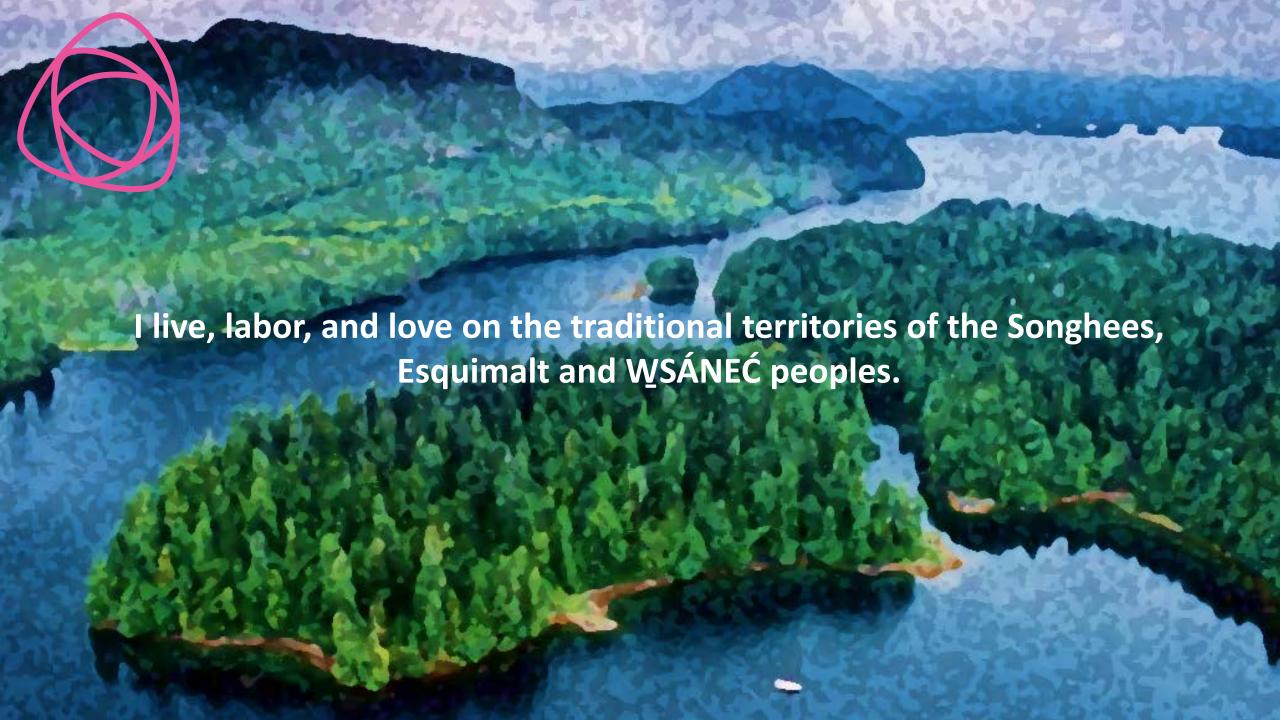
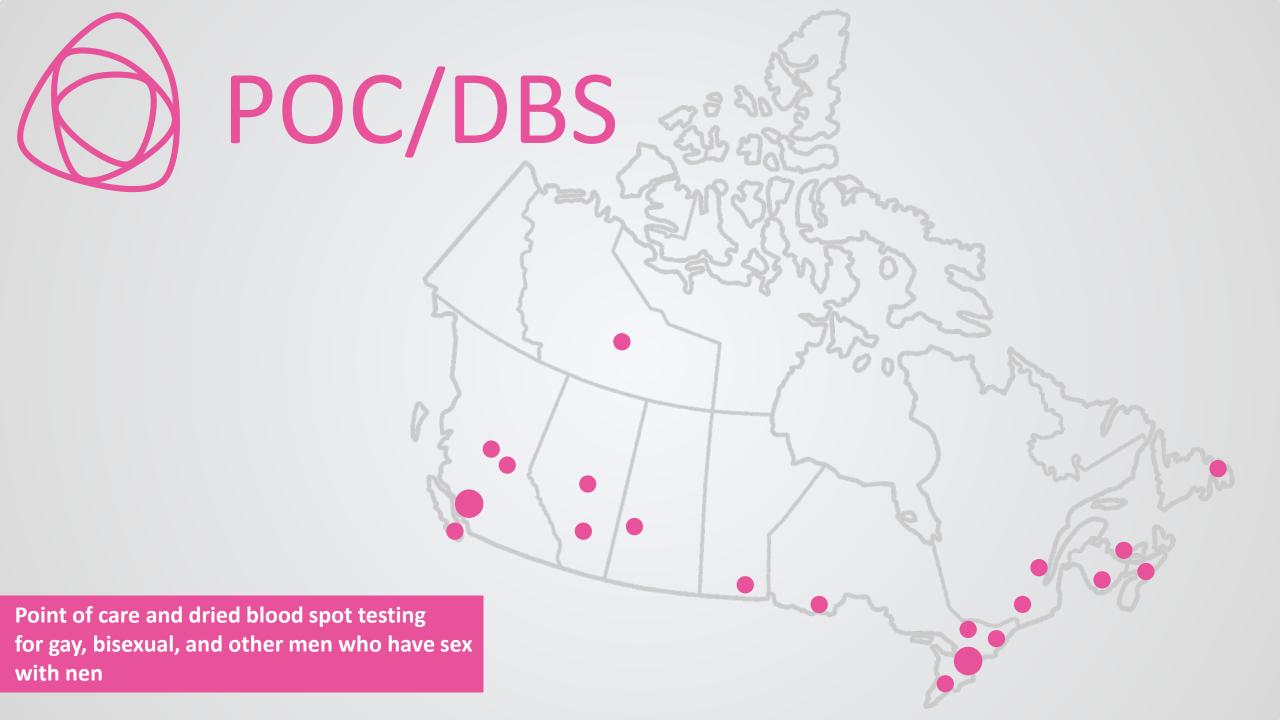


Advancing Testing Innovation Among Gay, Bisexual, Queer, Trans and Two-Spirit Men

A CBRC-REACH Collaboration









Partners











MEN'S HEALTH

Centre for Sexuality













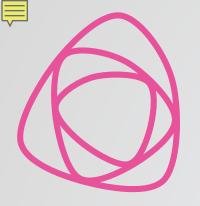






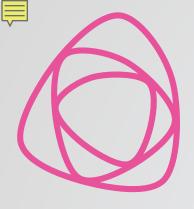


pride Health



Our Three Year Vision

- Strengthened community infrastructures
 - Centering and training peers
 - Culturally relevant and accessible testing
- Increased testing options (100,000 tests!)
 - technology and process
 - scale up and scale out
- Broader sexual health and harm reduction frameworks



Innovations

- 1. Event-Based Testing: Oral Point-of-Care HIV Testing
 - 5,000 OraSure POC oral HIV test
- 2. Mail-Home Self-Collection: Dried Blood Spots
 - 5,000 tests*
- 3. National Peer-Based Linkage Line to manage returning results.
 - Goal: 100,000 tests for GBQT2.
- 4. Acceptability of new testing technologies among Two-Spirt communities across BC;

^{*}The precise tests to be included in the kits remains to-be-determined and is largely dependent on what innovative testing technologies come to market in the next 18 months (e.g. DBS, oral POC, HIV POC self-test).

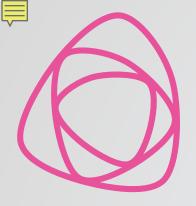


1. Event-based Testing

- Community protocols and partnerships
- Meet people where they are at
- High volume testing





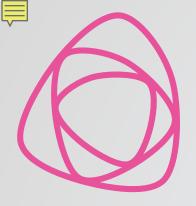


Peer-based Testing

 Pilot and Acceptability of Oral Fluid HIV Point-of-Care Tests in 2020







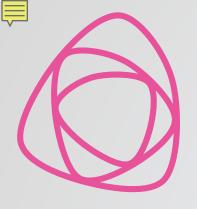
Uptake of DBS

- 87.32% provided a DBS (n=3077/3524)
- Demographic factors associated with providing a DBS:
 - Recruitment site (78% in Winnipeg to 93% in Montreal)
 - No differences by age, gay identity, non-binary identity, or trans experience
 - Looking at ways to make this better.
- Over 99% had enough blood on the DBS card to screen for HIV.
- Over 95% had enough to do a second test (HCV)



Returning Results

- Previous PHAC-funded surveys were anonymous.
- New non-nominal peer-based referral process developed.
- Of all participants, 69.2% requested results back to them.
- "REACH"-funded mixed methods evaluation underway.



2. Mail Home Self-tests

In the 2015 national Sex Now survey:

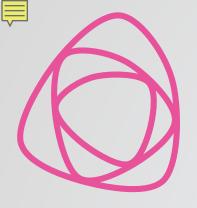
- 71% said they would use an <u>at-home HIV test</u>
- 33% preferred at-home testing for their next test

Sex Now 2019 – BC Pilot

- 72% said that they would "Likely" or "Very Likely" use this service.
- Online survey, opt-in DBS self-collection kits
- Purolator kits to participants, back to study team
- Testing at PHAC National Laboratory for HIV Reference Services (Dr. Kim)
- "Multiplex" screening: HIV, Hep C, and syphilis
- Peer-based returning of screening results
- Linkage to confirmatory testing services and care (as needed)
- To date, 477 test kits have been requested/mailed within British Columbia
 - 20% of who had not been tested in the past year.

Sex Now Online 2020/21 – National Mail-Home Kits

• Delivery 'platform' that could include various testing technologies: choice!



3. Peer-based Linkage

- Develop, pilot and evaluate a national bilingual 'linkage line'
 - Multiple technology platforms
- Community- and peer-based
- Cross-sectoral/jurisdictional
- Low barrier access:
 - Questions, concerns, remote test supervision, troubleshoot, linkage to confirmatory testing and health systems/services
- App-based HIV linkage



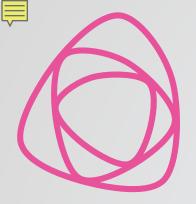






4. Two-Spirit Peoples

- Difficulties accessing testing are compounded among Indigenous people living in the Norther region of BC.
- Gauge Two-spirit people's interest in and acceptability of several different testing options – including DBS, INSTI POC, and OraSure.
- Consult with Indigenous leaders and organizations to identify appropriate strategies for testing and linkage to care.
- Indigenous testing tool kits, including print materials that speak to the specific health needs and lived experiences of Indigenous men



How to get there.

- Offer choice and respect autonomy
- Listen, and listen some more
 - Preparing for reactive results
- Partnerships and collaboration
- Scale out, scale up, and scale deep
- Address intersecting stigmas



Questions?

Nathan Lachowsky, PhD

Research Director, CBRC
Nathan.Lachowsky@cbrc.net

Jody Jollimore

Executive Director, CBRC jody.jollimore@cbrc.net

Ben Klassen

Sex Now Research Manager, CBRC ben.klassen@cbrc.net

Kiffer G. Card, PhD

CIHR Health Systems Impact Fellow, CBRC kiffercard@uvic.ca