# HIV Services Access Among Men who have Sex with Men (MSM) in the Region of Waterloo: Insights from the OutLook Study

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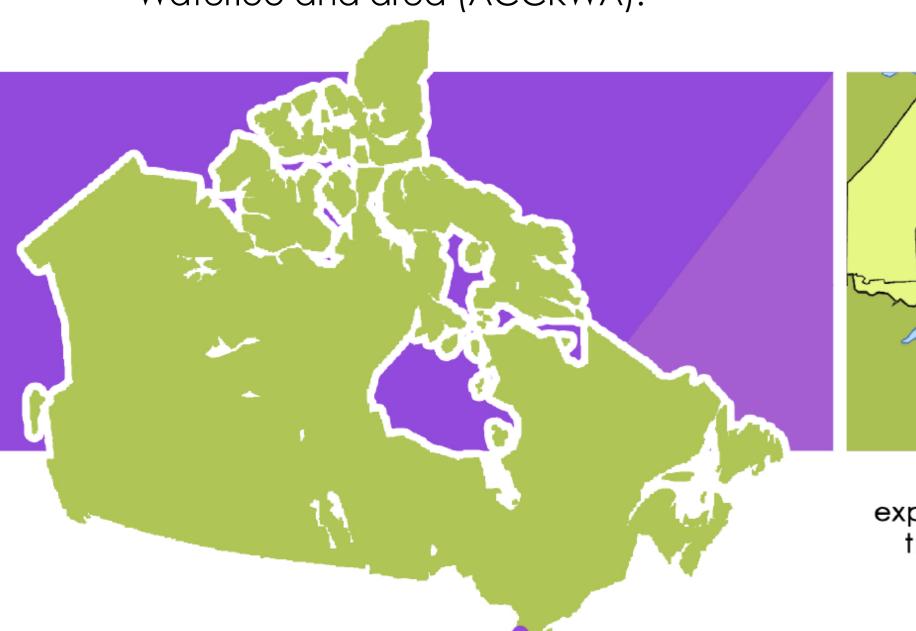
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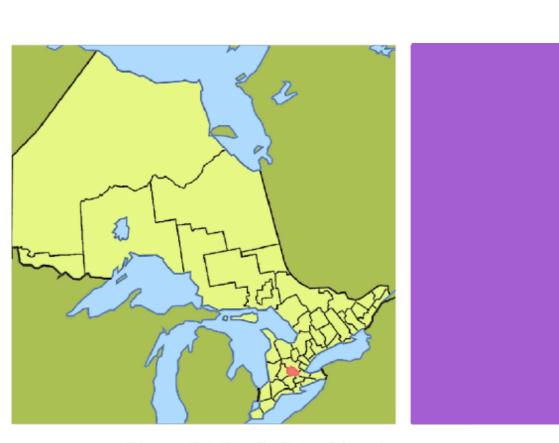




## BACKGROUND

- Men who have sex with men (MSM) continue to contribute to the majority of new HIV cases in Canada (Public Health Agency of Canada, 2015).
- AIDS services organizations (ASOs) are community-based organizations (CBOs) that aim to increase awareness of HIV, advocate in the community, provide social and practical support, and offer HIV prevention and outreach programs for priority populations and people living with HIV/AIDS (PHAs) (Chillag et al., 2002; Williams et al., 2005a; Williams et al., 2005b; Ubrihien, Davies, & Driscoll, 2016; Guenter et al., 2013).
- Multi-level (individual, community, and structural-level) factors contribute to higher susceptibility for MSM to acquire HIV (Stahlman, Beyrer, Sullivan, Mayer, & Baral, 2016).
- Stigma, homophobia, and discrimination deter MSM from accessing HIV prevention, testing, and other services (Arreola, Hebert, Makofane, Beck, & Ayala, 2012).
- Objectives: Identify socio-demographic and health-related factors associated with the awareness and access to the ASO - AIDS Committee of Cambridge, Kitchener, Waterloo and area (ACCKWA).

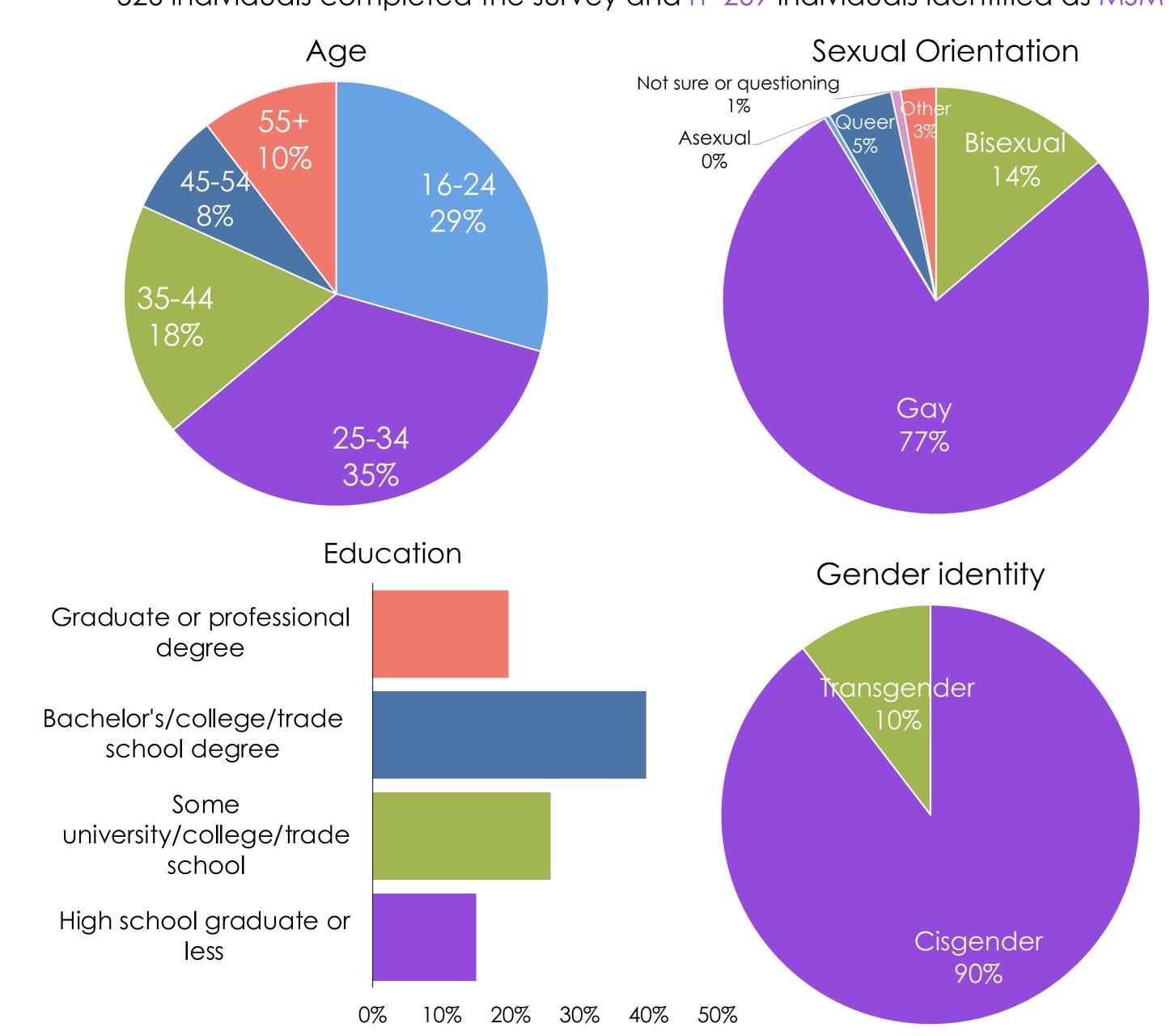




The OUTLOOK Study explores the well-being of the LGBTQ communities in Waterloo Region, Ontario, Canada

# DEMOGRAPHICS

526 individuals completed the survey and n=269 individuals identified as MSM



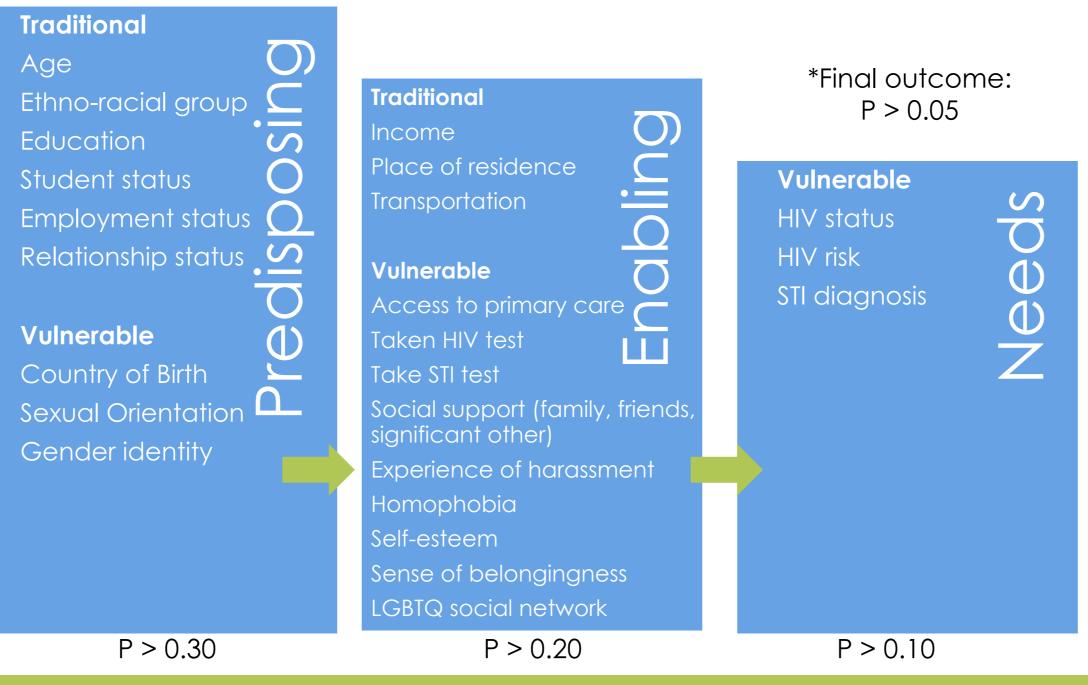
## METHODS

#### The OutLook Study

- Online survey investigating the health and well-being of LGBTQ people in Region of Waterloo
- A community-based research initiative involving community, academic, and public health stakeholders within the region
- Measured social inclusion, victimization, health care access, and sexual behaviour

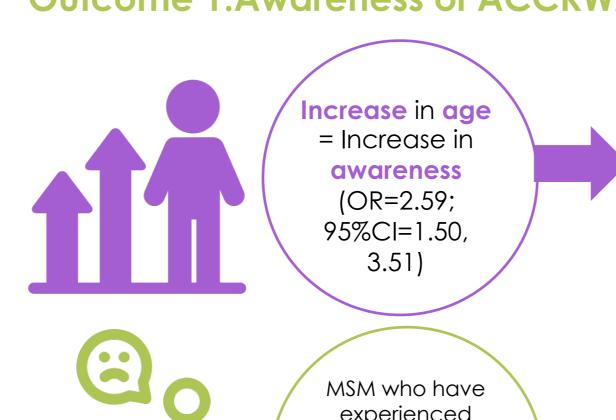
#### Data Analysis

- Descriptive statistics for sociodemographic, health-related and psychosocial variables and outcomes of interest were calculated
- The Anderson-Gelberg Behavioural Model of Health Services Use for Vulnerable Populations was used to create a conceptual framework (Gelberg, Anderson, & Leake 2000)
- Using SPSS, backward elimination methods with chunkwise logistic regression, three models were created for each of the two outcomes
- Final models, with all retained factors remaining significant at p < 0.05 were then conducted. P-values, odds ratios (OR), and 95% confidence intervals were calculated and recorded for crude and modelled associations.



## RESULTS AND DISCUSSION

#### **Outcome 1:Awareness of ACCKWA**







Increase in sense o

belongingness to

local community=

Increase in

awareness

(OR=1.59,

5% CI=1.01, 2.48])/

Technological-based applications are attractive to younger MSM (Mustanski, Lyons, & Garcia, 2011). MSM who face homophobia and discrimination and

commitments, and perceiving themselves at a lesser risk for HIV

Older age has been significantly associated with an increase in

HIV testing (Rendina, Jimenez, Grov, Ventuneac, & Parsons,

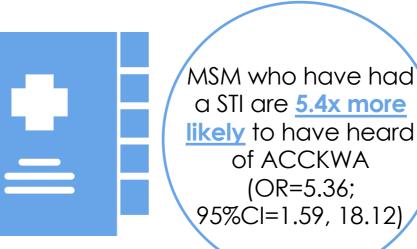
Younger MSM encounter barriers such as scheduling

(Holloway, Cederbaum, Ajayi, & Shoptaw, 2012).

2014), and adherence to HIV/AIDS treatment (Lourenço et al.

- internalized homonegativity may have limited access to health and HIV preventative services (Wilton, Liu, Sullivan, Sider, Kroch 2017; Ayala et al., 2013; Pharr, Lough, & Ezeanolue, 2016). Homophobic experiences may cause MSM to seek MSMfriendly and supportive environments (Ayala et al., 2013).
- Family acceptance and perceived support from family may act as a protective factor as it can buffer against emotional distress (McDonald, 2018; Padilla, Crisp, & Rew, 2010; Katz-Wise, Rosario, & Tsappis, 2016).
- Studies have shown that, for MSM, being a part of family communities results in a higher likelihood of reporting protective traits like being aware of PrEP, having health coverage, and having a primary care doctor (Young et al.,
- Being connected to the gay community is associated with access to HIV prevention, education and care services (Mustanski, Newcomb, Du Bois, Garcia, & Grov, 2011).
- Being connected to a community can allow the cultivation of networks, resulting in greater social support from peers, which is associated with less perceived HIV stigma (Galvan, Davis, Banks, & Bing, 2008).

# RESULTS AND DISCUSSION (CON'T)



MSM favour CBOs, and specific HIV/STI centers as their preferred testing sites (Hoyos et al., 2013).

HIV/STI testing and STI treatment clinic specifically for gay men have reported an increased uptake in testing and increase in STI/HIV diagnosis outcomes (O'Byrne, MacPherson, Ember, Grayson, & Bourgault, 2014).

#### **Outcome 2: Accessing ACCKWA**



MSM who have experienced harassment/violence are 3.1x likely to have accessed ACCKWA(OR=3.09; 95%CI=1.34, 7.10

Similar to awareness of ASO MSM may be aware and access ACCKWA because ASOs

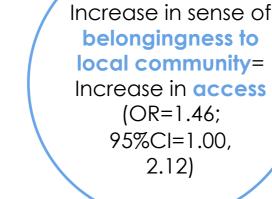
concentrate on incorporating stigma related programing, trauma counselling, and mental health programs into prevention programs for all service users (Safren, Blashill, & O'Cleirigh, 2011; Mahajan et al., 2008).



MSM who have no taken a HIV test are less likely to have accessed ACCKWA than those who have take a test (OR=0.03; 95% CI=0.00,0.38

Similar to MSM who have had an STI test MSM favours CBOs, and specific HIV/STI centers as their preferred testing sites (Hoyos et al., 2013).





MSM with connections to the LGBTQ network are more aware of HIV prevention, PrEP and treatment services compared to those who are not connect to the LGBTQ network (Behler, Cornwell, & Schneider, 2018).



MSM who are HIVpositive are 7.4x more likely to have access ACCKWA compared to HIV-negative MSM (OR=7.36; 95%CI=1.72,

Complex interactions between the social inequities and vulnerabilities PHAs face put them at an economic disadvantage, which hinder their abilities to obtain income, employment, housing, health care adherence (Aidala et al.

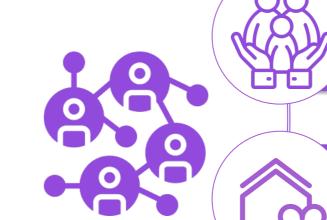
ASOs deliver various services that encompass social and practical support, education, housing, food security and other programs for PHAs (Williams et al., 2005; Slater, Qadar, & Bewza, 2015).

\* p<0.05

## CONCLUSION AND IMPLICATIONS



Social support and community belongingness continues to positively influence MSM awareness of HIV preventative services and access to ASOs



Continuing to enhance targeted programming at ASOs are required (e.g., youth programming, online services, programs addressing experiences of trauma and

mproving the sense of community belongingness and LGBTQ social networks and connecting service users with information regarding sexual health and ASO services



ASOs serve a variety of HIV prevention services for many HIV priority groups such as MSM and it is vital to identify predictors that act as access barriers or facilitators to the awareness and access of ASOs.

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