

## **Purpose of the Scorecards**

The following scorecards were developed through a participatory process that engaged African, Caribbean, and Black (ACB) communities along with healthcare providers and staff from AIDS Serving Organizations (ASOs) from across Canada. The purpose of the scorecards is to gather information to improve the HIV continuum of care for ACB communities. People from African, Caribbean, and Black communities are disproportionately affected by HIV/AIDS in Canada. Stigma and discrimination based on gender, race, and sexual orientation are significant barriers to HIV prevention in ACB communities and can negatively impact HIV testing rates and the ability of people living with HIV to seek the treatment, care, and support they need.

The scorecards are intended to be tools that can help ASOs and health care providers to quickly assess the cultural responsiveness and quality of the services they provide to ACB communities and in doing so identify opportunities to better meet the needs of those they serve.

The scorecard allows you to rate several dimensions of your services on a 5-point scale. If a particular question or criterion does not apply to you, please enter N/A.

Your consent and participation in this survey is important to us. Consent includes:

- Consent is voluntary and free of undue influence or coercion. Participants are free to withdraw at any time, for any
  or no reason, without suffering any consequences or disadvantages for doing so. They are also free to not answer
  any questions that they do not want to answer.
- No identifying information will be collected. The privacy of individuals and their community's privacy will be respected.

If you have any questions about our project please reach out: Alberta: violet.c@hivedmonton.com Ontario: prgm.cor@black-cap.com or natasha@whiwh.com Manitoba: sunday.olukoju@ccgsworld.org

## **Key Concepts and Definitions**

**Anti-Black racism** is prejudice, attitudes, beliefs, stereotyping and discrimination that are directed at people of African descent that is rooted in their unique history and experience of enslavement. Confronting racism is an active process of identifying and eliminating racism by changing systems, organizational structures, policies and practices and attitudes, so that power is redistributed and shared equitably.

**Cultural responsiveness** is the ability to understand cultural differences, recognize potential biases, and to look beyond differences to work productively with individuals and communities whose cultural contexts are different from one's own.

**Cultural safety** is about acknowledging the barriers to clinical effectiveness arising from the inherent power imbalances between providers and servicer users.

**Cultural sensitivity** is awareness and appreciation of the values, norms, and beliefs characteristic of a cultural, ethnic, racial, or other group that is not one's own, accompanied by a willingness to adapt one's behaviour accordingly.

**Equity** refers to fair treatment for all people, so that the norms, practices, and policies in place ensure identity does not determine access to opportunities or health outcomes. Equity differs from equality in a subtle but important way. While equality assumes that all people should be treated the same, equity takes into consideration a person's unique circumstances, adjusting treatment accordingly so that the end result is equal.

**Inclusivity** involves giving ACB health providers and ACB community members/service users a voice to help provide and receive high-quality care and encouraging the presence of a diverse healthcare staff in the treatment experience of ACB community members/service users.

**Intersectionality** is a framework for understanding how a person's various social and political identities combine to create different modes of discrimination and privilege. Intersectionality identifies multiple factors of advantage and disadvantage.

**Members/Service Users** are individuals from African, Caribbean, and Black communities who are seeking health care services.

## Healthcare Provider Scorecard

Consent				
<ol> <li>I consent to participating in this scorecard activity.</li> <li>□ Yes □ No</li> </ol>				
Demographics				
2.1 What is your province of residence				
🗆 Alberta 🛛 Manitoba 🖾 Ontario 🖾 Other:				
2.2 What kind of healthcare worker are you?				
Doctor				
Healthcare Aid				
Healthcare Student				
□ Nurse				
Nurse Practitioner      Pharmacist				
□Therapist / Counsellor □ Other:				
2.3 What is your age?				
□ 18 - 24 □ 25 - 34 □ 35 - 44 □ 45 - 54 □ 55 - 64 □ 65 - 74 □75 or older				
2.4 Which of the following best describes the area you live in?				
Urban (high density, downtown or city-centre)				
Suburban (medium density)				
Rural (low density, countryside or acerages)				
2.5 Which race category best describes you? (select all that apply)				
African, Caribbean, or Black (ACB)				
East Asian				
Indigenous				
🗆 Latino / Hispanic				
Middle Eastern				
South Asian				
Southeast Asian				
□White				
□ I prefer not to answer				
Other:				
2.6 Were you born in Canada?				
□ Yes □ No				
2.7 What is your gender identity? (select all that apply)				
Cis man (you were assigned male at birth)				
Cis woman (you were assigned female at birth)				
Trans man / trans-masc (you were assigned female at birth and your gender expression is currently masculine)				
$\Box$ Trans woman / trans-femme (you were assigned male at birth and your gender expression is currently feminine)				
Nonbinary / Genderqueer / Agender (you do not identify with masculine/feminine or identify with both terms				
□ I prefer not to answer				
□ Other:				
2.8 What is your sexual orientation? (select all that apply)				
$\Box$ Straight (you are only romantically or sexually interested in the opposite gender)				
$\Box$ Gay (you are a man or nonbinary person and are only romantically or sexually interested in other men)				
$\Box$ Lesbian (you are a woman or nonbinary person and are only romantically or sexually interested in other women)				
$\square$ Bisexual / Pansexual (you are romantically or sexually interested in people of any gender)				
□ Asexual (you are, of varying degrees, not sexually interested in other people at all)				
□ I prefer not to answer				
Other:				

Healthcare	Provider	Scorecard
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Needermee				Europeine and a sum a station of			
Needs urge 1 - Very Poor / Never	2 - Mediocre / Rarely	Needs improvement 3 - Average / Sometimes	Meets expectations 4 - Good / Often	Exceeds expectations 5 - Excellent / Always			
				$\bigcirc$			
		Does not apply = N/A					
	Please rate the orga	nization based on the followi	ng 5-point scale above				
Cultural Responsiveness and Cultural Safety							
	3.1 Staff are aware of their own biases and recognize that differences across cultural groups need to be integrated into assessment, pre- and post-assessment counseling, treatment planning, and services.						
-		place to increase the knowled		to respond			
		periences of ACB communiti					
		recognizes the historical and					
3.4 Policies and practices experiences faced by	-	nental health and well-being,	considering the uniqu	e stressors and			
3.5 The organization regu	ularly reflects on the impa	acts of its values, behaviours,	and actions on ACB co	ommunities.			
3.6 The organization is co ACB communities.	ommitted to evaluating a	nd improving the responsiver	ness of its policies, pra	ctices, and services to			
3.7 The organization provides resources (printed materials, online resources, etc.) that are culturally relevant and accessible to ACB communities.							
3.8 Interpreters or trans with limited English		ble to ensure effective comm	unication for ACB com	munity members			
3.9 The organization collaborates with other stakeholders to develop and implement anti-stigma campaigns specifically tailored to ACB communities.							
	3.10 The organizational policies and practices respect the autonomy, dignity, and self-determination of community						
· · · · ·		ped in collaboration with co	nmunity members/ser	vice users.			
3.12 Members/service us	ers from ACB communitie	es have a voice in the design	and assessment of ser	vices and supports.			
3.13 Mechanisms are in p	lace to address cultural n	nisunderstandings between s	staff and ACB commun	ity members.			
Equity and Inclusivity							
		nowledged in organizational	· ·				
		s have opportunities to infor					
impact of systemic in	nequalities.	ning to staff on the historical					
4.4 The organization makes efforts to reduce barriers to accessing services and supports. For example, providing culturally and linguistically appropriate services and reducing stigma.							
		ort groups or events to foster		nd peer support.			
		es to support ACB communiti					
		aff/service providers from AC					
		ed on the management of the	_	-line at a way			
		ed on the governance of the o					
aligned with commu	4.10 The organization actively engages with local ACB community leaders and organizations to ensure that services are aligned with community needs and priorities.						
4.11 Processes are in place to regular review and update organizational policies to ensure they remain relevant and inclusive of ACB communities' needs.							
-	-	members to provide anonym	ous feedback to impro	ove services.			
Addressing Anti-Black Rac							
		ocial justice are openly ackno					
5.2 Mechanisms are in pla the organization's ser		nembers/service users to rep	oort incidents of discrir	nination or racism in			
5.3 Staff members regula society-at-large.	arly educated and trained	d on the history and impact o	of anti-Black racism in h	nealthcare and			
5.4 Staff know how to re	espond to anti-Black racis	m (Please rate the level of kr	nowledge based on the	scale).			
	ports staff to respond to						
_	5.6 The organization collects data to identify barriers experienced by ACB communities.						
		oviders to address systemic b					
5.8 The organization collaborates with community stakeholders, advocates and activists to address broader issues of racism and social justice that impact ACB communities.							
Addressing the Social Determinants of Health							
6.1 The organization provides assistance for ACB community members who may face economic barriers to accessing care and support services.							
6.2 The organization prov	vides information and sup	oport for ACB community me	mbers to access housi	ng.			
6.3 The organization prov	vides access or referrals t	o nutrition support.					
6.4 In addition to providin prevent chronic disea	-	r HIV, the organization provid	les supports and refer	als to address and			