

#### EVALUATING HIV IN MOTION, A COMMUNITY OF PRACTICE ON PHYSICAL EXERCISE & LIVING WITH HIV

FRANCISCO IBÁÑEZ-carrasco 1,2; george Da Silva, 2; Glen Bradford, 3-4; Colleen Price 2-4; shaz Islam 2; larry Baxter 2, joanne Lindsay 4; BRITANNY Torres 2; TIZ Jiancaro 2; KELLY O'Brien 2

1 University of Toronto, Dalla Lana School of Public Health, Toronto Ontario, Canada

2 University of Toronto, Department of Physical Therapy, Toronto ON, Canada

3 VANCOUVER AIDS SOCIETY, BC.

4 AMBASSADOR, HIV IN MOTION

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## RATIONALE

Although Knowledge Mobilization (KMb) is recognized as a key integrated and participatory aspect of physical and social behavioural research, it continues to be underestimated, poorly used, and poorly evaluated. We must change KMb to increase the social justice values of research: representation in the hands of those with lived experience and effective dissemination of research evidence in written and audiovisual languages that we all understand. "Communities of Practice" (Wenger 2011) move knowledges and wise practices "among people who engage in a process of collective learning in a shared domain of human endeavor" (Shaheen, Qudsia 2017).

People living with HIV (PHAs) have medications. However, we all need much more to thrive. In 2022, we, people living with HIV, are defying victimhood narratives, ageism, and social determinants of health. We must be supported in our physical activities that range from walking with others to practicing mixed martial arts, swimming, yoga, or even rugby.

This is why we made the HIV in MOTION community practice a vibrant centerpiece of "Participatory and Integrated Knowledge Mobilization" (PiKMb) (Nguyen et al. 2020; Ungar et al. 2015) within a community based research program focused on HIV, rehabilitation and physical activity (CIHR CBR funded study on community-exercise; telecoaching study funded by the OHTN).





Practice and evaluation of HIV in MOTION help us collaborate, identify new thematic areas, influence researchers and clinicians in the sector and inspire others living with HIV to participate and voice our strategies to keep moving!

# PROCESS

We are 6 HIV in MOTION Ambassadors & 1 National Coordinator across Canada. Based on emerging results of associated academic studies, we set up 4 annual HIV in MOTION online events. We select academic speakers, one physical demo online, and the overall theme (e.g., mindfulness, stretching, balance).



ACTIVITIES: From October 2020 to February 2022, we have produced six (6) 2-hour online highly interactive events (each involving  $\geq$ 8 hours of production). To date, our output includes 6 podcasts/edited videos and 2 digital community friendly eLearning tools (micro-learnings) on physical activity and HIV.

#### THIS IS HOW WE DO IT

We pre-record 15-20 mins. technical presentations in language accessible to all

Presentations are added to our audiovisual library http://bit.ly/HIVinMOTIONsite

Each event includes

- One 5-minute physical activity demo (kudos to our YMCA Toronto partners!)
- One 1-hour panel of persons living with HIV, NGO program staff, fitness personnel, and clinicians to discuss key themes presented by the speaker. Panel discusses facilitators, barriers, perceived benefits, and outcomes of physical exercise in various settings for diverse communities and genders (e.g., team sports, mindfulness, chronic pain and exercise)
- A Research Update of our sister projects.

We evaluate satisfaction with content, intention to use materials (application), and potential for networking among participants

Videos and podcasts are edited, sent to participants for final approval, and disseminated via social media.



### RESULTS & LEARNINGS



RESULTS: >200 diverse academic, fitness staff, and persons living with HIV from Canada, UK, US and have joined the synchronous online events. Of 44 respondents to all evaluations, 44 (100%) indicated intent to use the material and 33 (75%) indicated they would use the information to connect with each other regarding matters related to physical activity in clinical, NGO and programmatic areas.

LEARNINGS: Due to a dearth in this literature, we cannot formally compare our evaluation results to similar Communities of Practice results; however, when comparing/contrasting our results with existing Integrated and Participatory Knowledge Mobilization reports in the literature suggest that HIM helps build capacity and collaborations and mobilize knowledge regarding physical activity, HIV and rehabilitation - KMb benefits community based research.

CHALLENGES: Our challenge is that of many who produce KMb for research = low uptake. KMb is costly and energy-intensive. Media and digital products are intended to be used by HIV educators (e.g., training new clinicians in the field), academics, and community leaders, not to compete with the cornucopia of media products online. We must inspire and support them to use them as part of training in rehabilitation, health promotion, etc. (Appleby, Cowdell, F., & Booth, A. 2021)

#### **HIV IN MOTION PARTNERS**



WHO FUNDS IN MOTION?

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