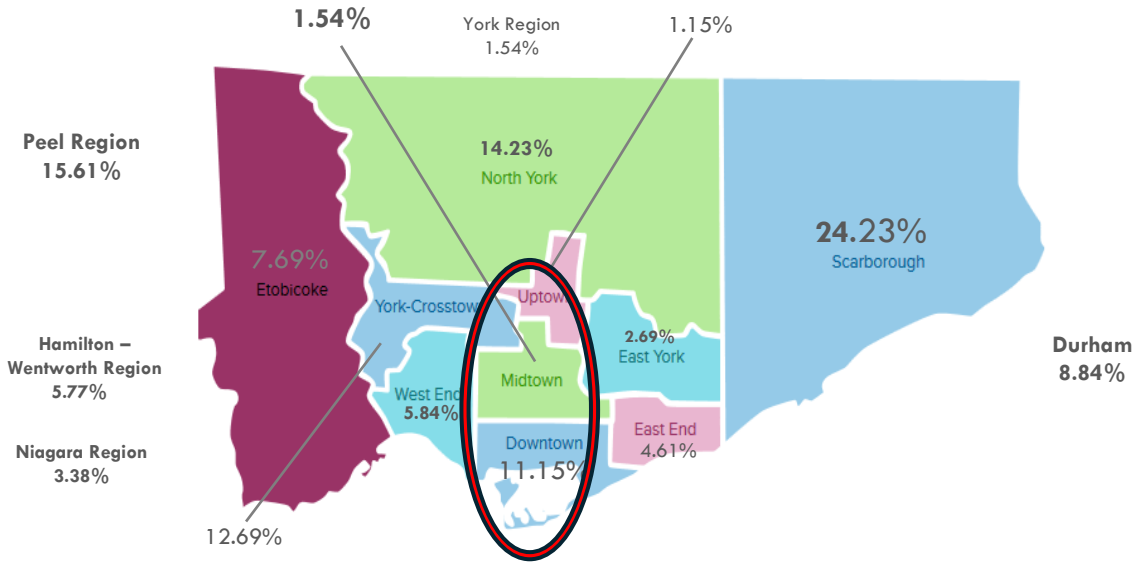


Toronto Black Community



Where HIV services are currently located in Toronto

Black HIV Client Mapping



Pilot Primary Health Care HIV Program for Black Families



Lower

Lower the percentage of Black people living with HIV not linked to primary care



Lower

Lower the estimated number of days it takes for the newly diagnosed to start medication initiation and receive a first viral load test



Lower

Lower the number of days it takes to reach viral suppression



Lower

Lower the burden of the Social Determinants of Health and reduce barriers to accessing care

Black Family Centered Primary Health Care HIV Program



The AYA Circle of Care

A Community Focused Approach
to HIV Care for You

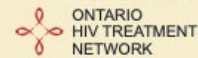
We're dedicated to providing timely and individualized intensive HIV care and treatment, reducing barriers to health and social care, and creating peer-to-peer connections for people of African descent who are newly diagnosed with HIV, at risk of HIV, or affected by HIV.



In partnership with:



Supported by:

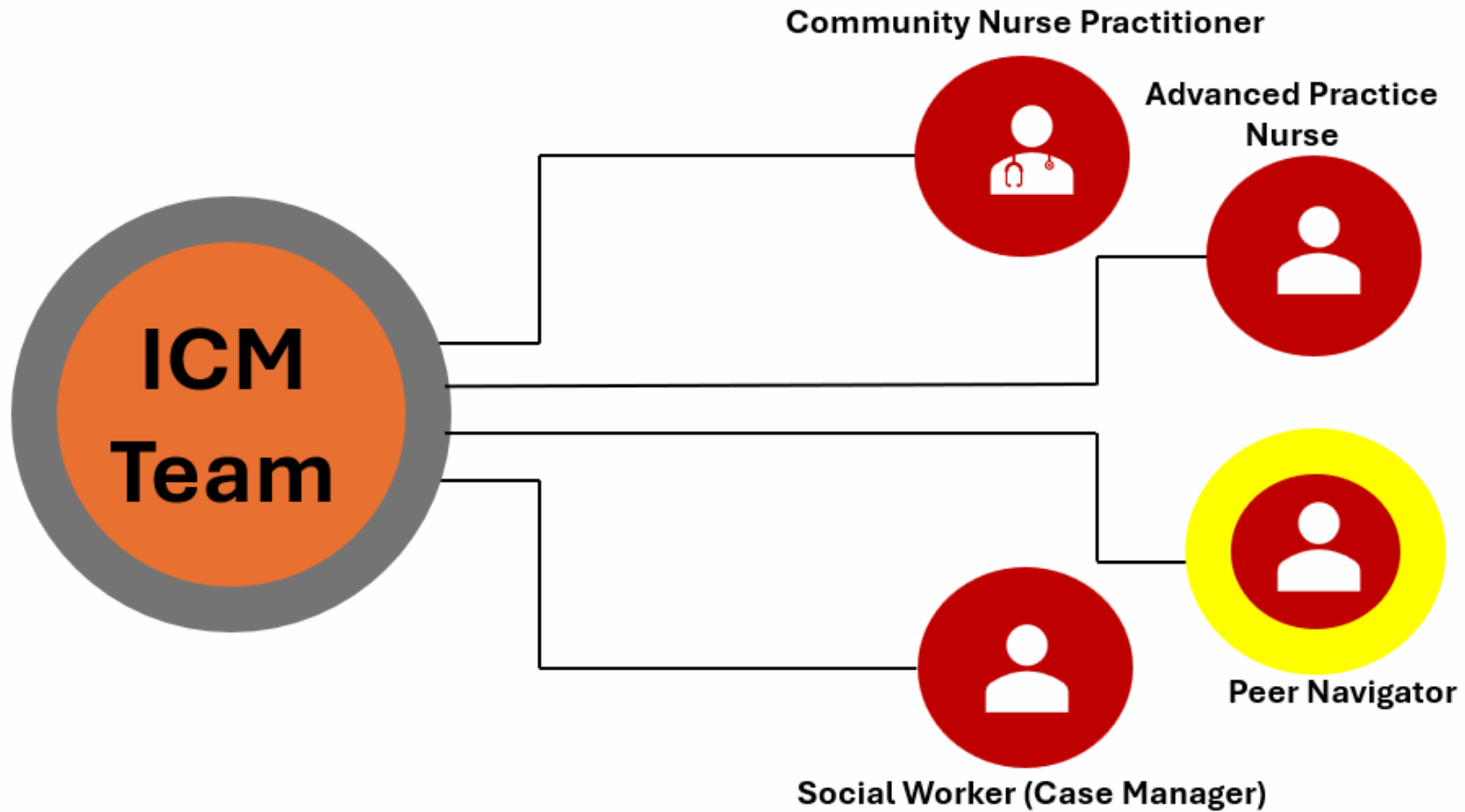


Expert Community Advisory Board

- GIPA/MIPA Principles
- Guide the research design
- Ethical supervision
- Recruitment
- Advocacy
- Support the hiring of clinical staff
- Advise on service delivery and implementation
- Knowledge, Translation and Exchange (KTE)



Original HIV Intensive Case Management Team Composition





AYA Clinical Team





Socio-Demographics of the 1st ICM Case Load N=25

Age range
<1 month – 78
(Ave=25)

6 family Units

Housing – 32%
homeless

Income – 55%
below 15K

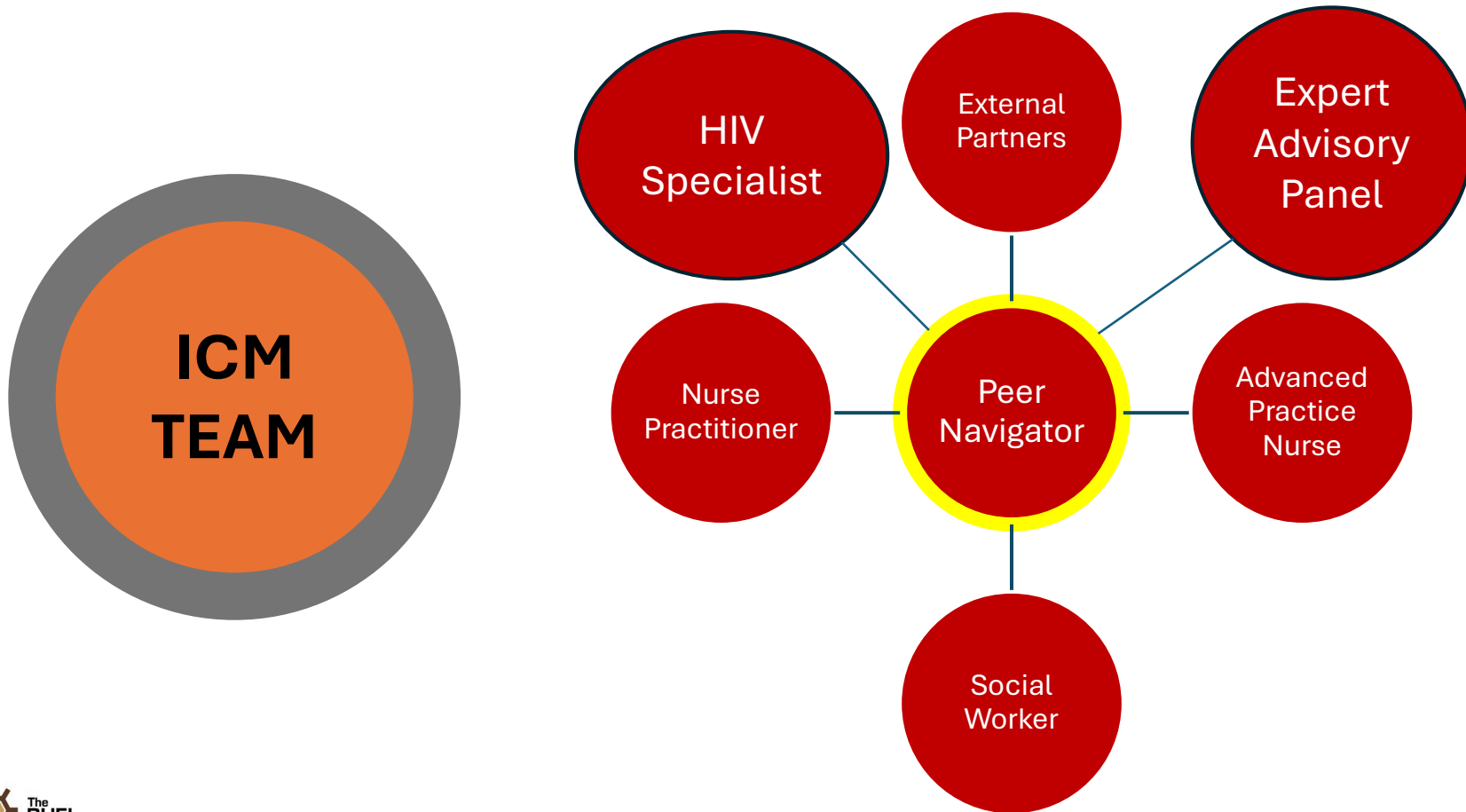
Insurance – 32%
uninsured

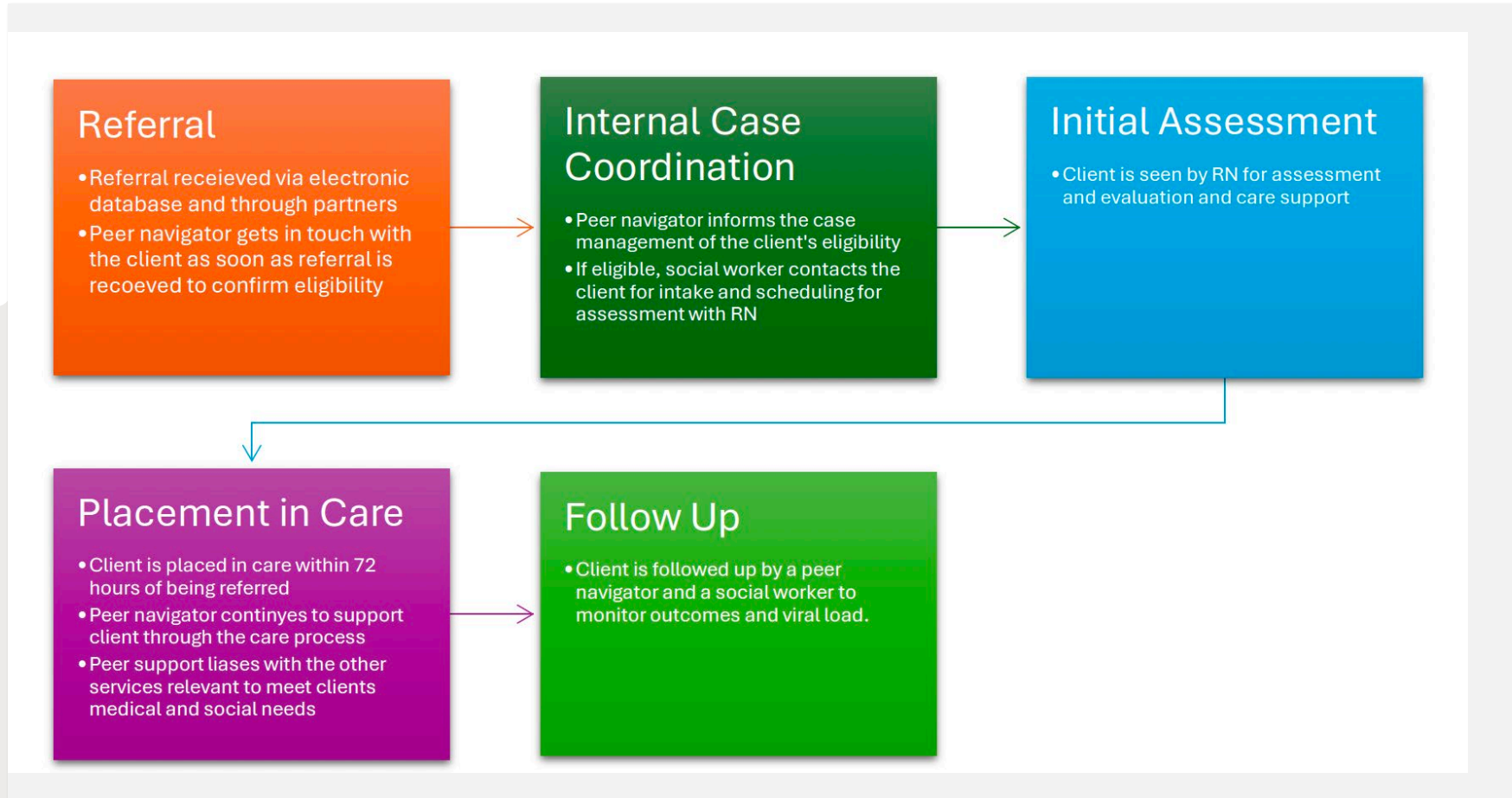
66% identified as
Female

80% Newcomers
> 10 years

100% retention
100% viral load
suppression

Revised HIV Intensive Case Management Team Composition





AYA Process Map

Core Components of the AYA Circle of Care Model

Rapid Linkage to Care (≤ 72 Hours)

Ensures individuals newly diagnosed with HIV are connected to TAIBU within 72 hours of diagnosis.

The Data Audit confirms that most individuals are immigrants from BAC communities.

Multidisciplinary ICM Team

Comprises a Nurse Practitioner (NP), Social Worker (SW), Community Systems and Peer Navigators (1), and a Physician (1).

Each role contributes unique expertise in medical, psychosocial, and HIV support.

Culturally Safe Care Pathways

Care pathways incorporate Afrocentric principles, language preferences, and cultural humility.

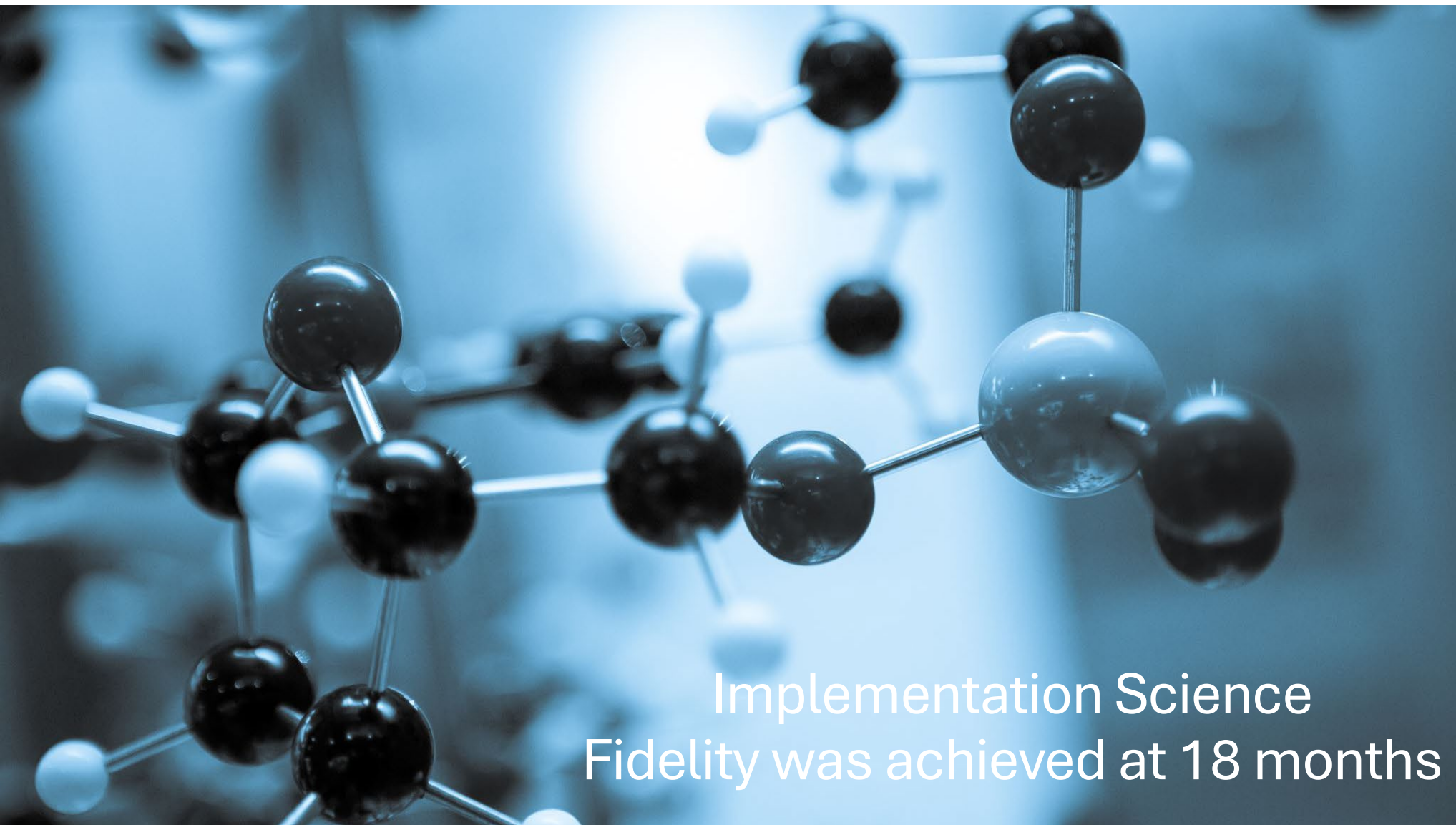
Staff training in anti-Black racism and trauma-informed care was standardized through onboarding.

Integrated Data and Tracking

Electronic case management excel dashboard monitor referral timelines, viral load outcomes, and case management by each provider.

Peer and Community Support

All members of the program team are individuals from BAC communities. They are also trained in TVIC principles, anti-Black racism, and anti-racism and anti-oppressive practices.



Implementation Science
Fidelity was achieved at 18 months

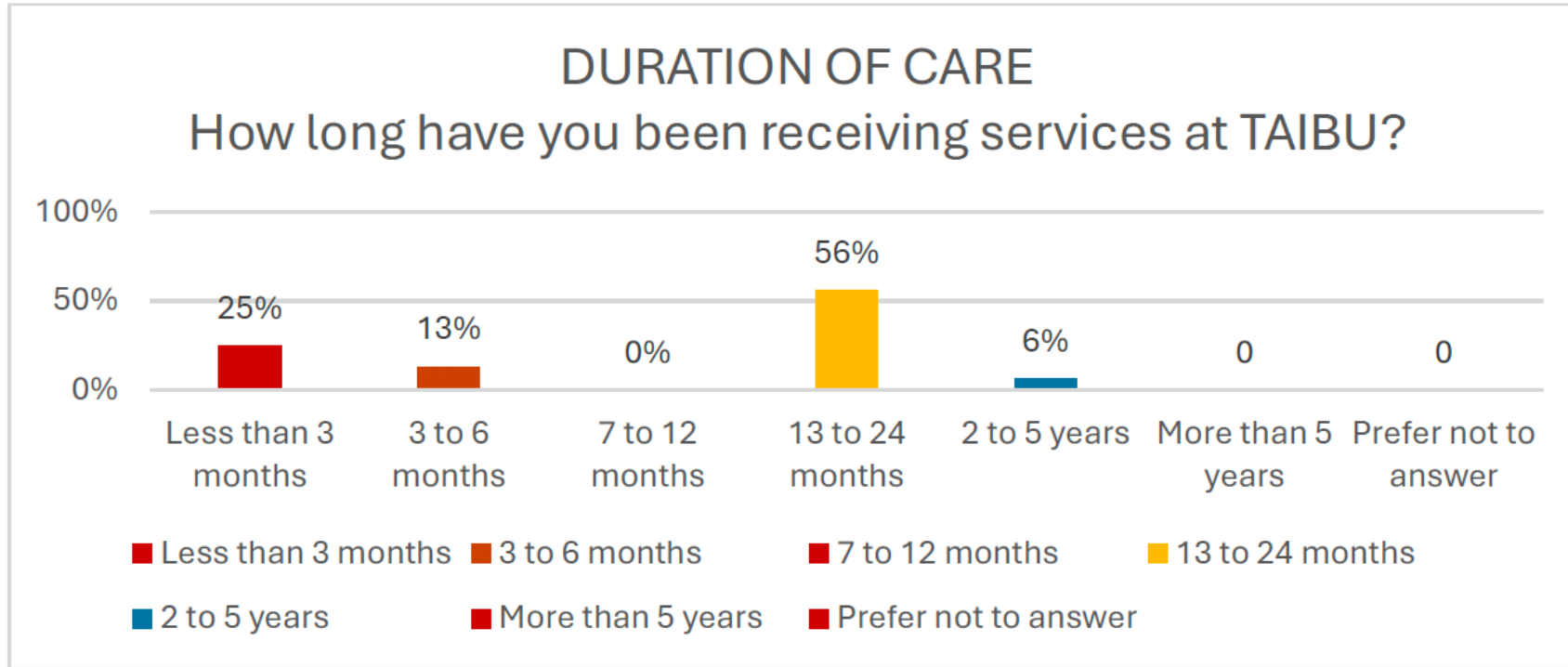
Current clients in the program N=235

100% retention








97% viral load suppression

1835 interactions

8 interactions per client



Emerging Best Practices

-  Rapid referral and linkage models (<72 hours)
-  Multidisciplinary intensive case management
-  Cultural Safety as a core practice – Integration of Afrocentric Principles in HIV care
-  Peer Leadership Integration – peer navigators increase client trust and retention
-  Data Driven Coordination – Use of dashboards to monitor care progress and outcomes
-  Community led Evaluation – Ongoing engagement of clients, community and services providers as partners in design and iteration of the model
-  Replication pathways – Co-development of practice guidelines and clinical care standards for Black community

Final Considerations & Calls to Action

HIV is an issue affecting every part of the province - acknowledging that the proportion of first-time HIV diagnoses among Black people in Ontario has increased and requires a continued response, we challenge you to act by:

- Become a player in the strategic engagement of public health as part of the HIV response:

What can you do in your own local setting?

- Identifying opportunities for alignment between HIV response and your own work:

How can the Public Health sector optimize the HIV response among Black communities?

- Sharing this information for awareness and education about the needs of Black people living with and at risk of HIV in Ontario with your peers and networks.

Acknowledgements

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- Austin Zygmunt (PHO)
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- Maria Victoria D. Wentz (OHTN)
- Lydia Makoroka (OHTN)

AYA Circle of Care

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- Liben Gebremikael, Executive Director
- Taibu CHC
- Black Health Equity Lab

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THANK YOU

