

Women-centred care for women living with HIV in Canada: Towards mitigating losses in retention in the Cascade of HIV Care

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BACKGROUND

Women comprise nearly 25% of people living with HIV in Canada¹ and over 50% of people living with HIV globally. Access to and use of antiretroviral therapy (ART) decreases HIV-related morbidity, mortality, and transmission risks.

To realize the full benefits of HIV treatment success, engagement throughout the 'cascade of HIV care' is essential. This cascade begins with diagnosing people infected with HIV, linking and retaining them in care, initiating ART, and successful retention on ART to yield suppressed viral loads and improved health. However, >50% of individuals linked to care are not retained.

Delayed linkage and retention is more common among women living with HIV, particularly those with children at home and those experiencing additional intersections of vulnerability, including ethnicity, place of residence, substance use, and sexual orientation.

Objective: The objective of this study was to explore women's reported use of women-centred HIV care (WCC) towards understanding whether WCC may improve retention-in-care.

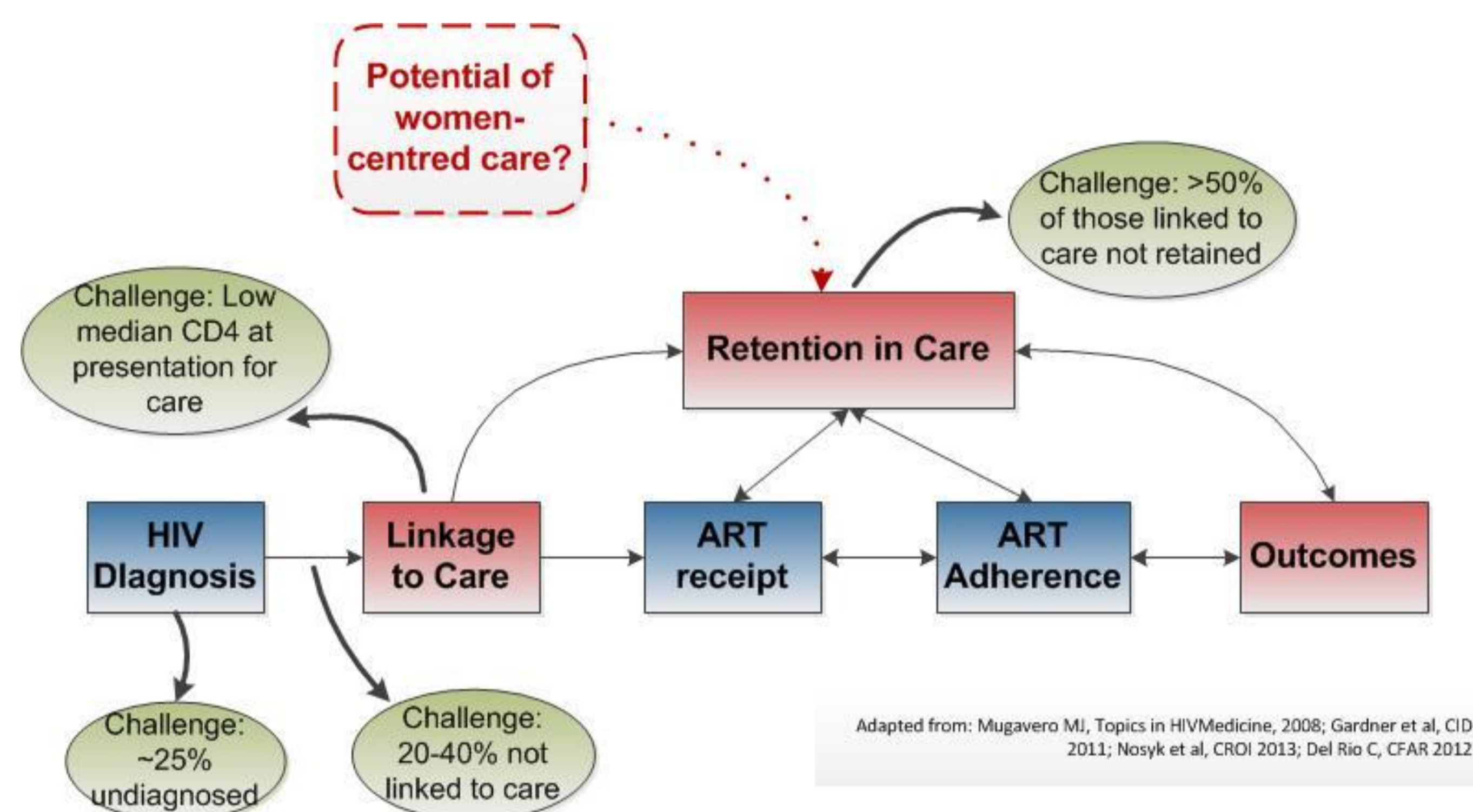


Figure 1. Engagement throughout the Cascade of HIV Care and the potential for Women-Centred Care (WCC) to improve retention-in-care

METHODS

Self-administered intake questionnaires (in English and French) were collected from Focus Group Discussion (FGD) participants enrolled in the formative phase of the **Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS)** between August 2011 and April 2012. FGDs were conducted to explore definitions of WCC among women living with HIV.

Participants were recruited through AIDS Service Organizations (ASOs), clinics, and peer outreach across multiple sites in British Columbia, Ontario, and Quebec.

FGDs were led by trained Peer Research Associates (PRAs) (women living with HIV who received training in community-based research and focus group facilitation) and conducted in collaboration with community organizations and HIV care clinics. Questionnaire data were analyzed using standard descriptive statistics in SPSS v13.0.

RESULTS

Participant characteristics:

77 women participated in 11 FGDs (28 women in BC (36%), 25 in Ontario (32%), 24 in Quebec (31%).

By age group, 7% were <30 years, 68% 31-50 years, and 26% >50 years. 22% identified as Aboriginal, 30% Black, and 44% Caucasian. 52% reported annual household income <\$20K. 55% were diagnosed with HIV prior to 2000 and 85% were taking ART.

HIV Care:

Women reported receiving HIV-related medical care from an HIV specialist (58%) and/or family doctor (38%) with expertise in women and HIV.

Women accessed a median of 5.0 [IQR 3,7] additional HIV-related services over the previous year, including ASOs (64%), income support (34%), ObGyn (34%), counselling (21%), and religious/spiritual (17%) services.

Definitions of Women-Centred Care:

Over 60% of women defined WCC as care offered to women only. 21% defined WCC as a women-only service within a mixed-gender care setting and 23% defined WCC as a service accessed by many women.

Women-Centred Care: Overall, two-thirds reported currently accessing WCC. Of the one-third not accessing WCC, 83% reported wanting to. 77% of women accessing and 72% not accessing WCC reported that their HIV-related care and outcomes would be better with improved access to WCC.

Features of WCC reported as most important to improving access and retention-in-care included transportation support (66%), childcare (52%), accessibility (60%), and peer support (51%).

CONCLUSIONS

Findings suggest that women living with HIV access a range of medical and social services for their HIV-related care.

Women's high desires and perceived benefits of WCC, suggest that WCC may play an important role in improving retention-in-care and, ultimately, health outcomes for women.

ACKNOWLEDGMENTS

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NOTES: 1. Source: Public Health Agency of Canada. HIV and AIDS in Canada. Surveillance Report to December 31, 2009. Surveillance and Risk Assessment Division, Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada, 2010.