

Common Ambition Bristol (CAB): Co-producing community led initiatives to tackle HIV stigma and increase HIV testing with African and Caribbean heritage communities

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Background

Bristol

- High HIV prevalence city (2.5 per 1,000 individuals)
- HIV late diagnosis rate higher than national average (58%)
- 28% of people living with HIV and receiving treatment from African & Caribbean heritage communities (ACHC), whilst only being 5.9% of population
- Lower uptake of sexual health services among ACHC
- 2019 Bristol became 'Fast Track City'



Common Ambition Bristol (CAB) Aims

Community driven co-production project to tackle HIV inequities experienced by people of African & Caribbean heritage in Bristol:

- ↑ Increase HIV knowledge
- ↓ Reduce HIV stigma
- ↑ Improve sexual health services access
- ↑ Increase HIV testing

CAB Co-production & Interventions

Project
Delivery
Group



Project
Advisory
Group



Project
Evaluation
Group



Multimedia
Resources



Community
Outreach



Targeted Health
Promotion Events



Community
Clinics

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CAB Evaluation

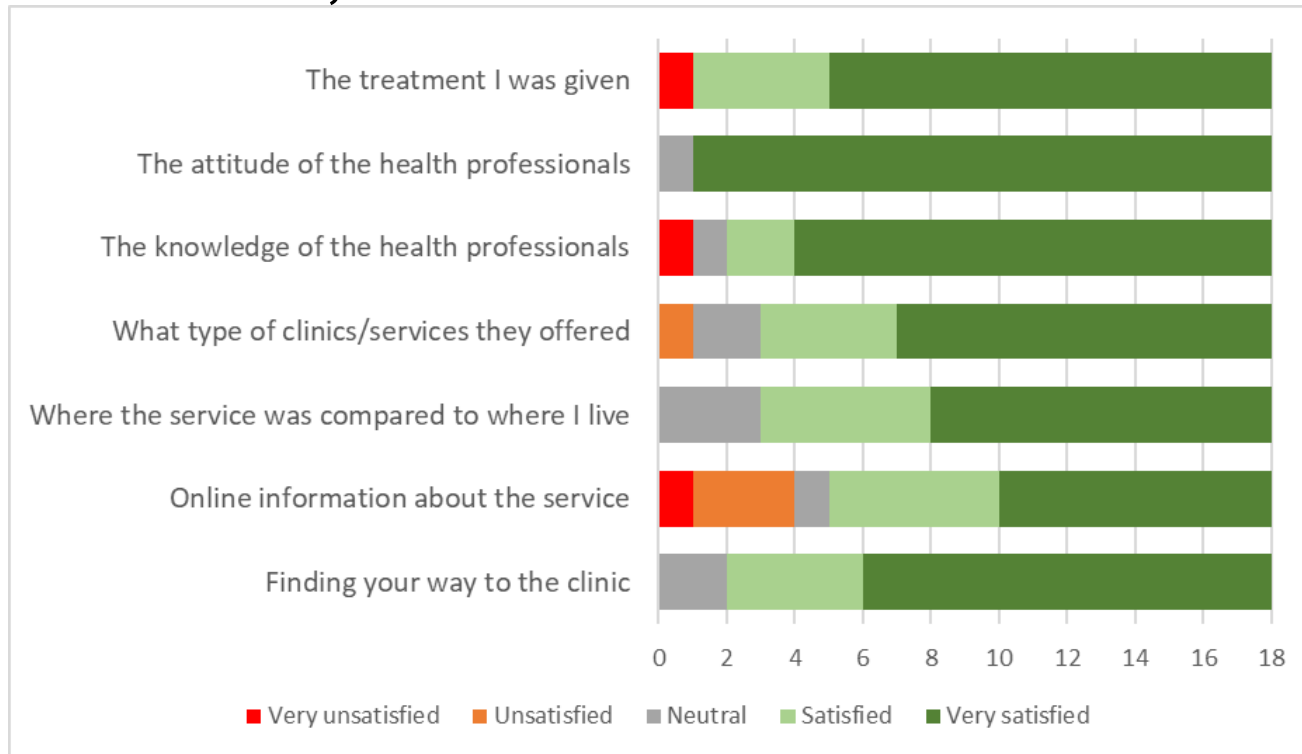
Aim

- To understand how interventions are delivered and experienced
- Iterative - feedback to PDG to refine intervention delivery
- To examine the impact of CAB
- **6 Community researchers:**
 - Online surveys (45)
 - One to one interviews (29)
 - Observations



CAB Community Clinics

- Two walk in community clinics in GP practices
- Each clinic runs once a month
- STI testing and PrEP delivery
- GP text sent out to advertise clinics + radio, outreach, social media adverts



*“our community, we’re sometimes the minority. So people wouldn’t really care too much about us ... **it’s good that people can feel comfortable and safe to go to the clinic that’s meant for their type of community**”.* (Male, 21, Caribbean heritage)

- Don’t need appointment
- Short waiting times
- Good location & easy parking
- Lots of extra information about HIV
- Friendly, welcoming staff
- Relaxed atmosphere

CAB Community Clinics

Confidentiality:

Concerns of being seen by someone

Separation:

Not good to make it just for ACHC, make central services more welcoming & diverse

More visibility

Quicker results

"I don't want to walk in and see my neighbour"

(Female, 56, Caribbean heritage)

"I stumbled across this site, but then couldn't find it again, it needs more visibility and quicker results"

(Female, 27 African heritage)

Increase advertising

Improve signposting to find the clinic

Some issues waiting for results

Run clinics more than once a month

Would like to see more staff of colour

CAB Outreach

- Weekly visits to ACHC owned businesses (barbers, hair salons, shops)
- Conversations about sexual health
- Signpost to testing + PrEP
- Hand out condoms & HIV self-test kits

“People go into a shop and come out, they don’t want to have a conversation about sexual health because speaking about sexual health at all in this country is more of a taboo”
(Male, 38, Caribbean heritage)

“Talk to the people one-on-one, because if you’re going to give them a flyer, or emails, some might not really have time to read them. So it’s best to talk to them one-on-one”
(Male, 35, African heritage)

• Consistent

• Visible

Educating about HIV

Challenging HIV Stigma

Normalising testing

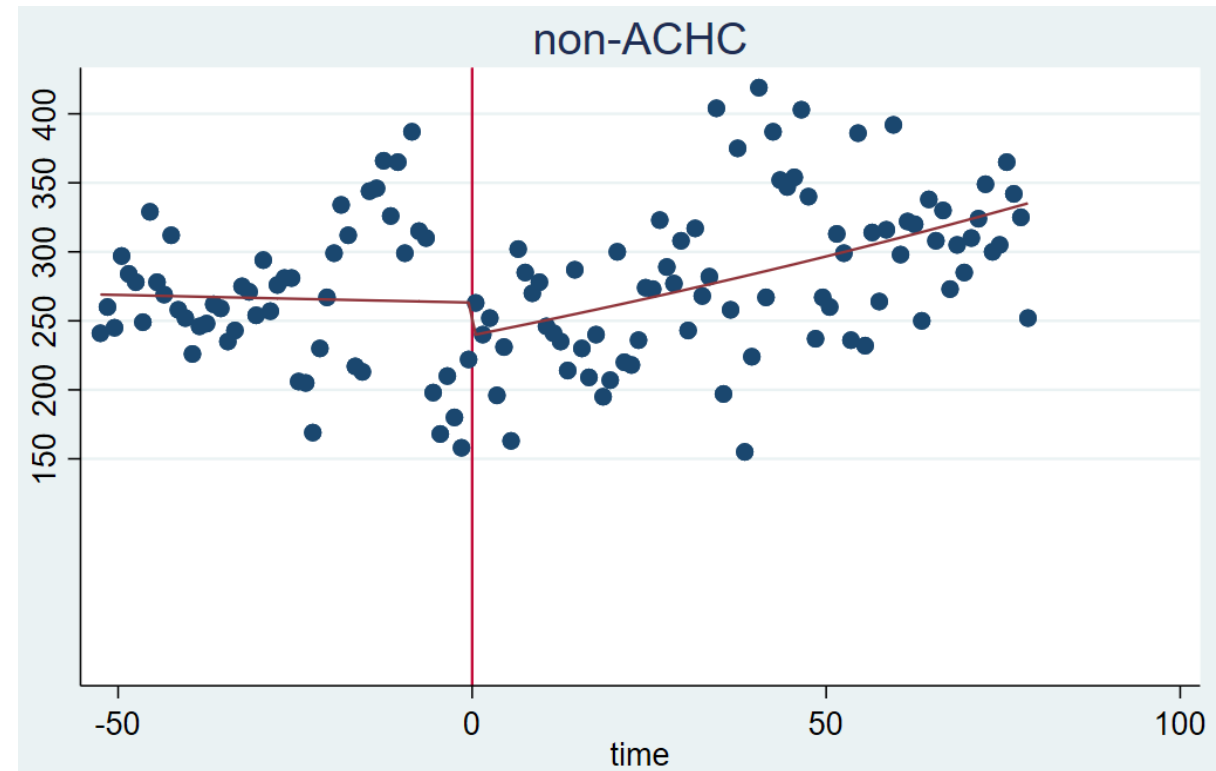
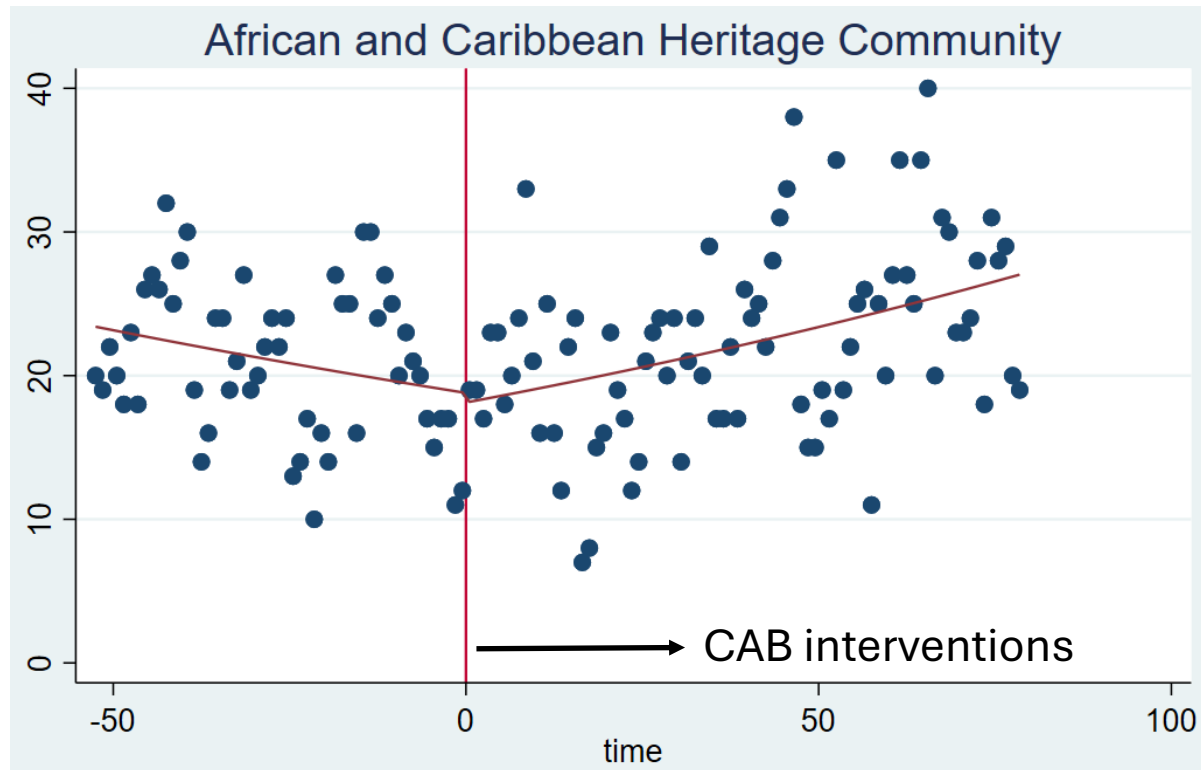
Cascading information

• Adaptable

• = TRUST

HIV Testing

- Controlled interrupted time series modelling (April 2022 to October 2023)
 - Bristol ACHC Vs non-ACHC service users HIV testing – estimated 185 additional tests
 - Bristol ACHC HIV testing Vs Croydon ACHC HIV testing – estimated 356 additional tests



Conclusions

CAB was welcomed for “coming to the people”

CAB clinics and outreach: updated HIV knowledge, challenged stigma, sign-posted and normalised HIV testing

CAB highlights the value of partnership working to co-produce:

- community lead interventions
- culturally sensitive information
- more equitable and accessible HIV services for underserved communities

Common Ambition is an improvement because at least they're going out and letting people know that you can access this medication [PrEP]...I've never really gone to the local doctor...So, I like this"
(Male, 41, Caribbean heritage)

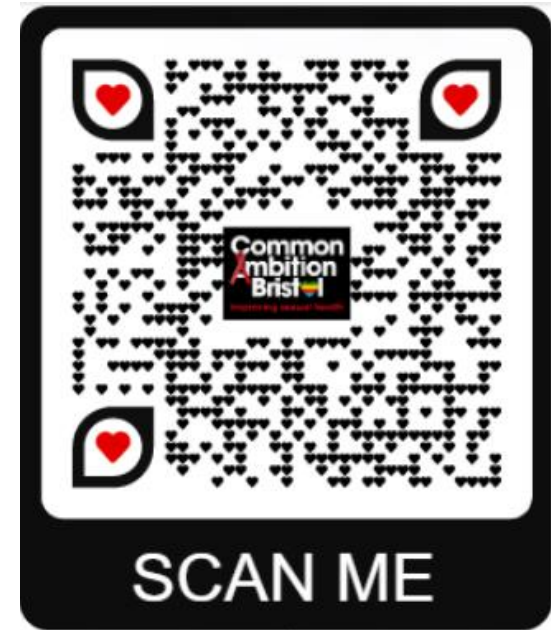


Study Team

Prof Jeremy Horwood, Dr Fiona Fox, Prof Frank De Vocht, Dr Scott Walter, Temilola Adeniyi, Khabo Piggot, Marsha Doran, William Adeji

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