

# OHTN Report to the Board

Q4: January 1 – March 31, 2017

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

### Release of the 11<sup>th</sup> annual *View from the Frontlines*

On March 2, 2017, the 11<sup>th</sup> edition of *View from the Frontlines* was released in English and French. *View from the Frontlines* is the annual summary and analysis of OCHART data. This year's edition was based on data collected between April 1, 2015 and March 31, 2016.

*View from the Frontlines* includes reports from 119 programs funded by the AIDS and Hepatitis C Programs of the Ministry of Health and Long-Term Care. This includes: 64 community-based HIV/AIDS programs, including AIDS service organizations and non-AIDS service organizations (such as community health centres); four provincial organizations that provide direct services to clients; 11 capacity-building programs (including the OHTN); eight anonymous testing programs; five community-based HIV clinics; and 16 hepatitis C teams.

The report covers a range of areas, including overviews of:

- HIV epidemiology in Ontario
- prevention, education and outreach services
- anonymous HIV testing services
- community-based HIV clinical services
- hepatitis C services
- support services.

On the day of the report's release, the Evidence-Based Practice Unit (EBPU) – in collaboration with the AIDS Bureau – led a one-day knowledge translation and exchange event for AIDS service organizations and HIV programs that use OCASE and report in OCHART. The aim of the day was to share results of what had been reported that year at the provincial level. Participants included: 60 executive directors and their staff leads for OCASE; three observers from two provincial capacity-building programs; and eight OHTN and AIDS Bureau staff members.

EBPU staff delivered presentations that:

- Provided an overview of the data reported in OCHART for the 2015/16 fiscal year, including: the epidemiology of HIV in Ontario; prevention, education and outreach activities; and support services delivered across Ontario.
- Highlighted the new OCHART education, outreach and community development tracking tool and changes to OCHART questions in these areas.

- Reviewed changes made to OCASE last year (to better align with the provincial strategy), highlighting the impact of these changes on data quality and provincial reporting, and summarizing the upcoming changes to OCASE that will help capture changes in clients' health and quality of life.

Interactive components and small group work helped keep participants engaged during the day. Ninety-four percent of participants described the KTE day as having achieved its objectives "very" or "extremely" well.

#### *Provincial Strategy Goals*

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

### **Consulting with stakeholders at the OHTN Cohort Study Retreat**

On January 26 & 27, the OHTN Cohort Study (OCS) Retreat Working Group held a two-day retreat with key stakeholders to discuss the future direction of the OCS. The goal of the retreat was to gather recommendations about how the OCS could be redesigned to:

- Improve health monitoring and real-life impact for all people living with HIV in Ontario.
- Support healthcare providers across Ontario in providing more effective and efficient care engagement and delivery to optimize patients' health and well-being.
- Identify key health system/care challenges facing people living with HIV to ensure a coordinated and "patient-centred" care system.

Over 40 individuals attended the retreat, including community members, clinicians, OHTN Board members, and OCS Governance & Steering Committee members. The retreat was facilitated by Rodney Kort, and included presentations by:

- Dr. Colin Kovacs: "Clinician's perspectives: How to improve patient care"
- Dr. Ann Burchell: "HPV cancer screening: Men & STI co-infection"
- Mari Teitelbaum: "BORN: Better Outcomes Registry & Network"
- Dr. Heidi Crane: "Center for AIDS Research Network of Integrated Clinical Systems."

The OCS Retreat Report – which contains a summary of key discussion points and recommendations for consideration – has been circulated to all Retreat invitees, as well as OCS Governance & Steering Committee members.

#### *Provincial Strategy Goals*

3. Diagnose HIV infections early and engage people in timely care
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

## Synthesizing knowledge for the HIV sector in Ontario

The Knowledge Synthesis team completed one new rapid response in Q4:

- [The acceptability and use of HIV self-testing among men who have sex with men in high-income countries](#) (OHTN). This review was completed to create a fuller understanding of a subject that is being discussed quite frequently, particularly in the U.S.

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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

## Exploring employment among people living with HIV

In Q4, the Knowledge Synthesis team released the Employment Change and Health Outcomes Study (ECHO) Final Report.

ECHO was the first Canadian study to collect information on employment and work conditions among people living with HIV. The study team, led by Dr. Sergio Rueda, followed 540 people living with HIV over the course of two years. The team used interviewer-administered questionnaires to collect data on employment status, as well as issues such as job security, co-worker support, mental health, workplace re-entry, and discrimination in the workplace. The team also conducted in-depth interviews with 30 people living with HIV who were either employed, unemployed, or moving from one state to the other.

The study found that:

- Employment is associated with better mental and physical health outcomes among people living with HIV.
- Unemployment is a persistent problem among people living with HIV:
  - Despite progress in treatment, people with HIV continue to live with an episodic illness that can limit their ability to participate consistently in the workforce.
  - People with HIV can face discrimination in the workplace, as well as a lack of HIV-friendly workplace policies, such as flexible work hours, time for medical appointments, and opportunities to work part-time.
  - People with HIV who are on disability may worry about the loss of benefits and drug coverage if they return to work.
- According to studies in the U.S., Canada and France, 45 – 65% of people living with HIV are unemployed or on some form of disability.
- There is an urgent need to increase employment among people living with HIV.

ECHO was grounded in the principles of community-based research. Researchers worked collaboratively with AIDS service organizations and other community-based agencies; peer research associates were a key part of the project's success. A full list of participating ASOs, as well as academic and community partnerships, is included in the final report.

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## **Invest in Research Leadership, Create Knowledge, and Enhance Skills**

### **Reporting on the 8<sup>th</sup> North American Housing and HIV/AIDS Research Summit**

In September 2015, the 8th North American Housing and HIV/AIDS Research Summit – *Understanding the Social Drivers of Health and HIV* – took place in Washington, D.C. A collaboration between the Ontario HIV Treatment Network, the National AIDS Housing Coalition, and Johns Hopkins University, the summit brought together international experts on housing, HIV, the social sciences, research, policy and program design.

In Q4, the Knowledge Translation and Exchange team released the online [Housing Summit Report](#). This searchable, accessible report features sections on:

- the social drivers of health and HIV
- HIV and housing policy in the US and Canada
- developing and financing new programs and interventions
- the commitment to end AIDS by 2020.

[A short, overview video](#) with highlights of presentations from speakers such as Charles King, Sean Rourke, and Debra Furr-Holden, provides a summary of some of the key ideas and issues discussed at the conference.

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## **Enhance Education and Training Opportunities**

### **Completing the pilot Indigenous Learning Pathways to Prevention Awards**

The OHTN's Indigenous Research Initiative developed the Indigenous Learning Pathways to Prevention (ILPP) pilot program in order to increase Indigenous, HIV-focused research capacity in Ontario. The specific goals of program are to:

- Provide resources to community-based agencies serving Indigenous communities to evaluate existing HIV/STBBI programs and services, or to adapt wellness programs currently addressing another aspect of health to include a focus on HIV/STBBIs.
- Provide students with an opportunity to gain experience and training in community-based research practices that are methodologically sound, culturally safe, and developed in partnership with communities in order to ensure relevance.

In Q4, two pilot ILPP awards of \$30,000 each were completed:

- “Developing research from within: Building research ideas with Ontario Aboriginal HIV/AIDS Strategy staff” (Doe O’Brien-Teengs and OAHAS).
- “How can Indigenous nurses better support living in wellness for Indigenous people living with HIV?” (Lacey VanEvery and the Aboriginal Nurses Association of Canada).

Final reports from each project are pending. An evaluation of the pilot program is also underway. More information about the projects or the program can be obtained from Jessica Demeria, [jdemia@ohntn.on.ca](mailto:jdemia@ohntn.on.ca).

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### **Strengthening peer research capacity**

In January, eight peer research associates (PRAs) from across Ontario were hired and provided with training to enable them to work with the IHPREG-led study, “Understanding fertility desires and intentions among HIV-positive men living in Ontario.”

The goal of the study is to collect information around attitudes to fatherhood among HIV-positive men. The eight trained PRAs will interview 220 HIV-positive men in Ottawa, Kitchener, Guelph, Windsor, Thunder Bay, Sudbury and the Greater Toronto Area. The study was launched in February and data collection will be complete by May 2017.

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### **Launching the OHTN Research Lounge**

In March, we were pleased to launch the [OHTN Research Lounge](#). This will be a monthly community event that engages community members, HIV-sector workers, students, and researchers in open dialogue around current research and issues in HIV treatment, care, and policy. The evening’s conversation starts with one research article selected in advance and read by all participants.

The first OHTN Research Lounge was led by Dr. Beth Rachlis and focused on addressing gaps in treatment access for people living with HIV. (The article was: “Use of compassionate supply of antiretroviral drugs to avoid treatment interruptions or delayed treatment initiation among HIV-positive patients living in Ontario: A retrospective review,” by D. Yoong, St. Michael’s Hospital, Toronto.)

Ten people attended the discussion – including community members, HIV front line workers, community agency staff, and researchers. The conversation was engaging and often passionate. Attendees learned about structural and systematic barriers to treatment access among people living with HIV, and talked about ways of advocating for better treatment access in Ontario.

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## **Help Build Systems of Effective Person-Centered Services**

### **Implementing the HIV Stigma Index in Canada**

We are pleased to announce that, in Q4, the Canadian Institutes of Health Research awarded the OHTN with \$450,000 in funding to implement the People Living with HIV Stigma Index over the next three years.

This community-led, multi-site study will be national in scope (involving B.C., Saskatchewan, Manitoba, Ontario, Quebec, and Atlantic Canada) and will recruit 1,200 people living with HIV. The study will provide us with key information that will allow us to:

- better understand the social determinants of HIV stigma (such as gender and socioeconomic status)
- map out HIV stigma across lifespans, contexts, and systems (including the legal system, schools, and the healthcare system)
- mobilize local and national solutions to support people living with HIV (including media campaigns and policy change efforts).

The Project Coordinator position has recently been posted, and a national team meeting will be hosted in the coming months. For more information about this project, please contact Dr. Francisco Ibáñez-Carrasco at [fbanezcarrasco@ohntn.on.ca](mailto:fbanezcarrasco@ohntn.on.ca).

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### **Creating collaborations around HIV and intellectual and developmental disabilities**

In Q4, the OHTN began working with researchers who have expertise in meeting the healthcare needs of people with disabilities. This collaboration, led by the OHTN's Impact Focused Research Program and the Education & Training Unit, will explore how to provide better healthcare services to people living with HIV as well as intellectual and developmental disabilities (IDDs). The collaboration will identify who is best positioned to support this population, and address HIV prevention activities and resources for people with IDD. The collaboration may also adapt and implement effective prevention interventions from both the HIV and IDD sectors.

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## Promote Employee Engagement and Learning within the OHTN

### Staff arrivals and departures

#### *Arrivals*

Ben Vozzolo joined the OHTN on January 9, 2017 as our new Senior Director, Operations. Ben has over 19 years of management experience in the healthcare sector. In his previous roles, he has provided strategic and operational leadership for the Department of Pediatrics at the Hospital for Sick Children and acted as the Business Officer for the University of Toronto's Department of Pediatrics. Ben will be providing leadership for all aspects of OHTN operations, including developing and implementing our program plan and enhancing our organizational infrastructure.

Abigail Kroch joined the OHTN on March 20, 2017 as our new Director, Applied Epidemiology Unit. Abigail is an epidemiologist and researcher with a range of health research experience in academic and government settings. She holds a Ph.D in Biology from John Hopkins University and a M.P.H. in Epidemiology from the University of California at Berkeley. Abigail will be working with the Applied Epidemiology team, leading the Ontario HIV Epidemiology and Surveillance Initiative, and working closely with the AIDS Bureau, Public Health Ontario, and the Public Health Agency of Canada. She will also support the planning, implementation, and evaluation of programs and interventions related to the provincial HIV prevention, engagement, and care cascade.

#### *Departures*

Dmitry Rechnov, Manager of the Evidence-Based Practice Unit, moved to the U.S in Q4. Dmitry will continue to work remotely with the EBPU three days a week until the end of September, when all major changes to OCHART will be complete.

Jean Bacon, Director, Health Policy & KTE, also left in Q4. Jean is now an Expert Advisor and Consultant with the AIDS Bureau, helping to support implementation of the new provincial strategy. In this role, Jean will continue to work closely with the Evidence-Based Practice Unit and the Ontario HIV Clinic Network.

## Publications

*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 **January 1 – March 31, 2017, 25 papers** were published.*

### Improve the health and well-being of affected populations

1. Hogg RS, Eyawo O, Collins AB, Zhang W, Jabbari S, Hull MW, Lima VD, Ahmed T, Kendall CE, Althoff KN, Justice AC, Barrios R, Shoveller J, Montaner JS, Comparative O, Service Utilization Trends. [Health-adjusted life expectancy in HIV-positive and HIV-negative men and women in British Columbia, Canada: a population-based observational cohort study](#). Lancet HIV. 2017.
2. Khan S, Lorway R, Chevrier C, Dutta S, Ramanaik S, Roy A, Bhattacharjee P, Mishra S, Moses S, Blanchard J, Becker M. Dutiful daughters: HIV/AIDS, moral pragmatics, female citizenship and structural violence among Devadasis in northern Karnataka, India. Global Public Health. 2017;1-16.
3. Kolla G, **Strike C**, Watson TM, Jairam J, Fischer B, **Bayoumi AM**. [Risk creating and risk reducing: Community perceptions of supervised consumption facilities for illicit drug use](#). Health, Risk and Society. 2017;19(1-2):91-111.
4. Morojele NK, Nkosi S, Kekwaletswe CT, **Shuper PA**, Manda SO, Myers B, Parry CD. [Utility of Brief Versions of the Alcohol Use Disorders Identification Test \(AUDIT\) to Identify Excessive Drinking Among Patients in HIV Care in South Africa](#). Journal of Studies on Alcohol and Drugs. 2017;78(1):88-96.
5. Rehm J, Gmel GE, Sr., Gmel G, Hasan OS, Imtiaz S, Popova S, Probst C, Roerecke M, Room R, Samokhvalov AV, Shield KD, **Shuper PA**. [The relationship between different dimensions of alcohol use and the burden of disease-an update](#). Addiction. 2017.

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

6. Hart TA, Noor SW, Adam BD, Vernon JR, Brennan DJ, Gardner S, Husbands W, Myers T. [Number of psychosocial strengths predicts reduced hiv sexual risk behaviors above and beyond syndemic problems among gay and bisexual men](#). AIDS Behaviour. 2017.
7. Kapiriri L, **Tharao W**, Muchenje M, Khatundi IM, Ongoiba F. [How acceptable is it for HIV positive African, Caribbean and Black women to provide breast milk/fluid samples for research purposes?](#) BMC Research Notes. 2017;10(1):7.
8. Knox DC, Anderson PL, Harrigan PR, **Tan DH**. [Multidrug-Resistant HIV-1 Infection despite Preexposure Prophylaxis](#). New England Journal of Medicine. 2017;376(5):501-2.
9. Probst C, Simbayi LC, Parry CD, **Shuper PA**, Rehm J. [Alcohol Use, Socioeconomic Status and Risk of HIV Infections](#). AIDS Behav. 2017.
10. Rehm J, Probst C, Shield KD, **Shuper PA**. [Does alcohol use have a causal effect on HIV incidence and disease progression? A review of the literature and a modeling strategy for quantifying the effect..](#) Population Health Metrics. 2017;15(1):4.
11. Shannon B, Gajer P, Yi TJ, Ma B, Humphrys MS, Thomas-Pavanel J, Chieza L, Janakiram P, Saunders M, Tharao W, Huibner S, Shahabi K, Ravel J, **Kaul R**. [Distinct effects of the cervico-](#)



[vaginal microbiota and herpes simplex type 2 infection on female genital tract immunology.](#)  
Journal of Infectious Disease. 2017.

12. Shannon B, Yi TJ, Perusini S, Gajer P, Ma B, Humphrys MS, Thomas-Pavanel J, Chieza L, Janakiram P, Saunders M, Tharao W, Huibner S, Shahabi K, Ravel J, Rebbapragada A, **Kaul R.** [Association of HPV infection and clearance with cervicovaginal immunology and the vaginal microbiota.](#) Mucosal Immunol. 2017.
13. Young J, Rossi C, Gill J, **Walmsley S, Cooper C,** Cox J, Martel-Laferrriere V, Conway B, Pick N, Vachon ML, Klein MB, Canadian Co-infection Cohort I. [Risk factors for hepatitis C virus reinfection after sustained virologic response in patients co-infected with HIV.](#) Clinical Infectious Disease. 2017.

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

14. **Bekele T,** Rueda S, **Gardner S, Raboud J,** Smieja M, Kennedy R, Fletcher D, Burchell AN, **Bacon J, Rourke SB.** [Trends and Correlates of Cigarette Smoking and Its Impacts on Health-Related Quality of Life Among People Living with HIV: Findings from the Ontario HIV Treatment Network Cohort Study.](#) 2008-2014. AIDS Patient Care and STDS. 2017;31(2):49-59.
15. Carter A, de Pokomandy A, Loutfy M, Ding E, Sereda P, Webster K, Nicholson V, Beaver K, Hogg RS, Kaida A, Team CR (collaborators: **Benoit A, Kaushic C, Leonard L, Raboud J, Rourke S, Walmsley S**). [Validating a self-report measure of HIV viral suppression: an analysis of linked questionnaire and clinical data from the Canadian HIV Women's Sexual and Reproductive Health Cohort Study.](#) BMC Research Notes. 2017;10(1):138.
16. Jacob A, Tomkiewicz-Raulet C, Jamet C, **Bendayan R,** Massicot F, Coumoul X, Decleves X. [Aryl hydrocarbon receptor upregulates IL-1 \$\beta\$  expression in hCMEC/D3 human cerebral microvascular endothelial cells after TCDD exposure.](#) Toxicology In Vitro. 2017;41:200-4.
17. Kakal JA, Ghazawi FM, Faller EM, Sugden SM, Parmar P, **MacPherson PA.** [Transcriptional regulation of the IL-7 \$\alpha\$  gene by dexamethasone and IL-7 in primary human CD8 T cells.](#) Immunogenetics. 2017;69(1):13-27.
18. MacParland SA, Tsoi KM, Ouyang B, Ma XZ, Manuel J, Fawaz A, **Ostrowski MA,** Alman BA, Zilman A, Chan WC, McGilvray ID. [Phenotype Determines Nanoparticle Uptake by Human Macrophages from Liver and Blood.](#) ACS Nano. 2017;11(3):2428-43.
19. Martel-Laferrriere V, Nitulescu R, Cox J, **Cooper C,** Tyndall M, Rouleau D, **Walmsley S,** Wong L, Klein MB, Canadian Co-infection Cohort Study I. [Cocaine/crack use is not associated with fibrosis progression measured by AST-to-Platelet Ratio Index in HIV-HCV co-infected patients: a cohort study.](#) BMC Infectious Disease. 2017;17(1):80.
20. O'Neill T J, **Raboud JM,** Tinmouth J, **Rourke SB,** Rueda S, **Hart TA, Cooper C,** Rachlis A, Burchell AN, Team OCS. [Gastrointestinal symptom distress is associated with worse mental and physical health related quality of life.](#) Journal of Acquired Immune Deficiency Syndrome. 2017.
21. Schwartz JA, Clayton KL, Mujib S, Zhang H, Rahman AK, Liu J, Yue FY, Benko E, **Kovacs C, Ostrowski MA.** [Tim-3 is a Marker of Plasmacytoid Dendritic Cell Dysfunction during HIV Infection](#)

[and Is Associated with the Recruitment of IRF7 and p85 into Lysosomes and with the Submembrane Displacement of TLR9.](#) Journal of Immunology. 2017.

22. Tseng AL, Luetkehoelter J, **Walmsley SL**. [Increase in international normalized ratio after switching from atazanavir/ritonavir to darunavir/cobicistat in a patient on warfarin: boosters are not always equal.](#) AIDS. 2017;31(1):175-6.
23. Yue FY, Cohen JC, Ho M, Rahman AK, Liu J, Mujib S, Saiyed A, Hundal S, Khozin A, Bonner P, Liu D, Benko E, **Kovacs C, Ostrowski M**. [HIV-specific granzyme B, but not interferon-γ secreting T Cells are associated with reduced viral reservoirs in early HIV infection.](#) Journal of Virology 2017;91(8).

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

24. **Carusone SC**, O'Leary B, McWatt S, Stewart A, Craig S, **Brennan DJ**. [The Lived Experience of the Hospital Discharge "Plan": A Longitudinal Qualitative Study of Complex Patients.](#) Journal of Hospital Medicine. 2017;12(1):5-10.
25. Tsang J, Mishra S, Rowe J, O'Campo P, Ziegler C, Kouyoumdjian FG, Matheson FI, Bayoumi AM, Zahid S, **Antoniou T**. [Transitional care for formerly incarcerated persons with HIV: protocol for a realist review.](#) Systematic Reviews. 2017;6(1):29.