Understanding access to prevention strategies: taking the first steps toward combination HIV prevention for MSM in Montreal

Otis, J.[1], Martel, M. [1], Haig, T.[1,2], Monteith, K.[3], Rousseau, R.[4], Herrera, A.[3], and the Intersectoral Coalition of the MOBILISE! Project

[1] Department of Sexology, Université du Québec à Montréal; [2] School of Social Work, Université du Québec à Montréal; [3] COCQ-SIDA, Montreal; [4] RÉZO, Montreal

Background

Combining behavioural, biomedical, and structural prevention strategies has shown promise as a way to reduce HIV incidence in the gay community. A prerequisite for combining these strategies is that they be accessible to community members (Sullivan *et al*., 2012).

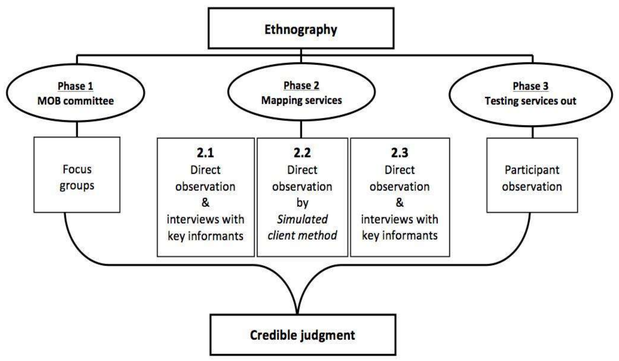
Objective

Discuss barriers identified in the context of an exploratory study with respect to accessing and combining prevention strategies.

Method

Using ethnographic methods, three phases were undertaken (figure 1).

Figure 1. Study design



Phase 1. An intersectoral committee composed of 30 participants (clinicians, researchers, community and public health stakeholders) participated in focus groups to identify current challenges for HIV prevention in Montreal's gay community and propose models for implementing a combination prevention approach.

Phase 2. A mapping of all available resources (table 1) and services was undertaken. Access to different prevention services was analyzed from the perspective of gay men wishing to use them. Methods included direct observation (mapping accessibility of services online and in other medias, simulated client method) and consultation with key informants.

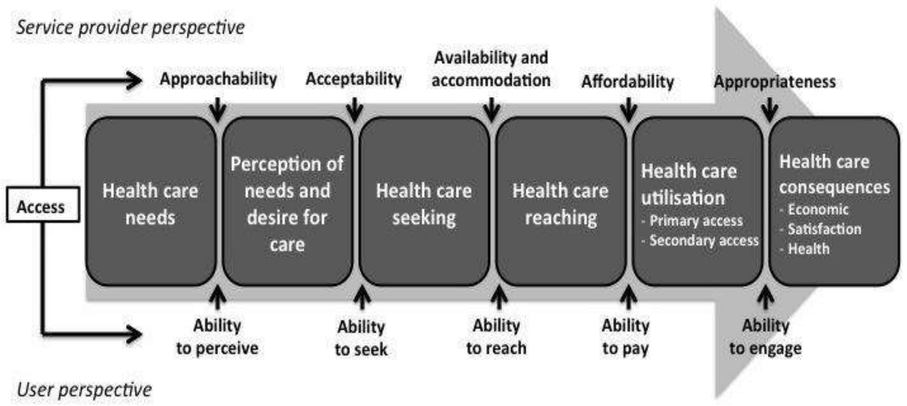
Phase 3. Participant observation was used to test out each service.

Information and observations were collected, after which an initial assessment was made from the service provider perspective in relation to five dimensions of access (figure 2):

- Approachability: relates to the fact that people facing health needs can actually identify that some form of services exists, can be reached, and have an impact on the health of the individual.
- Acceptability: relates to cultural and social factors determining the possibility for people to accept the aspects of the service and the judged appropriateness for the persons to seek care.
- Availability and accommodation: refers to the fact that health services can be reached both physically and in a timely manner.
- Affordability: reflects the economic capacity for people to spend resources and time to use appropriate services.
- Appropriateness and adequacy: denotes the fit between services and clients need, its timeliness, the amount of care spent in assessing health problems and determining the correct treatment and the technical and interpersonal quality of the services provided.

Figure 2. A conceptual framework of access to health care

(Levesque, Harris and Russell, 2012)



Drawing on observations and comments from the intersectoral committee, indicators were developed for each dimension and an assessment was made of access to various services based on these five dimensions using a "credible judgment" method (*jugement crédible*, Hurteau, Houle and Guillemette, 2012).

Results

Committee discussions and observations made during the mapping process showed that in theory, a large number of prevention services are offered to gay men in Montreal, either separately or in combination. Among the 23 agencies that offer services specifically for gay men, various types of preventive interventions are provided : 46 biomedical, 28, behavioural, and 9 structural.

Table 1. Resources that were mapped

	Mapping of HIV prevention services in Montreal	Mapping of resources that offer services specifically for MSM
Medical clinics	46	4
CLSC	31	5
SIDEP	13	0
Community organizations	23	14
Hospitals	23	0

In practice, a number of problems were identified for each of the five dimensions of accessibility and particularly with respect to approachability, acceptability, and appropriateness / adequacy (table 2), whether it be at CLSCs, medical clinics, or in community settings. However, the relative importance of these problems varies depending on the setting. These results were then used to develop indicators that will be useful for a more comprehensive assessment in the future (table 2).

Table 2. Problems in access that were observed and indicators for future evaluation

	Problems observed	Indicators for the evaluation of programs and services
Approachability	• Communication technologies used to promote the service is lacking or non-functional • Inefficient management of social media • Problematic telephone contacts • Contradictory information from different staff at the same resource • Lack of information on web sites • Lack of visibility in schools	• Use of communication technologies as means of promotion • Diversity of promotional efforts (other than technologies) • Intensity of promotional activities outside areas where gay men typically congregate • Existence of technical information concerning the organization of services • Relevance of themes used to promote prevention services
Acceptability	• Lack of services specifically for youth or ethnocultural groups • Services not adapted to needs of older gay men • Lack of settings that are anonymous and confidential (e.g. crowded waiting room) • Over-concentration of resources in gay village / neighbourhood • Lack of sensitivity to gender and sexual orientation	• Extent to which resource and services are anonymous and confidential • Diversity of target populations • Degree to which values are promoted that a majority find to be acceptable
Availability/accommodation	• Lack of clarity in information on how to get an appointment • Very few agencies offer access to services where no appointment is needed • Opening hours are generally not flexible (services are predominantly open in daytime only) • Services are quickly overbooked or only cater to a specific population	• Diversification of hours when services or resources are available • Quality of appointment management • Ways in which access to service is facilitated • Expertise and specialization of service providers
Affordability	• Anti-HIV medication are expensive and not always covered by private insurance • Charges sometimes apply for services in medical clinics • Accessing services is also associated with indirect costs (e.g. absence from work, parking fees) • Mental health services are costly	• Direct costs related to the use of the service • Indirect costs • Efforts to increase users' ability to pay
Appropriateness/adequacy	• Lack of partnerships between agencies, resources • Lack of coordination among services (e.g. ineffective referrals) • Absence of common goals and collaboration among agencies and resources • Difficulties in providing clear and uniform messages	• Gaps between needs that are expressed and services that are offered • Mechanisms for collaboration and consultation • Nature and quality of relationships among stakeholders

Conclusion

In order for a combination HIV prevention approach to be operationalized, problems with the accessibility of programs and services must be addressed, in particular a systemic lack of integration and coordination among stakeholders working in different sectors.

To address these issues, a new community-based research project, known as MOBILISE!, has just started in Montreal. The project aims to promote dialogue between community members, community workers, health professionals, and researchers to collaborate on proposals for how to combine effective strategies to reduce HIV transmission in the community and how to improve access to these strategies.

The conceptual framework and methodology developed for this study could be useful in other locations within Canada or elsewhere as part of broader-based reflection on the potential and challenges of combination prevention.

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