



Community mobilization to optimize access to combination HIV prevention for MSM in Montreal:  
**Initial results from the MOBILISE! project**



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# Conflict of interest disclosure

We have no conflicts of interest to disclose.



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**26<sup>e</sup> Congrès annuel canadien de  
recherche sur le VIH/sida**

6 au 9 avril 2017 à Montréal, Québec



# Background

- Diversification of risk reduction strategies but HIV incidence among MSM has not decreased
- **Syndemics:** HIV intersects with other vulnerabilities, need for holistic approach
- Prevention efforts must be strengthened through greater access to combination HIV prevention

## Montreal (2010 – 2012)

- Coalition of stakeholders / initial scan of prevention and other health services for MSM

Conclusion : social and community mobilization required!

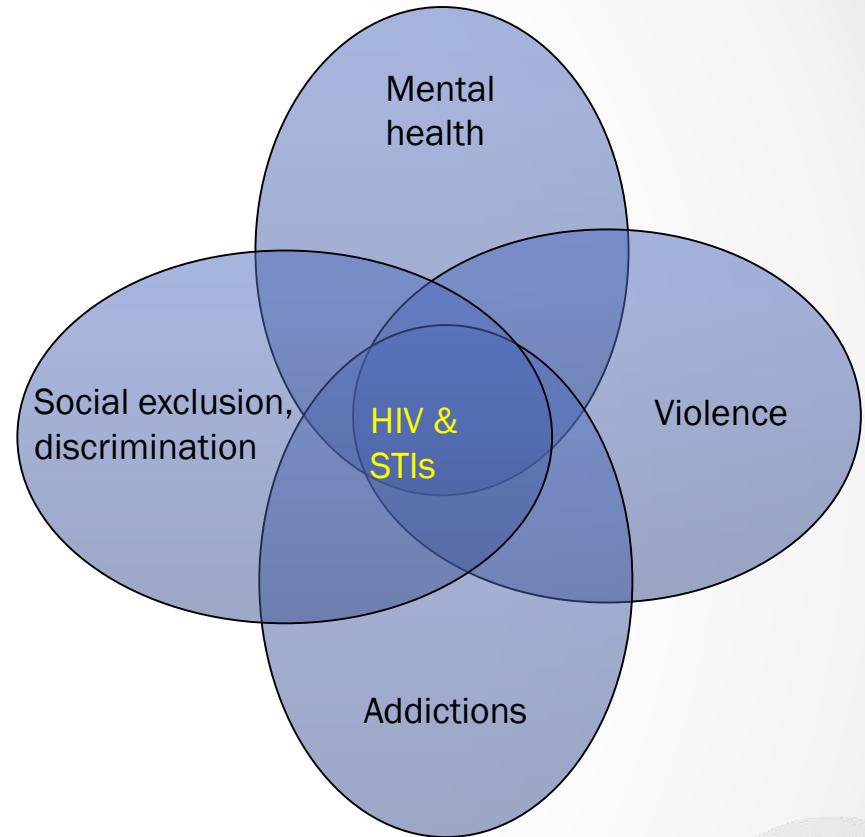
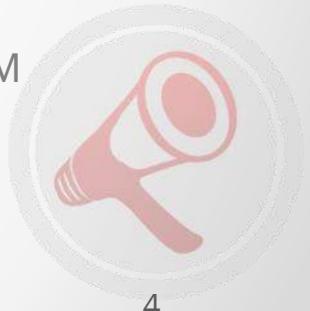
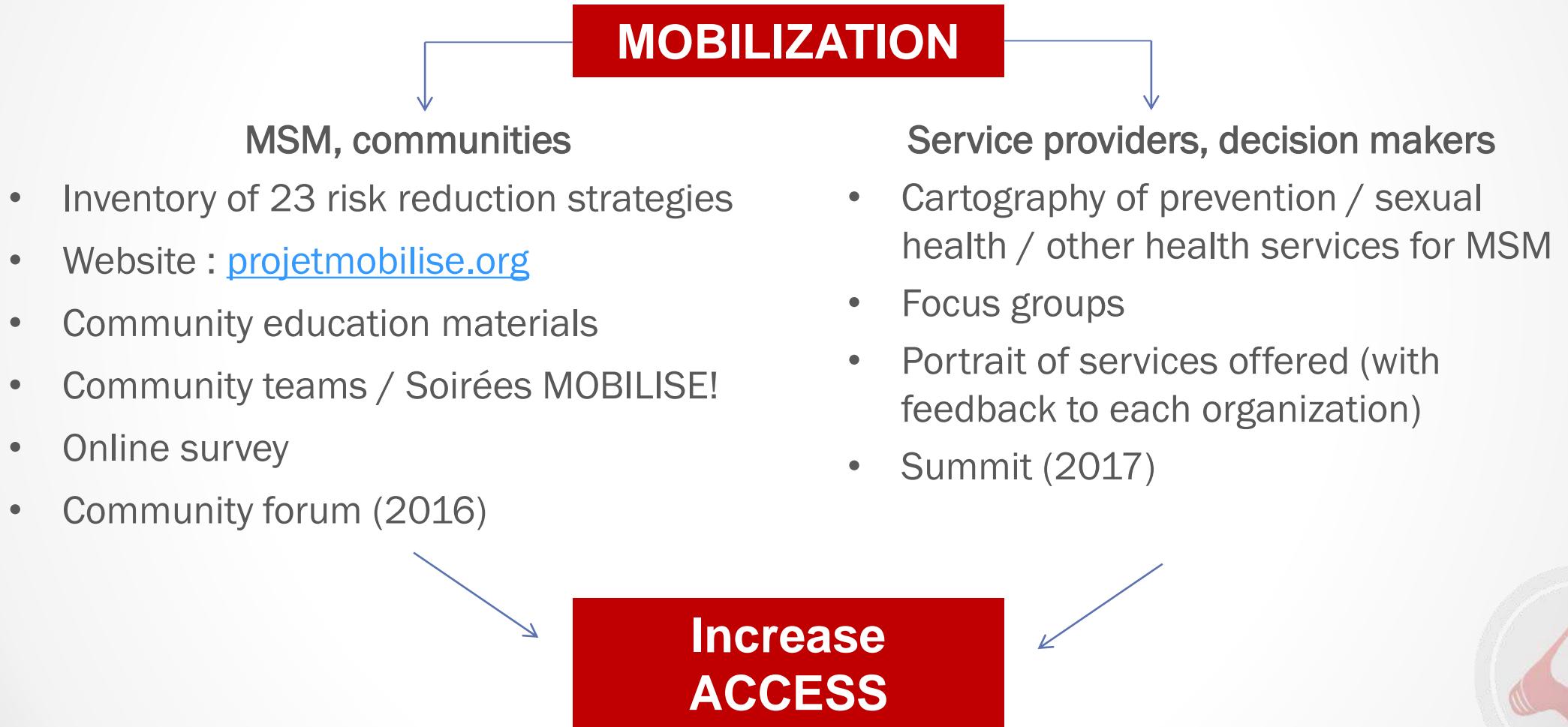


Figure 1: Syndemics and MSM



# What is MOBILISE! ?



# Community teams (2015 – 2017)

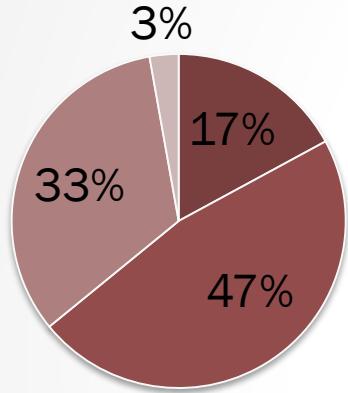


# MOBILISE! Survey

- Aimed at documenting:
  - ✓ Knowledge of risk reduction strategies, perception of effectiveness
  - ✓ Use of HIV and STIs risk-reduction strategies
  - ✓ Access to health services
- Target population: MSM 18 years and over who use services in Montreal
- Online recruitment from May 2016 to January 2017
- 1028 respondents; 714 (70%) completed to very end

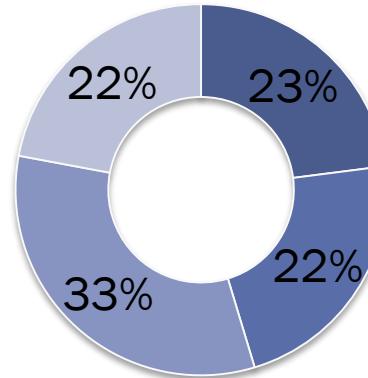


# MOBILISE! Survey: sample description



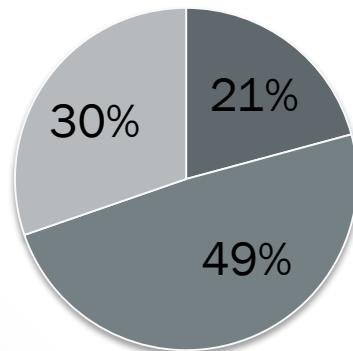
## Age

- 18-24
- 25-34
- 35-44
- 45 +



## Education

- No diploma, DES or DEP
- DEC or technical institute diploma
- Undergraduate
- Graduate or PhD

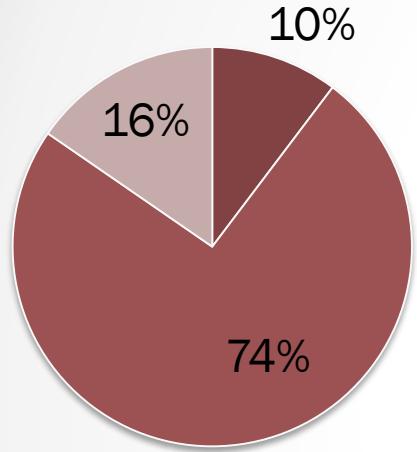


## Personal income

- \$20 000 or less
- \$20 000 - \$59 999
- \$60 000 +

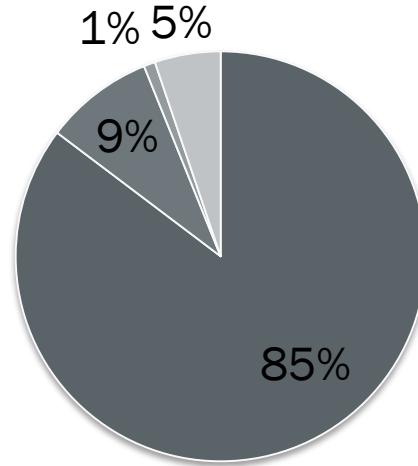


# MOBILISE! Survey: sample description



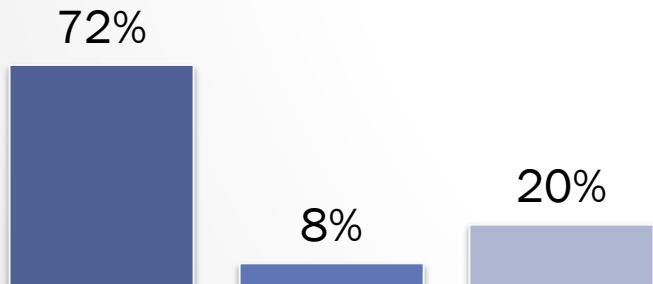
## HIV status

- Don't know HIV status
- HIV negative
- HIV positive



## Sexual orientation

- Gay, homosexual
- Bisexual
- Heterosexual
- Other (queer, Two-spirited, uncertain)



## Place of birth

- Quebec
- Elsewhere in Canada
- Another country



# Which combinations are used and by whom?



# HIV-negative participants

## Use of risk reduction strategies - last sexual experience

	HIV ? (n=321)	HIV - (n=439)	HIV + dVL (n=35)	HIV + uVL (n=175)	HIV + VL? (n=67)
No strategy	10 %	22 %	12 %	13 %	21 %
Taking viral load into account (partner)	-	-	-	<b>36 %</b>	-
Condom and lubricant (anal sex)	<b>36 %</b>	24 %	<b>27 %</b>	24 %	13 %
Adopting low-risk practices	<b>40 %</b>	27 %	12 %	23 %	26 %
PrEP (participant)	17 %	14 %	<b>31 %</b>	<b>24 %</b>	<b>34 %</b>
PrEP (partner)	4 %	8 %	-	-	-
Strategic positioning	4 %	3 %	12 %	7 %	3 %
Withdrawal before ejaculation	7 %	6 %	8 %	11 %	3 %
Negotiated safety	2 %	12 %	4 %	2 %	3 %
Safer drinking and drug use	6 %	3 %	0 %	2 %	3 %
PEP (participant)	1 %	0 %	<b>4 %</b>	<b>1 %</b>	<b>3 %</b>



# HIV-positive participants

## Use of risk reduction strategies - last sexual experience

	HIV ? (n=83)	HIV - (n=78)	HIV + dVL (n=21)	HIV + uVL (n=85)	HIV + VL? (n=50)
No strategy	29 %	23 %	44 %	38 %	37 %
Taking viral load into account (participant)	<b>46 %</b>	<b>49 %</b>	44 %	49 %	37 %
Condom and lubricant (anal sex)	11 %	11 %	0 %	3 %	9 %
Adopting low-risk practices	<b>15 %</b>	<b>24 %</b>	0 %	12 %	6 %
PrEP (participant)	0 %	0 %	0 %	0 %	0 %
PrEP (partner)	9 %	<b>29 %</b>	-	-	-
Strategic positioning	6 %	6 %	0 %	0 %	11 %
Withdrawal before ejaculation	<b>14 %</b>	4 %	6 %	6 %	6 %
Negotiated safety	3 %	7 %	6 %	6 %	3 %
Safer drinking and drug use	4 %	6 %	0 %	0 %	3 %



# Participants who don't know their HIV status

## Use of risk reduction strategies - last sexual experience

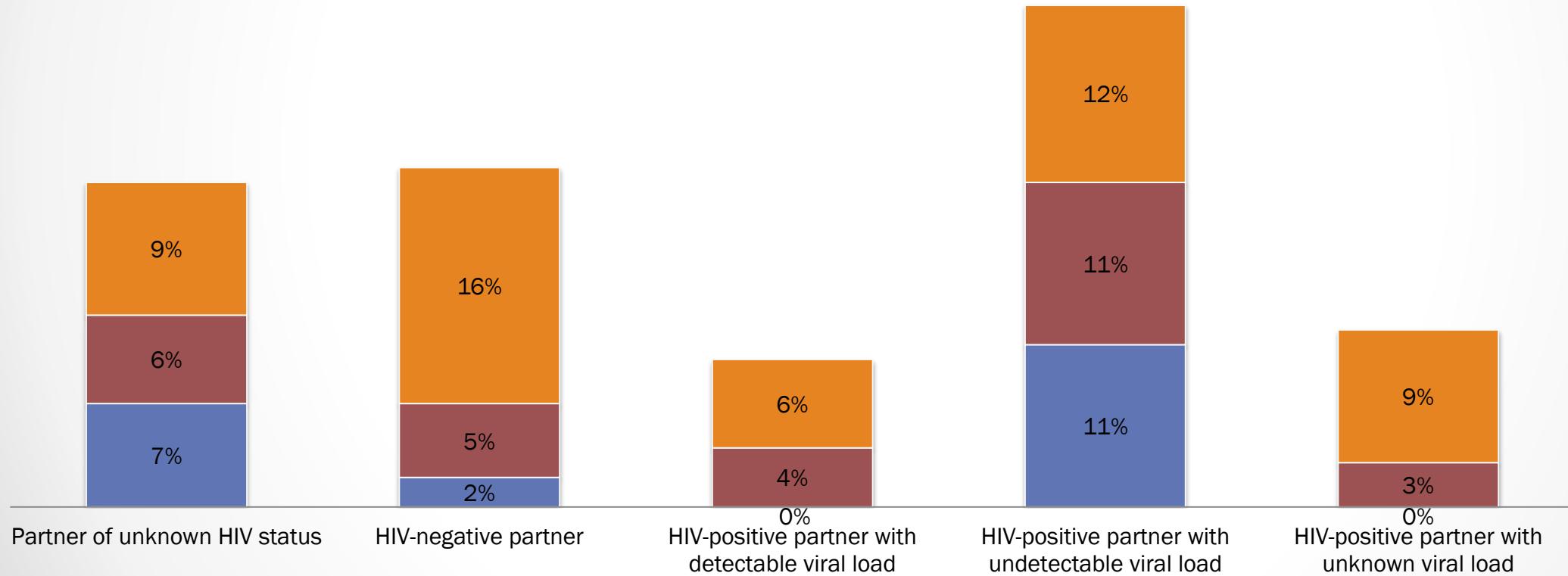
	Partner's HIV status				
	HIV ? (n=57)	HIV - (n=50)	HIV + dVL (n=8)	HIV + uVL (n=20)	HIV + VL? (n=14)
No strategy	20 %	33 %	43 %	22 %	25 %
Taking viral load into account (partner)	-	-	-	39 %	-
Condom and lubricant (anal sex)	32 %	30 %	14 %	22 %	38 %
Adopting low-risk practices	36 %	17 %	14 %	17 %	25 %
PrEP (participant)	5 %	7 %	0 %	17 %	0 %
PrEP (partner)	7 %	13 %	-	-	-
Strategic positioning	4 %	9 %	29 %	11 %	13 %
Withdrawal before ejaculation	7 %	2 %	0 %	11 %	0 %
Negotiated safety	4 %	11 %	14 %	17 %	0 %
Safer drinking and drug use	11 %	2 %	0 %	11 %	0 %
PEP (participant)	2 %	2 %	0 %	0 %	0 %



# What about combination HIV prevention?

Proportion of participants who combine at least 3 risk-reduction strategies (excluding HIV and STI testing)

■ Participants who don't know HIV status      ■ HIV-negative participants      ■ HIV-positive participants

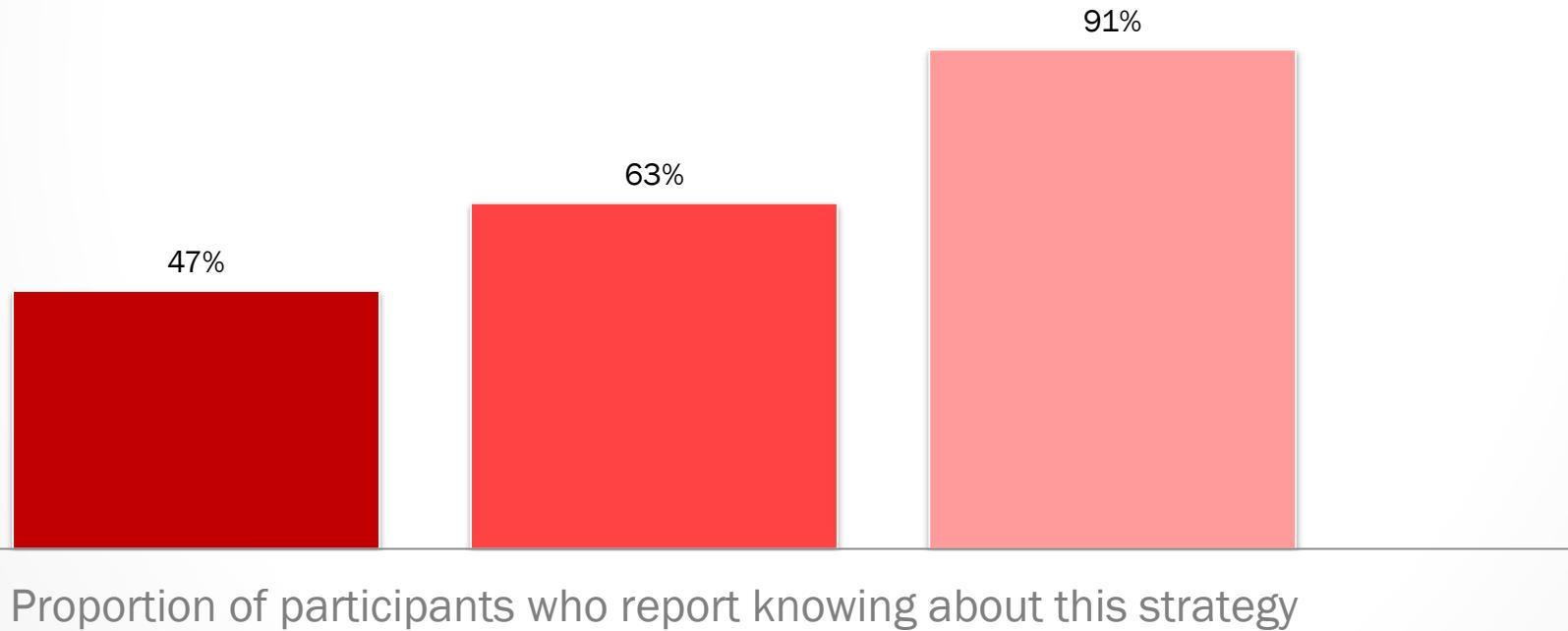


# Undetectability: discrepancies in perception of effectiveness

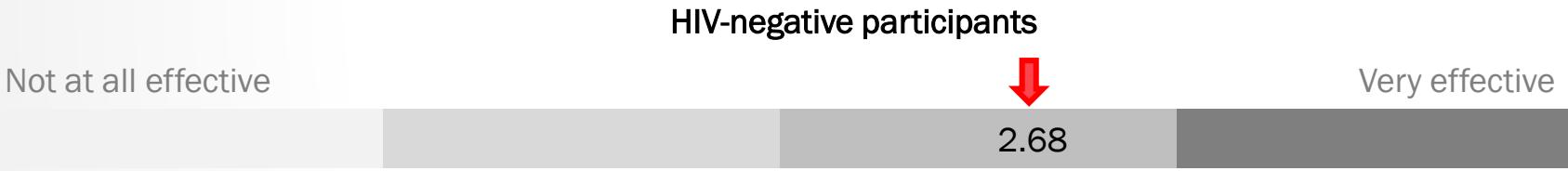
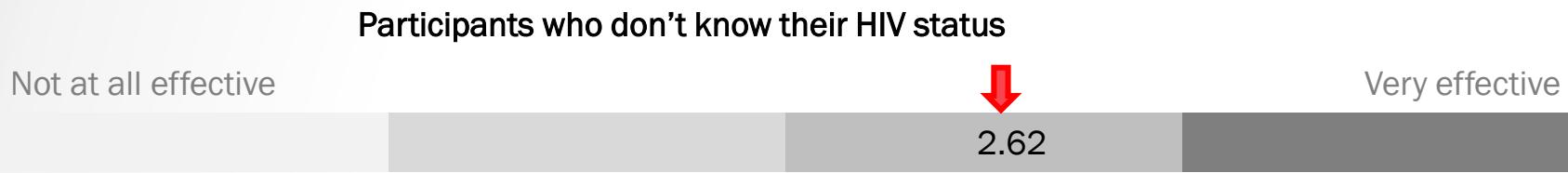


# Knowledge of “taking viral load into account” as a risk-reduction strategy

- Participants who don't know their HIV status
- HIV-negative participants
- HIV-positive participants

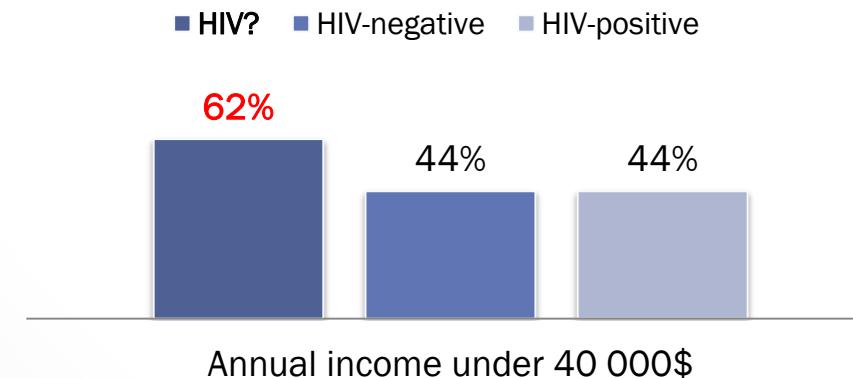
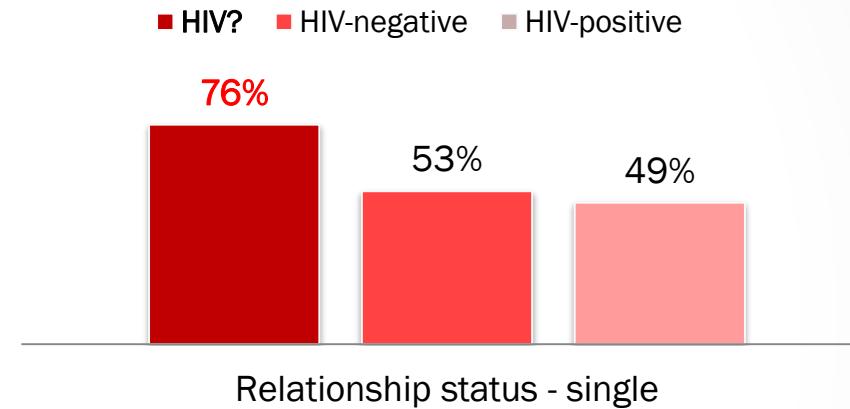
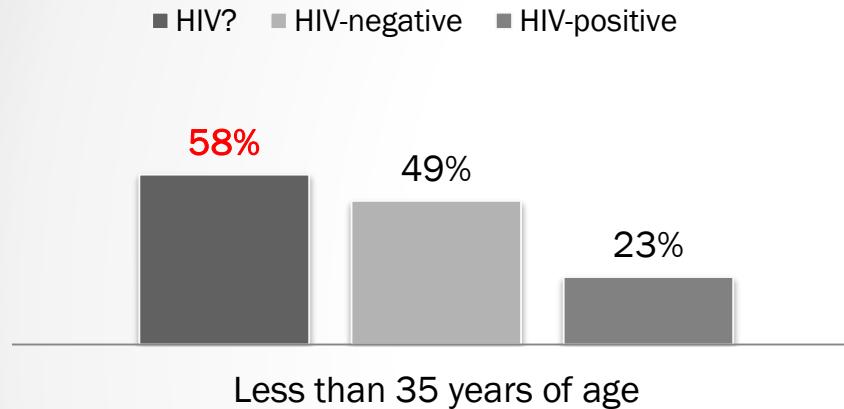


# Perception of effectiveness of “taking viral load into account” as a risk-reduction strategy



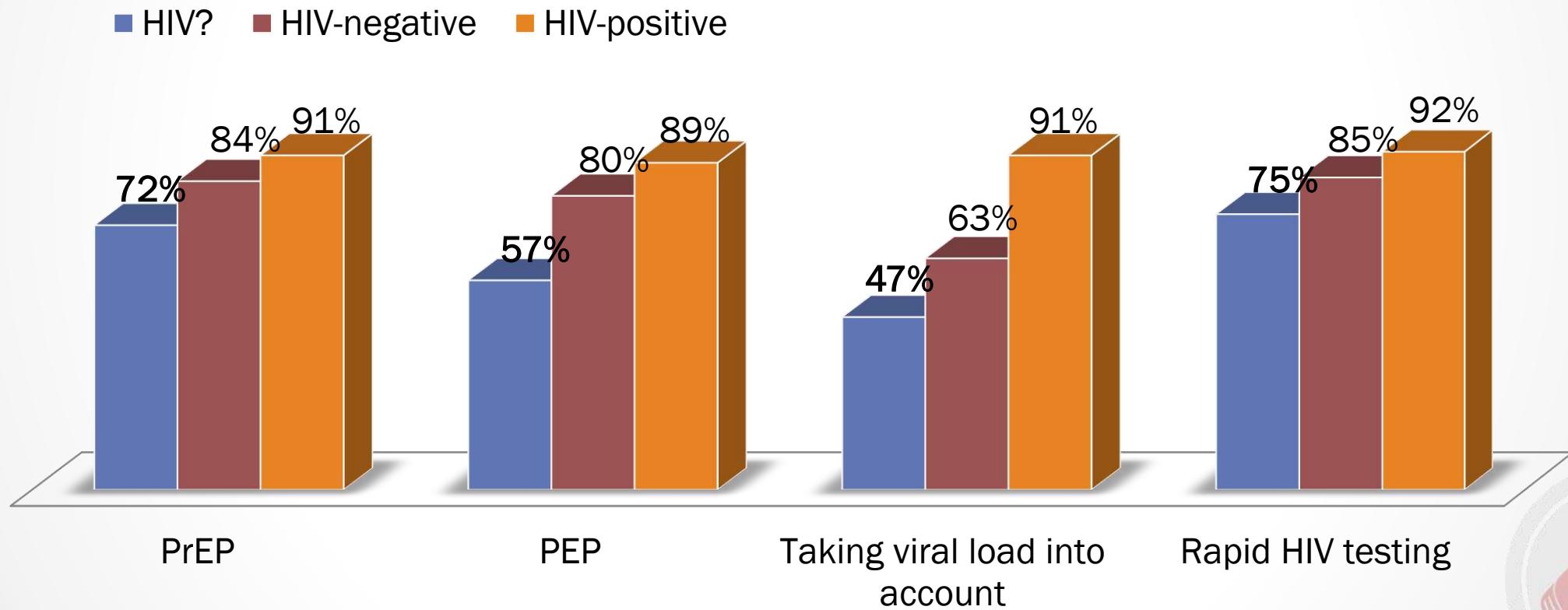
# Participants who don't know their HIV status

## Sociodemographic profile



# Participants who don't know their HIV status

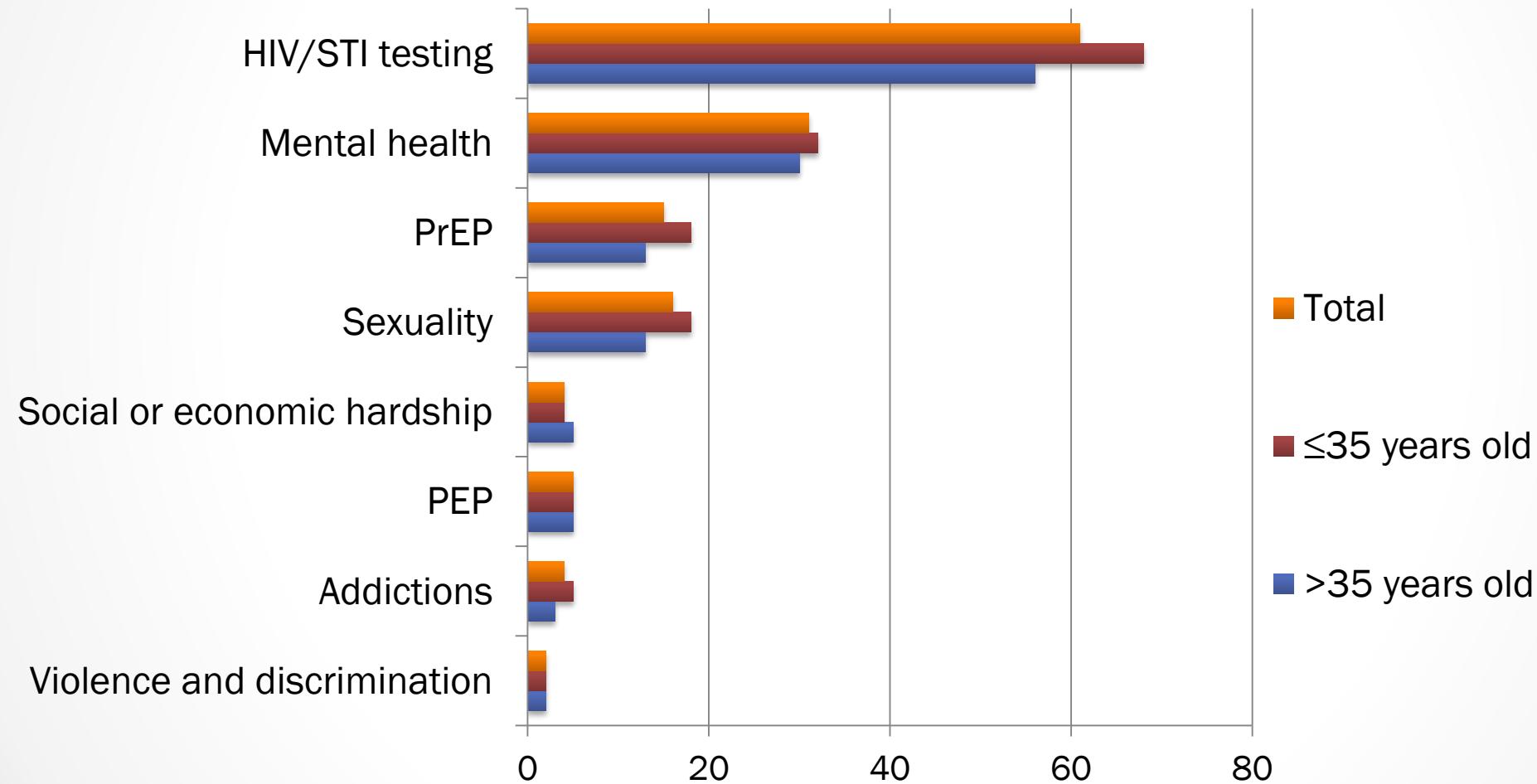
## Knowledge of risk-reduction strategies



# Barriers to HIV and STI testing

BARRIERS	HIV ? (N=99 [10.3%])	HIV-negative (N=717 [74.3%])	HIV-positive (N=149 [15.4%])
Feeling the need, looking for and finding a place to get tested	n=36	n=375	n=67
<i>I was ashamed about having to get tested</i>	12 (33.3%)	52 (13.9%)	18 (26.9%)
<i>I was concerned about being judged by other people (friends, family)</i>	10 (27.8%)	63 (16.8%)	17 (25.4%)
<i>I didn't want to talk about my sexual practices with the person doing the test</i>	10 (27.8%)	61 (16.4%)	13 (19.4%)
<i>I had trouble finding answers to my questions about testing</i>	6 (16.7%)	29 (7.8%)	3 (4.5%)
Making an appointment and showing up for it	n=30	n=366	n=67
<i>I was given an appointment a long way into the future, there was a significant lapse of time before I actually had the appointment</i>	6 (20.0%)	92 (25.3%)	11 (16.9%)
<i>It was hard to make myself available during the hours when testing was available</i>	10 (33.3%)	89 (24.3%)	12 (18.2%)
Overall experience	n=37	n=390	n=74
<i>I didn't want it to appear in my medical records</i>	8 (21.6%)	36 (9.2%)	7 (9.7%)

# Services that participants felt the need to make use of Previous 12 months

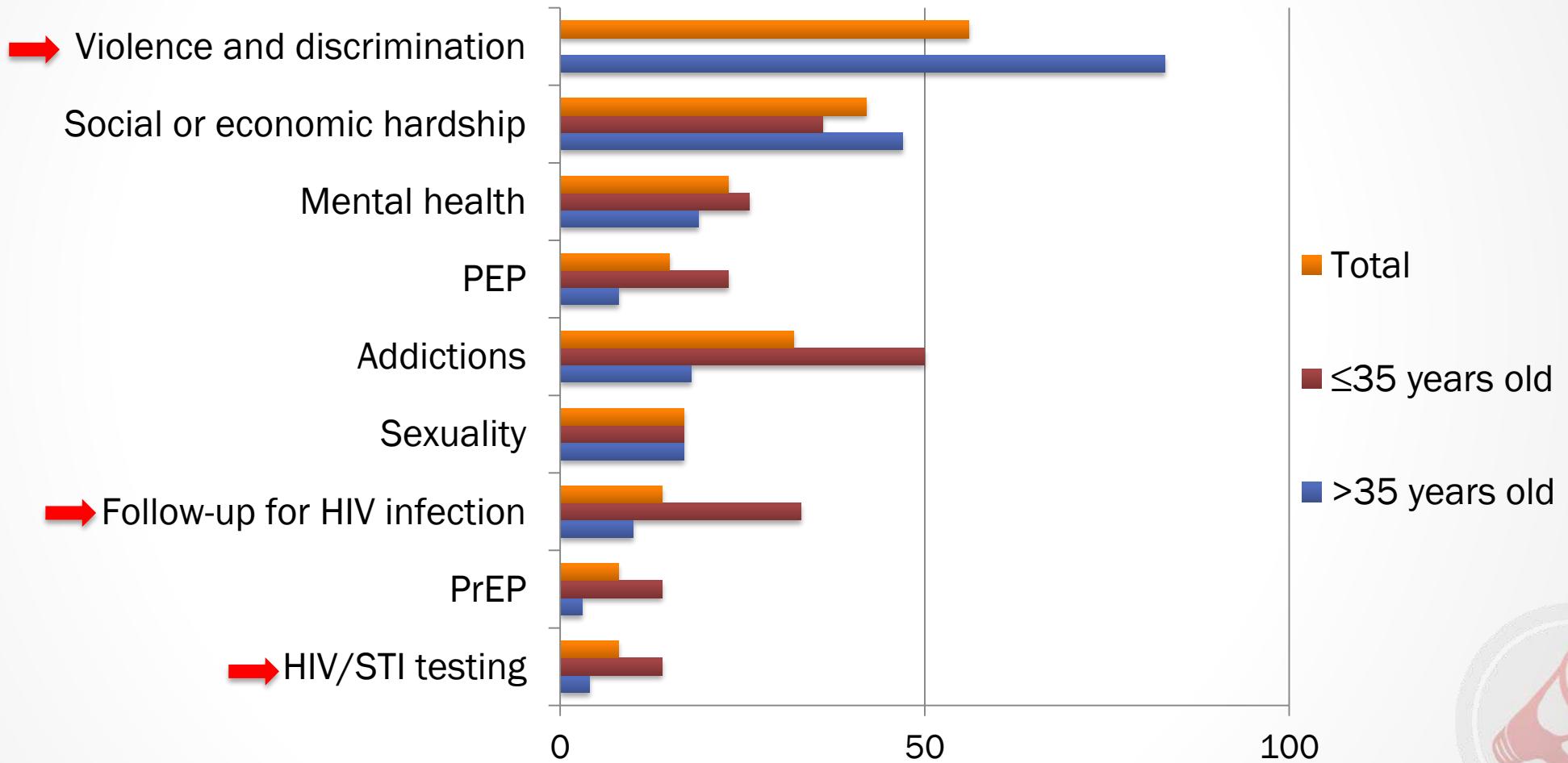


# For which services are needs going unmet?

	Proportion who felt this need > 10 %	Proportion who felt this need $\leq 10 \%$
Low level of unmet needs ( $< 10 \%$ )	<ul style="list-style-type: none"><li>HIV/STI testing (5 %)</li><li>Follow-up for HIV infection (2 %)</li></ul>	
High level of unmet needs ( $\geq 10 \%$ )	<ul style="list-style-type: none"><li>Sexuality (34 %)</li><li>PrEP (27 %)</li><li>Mental health (19 %)</li></ul>	<ul style="list-style-type: none"><li>Violence and discrimination (44 %)</li><li>Addictions (36 %)</li><li>Social or economic hardship (19 %)</li><li>PEP (17 %)</li></ul>



# “I wished someone would have referred me to other services”



# Participatory evaluation: using data to leverage action

- Community forum (Oct 2016):
  - Priorities for action based on preliminary data
- Participatory data analysis and interpretation workshops (Feb–July 2017)
  - Knowledge, perceptions, use of risk reduction strategies
  - Empowerment
- Community consensus statement (in progress)
- Stakeholders Summit (fall 2017)
  - Action plan



# Looking ahead ...



- Adaptation of mobilisation strategies for use in other locations:
  - Toronto, Ottawa, Vancouver
  - *Hooking Up* community alliance
- Framework for longer-term evaluation of the impact of structural interventions on access to health services and other health outcomes

Mobilizing community members and stakeholders to participate in the production, analysis and use of data provides a powerful way to:

- target our efforts
- advocate for structural change

