



The Canadian HIV Women's Sexual and Reproductive Health Cohort Study:

An evaluation of women-centred HIV care

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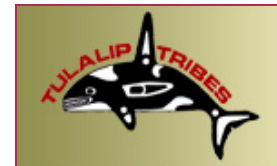
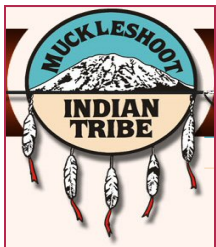
CHIWO**S**


Conflicts of Interest Disclosure

No conflicts of interest to declare.

Acknowledgements

CHIWOS would like to acknowledge all of the traditional territories of the Duwamish, Suquamish, Muckleshoot, Snoqualmie, Tulalip, and Puyallup Nations on which we have gathered



CHIWOS

Background

2011 presentation by Dr. Monica Gandhi at the 1st International on HIV & Women Workshop summarized active cohorts of HIV-positive women and girls¹ - **Many global cohorts have enrolled large numbers of women as part of nationwide cohorts, but women-only cohorts are limited.**

**Women's Interagency HIV Study (WIHS)² – established in 1993
3,500 HIV+ women (74%) and HIV- controls (26%)**

**Canadian Women's HIV Study (CWHS)³ – established in 1993
986 HIV+ (67%) and HIV-controls (33%)
followed in 28 sites in 11 Canadian cities until 2003**

¹Gandhi, M. 2011. 1st IWHW. Overview of cohorts of HIV-infected women and girls.

²Barkan et al. Epidemiology. 1998; 9(2): 117-125.

³Hankins et al. CMAJ 1998; 159(11): 1359-1365.



Again in Canada → Women-only HIV Cohort

CHIWOS = Canadian HIV Women's Sexual and Reproductive Health Cohort Study

▪ Five-year, national, multi-site, inter-disciplinary, community-based research (CBR) longitudinal cohort study

Why?

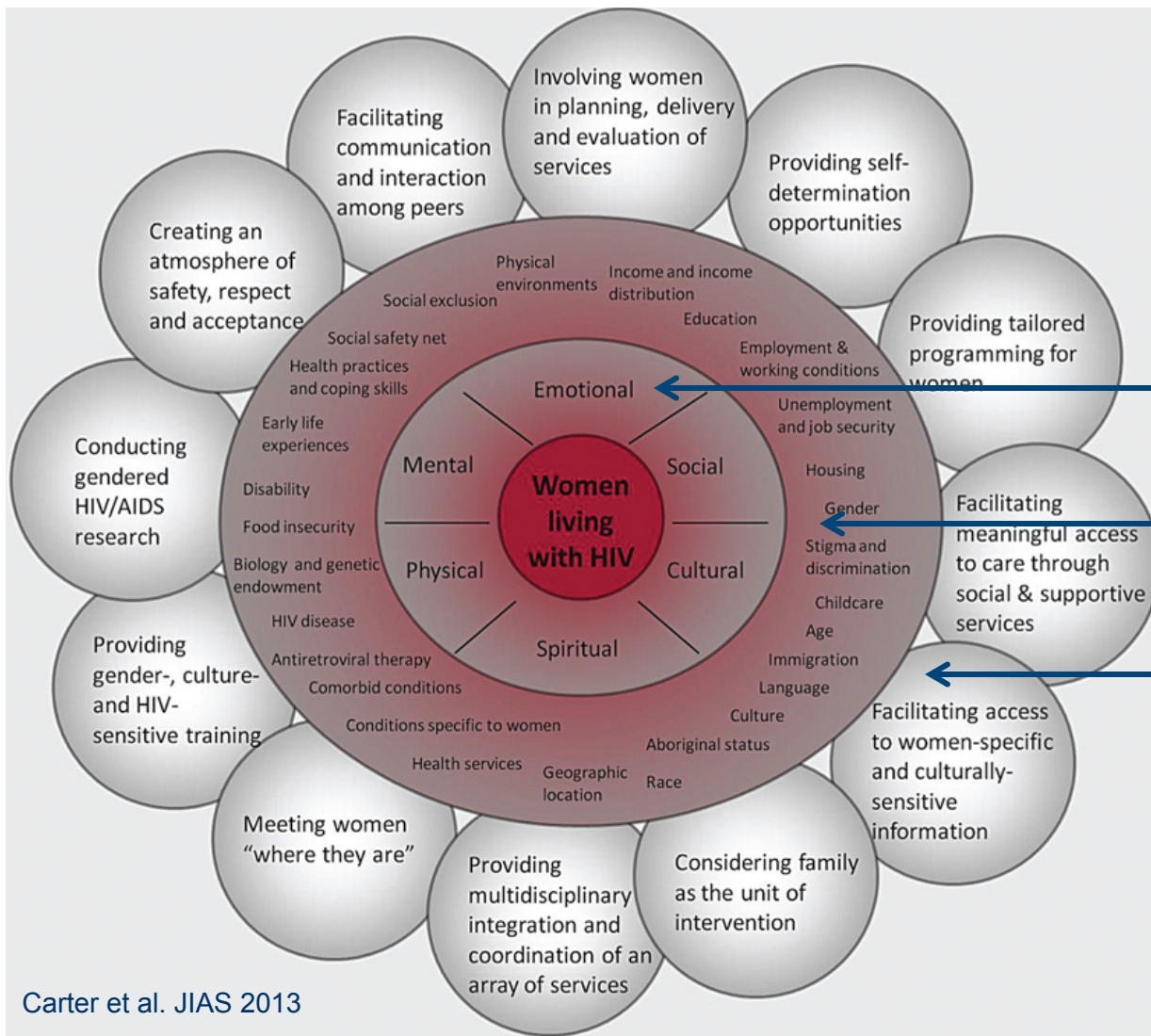
- Epidemiological research has pointed to the increasing feminization of the epidemic
- Critical health research regarding the care and health outcomes of women with HIV is only now emerging



Primary CHIWOS objectives

- To determine the proportion, distribution and patterns of women-centred HIV care (WCC) among women with HIV in British Columbia (BC), Ontario (ON) and Quebec (QC)
- To determine the correlates of WCC and impact on overall, mental, sexual and reproductive health outcomes (*FUTURE*)

WCC - Literature Review & Focus Groups



Dimensions of Women's Health

Determinants of Women's Health

Pillars of women-centred HIV care



Definition of Women-centred HIV Care

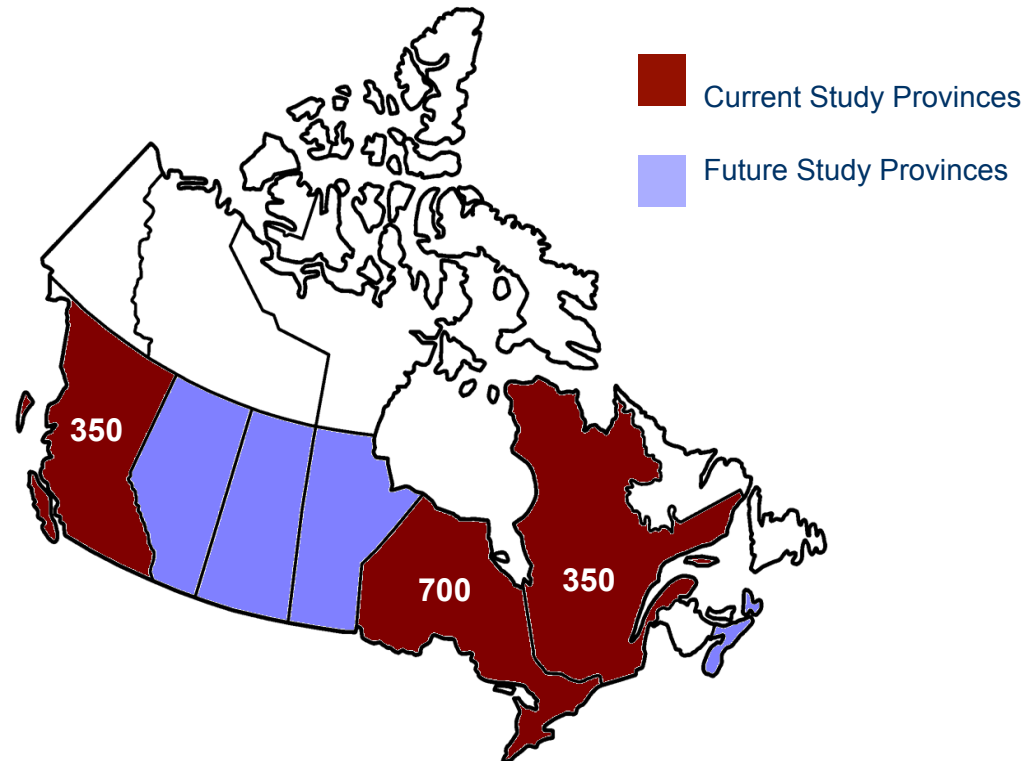
Operational definition of WCC:

*“WCC supports women living with HIV to achieve the **best health and well-being as defined by women.** This type of care recognizes, respects, and addresses **women’s unique health and social concerns,** and recognizes that they are connected. Because this care is driven by women’s **diverse** experiences, WCC is **flexible** and takes the **different needs** of women into consideration”.*



Methods – Study Population & Design

- Enrolling 1,400
- Inclusion criteria:
 - Self-identified women (transgender inclusive)
 - Living with HIV (self-report)
 - ≥ 16 years
 - Living in BC, ON, and QC, Canada*
- Longitudinal
 - Baseline visit
 - 18-month follow-up visit



*82% of HIV+ women live in these provinces

Methods – Sampling & Recruitment

- Non-random purposive sampling
- Hired & trained 39 Peer Research Associates (PRAs)
- Participants complete a PRA-administered consent & web-based survey in CBOs, clinics & private locations:
 - Medical history
 - Use of clinical and social services and WCC
 - Health outcomes
 - Substance use
 - Experiences of violence
 - Stigma and discrimination
 - Food and housing security, and other social determinants of health

ARE YOU A WOMAN LIVING WITH HIV?

Participate in a study about the health care needs of women living with HIV in Canada.

What is the goal of the study?

To create new knowledge about women-centred care that will be used to support women living with HIV in Canada to achieve optimal health and well-being.

You are eligible to participate if you:

- Identify as a woman
- Are HIV-positive
- Are 16 years of age or older
- Live in British Columbia, Quebec or Ontario

What is involved in the study?

The study involves answering a 2-2½ hour questionnaire with a trained peer interviewer, plus a follow-up interview 18 months later.

You will receive an honorarium to cover your participation expenses. Confidentiality is assured.

For more information and to participate, please contact:

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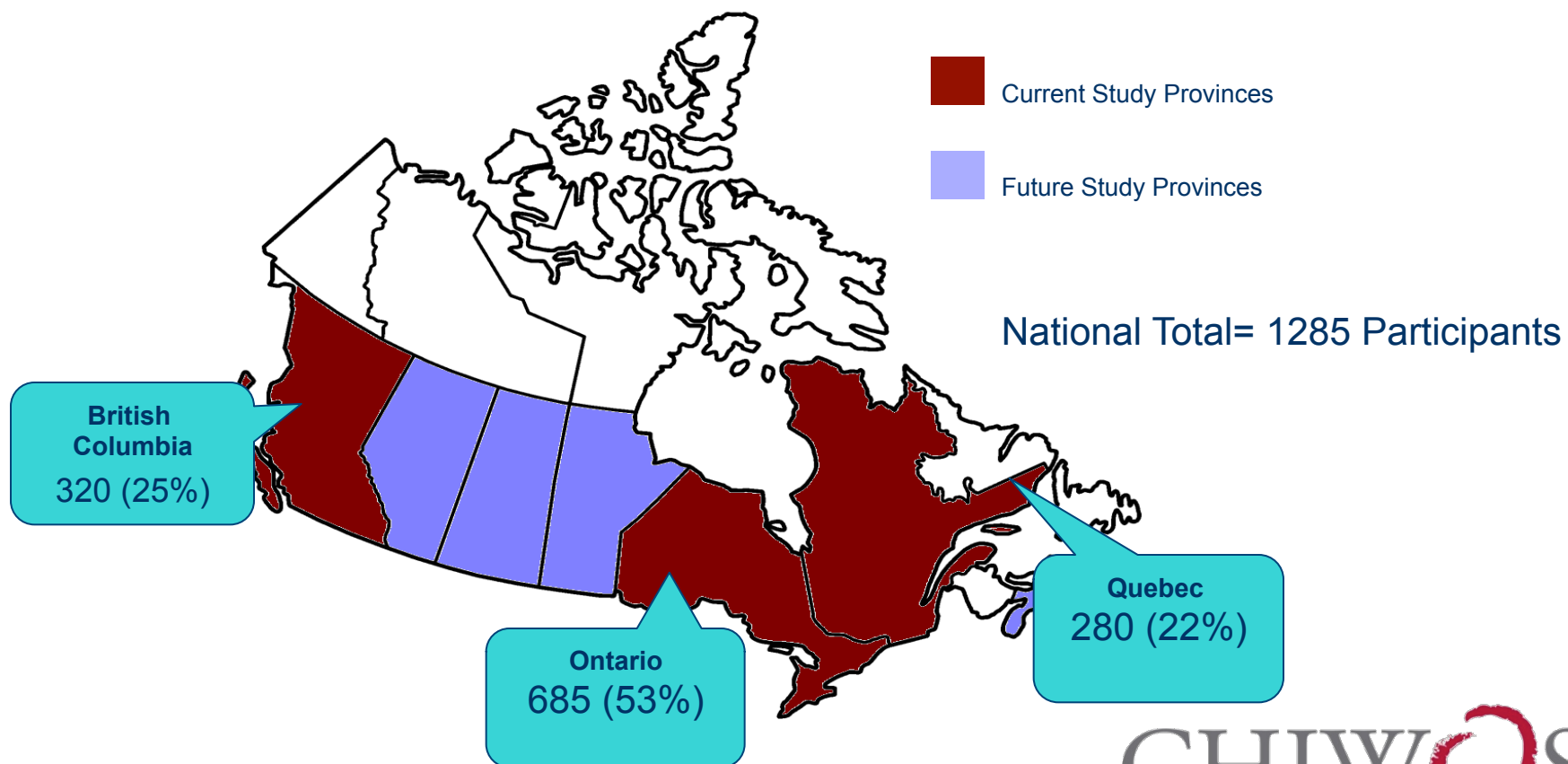
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Methods – Analyses

- Summary statistics of socio-demographic and clinical characteristics and perceptions of WCC usage
 - medians and IQRs for continuous variables
 - frequencies and proportions for categorical variables
 - total
 - by province (BC, ON, QC) and;
 - ANOVA and Chi-square for comparisons between provinces

Results – as of February 13th, 2015



Results - Demographics

Characteristic	Total (n=1285)	BC (n=320)	ON (n=685)	QC (n=270)	p-value
Median Age [IQR]	42 (35-50)	44 (36-51)	40 (34-49)	46 (37-53)	<0.001
Gender Identity					0.648
Woman	96%	97%	96%	96%	
Trans woman/2-spirit/Queer	4%	3%	4%	4%	
Sexual orientation					0.014
Heterosexual	88%	85%	88%	92%	
LGBTQ	12%	15%	12%	8%	
Ethnicity					<0.001
Indigenous –First Nations, Métis & Inuit	23%	47%	20%	3%	
African, Caribbean, Black	29%	6%	32%	45%	
Caucasian	39%	35%	38%	46%	
Other	9%	12%	10%	6%	
Ever incarcerated	38%	65%	29%	30%	<0.001
Injection drug use history	31%	65%	18%	26%	<0.001

Results - Clinical

Characteristic	Total (n=1285)	BC (n=320)	ON (n=685)	QC (n=270)	p-value
HCV	32%	58%	21%	31%	<0.001
HBV	9%	14%	5%	10%	<0.001
Median years living with HIV [IQR]	10 (5-16)	12 (6-17)	9 (5-15)	12 (7-18)	<0.001
Received HIV-related medical care in the last year	93%	98%	89%	98%	<0.001
Currently taking ART	82%	89%	74%	95%	<0.001
Undetectable viral load (self-report)	76%	80%	70%	87%	<0.001

Results – Perceived WCC of HIV clinic and HIV doctor*

Characteristic	Total (n=1200)	BC (n=320)	ON (n=685)	QC (n=270)	p-value
Satisfied with the care received from HIV clinic	92%	91%	93%	94%	0.36
Perceive care at HIV clinic to be women-centred	54%	61%	61%	32%	<0.001
Satisfied with the care I have received from my HIV doctor	92%	91%	92%	94%	0.55
Perceive care provided by HIV doctor to be women-centred	58%	67%	64%	34%	<0.001
WCC is important to me	81%	83%	83%	72%	<0.001
My satisfaction with the care I receive depends on how women-centre it is	61%	59%	69%	46%	<0.001



*Restricted to n=1200 women who received HIV-related medical care in the past year.

** Responses indicate Strongly Agree/Agree vs. Neutral/Disagree/Strongly Disagree

Discussion

- A large scale CBR cohort study is possible: investing in community relationships, training, and support - is key
- Women are, in general, satisfied with the care from their HIV clinic and doctor; the degree of their HIV care being women-centred varied by province
- Discrepancies between how important WCC was to them and the above two results
 - Requires further investigation

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Our affiliated studies: CANOC & OSC



Acknowledgments- British Columbia Sites

- 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
- Oak Tree Clinic, Positive Living Fraser Valley
- Positive Women's Network
- Positive Living North
- Vancouver Island Persons with AIDS Society



Acknowledgments- Ontario Sites

CBOs and ASOs

- 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/AIDS Network
- Positive Living Niagara
- Prisoners with AIDS Support Action Network

- Réseau Access Network
- Toronto PWA Foundation
- Women's Health in Women's Hands

Clinics and Hospitals

- 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



Acknowledgments- Québec Sites

- ACCM
- L'ARCHE de l'Estrie
- ASTT(e)Q
- BLITS
- BRAS-Outaouais
- CACTUS
- CASM
- Centre Sida Amitié
- Corporation Félix Hubert d'Hérelle
- COCQ_SIDA
- Fondation d'Aide Directe-SIDA Montréal
- GAP-VIES
- GEIPSI
- 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



Want More Information?

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