OHTN Report to the Board

Q3: October 1 – December 31, 2016

Collect, Analyze and Share Data on the Prevention, Engagement and Care Cascade

Launching new OCHART tracking tools

On October 1, the Evidence-Based Practice Unit launched the reporting side of the new OCHART platform. OCHART (the Ontario Community HIV/AIDS Reporting Tool) is the online tool used by 109

agencies and programs to report their work to the AIDS Bureau twice a year. The new OCHART has been aligned with the goals of the new provincial HIV strategy and allows ASOs to better demonstrate the impact of their work. This is the first quarter that ASOs have reported their education, outreach and community development activities using the new platform.

The final phase of OCHART redevelopment will run from January to August 2017. This phase will include updating the OCHART sections used by provincial capacity building programs, hepatitis C teams, IDU outreach workers and community-based clinical service providers. The full roll-out of new products will be evaluated at the end of 2017.

Impact

Providing more effective ways for ASOs to track and report on the impact of their programs and services.

Provincial Strategy Goal

5: Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services

Researching key issues for the HIV sector in Ontario

The knowledge synthesis team completed three new rapid responses in Q3:

- <u>Community-based interventions to increase HIV testing among Black</u> <u>women</u> (Women's Health in Women's Hands Community Health Centre, Toronto). This review was completed to identify interventions that have been effective in increasing community-based testing and promoting well-being and health among Black women. The results of this review informed the development and pilot-testing of an intervention aimed at increasing HIV testing in a community-based setting.
- The effect of alcohol consumption on ART adherence and sexual risk behaviours among men who have sex with men and The impact of childhood sexual abuse on antiretroviral medication adherence, sexual risk behaviours and overall health among men who have sex with men (OHTN) were completed to identify the effects of various syndemics on ART adherence, sexual risk behaviours and overall health among men who have sex with men. These two reviews are part of a wider series of rapid responses examining the role of syndemics in gay men's health.

Impact

Providing the evidence necessary to create innovative programs and more fully understand key issues. Provincial Strategy Goals

- 1. Improve the health and well-being of populations most affected by HIV
- 2. Promote sexual health and prevent new HIV, STI and hepatitis C infections
- 4. Improve health, longevity and quality of life for people living with HIV

Invest in Research Leadership, Create Knowledge and Enhance Skills

Hosting major research and practice conferences

In Q3, we organized two major research conferences in downtown Toronto. <u>HIV Endgame I: Closing the</u> <u>Gaps in the Care Cascade</u> focused on clinical science and <u>HIV Endgame II: Stopping the Syndemics that</u> <u>Drive HIV</u> focused on social science. Over 300 people – researchers, clinicians, community-based agencies and people living with HIV – attended each conference and over 100 presented on their research or programs.

- The October conference was held in partnership with the International Society for NeuroVirology and included a day of joint programming focused on HIV and the brain. Leading researchers from around the world used this as an opportunity to discuss the possibility of standardizing measurements of HAND. The conference also addressed critical issues such as prescribing PrEP, managing drug resistance, managing pain, and cancer and HIV.
- The October conference was dedicated to clinicians who've been working in HIV care since the early days of the epidemic. In advance of the conference, and as part of an ongoing project, we interviewed several Ontario clinicians to capture their insights and reflections on the past and future of HIV care. We showed a snapshot of this footage at the conference and will be building on and working with the footage in the coming months.
- Conference evaluations showed that: 90% of attendees were satisfied or very satisfied with the conference; 92% agreed that the conference enhanced their knowledge; and 90% agreed that the conference contained the latest information about HIV prevention and treatment strategies and promising interventions. Among clinicians, 84% described the conference as relevant to their practice. Here's some of what attendees had to say:
 - I have a better understanding of what health conditions to watch for in long-term HIV patients.
 - It allowed me to become more up to date with future planning and the cascade of care.
 It helped me to understand the challenges and the different roles each of us play in assisting one another in our work. It definitely enhanced my personal knowledge.
 - I enjoyed the participation of people living with HIV. It gave us a perspective of those that are directly impacted by the work we do. It was encouraging and humbling to hear their life experiences.
 - It was great to have so many experts in the field in one place to exchange knowledge.
- The November conference highlighted the most recent research on syndemics within each population and explored interventions and approaches aimed at stopping or mitigating syndemics. Key sessions looked at building resiliency in gay men, responding to mental health and addiction issues, creating comprehensive strategies to reduce risk, and addressing race and social justice issues. This conference featured a strong emphasis on Indigenous health, with sessions on the 2 Shawls project, culture as intervention, and a panel of self-identified

Indigenous people living with HIV – which was an opportunity for panel members to discuss challenges, supports and resiliencies.

- The November conference was dedicated to the memory of the peer research associates we have lost over the past months, and to all peer research associates for their contributions to HIV research. We held a memorial and debriefing circle at the conclusion of the conference. As a satellite session to conference, we also presented "Supporting HIV/AIDS Peer Research Associates Effectively." This workshop offered a learning experience for peer researchers and emerging academic researchers interested in community-based research. Thirty-one participants learned the basics of how to support peer researchers across a range of domains, including administrative support, financial support and support for peers' emotional well-being. Guest speakers included Lori Chambers (McMaster University), Sarah Switzer (York University) and Terry Howard (CAHR).
- Conference evaluations showed that: 92% of attendees were satisfied or very satisfied with the conference; 93% agreed that the conference facilitated networking between attendees; 88% agreed that the conference included the latest information about the syndemics that drive HIV; and 87% agreed that the conference enhanced their knowledge. Here are some of the comments that attendees shared with us:
 - I will advocate for better programs and services in my community and access to services by Indigenous people.
 - The opening plenary was great. The one speaker discussed political geography and health. I [had] never thought about HIV from that view.... It was a very smart presentation and one that really challenged my thinking.
 - I am thinking about how we do support work and how to work better with clinics. Also how we ask questions [of] our clients in a way to not judge but support and give them the help they need.
 - Solid mix of academia and community refreshing to have accessible presentations that looked holistically at social-structural factors impacting PLHIV.

Provincial Strategy Goals

- 1. Improve the health and well-being of populations most affected by HIV
- 2. Promote sexual health and prevent new HIV, STI and hepatitis C infections
- 3. Diagnose HIV infections early and engage people in timely care
- 4. Improve health, longevity and quality of life for people living with HIV

Supporting community-based research in HIV

The OHTN Community-Based Research & Evaluation Fund assists communities by supporting community-based research and the use of evidence to drive programming through participatory program evaluation. In Q3, we funded two community-based projects:

- Youth, HIV and housing: A study exploring the barriers and challenges experienced by unstably housed youth living with HIV (\$24,794)
 - > Applicant: Fife House Foundation
 - This project will determine housing challenges among unstably housed youth living with HIV by identifying individual, systemic and structural barriers to social support and health care services. The team will also explore issues of stigma and discrimination as they relate to gender, age, income, race, and sexual orientation, and document the variation in experiences of perinatally infected youth and those infected later in life.

- ART of conversation: Developing a peer telephone support program for people living with HIV who use substances and are facing challenges with antiretroviral adherence following hospitalization (\$25,000)
 - Applicant: AIDS Committee of Toronto
 - The research team will pilot a program to bridge hospital and community-based supports for people living with HIV who actively use substances and who have initiated or re-started antiretroviral therapy. The team will initiate a peer telephone

Impact

Acting as a funder for key community-based research projects in Ontario.

support program by matching 12 to 15 participants from Casey House with peer volunteers who will provide telephone support for six weeks following discharge. The goal is to improve adherence and self-efficacy and reduce hospital readmission among people living with HIV who use substances.

Provincial Strategy Goals

- 1. Improve the health and well-being of populations most affected by HIV
- 3. Diagnose HIV infections early and engage people in timely care
- 4. Improve health, longevity and quality of life for people living with HIV

Enhance Education and Training Opportunities

Providing HIV-specific training for new Ontario physicians

The OHTN Residency in HIV Care program provides support for postgraduate training for physicians at the PGY-3 level. This concentrated training is important, since physicians receive only a basic amount of HIV-related education in traditional medical school programs. The residency also helps to retain physicians with HIV-specific training in Ontario. In Q3, two physicians (Dr. Sean Kanna and Dr. Charlotte Hunter) were selected for the 2017 cohort. Both will work with the OHTN to complete a public education project in addition to their clinical curriculum.

Provincial Strategy Goals

- 2. Promote sexual health and prevent new HIV, STI and hepatitis C infections
- 3. Diagnose HIV infections early and engage people in timely care

4. Improve health, longevity and quality of life for people living with HIV

Connecting peer researchers across Canada

In Q1, we hosted one new edition of our popular online talk show, "What's Hot with Peer Researchers?" Broadcasting live from the HIV Endgame II conference, this show—like the in-person workshop that preceded it—focused on maximizing support for peer researchers. The show featured Ana Demetrakopolous (AIDS Bereavement and Resiliency Program of Ontario), Andrew Eaton (AIDS Committee of Toronto) and Rose Kangabe (peer researcher). This episode had an in-person audience of 20 people with 25 people attending online.

Provincial Strategy Goals

- 1. Improve the health and well-being of populations most affected by HIV
- 4. Improve health, longevity and quality of life for people living with HIV
- 5. Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services

Help Build Systems of Effective Person-Centered Services

Promoting the health of HIV-positive two-spirit men

The 2-Spirit HIV/AIDS Wellness and Longevity Study (also known as 2 Shawls) is a CIHR catalyst grantfunded project that seeks to better understand the skills, resources, knowledge and practices that contribute to health and well-being among two-spirit men living with HIV. On November 20, the OHTN in partnership with Dr. David Brennan and the 2 Shawls Research Project Team (Art Zoccole, Tony Nobis, Randy Jackson and George Georgievski) held a community event to launch project results and to introduce the new 2 Shawls website.

The event was an opportunity for community members, front-line workers and researchers to engage in a deliberative dialogue and provide feedback on project results. The project as a whole illustrates the OHTN's commitment to supporting and advancing research that addresses the needs of gay, bisexual and two-spirit men.

Provincial Strategy Goals

1. Improve the health and well-being of populations most affected by HIV

2. Promote sexual health and prevent new HIV, STI and hepatitis C infections

4. Improve health, longevity and quality of life for people living with HIV

Highlighting the needs of Indigenous transgender individuals

As part of Aboriginal AIDS Awareness Week 2016, the OHTN in partnership with CAAN and PASAN held an event focusing on the Indigenous transgender community. The event included presentations about prevention and treatment for Indigenous people living with HIV, and a panel discussion with Indigenous community members around transgender issues. Speakers included representatives from the 2 Spirited People of the First Nation, the Canadian Professional Association for Transgender Health and Maggie's.

The event helped raise awareness of the needs of Indigenous transgender community members. Listening to Indigenous transgender individuals is critical, since their needs are not being addressed by current programs and services. The discussion will help inform the larger agenda of the OHTN's Indigenous Research Initiatives program going forward – especially in relation to prevention and support interventions.

Provincial Strategy Goals

1. Improve the health and well-being of populations most affected by HIV

2. Promote sexual health and prevent new HIV, STI and hepatitis C infections

4. Improve health, longevity and quality of life for people living with HIV

Implementing the Black PRAISE intervention

In Q3, the Black PRAISE team implemented intervention activities and conducted baseline and postintervention surveys to assess the Black PRAISE intervention, which aims to reduce HIV-related stigma among Black faith communities in Ontario. Intervention activities included:

• the development and distribution of a booklet promoting an informed, critical understanding of HIV and health

- delivery of a sermon by the lead/senior pastor on compassion and social justice
- the development and screening of a video featuring community members discussing their experiences of and responses to HIVrelated stigma.

The three-month follow-up survey will be implemented at the end of February, and will be followed by in-depth interviews with two to three individuals from each church to understand how congregation members experienced the intervention.

Provincial Strategy Goals

1. Improve the health and well-being of populations most affected by HIV 4. Improve health, longevity and quality of life for people living with HIV

Promote Employee Engagement and Learning within the OHTN

Renewing our commitment to GIPA

The OHTN's GIPA Renewal Day, held on December 5, was a great success. Facilitated by Rick Kennedy, the day was divided into two parts. The morning session included presentations on the development of the GIPA principle, the accommodation of episodic disabilities, and personal stories of being HIV-positive in the workplace. Presentations were given by Rick Kennedy, James Watson, Penny Krilis-Galanis, Wendy Porch (realize) and Barry Adam.

In the afternoon, an interactive session was held to help staff understand how they could apply and adapt GIPA principles within their own lives and at work. External community facilitators joined our internal team to help facilitate small group discussions around a game developed by Rick Kennedy called "The Lotus in the Mud GIPA Exploration Experience." An evaluation report of our GIPA Renewal Day will be available in February 2017.

Staff arrivals

In Q3, we welcomed Ken Cheung as Manager, Information Technology and Data Systems and Ula Galster as our Privacy Officer.

Ken will develop and execute information technology, data system and program plans; oversee the dayto-day management of our IT Infrastructure; support data collection for OHTN activities; and help support OHTN units with their IT needs.

Ula will focus on developing and implementing a comprehensive privacy program; work with internal and external stakeholders to optimize the manner in which we manage privacy and confidentiality issues; and ensure the security of personal health information in compliance with applicable legislation and best practices.

Impact

Leading a team of researchers, pastors and community members to address stigma among Black faith communities.

Q3 Publications (2016-17)

This list includes the work of OHTN funded scientists as well as in-house researchers and staff (bolded below), as they contribute to the academic literature in accordance to the goals of Ontario's HIV/AIDS Strategy. From October 1, 2016 – December 31, 2016, **29 papers** were published.

Improve the health and well-being of affected populations

- 1. **Brennan DJ**, Bauer GR, Bradley K, Tran OV. <u>Methods Used and Topics Addressed in Quantitative</u> <u>Health Research on Gay, Bisexual and Other Men Who Have Sex With Men: A Systematic Review</u> <u>of the Literature.</u> Journal of Homosexuality 2016:1-20.
- 2. Hyman IVM, Bailey A, Patel S, Guruge S, Wilson-Mitchell K, **Wong, JP**. <u>Taking action on violence</u> <u>through research, policy, and practice.</u> Global Health Research and Policy. 2016;1(1):6.
- Li AT, Wong JP Cain, R. Fung, KP. <u>Engaging African-Caribbean, Asian, and Latino community</u> <u>leaders to address HIV stigma in Toronto.</u> International Journal of Migration, Health and Social Care. 2016;12(4):288-300.
- 4. Probst C, **Shuper PA**, Rehm J. <u>Coverage of alcohol consumption by national surveys in South</u> <u>Africa.</u> Addiction 2016 Nov 18.
- Schwartz DRS, Hart TA. <u>Minority stress and mental and sexual health: Examining the</u> <u>psychological mediation framework among gay and bisexual men</u>. Psychology of Sexual Orientation and Gender Diversity 2016;3(3):313-24.
- 6. Seguin LJB, Goyer, MF, Adam BD, Magontier C. <u>Examining relationship quality across three</u> types of relationship agreements. Sexualities 2017;20(1-2):86-104.

Promote sexual health and prevent new Infections (HIV, HCV, STI)

- 7. Callander D, Stoove M, Carr A, Hoy JF, Petoumenos K, Hellard M, Elliot J, Templeton DJ, Liaw S, Wilson DP, Grulich A, Cooper DA, Pedrana A, Donovan B, McMahon J, Prestage G, Holt M, Fairley CK, McKellar-Stewart N, Ruth S, Asselin J, Keen P, Cooper C, Allan B, Kaldor JM, Guy R. <u>A</u> <u>longitudinal cohort study of HIV 'treatment as prevention' in gay, bisexual and other men who</u> <u>have sex with men: the Treatment with Antiretrovirals and their Impact on Positive And</u> <u>Negative men (TAIPAN) study protocol.</u> BMC Infectious Disease 2016;16(1):752.
- Hart TA, Willis AC, Simpson SH, Julien RE, Hoe D, Leahy B, Maxwell J, Adam BD. <u>Gay Poz Sex: A</u> <u>Sexual Health Promotion Intervention for HIV-Positive Gay and Bisexual Men.</u> Cognitive and Behavioral Practice. 2016;23(4):517-29.
- 9. Liang S, Bulir D, **Kaushic C**, Mahony J. <u>Considerations for the Rational Design of a Chlamydia</u> <u>Vaccine.</u> Human Vaccine and Immunotherapy. 2016 Nov 11:0.

Diagnose HIV infections early and engage people in timely care

 Gillis J, Loutfy M, Bayoumi AM, Antoniou T, Burchell AN, Walmsley S, Cooper C, Klein MB, Machouf N, Montaner JS, Rourke SB, Tsoukas C, Hogg R, Raboud J, Collaboration C. <u>A Multi-State Model Examining Patterns of Transitioning Among States of Engagement in Care in HIV-Positive Individuals Initiating Combination Antiretroviral Therapy.</u> Journal of Acquired Immune Deficiency Syndrome. 2016;73(5):531-9.

- Lazarus L, Patel S, Shaw A, Leblanc S, Lalonde C, Hladio M, Mandryk K, Horvath C, Petrcich W, Kendall C, Tyndall MW, Proud Community Advisory Committee. <u>Uptake of Community-Based</u> <u>Peer Administered HIV Point-of-Care Testing: Findings from the PROUD Study.</u> PLoS One. 2016;11(12):e0166942.
- Marshall AD, Saeed S, Barrett L, Cooper CL, Treloar C, Bruneau J, Feld JJ, Gallagher L, Klein MB, Krajden M, Shoukry NH, Taylor LE, Grebely J, Canadian Network on Hepatitis C. <u>Restrictions for</u> reimbursement of direct-acting antiviral treatment for hepatitis C virus infection in Canada: a <u>descriptive study</u>. CMAJ Open 2016;4(4):E605-E14.
- Rachlis B, Burchell AN, Gardner S, Light L, Raboud J, Antoniou T, Bacon J, Benoit A, Cooper C, Kendall C, Loutfy M, Wobeser W, McGee F, Rachlis A, Rourke SB, OHTN Cohort Study. <u>Social</u> <u>determinants of health and retention in HIV care in a clinical cohort in Ontario, Canada.</u> AIDS Care 2016:1-10.

Improve the health, longevity and quality of life for people living with HIV

- 14. Benoit AC, Younger J, Beaver K, Jackson R, Loutfy M, Masching R, Nobis T, Nowgesic E, O'Brien-Teengs D, Whitebird W, Zoccole A, Hull M, Jaworsky D, Rachlis A, Rourke S, Burchell AN, Cooper C, Hogg R, Klein MB, Machouf N, Montaner J, Tsoukas C, Raboud J, Bridges B, Canadian Observational Cohort C. <u>A comparison of virological suppression and rebound between</u> <u>Indigenous and non-Indigenous persons initiating combination antiretroviral therapy in a</u> <u>multisite cohort of individuals living with HIV in Canada.</u> Antiviral Therapy. 2016 Dec 7.
- 15. Choi SK, Boyle E, Cairney J, Collins EJ, Gardner S, Bacon J, Rourke SB. <u>Prevalence, Recurrence, and Incidence of Current Depressive Symptoms among People Living with HIV in Ontario, Canada: Results from the Ontario HIV Treatment Network Cohort Study.</u> PLoS One. 2016;11(11):e0165816.
- Ghazawi FM, Faller EM, Parmar P, El-Salfiti A, MacPherson PA. Suppressor of cytokine signaling (SOCS) proteins are induced by IL-7 and target surface CD127 protein for degradation in human CD8 T cells. Cellular Immunology. 2016;306–307:41-52.
- Jenabian MA, Costiniuk CT, Mehraj V, Ghazawi FM, Fromentin R, Brousseau J, Brassard P, Belanger M, Ancuta P, **Bendayan R**, Chomont N, Routy JP, Orchid Study Group. <u>Immune</u> <u>tolerance properties of the testicular tissue as a viral sanctuary site in ART-treated HIV-infected</u> <u>adults.</u> AIDS. 2016;30(18):2777-86.
- Jones RB, Mueller S, Kumari S, Vrbanac V, Genel S, Tager AM, Allen TM, Walker BD, Irvine DJ. <u>Antigen recognition-triggered drug delivery mediated by nanocapsule-functionalized</u> <u>cytotoxic T-cells.</u> Biomaterials. 2016 Nov 25;117:44-53.
- MacParland SA, Tsoi KM, Ouyang B, Ma XZ, Manuel J, Fawaz A, Ostrowski MA, Alman BA, Zilman A, Chan WC, McGilvray ID. <u>Gold Nanoparticle Uptake by Human Derived Macrophages and</u> <u>Primary Liver Phagocytic Cells is Dependent on Phenotype.</u> American Chemistry Society Nano 2016 Dec 16.
- 20. Prodger JL, Gray RH, Shannon B, Shahabi K, Kong X, Grabowski K, Kigozi G, Nalugoda F, Serwadda D, Wawer MJ, Reynolds SJ, Liu CM, Tobian AA, **Kaul R**. <u>Chemokine Levels in the Penile</u>

<u>Coronal Sulcus Correlate with HIV-1 Acquisition and Are Reduced by Male Circumcision in Rakai,</u> <u>Uganda.</u> PLoS Pathogens 2016;12(11):e1006025.

- 21. Siou K, Walmsley SL, Murphy KE, Raboud J, Loutfy M, Yudin MH, Silverman M, Ladhani NN, Serghides L. Progesterone supplementation for HIV-positive pregnant women on protease inhibitor-based antiretroviral regimens (the ProSPAR study): a study protocol for a pilot randomized controlled trial. Pilot Feasibility Studies 2016;2:49.
- 22. Tan DH, Raboud J, Szadkowski L, Szabo E, Hu H, Wong Q, Cheung AM, Walmsley SL. <u>Novel</u> <u>imaging modalities for the comparison of bone microarchitecture among HIV+ patients with and</u> <u>without fractures: a pilot study</u>. HIV Clinical Trials 2016:1-11.
- 23. Tanner Z, Lachowsky N, Ding E, Samji H, Hull M, Cescon A, Patterson S, Chia J, Leslie A, Raboud J, Loutfy M, Cooper C, Klein M, Machouf N, Tsoukas C, Montaner J, Hogg RS, Canadian Observat. Cohort. Predictors of viral suppression and rebound among HIV-positive men who have sex with men in a large multi-site Canadian cohort. BMC Infectious Disease. 2016;16(1):590.
- 24. van Katwyk S, Coyle D, **Cooper C**, Pussegoda K, Cameron C, Skidmore B, Brener S, Moher D, Thavorn K. <u>Transient elastography for the diagnosis of liver fibrosis: a systematic review of</u> <u>economic evaluations. Liver International 2016 Oct.</u>

Ensure the quality/effectiveness of provincially funded HIV programs & services

- 25. Kendall CE, Chalifoux M, Manuel D, Reinhard R, Robinson G, Bacon J, Rourke SB, Rosenes R, Tanuseputro P. <u>A population-based study of care at the end of life among people with HIV in</u> <u>Ontario from 2010 to 2013</u>. Journal of Acquired Immune Deficiency Syndrome. 2016 Dec 7.
- 26. Kou N, Djiometio JN, Agha A, Tynan AM, Antoniou T. Examining the health and health service utilization of heterosexual men with HIV: a community-informed scoping review. AIDS Care. 2016:1-7.
- Lunsky Y, Durbin A, Brown HK, Bansal S, Heifetz M, Antoniou T. <u>Health profiles and associated</u> service use among adults with HIV and intellectual and developmental disabilities. AIDS. 2016 Dec 5.
- 28. Savage SB, Stewart T, Brennan DJ. <u>How could I tell them that it's going to be okay? The impact of HIV nondisclosure criminalization on service provision to people living with HIV.</u> Journal of HIV/AIDS & Social Services 2016:1-14.
- 29. Wagner ACM, **Hart TA**, Margolese S. <u>A focus group qualitative study of HIV stigma in the</u> <u>Canadian healthcare system.</u> The Canadian Journal of Human Sexuality 2016;25(1):61-71.