

Research Update from the Canadian HIV Women's Sexual and Reproductive Health Cohort Study: Envisioning a Women-Centred Model of HIV Care and Building a National Community-Based Research Study

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CVIS Academic Rounds



Reconnaisances / Acknowledgements

CHIWOS reconnaît et remercie les propriétaires traditionnels des terres sur lesquelles nous nous rencontrons et les ancêtres qui nous précèdent.

CHIWOS would like to acknowledge the traditional owners of the land on which we meet and the ancestors who have come before us.



Remerciements / Acknowledgments

We would like to thank everyone involved for their invaluable contributions to the study. Thank you to...

All the women living with HIV involved in this study;
The Coordinators, Peer Research Associates, and all the co-investigators and collaborators;
The enrolling partnering clinic and community-based organizational sites and partners*
The Steering Committee, CAB members, CAAB-PAW members and CACBAC members;
Our funders: CIHR Institute of Gender and Health, the CTN, and OHTN;
Our affiliated studies: CANOC, REACH & OSC; and
all of our partners for supporting the study.

Thank you to ViiV Healthcare for sponsoring today's academic rounds



*On next slide in detail



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Centre universitaire de santé McGill
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Ontario HIV



the CTN
CIHR Canadian
HIV Trials Network

le Réseau
Réseau canadien
pour les essais VIH des IRSC



Remerciements / Acknowledgments

A tous nos partenaire cliniques et communautaires All our community and clinical partners!

B.C.: Oak Tree Clinic at BC Women's Hospital, AIDS Vancouver Island, BC Centre for Excellence in HIV/AIDS, Cool Aid Community Health Centre, Downtown Community Health Clinic, Keys Housing and Health Solutions (Positive Haven), Living Positive Resource Centre,, Positive Living Fraser Valley, Positive Women's Network (closed), Positive Living North, and Vancouver Island Persons with AIDS Society.

ON: 2-Spirited People of the 1st Nations; 519 Community Centre; ACCKWA; Africans in Partnership Against AIDS (APAA); AIDS Committee of Durham Region; AIDS Committee of Guelph and Wellington County; AIDS Committee of Simcoe County; AIDS Network Hamilton; Alliance for South Asian AIDS Prevention; Black Coalition for AIDS Prevention; Bruce House; Casey House; Centre Francophone; Elevate NOW; Fife House; Hemophilia Ontario; HIV/AIDS Regional Services (HARS); Maggie's: Toronto Sex Worker's Action Project; Peel HIV Network; Positive Living Niagara; Positive Pregnancy Program: P3; Prisoners with AIDS Support Action Network; Réseau Access Network; Toronto PWA Foundation; Women's Health in Women's Hands; Children's Hospital of Eastern Ontario; Kingston Hotel Dieu Hospital; Health Sciences North, Sudbury Regional Hospital, HAVEN Program; Lakeridge Health; Maple Leaf Medical Clinic; McMaster Family Practice; Ottawa General Hospital; Riverside Family Health Team; SIS Clinic, Hamilton Health Sciences; St. Joseph's Healthcare London; St. Michael's Hospital; Sunnybrook Health Sciences Centre; Toronto East General Hospital; Toronto General Hospital; William Osler Health System; Windsor Regional Hospital, HIV Care Program.

QC: ACCM; L'ARCHE de l'Estrie; ASTT(e)Q; BLITS; BRAS-Outaouais; CACTUS; CASM; Centre des R.O.S.E.E.S; Centre Sida Amitié; Corporation Félix Hubert d'Hérelle; COCQ-SIDA; GAP-VIES; M.A.I.N.S-Bas St-Laurent; Maison Plein Coeur; Maison Dominic; Maison du Parc; Maison Re-Né; MIELS-Québec; Le MIENS Chicoutimi; Portail VIH/sida du Québec; Sidaction Mauricie; Sida-Vie Laval; Stella, l'amie de Maimie; MUHC Chronic Viral Illness Service; UHRESS-Notre-Dame du CHUM.

Nous honorons et nous rappelons les 59 participantes CHIWOS de partout au Canada qui sont décédées et ne sont plus avec nous, mais demeureront dans nos cœurs à jamais.

We honor and remember the 59 CHIWOS participants from across Canada who have passed away and are no longer with us but will always remain in our hearts.



*À la mémoire de
Marisol Desbiens
PAR CHIWOS et une
collègue appréciée*

**In memory of
Marisol Desbiens
CHIWOS PRA and
valued colleague**



Étude sur la santé sexuelle et reproductive des femmes vivant avec le VIH au Canada



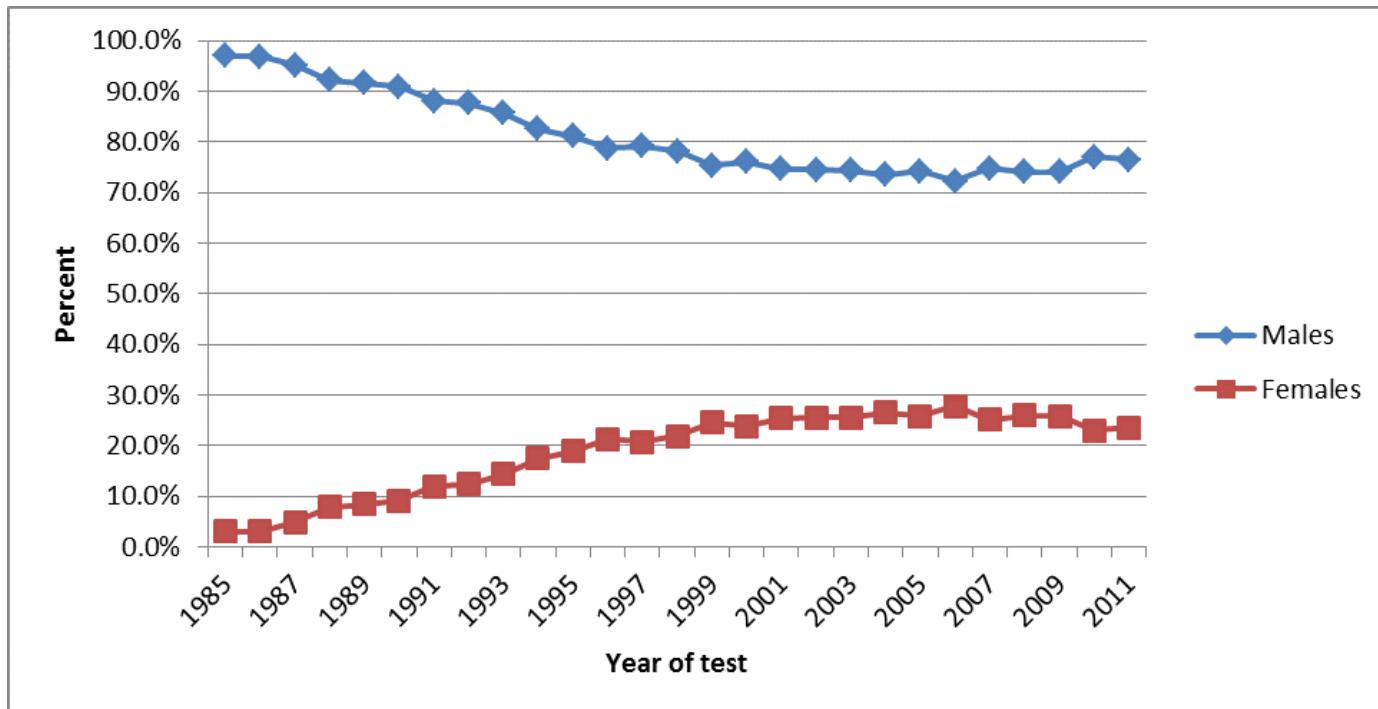
**Canadian HIV WOMEN'S Sexual and
reproductive health study**

Increase in women with HIV

Globally, women now over 50% of PLHIV

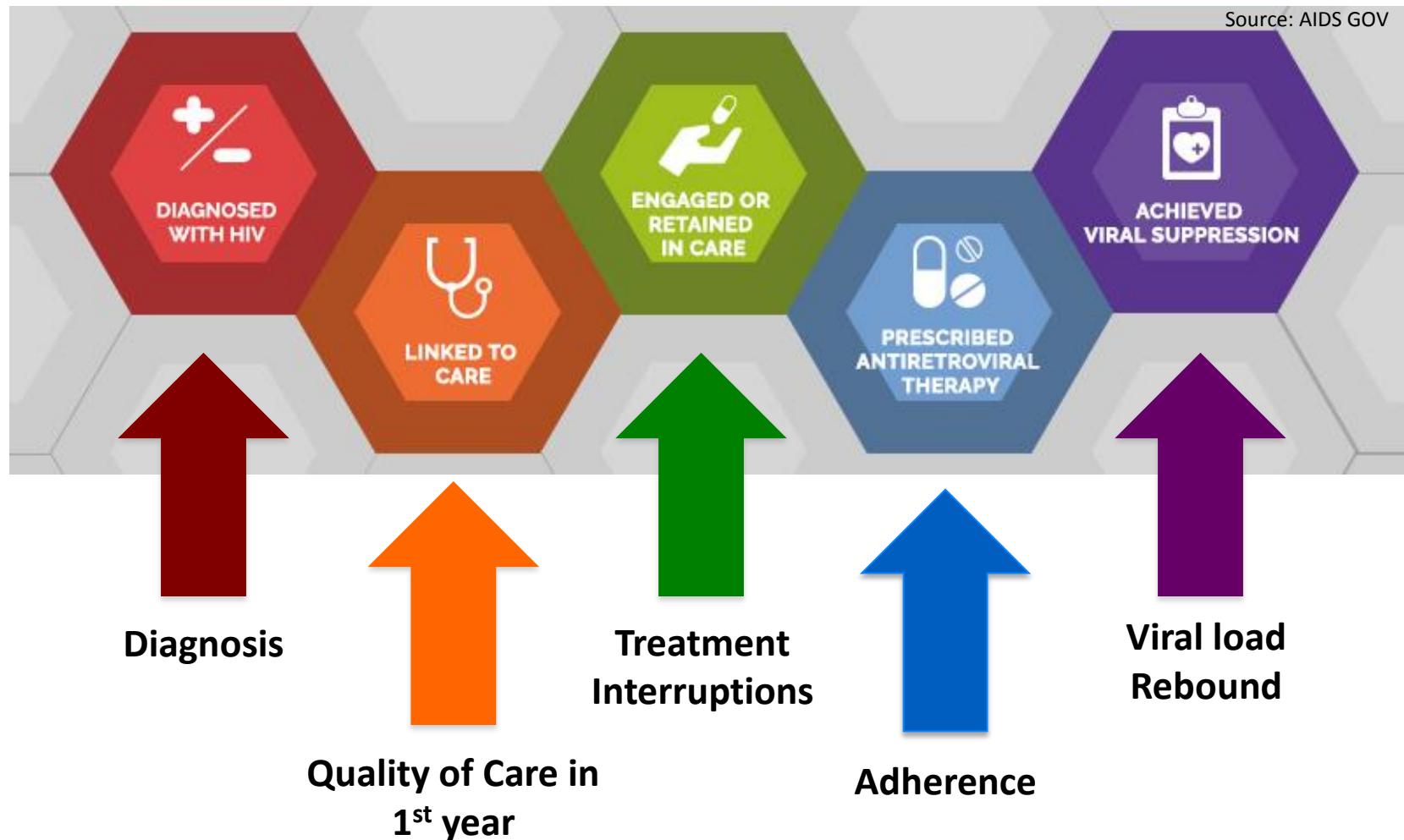
Canada, women now 23% of ~75,000 PLVIH

Proportion of positive HIV test reports, by sex (all ages), 1985-2011 (n=71,361)



Source: Public Health Agency of Canada, Internal data 2012

Challenges – HIV Cascade of Care



Inequity in life expectancy

Patterson et al. BMC Infectious Diseases (2015) 15:274

32 women
39 men
at 20 years
7 years difference!

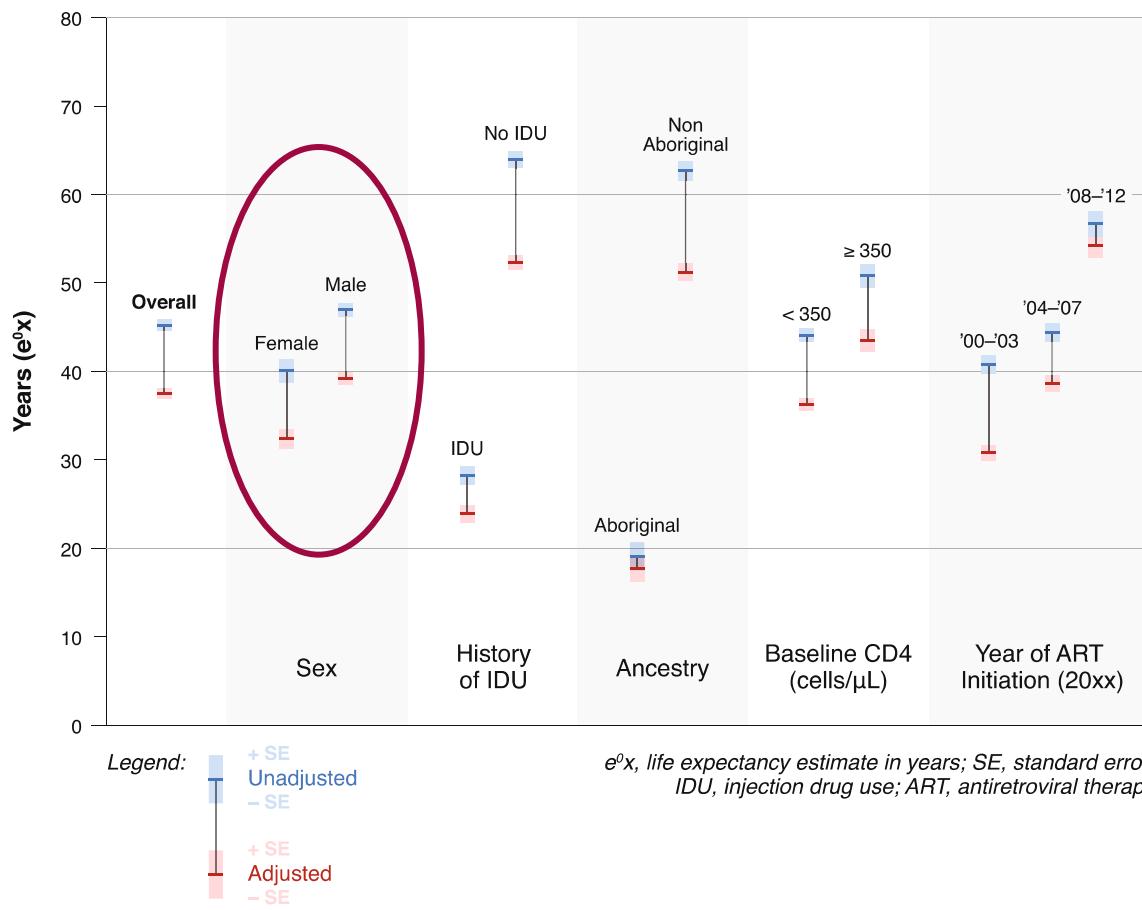
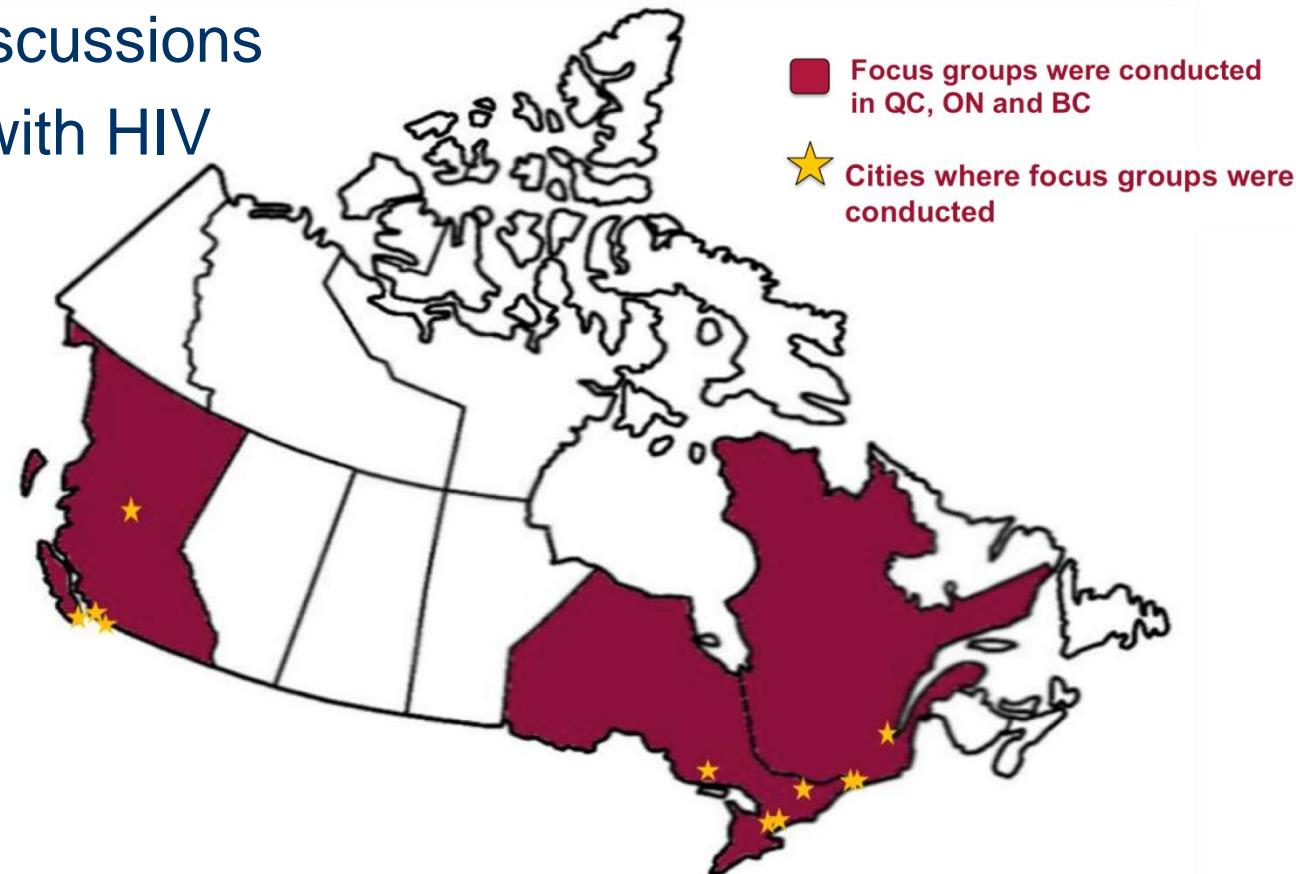


Fig. 1 Life expectancy estimates at age 20 years, showing unadjusted and adjusted values, by clinical and sociodemographic characteristics at baseline

Focus Groups: What is women centred HIV care

- Co-led by women living with HIV with research training
- In collaboration with ASOs & clinics
- 11 focus group discussions
- 77 women living with HIV



Envisioning women-centered HIV care

Question: What does women-centered HIV care mean to women seeking HIV care in Canada?

1. What's missing from your healthcare?
2. What is working well?
3. In an ideal world, what would your care look like?

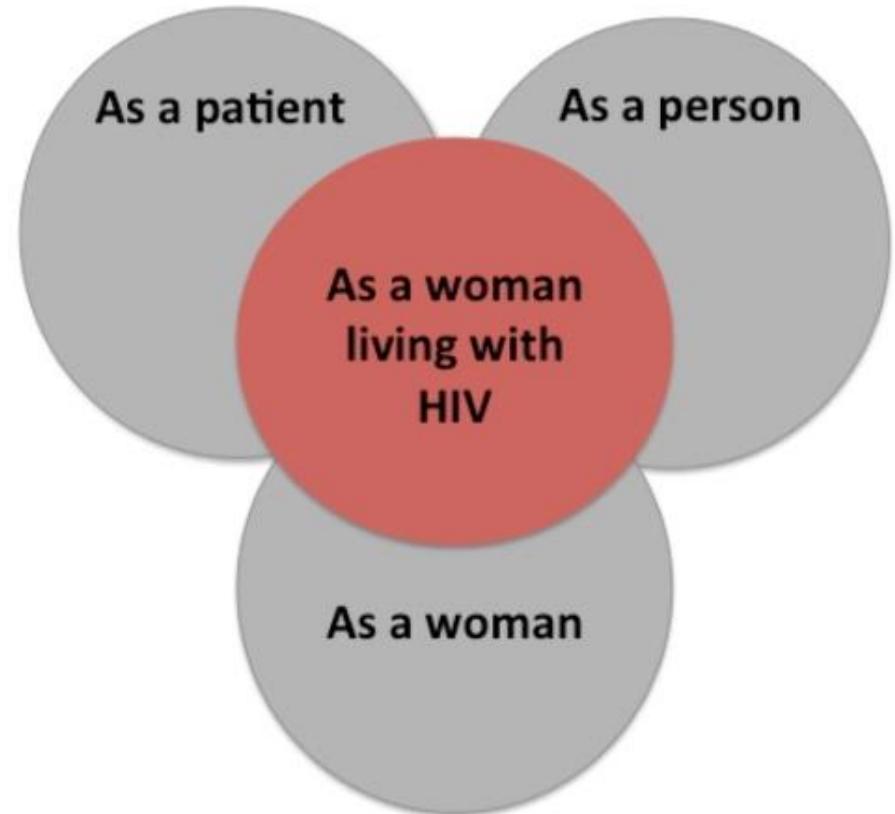
Analysis process

Researchers and women living with HIV conducted a thematic content analysis:

- close readings of the transcripts
 - highlighting important passages
 - coding key themes
 - reflexive provincial & national discussions
-
- Preliminary findings were presented for feedback:
 - provincial Community Advisory Board (CAB)
 - national Steering Committee
 - and conferences (CAHR, IAS, IWHW)

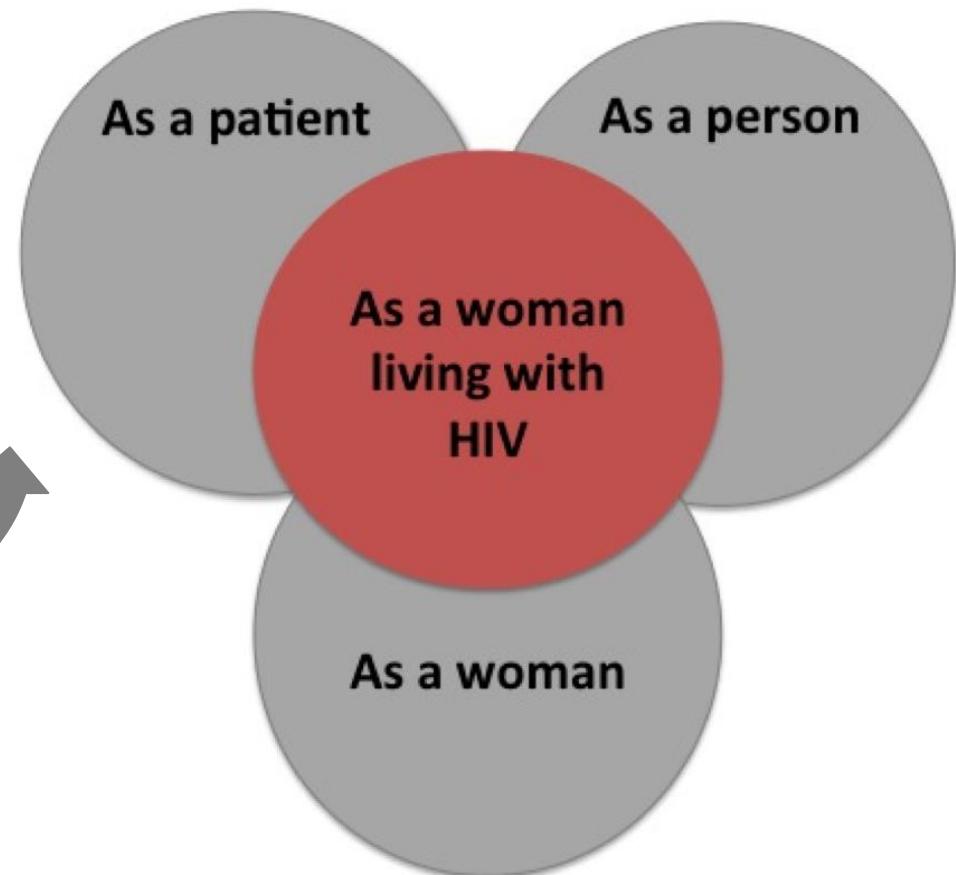
Vision of Women Centred HIV Care (WCHC)

Women's recommendations for how to devise health care services were structured around care that respond to their complex needs as a patient, a person, a woman, and as a woman living with HIV.

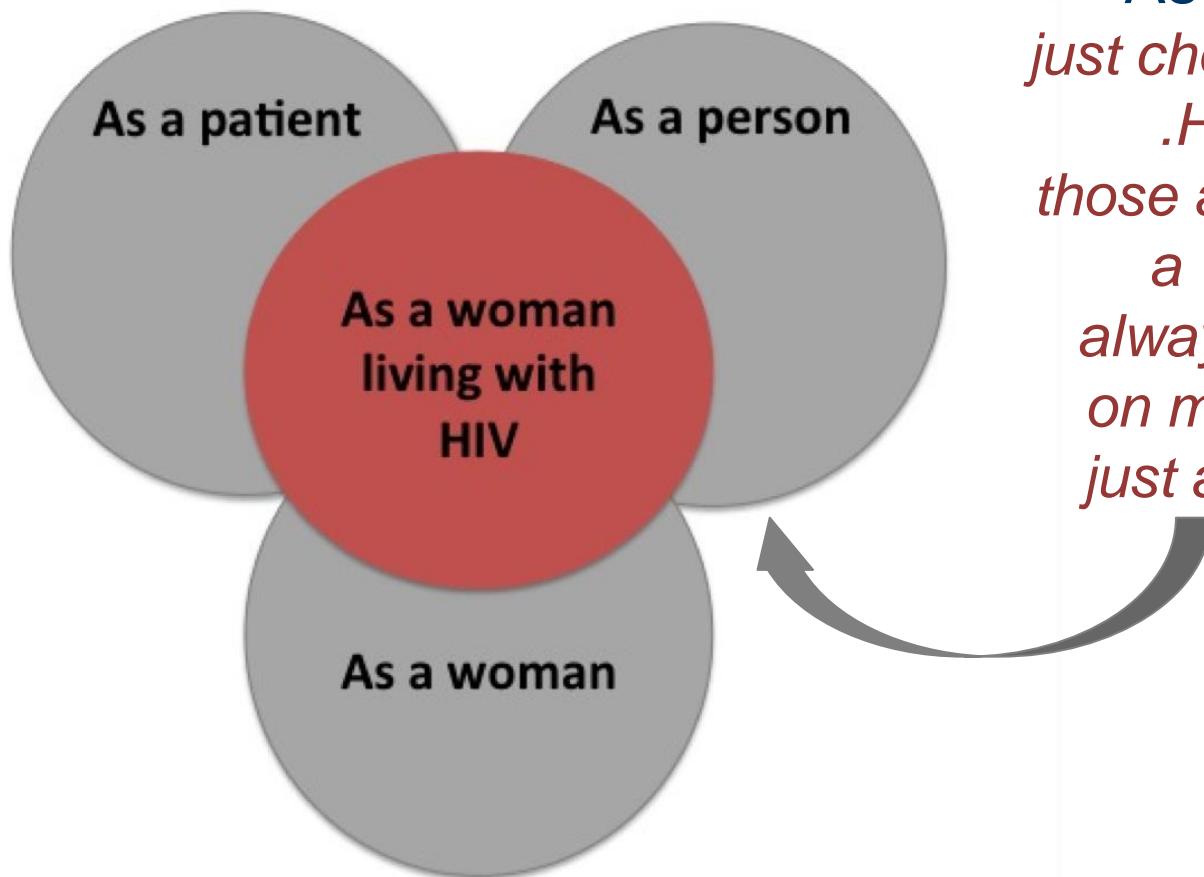


Vision of WCHC – as a patient

As a patient: *I went to see a gynecologist and he didn't know about HIV and I was trying to explain to him where I was, you know my CD4 count, and I was informing - educating my doctor.*



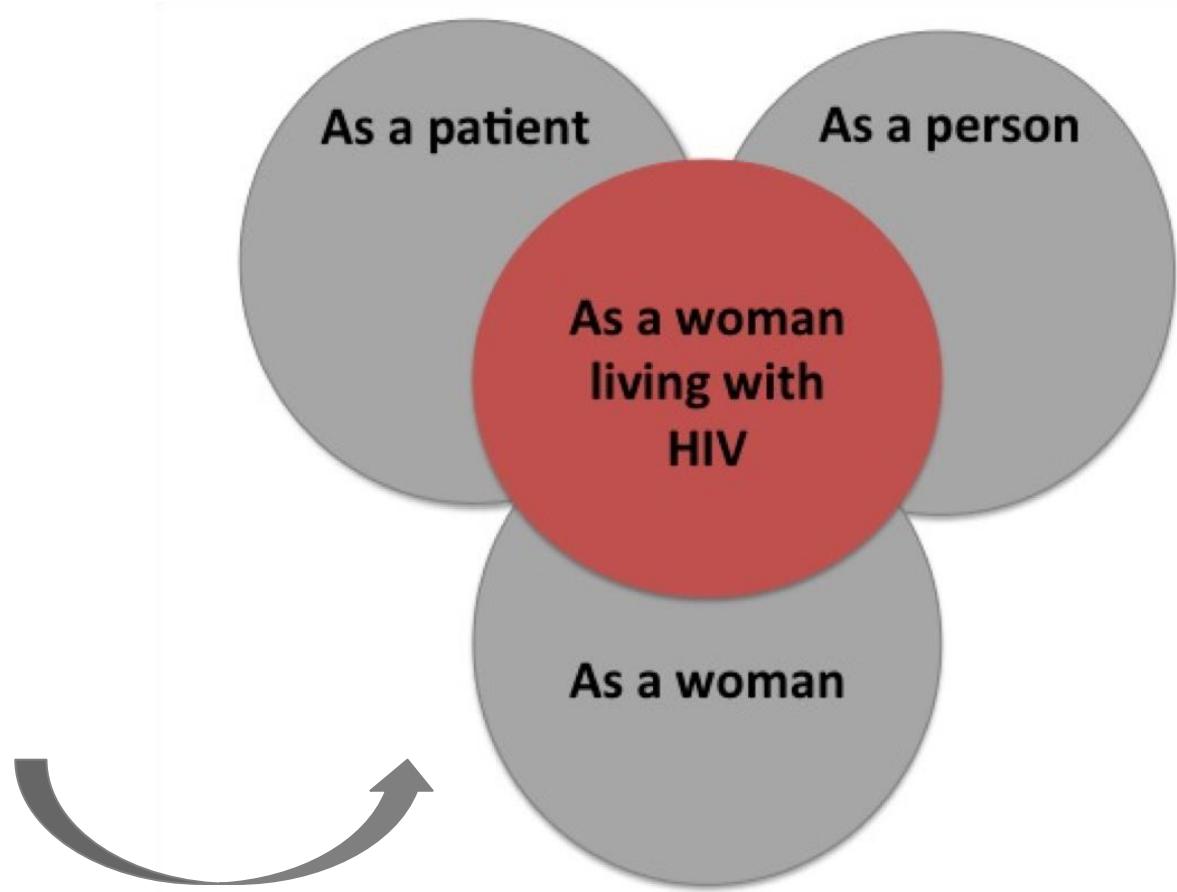
Vision of WCHC - as a person



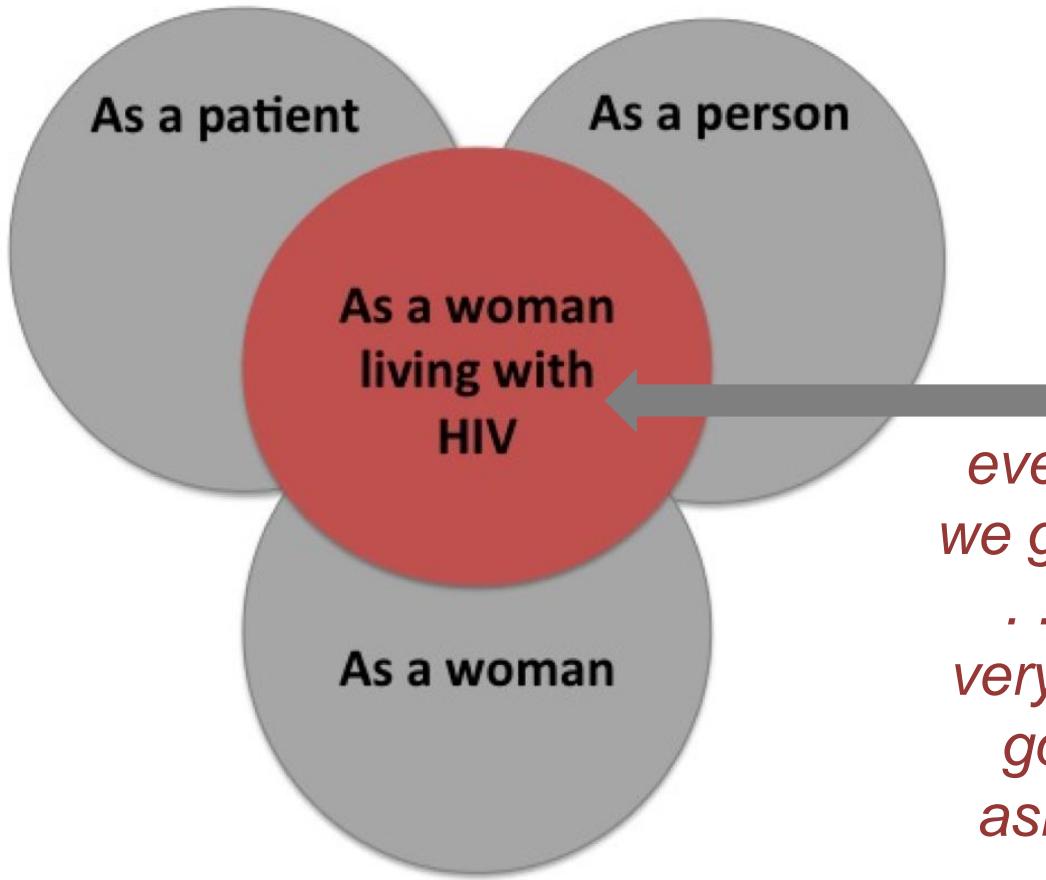
As a person: He doesn't just check with your health . . . He was interested in all those aspects that make you a whole person . . . He'd always ask if I was working on my garden. You weren't just a chart with a bunch of numbers.

Vision of WCHC - as a woman

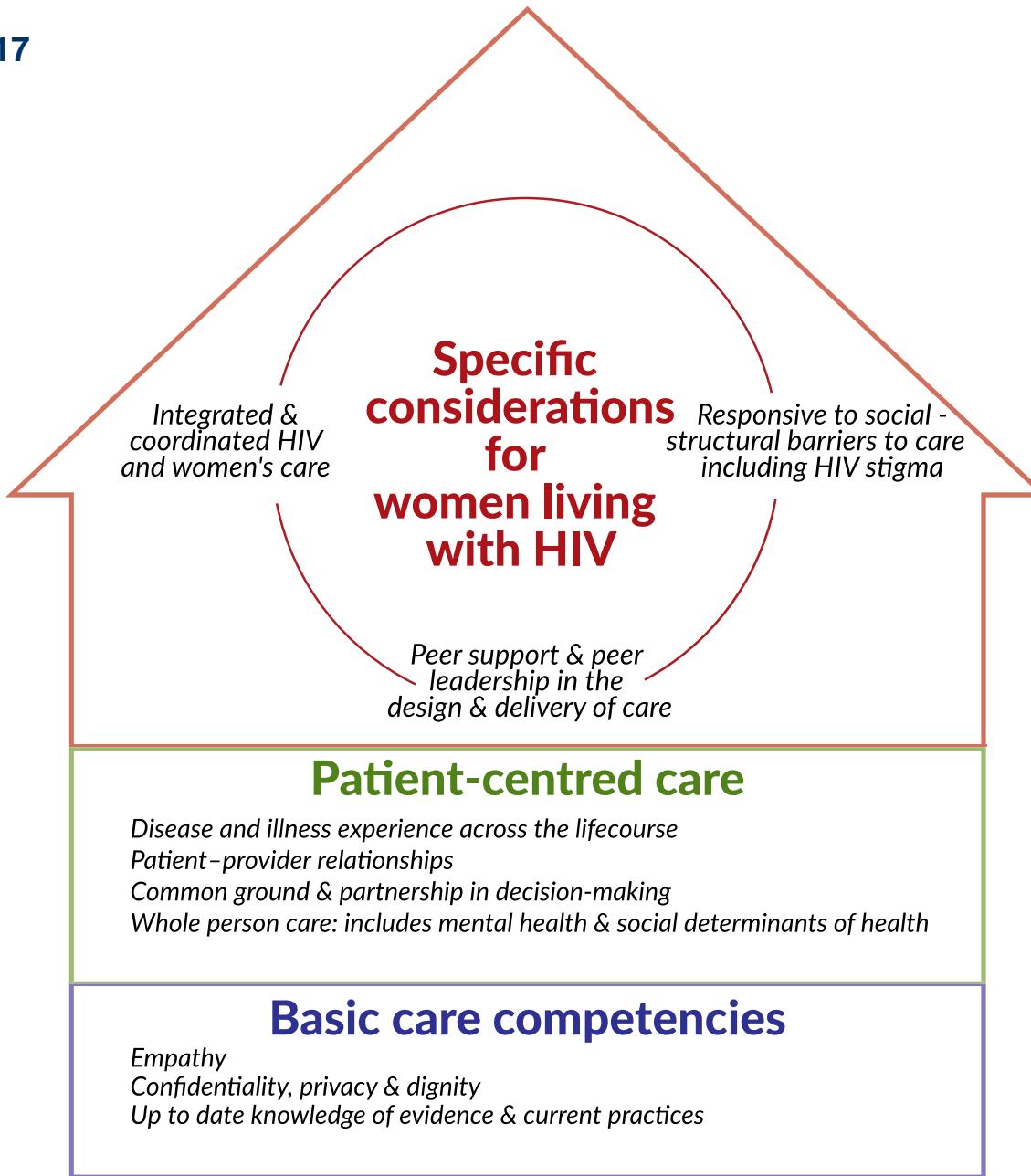
As a woman: It's been 3½ years that I haven't managed to get an appointment . . . I'm no longer pregnant, but I'm still living with HIV and I need follow-up [for a Pap Test].



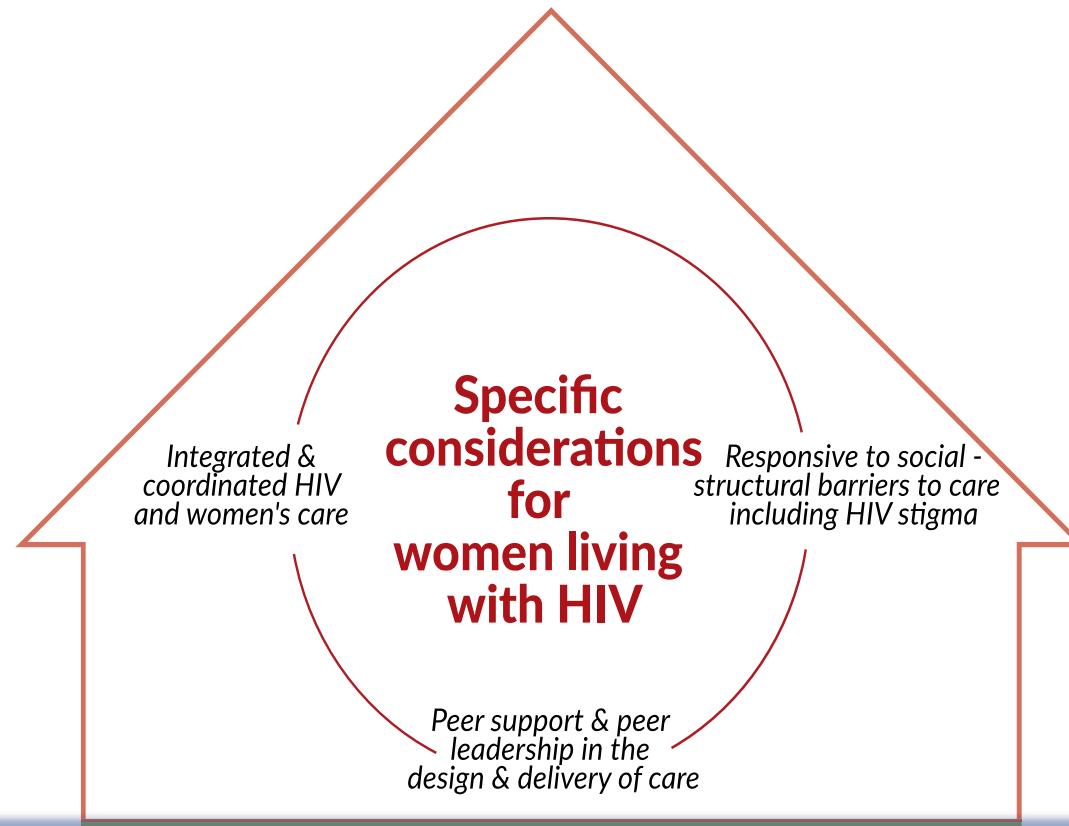
Vision of WCHC - as a women with HIV



As a WLHIV: I think that everything is working well when we go to [HIV] specialized clinics . . . They know us, and they're very friendly. However, when we go to other clinics, when we're asked for our [HIV] status, then they discriminate against us.



Women-Centred HIV Care



Basic care competencies

Empathy

Confidentiality, privacy & dignity

Up to date knowledge of evidence & current practices

Confidentiality, privacy & dignity
Up to date knowledge of evidence & current practices

Women-Centred HIV Care



Patient-centred care

Disease and illness experience across the lifecourse

Patient-provider relationships

Common ground & partnership in decision-making

Whole person care: includes mental health & social determinants of health

Basic care competencies

Empathy

Confidentiality, privacy & dignity

Up to date knowledge of evidence & current practices

Women-Centred HIV Care

Specific considerations for women living with HIV

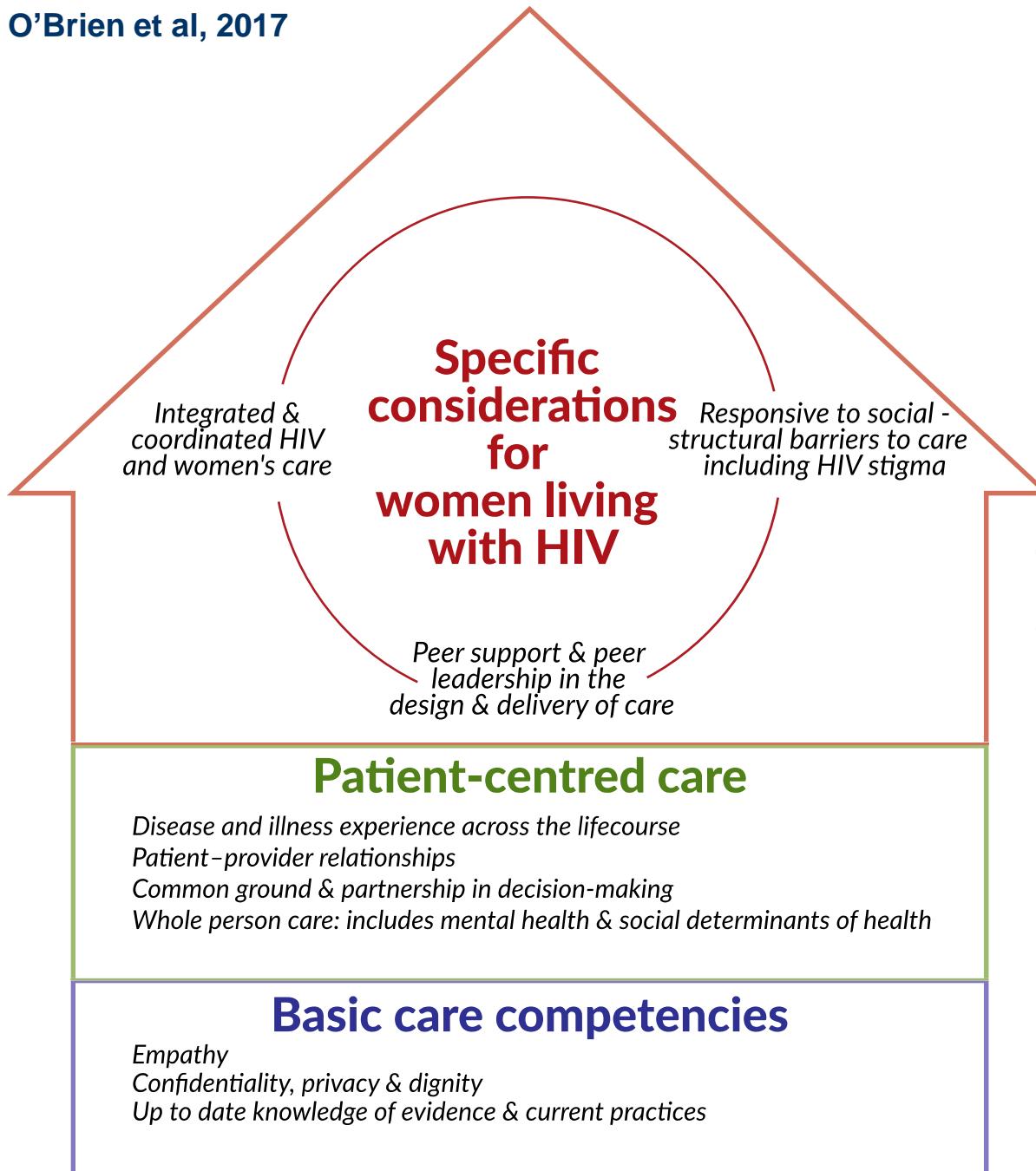
Integrated & coordinated HIV and women's care

Responsive to social - structural barriers to care including HIV stigma

Peer support & peer leadership in the design & delivery of care

Empathy
Confidentiality, privacy & dignity
Up to date knowledge of evidence & current practices

Women-Centred HIV Care



Women centred HIV care includes basic care competencies, patient-centred care principles, and features specific to women living with HIV.

These combined features promote care in a manner that is safe and accessible, while ensuring medical competency in both HIV and women's health.



Healthcare Services

Envisioning Women-Centered HIV Care: Perspectives from Women Living with HIV in Canada



Nadia O'Brien, MPH^a, Saara Greene, PhD^b, Allison Carter, MPH^c, Johanna Lewis, MA^d, Valerie Nicholson^c, Gladys Kwarumba^d, Brigitte Ménard^e, Elaina Kaufman, MSc^a, Nourane Ennabil, MSc^e, Neil Andersson, MD, PhD, MPhil, MSc, MFPH^a, Mona Loutfy, MD, MPH^d, Alexandra de Pokomandy, MD, MSc^e, Angela Kaida, PhD^{c,*}, CHIWOS Research Team

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ABSTRACT

Background: Women comprise nearly one-quarter of people living with human immunodeficiency virus (HIV) in Canada. Compared with men, women living with HIV experience inequities in HIV care and health outcomes, prompting a need for gendered and tailored approaches to HIV care.

Method: Peer and academic researchers from the Canadian HIV Women's Sexual and Reproductive Health Cohort Study conducted focus groups to understand women's experience of seeking care, with the purpose of identifying key characteristics that define a women-centered approach to HIV care. Eleven focus groups were conducted with 77 women living with HIV across Quebec, Ontario, and British Columbia, Canada.

Results: Women envisioned three central characteristics of women-centered HIV care, including i) coordinated and integrated services that address both HIV and women's health care priorities, and protect against exclusion from care due to HIV-related stigma, ii) care that recognizes and responds to structural barriers that limit women's access to care, such as violence, poverty, motherhood, HIV-related stigma, and challenges to safe disclosure, and iii) care that fosters peer support and peer leadership in its design and delivery to honor the diversity of women's experiences, overcome women's isolation, and prioritize women's ownership over the decisions that affect their lives.

Conclusion: Despite advances in HIV treatment and care, the current care landscape is inadequate to meet women's comprehensive care needs. A women-centered approach to HIV care, as envisioned by women living with HIV, is central to guiding policy and practice to improve care and outcomes for women living with HIV in Canada.

CHIWOS: Étude sur la santé sexuelle et reproductive des femmes vivant avec le VIH au Canada

- Cohorte canadienne longitudinale
- Enquête sur les soins VIH centrés sur les femmes
- Deux suivis à 18 mois (vague 2 et vague 3)
- 2011-2019
- Multicentrique: QC, ON, C-B.
- Basée sur les principes de la recherche communautaire (RC), GIPA et MIWA.

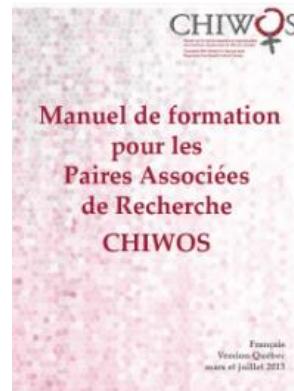
Principes de la recherche communautaire (Minkler, 2004)

- Un engagement équitable des personnes affectées *par* la recherche *dans* les projets de recherche
- Prise de décision partagée tout au cour de l'étude
- Axé sur l'action et les changements positifs



Survol du processus de formation des PARs

- Objectifs de renforcement des capacités.
- Processus collaboratif sur plusieurs mois afin de développer une formation à multi-phases et à plusieurs niveaux.
- Groupe de travail national (chercheurs, expert en RC, FVVIH) et embauche d'une consultante en éducation des adultes pour la conception de la formation des PARs



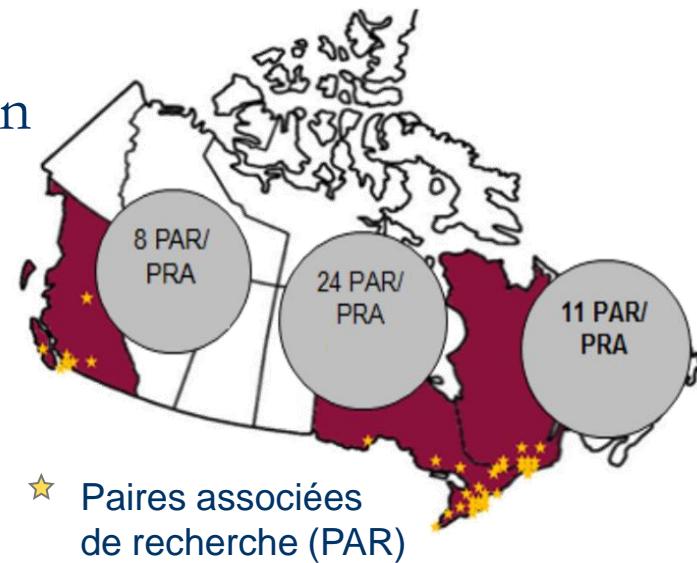
CHIWOS

Survol du processus de formation des PARs

- Formations
 - Vague 1 (Baseline): 2 sessions de formations en personnes de 2 jours, basées sur un curriculum national.
 - Formation continue et interactive tout au long de l'étude et formation spécifique et de révision en personne pour les vagues 2 et 3.
- Thèmes abordés:
 - La mission et les objectifs de l'étude, le rôle des PARs, l'éthique de la recherche, l'entretien de recherche, introduction au questionnaire et à la banque des participantes (informatique), le recrutement et la rétention des participantes, le bien-être et le soutien aux PARs.

Rôle des Paires Associées de Recherche (PARs) dans CHIWOS

- 35 PARs au Canada dont 11 au QC
- Rep. provinciales NMT
- Rep. provinciales au transfert des connaissances
- Participent au recrutement et au suivi des participantes
- Consentement libre et éclairé lu et discuté avec les PARs
- Passation des questionnaires
- Participation active à la rédaction et révision des publications
- Activités de transfert des connaissances, de recrutement et de rétention des participantes initiées et menées par les PARs



Développement du questionnaire

Questionnaire développé à partir de 11 focus group Menés entre 2011 et 2012 au QC, ON, C.-B. (O'Brien et al., 2017) :

Plusieurs groupes de travail (PARs, chercheurs, cliniciens, intervenants, etc) guidés par différentes approches telles que:

- Déterminants sociaux de la santé;
- Intersectionnalité;
- Critique féministe
- Anti-oppression et justice sociale



Section 1: Données démographiques et statut socioéconomique
Section 2: Information médicale et sur l'infection par le VIH
Section 3: Soins de santé et utilisation des services sociaux
Section 4: Santé reproductive des femmes
Section 5: Stigmatisation et discrimination
Section 6: Consommation de drogues et d'alcool
Section 7: Violence et maltraitance
Section 8: Santé sexuelle des femmes
Section 9: Bien-être émotionnel, résilience et qualité de vie liée à la santé

Dans quelle province se déroule l'entrevue?

- Colombie Britannique
- Ontario
- Québec

Critères d'éligibilité

- S'identifier comme femme
- Vivre avec le VIH
- Être âgée de 16 ans et plus
- Vivre au QC, en ON ou en C.-B.
- Parler français ou anglais (possibilité de faire appel à un traducteur)

**ÊTES-VOUS
UNE FEMME
VIVANT AVEC LE
VIH?**

Participez à une étude sur les besoins
de soins de santé des femmes vivant
avec le VIH au Canada.

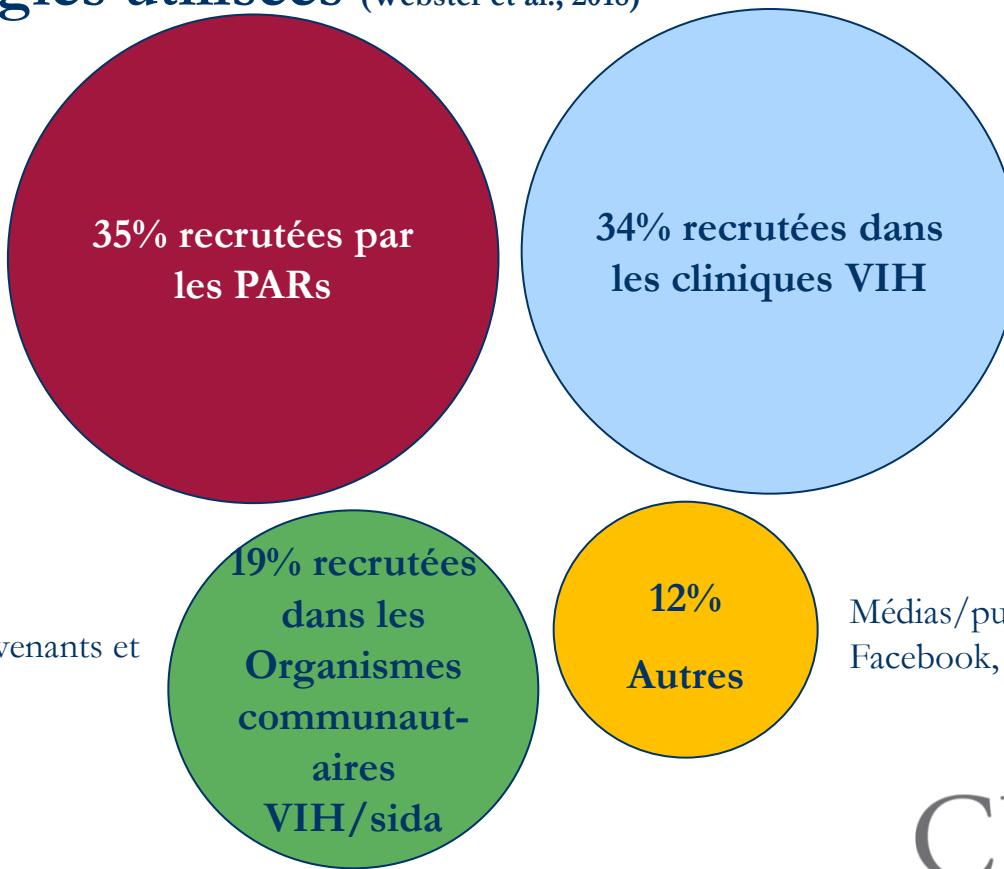


Recrutement

Plusieurs stratégies utilisées (Webster et al., 2018)

- Réseau des PARs et bouche-à-oreilles
- Forme de recrutement le plus efficace en ON (49%)
- PARs plus efficace pour recruter: LGBTQ, UDI, sans traitements ARV, sans soins VIH.

Recrutées par des intervenants et
référées au PARs



- Forme de recrutement le plus efficace en C.-B. (40%) au QC (43%)
- Cliniques plus efficace pour: femmes de 16 à 29 ans, n'utilisant pas les services communautaires VIH

Médias/publicité (site internet, Facebook, Twitter, affiches, dépliants)

Cohorte CHIWOS

➤ 1,422 femmes vivant avec le VIH

➤ De Août 2013 à Mai 2015

Âge: 43μ
(16-74)

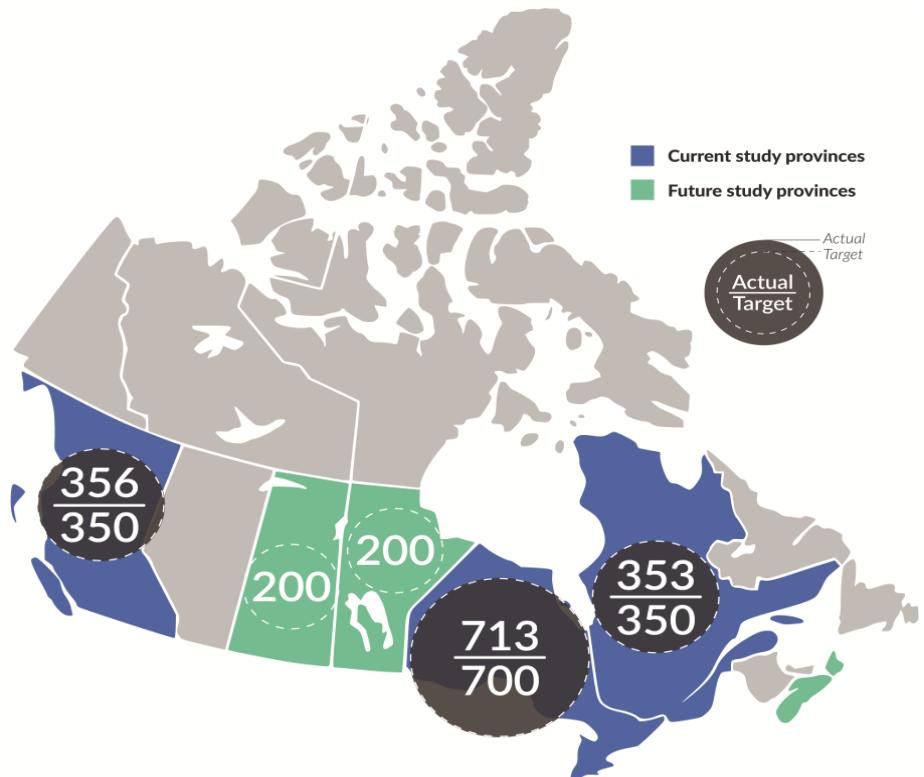
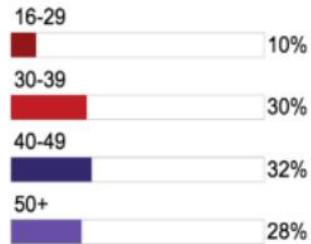


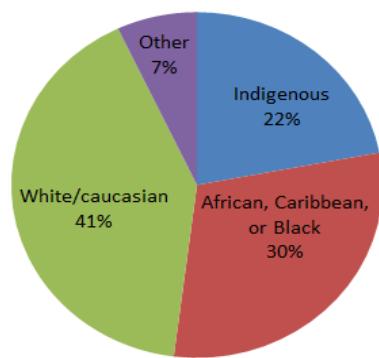
Fig 1 : Current and upcoming CHIWOS sites with target and actual recruitment numbers.

CHIWOS

Cohorte CHIWOS

CHIWOS a recruté des participantes représentant la diversité des femmes vivant avec le VIH au Canada

Etnicity



Historique d'injection de drogues
n=438



Femmes trans
n=54



Femmes actuellement impliquées dans le travail du
n=82



LBQ2S
n=180



Jeunes femmes
n=137

<30

Femmes n'ayant pas de soins VIH
n=77



Vague 2

- De juin 2015 à janvier 2017
- Questionnaire de suivi à 18 mois
- **1,252/1,422** entrevues vague 2
- **88 %** taux de rétention au plan national



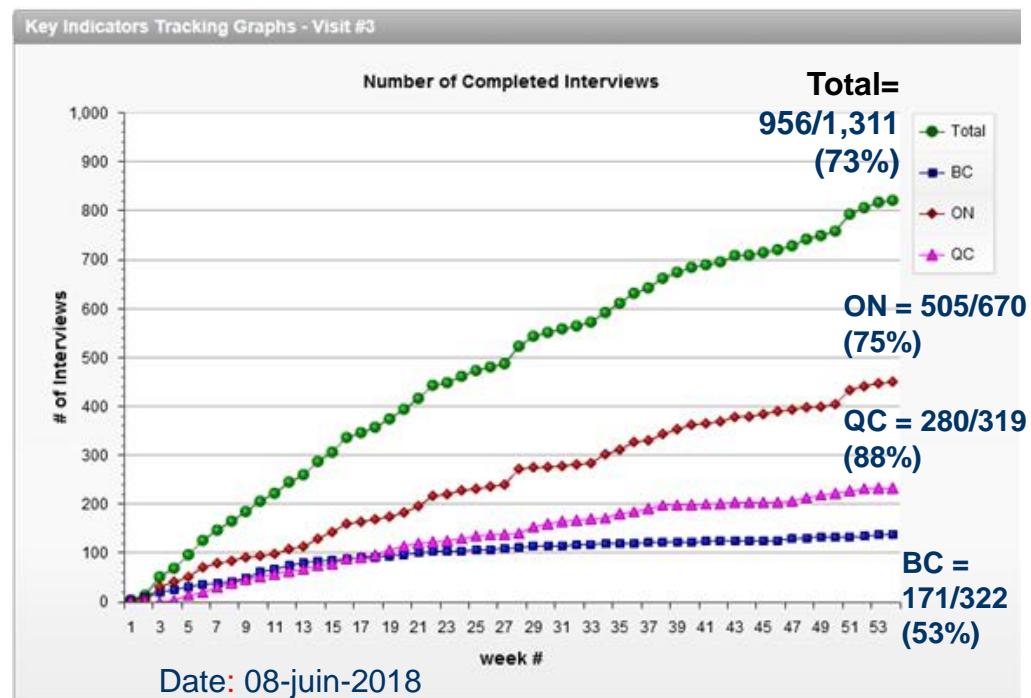
Vague 3- en cours

Lancée le 1er Fév 2017 (17 mars 2017 au QC)

- Suivi à 36 mois
- Mise à jour du questionnaire avec de nouvelles priorités

Au plan national:

- 956 entrevues de suivi à ce jour
- 73 % de rétention à ce jour



Publications disponibles: www.chiwos.ca

AIDS Behav
DOI 10.1007/s10461-017-1863-x



ORIGINAL PAPER

Substance Use, Violence, and Antiretroviral Adherence: A Latent Class Analysis of Women Living with HIV in Canada

Allison Carter^{1,2}, Eric Alafia Bob^{3,4}, Erin Ding⁵, M-J Millay^{5,6,7},
Mary Kester⁸, Shahab Jabbari⁹, Kath Webster¹⁰, Alexandra de Pokomandy^{8,9,11},
Mona Loufy¹¹, Angela Kaida¹² · Behalf of the CHIWOS Research Team

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Abstract We used latent class analysis to identify substance use patterns for 1363 women living with HIV in Canada.

Loufy et al. BMC Medical Research Methodology (2016) 16:101
DOI: 10.1186/s12860-016-0418-z

BMC Medical Research
Methodology

Open Access



Establishing the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS): Operationalizing Community-based Research in a Large National Quantitative Study

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Alexandra de Pokomandy⁴, Nadia O'Brien⁵, Allison Carter⁶, Wangari Tharao⁶, Valerie Nicholson⁷,
Kenyan Beaver⁸, Danièle Dubuc⁹, Jacqueline Gahagan¹⁰, Karine Proulx-Boucher¹¹, Robert S. Hogg¹²,
Angela Kaida¹² · On Behalf of the CHIWOS Research Team

Abstract
Background: Community-based research has gained increasing recognition in health research over the last two decades. Such participatory research approaches are founded for their ability to anchor research in lived experiences, ensuring cultural appropriateness, and local knowledge, reaching marginalized communities, building capacity, and facilitating research. While having positive attributes, the community-based health research literature is predominantly composed of small projects and qualitative methods, and set within geographically limited communities. Its use in larger health research including clinical trials and cohorts, is limited. The present study, the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS), a large-scale, multi-site, national, longitudinal study that has operationalized community-based research in all steps of the research process, successes, challenges and future directions are offered.
Discussions: Through the integration of community-based research principles, we have been successful in facilitating a two-year long formative phase for this study, developing a novel survey instrument with cultural engagement and involving 39 Peer Research Associates offering ongoing comprehensive support to PRAs and engaging in an iterative research approach. Our community-based research approach within CHIWOS discussed here is considered unique in that we are cognizant of challenges managing a large national team, inherent power imbalances and compensation and valuing research considerations, and extensive ways of community-based research and to work



RESEARCH ARTICLE

Cohort profile: The Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS)

Mona Loufy^{1,2,3}, Alexandra de Pokomandy^{4,5}, V. Logan Kennedy¹, Allison Carter^{6,7},
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Valerie Nicholson¹⁰, Kerrigan Beaver¹¹, Saara Greene², Wangari Tharao¹², Anita Benoit^{1,3},
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OPEN ACCESS

Citation: Loufy M, de Pokomandy A, Kennedy VL, Carter A, O'Brien N, Proulx-Boucher K, et al. (2017)

Article

Prevalence and Correlates of Forced Sex as a Self-Reported Mode of HIV Acquisition Among a Cohort of Women Living With HIV in Canada

Journal of Interpersonal Violence
Volume 31, Number 1, January 2017, Pages 1–26
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DOI: 10.1177/088626051559892
jiv.sagepub.com/

SAGE



RESEARCH ARTICLE

Pregnancy incidence and intention after HIV diagnosis among women living with HIV in Canada

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⁶ www.uwaterloo.ca

OPEN ACCESS

Carter, Sutera K, Joffey M, de Pokomandy A, incidence and intention after HIV diagnosis among women living with HIV in Canada, PLOS ONE 12(7): e0178704. doi:10.1371/journal.pone.0178704

Editor:

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We are

Health

Used to

Overall, a

Examine a

Significance

RESULTS

1,658 WL HIV diag after 1,000 independent pregnancy incidence per 1000 WL vaginal

76

Abstract Preventing unintended pregnancy and HIV transmission is important for women with HIV, but little is known about their contraceptive use, particularly under current antiretroviral therapy (ART) recommendations for treatment and prevention.

METHODS: The prevalence of contraceptive use and dual protection was examined among 453 sexually active women with HIV ages 18–49 and enrolled in the Canadian HIV Women's Sexual and Reproductive Health Cohort Study in 2013–2015. multivariable logistic regression was used to identify correlates of use. Two definitions of dual protection were tested: the World Health Organization (WHO) definition of consistent condom use alongside another effective method and an expanded definition of consistent condom use or a suppressive ART viral load alongside an effective method.

RESULTS: Overall, 73% of women use effective contraceptives, primarily male condoms (44%) or tubal ligation (19%). Eighteen percent practice WHO-defined dual protection, and 40% practice dual protection according to the expanded definition. Characteristics positively associated with contraceptive use were younger age, having been pregnant, having had partners of unknown HIV status, having had partners of known HIV status, and having had partners of unknown HIV status. Odds ratios (1.0–4.7) younger age and perceived inability to become pregnant were positively associated with both definitions of dual protection (1.04–1.33). Additionally, WHO-defined dual protection was associated with perceived HIV care to be women-centered and having had partners of unknown HIV status (2.0–4.1), and dual protection under the expanded definition was related to having been pregnant (2.27).

CONCLUSIONS: Future research should explore how sustained ART and broader contraceptive options can support women's sexual and reproductive health needs.

Perspectives on Sexual and Reproductive Health, 2017, 49(4):7K, doi:10.1363/prsh.12046

Epidemiol Rev
Early and sustained use of antiretroviral therapy (ART) can suppress HIV viral load, thereby enabling women with HIV to have sex and live a normal life, with improved quality of life and negligible risk of sexual and perinatal HIV transmission.

Nancy prevention · The typical-use failure rate in the first year of use is 8% for male and 21% for female condoms · **HIV prevention** · **Perinatal prevention** · **Women-centered** · **Contraceptive methods** (implants and hormonal and nonhormonal

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journal homepage: www.elsevier.com/locate/ymed



SHORT REPORT

Validating a self-report measure of linked questionnaire and clinical data from the Canadian HIV Women's Sexual and Reproductive Health Cohort Study

Alison Carter^{1,2}, Alexandra de Pokomandy^{3,4}, Mona Loufy¹, Erin Ding⁵, Paul Sereda¹, Kath Webster⁶, Valerie Nicholson⁷, Kerrigan Beaver⁸, Robert S. Hogg¹, Angela Kaida¹, on Behalf of the CHIWOS Research Team¹²

Abstract We assessed the validity of a self-report measure of undetectable viral load (VL) among women with HIV in British Columbia (BC), Canada. Questionnaire data from the Canadian HIV Women's Sexual and Reproductive Health Cohort Study was linked with population-based clinical data from the BC Centre for Excellence in HIV/AIDS (BCCE). Self-reported undetectable VL (≤ 200 copies/mL) was defined as undetectable (VL < 20 copies/mL) or detectable (1.2–400 copies/mL). Laboratory measurements of VL < 20 copies/mL (closest to female reporting) were the criteria for validation. We measured positive and negative reporting values (PVs) (NPVs) or missing self-report and laboratory data. The results showed that 100% of women self-reported having undetectable VL or missing self-report and laboratory data. The sensitivity of the self-report measure was 93.7% (PV = 0.93) and specificity was 80.4% (NPV = 0.68–0.72). LRs was 3.2 (1:4.6) for gender discrimination and 0.99 (1:1.01) for undetectable VL. The area under the receiver operating characteristic curve was 0.71 (95% CI 0.67–0.75).

Results Of 352 non-parses, 99% were linked to clinical data. Among the remaining 326, median age was 40 (IQR: 30–48), median CD4 count was 510 (IQR: 300–650), median CD4% was 25 (IQR: 20–30), median CD8% was 14 (IQR: 10–18), and likelihood of being virally suppressed was 84% (95% CI 80.2–86.7%). Self-reported undetectable VL or missing self-report and laboratory data were significantly associated with undetectable VL by laboratory measurement (OR: 4.1, 95% CI 1.4–11.8). Self-reported undetectable VL was significantly associated with laboratory undetectable VL (OR: 0.64, 95% CI 0.45–0.83).

ARTICLE INFO

Keywords: Health-related quality of life · HIV-QoL · Undetectable viral load · Stigma · Racism · Sexism · Racism · Intergenerational · Intersectoral

Social inequities compromise health-related quality of life (HR-QoL) among women living with HIV (WL). Little is known about how specific types of intersecting stigma based on HIV, race and gender among WL may affect HR-QoL or potential mechanisms to promote HR-QoL. We tested pathways from multiple types of stigma (HIV-related, racial, gender, intergenerational, and intersectoral) to HR-QoL using structural equation modeling among WL in Canada (2013–2015). Structural equation modeling was conducted using maximum likelihood estimation methods to test the direct effects of HIV-related stigma, racial discrimination, and gender discrimination on HR-QoL. We found significant associations between the intersection of HIV-related stigma and racial discrimination and HR-QoL. Socioeconomic地位 and gender discrimination had significant relationships with HR-QoL, indicating the relationship between gender discrimination and HR-QoL was 41.4% of the effect of gender discrimination on mental HR-QoL. Economic insecurity accounted for 14.3% of the effect of HIV-related stigma on physical HR-QoL. We also found significant associations between HIV-related stigma and the structural equation model fit (χ^2 (12) = 2.23, $p = 0.669$; RMSEA = 0.042 (90% CI: 0.0–0.069); SRMR = 0.004). Findings reveal complex relationships between intersecting stigma and HR-QoL. Strategies that address intersecting stigma and discrimination are needed to improve HR-QoL.



Analyses menées au QC

Quebec-led DRFs

1. Pap screening
2. Pap and HPV vaccine
3. Pregnancy and Motherhood experiences
4. Co-morbidities: Prevalence and risk factors
5. Comprehensive health care
6. Reproductive discussion between women and MD
7. Reproductive intentions and maternal support
8. Overall satisfaction with HIV care

À venir.....

DRF =Data Project and Request Form

Accéder aux données CHIWOS?

- Contacter la coordonnatrice CHIWOS QC
- Karène Proulx-Boucher

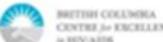
For internal use only
Project number:

CHIWOS
Étude sur la santé sexuelle et reproductive des femmes vivant avec le VIH au Canada
Canadian HIV Women's Sexual and Reproductive Health Cohort Study

CHIWOS PROJECT AND DATA REQUEST FORM

Date of request:
Name:
Contact phone:
E-mail address:
Province the request comes from:
 British Columbia Ontario Québec Saskatchewan Manitoba
 Other: _____

Instructions:
Please complete an electronic copy of this form and submit to your Provincial Coordinator.
Please review the '[CHIWOS PROJECT AND DATA REQUEST POLICY](#)' of this document before beginning.
For most sections below you only have to write one or two sentences. If you have any questions, please contact your Provincial Coordinator.



Women's College

RESEARCH INSTITUTE



Centre universitaire de santé McGill

McGill University Health Center



Canadian Institutes of Health Research



the CTN
CIHR Canadian
HIV Trials Network

le Réseau
Réseau canadien
pour les essais VIH des IRSC

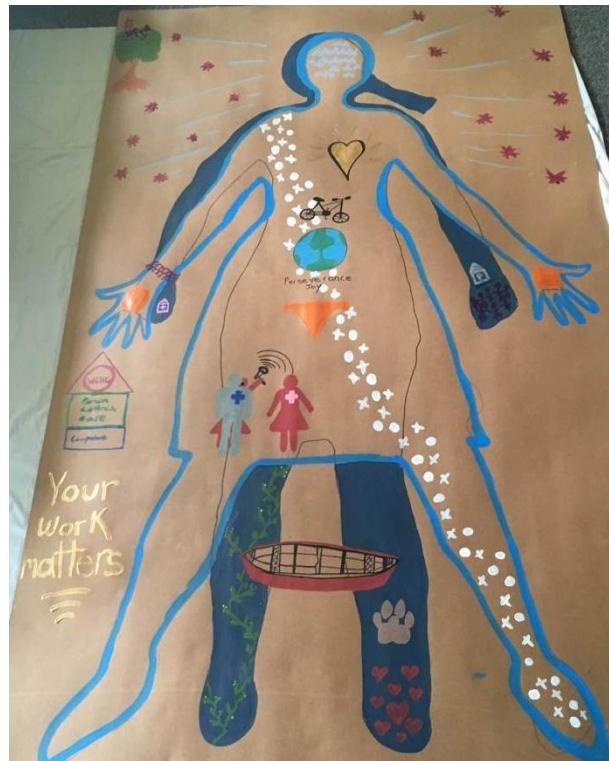
Prochaines étapes !



CHIWOS

Body Mapping

- Mené par Saara Greene
- Possibilité d'adapter l'art-thérapie à la recherche et à un outil de revendication pour CHIWOS, en mettant l'accent sur de nouvelles perspectives sur les soins centrés sur les femmes.
- Ateliers sous forme de retraite tenues dans chaque province



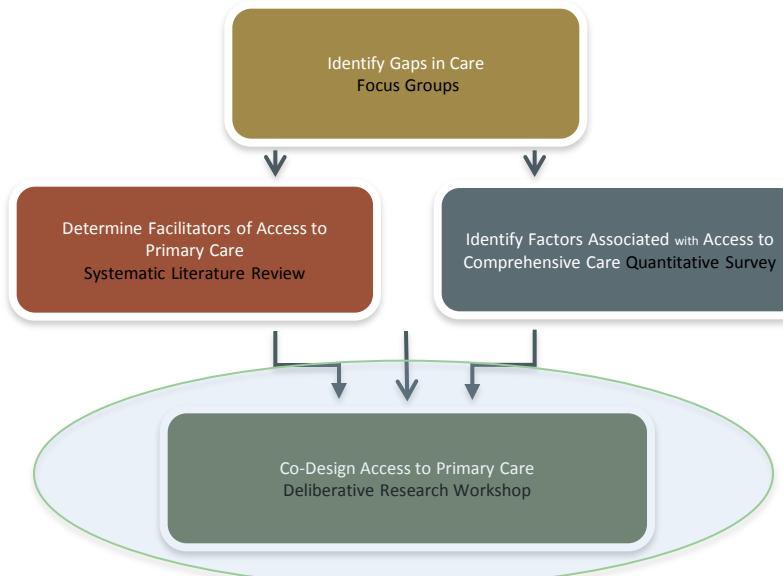
CHIWOS

Upcoming Deliberation Project

Purpose: engage patients & providers in deliberations

- 1) discuss, support, and refute findings from my PhD
- 2) identify key intervention opportunities
- 3) produce recommendations for policy and practice.

Grant Funding Secured : FRQS -Réseau SIDA - \$30,000



What is Deliberative Dialogue?

- Stakeholder **engagement** method
- Particular type of discussion
- **Diverse** participants are provided with **evidence**
- Encouraged to discuss and challenge information and **consider each other's views**
- Identify recommendations or directions for action

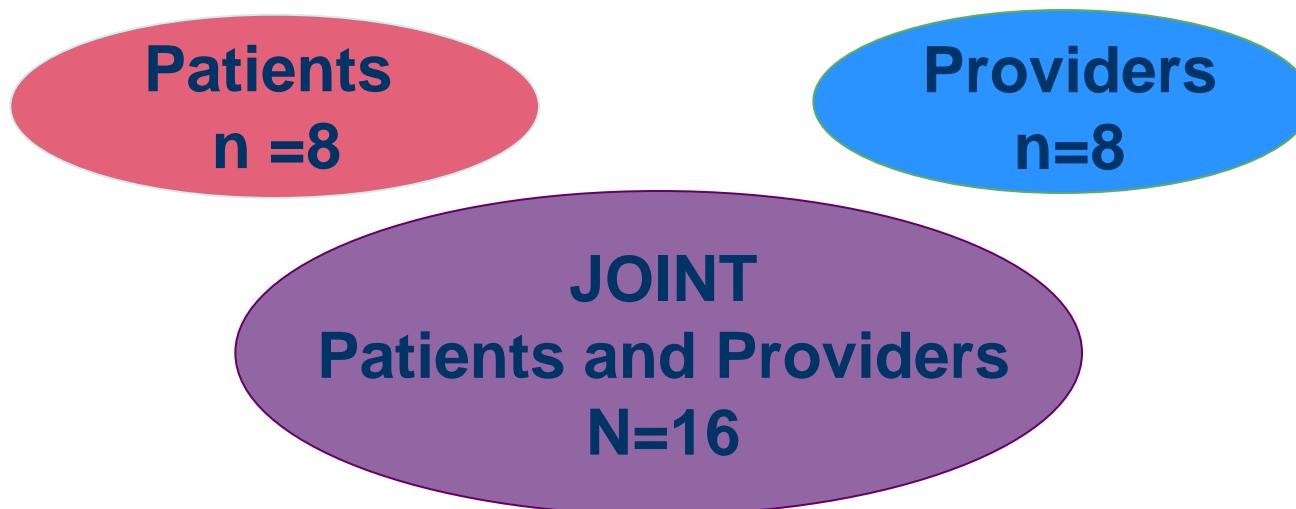
– Abelson, 2003

Deliberation “*is used not so much to give participants a ‘voice’... but to create a process in which the **participants themselves produce conclusions** that can then be relayed to others, for example policy makers*” - Evans & Kotchetkova, 2009

Upcoming Deliberation

Method : To be conducted in 2018

- 1 patients & 1 provider deliberations “similar power”
- Time for critical reflection
- 1 joint deliberation – expert facilitation
- Not consensus driven, multiple recommendations



Interested in participating?

- We are looking for 8 care providers
 - Nurses
 - Physicians
 - Social Workers
 - Etc..
- Participation will be compensated
- Come see me after the rounds
- Or email me: obrien.nadia@gmail.com

Questions



Merci !

Thank you!

Pour plus d'informations:

For more information :

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Autres provinces:

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