

## Women's and Children's Health Task Group Recommendation Report

### Task Group Membership

Co-chairs:

- Lena Serghides, University of Toronto
- Wangari Tharao, Women's Health in Women's Hands

Representatives of the following organizations/constituencies:

- Ari Bitnun, Hospital for Sick Children
- Catherine Rutto, Toronto PWA
- Diana Campbell, OHTN
- Joanne Lindsay, Community Member
- Mark Yudin, St. Michael's Hospital
- Mona Loutfy, Women's College Hospital/Maple Leaf Medical
- Nancy Nashid, CTN Fellow
- Nicci Stein, Teresa Group
- Sem Teklemariam, BlackCAP
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- Carmen Logie, University of Toronto
- Omima Mohidin, Africans in Partnership Against AIDS
- Sheree Shapiro, Toronto Public Health
- Eileen Lam, Butterfly Project
- Mina Kazemi, Women's College Hospital
- Natasha Lawrence, Women's Health in Women's Hands
- Stella Osagie, AIDS Committee of Toronto
- Priscilla Medeiros, Women's College Hospital

### **1. Establish an accessible, safe, welcoming space for all women and families to receive HIV prevention and care services regardless of age, race, ethnicity, socio-economic status, immigration status, substance use, sex work, gender identity or sexual orientation**

Women living with and affected by HIV face unique barriers to their health and wellness. These include disproportionate HIV infection in racialized women, women who use injection drugs, as well as syndemic factors which contribute to HIV risk and poor health outcomes such as mental health, intimate partner violence\*. In addition to navigating their own health needs, women often have the burden of being the primary or sole caregiver to their children. Creating a space that is safe, affirming, and cognizant of the challenges women face in accessing healthcare can dramatically improve health outcomes for women living with and affected by HIV. To target prevention activities and ensure that women living with HIV receive timely diagnosis, treatment, and appropriate support services, we need to include these needs into their health continuum.

In order to meet the diverse needs of women living with and affected by HIV and their families, it will be critical that this space incorporate the following:



## Women's and Children's Health Task Group Recommendation Report

- Adult ID Practitioners, including specialists and primary care providers – to provide specialized HIV and primary care to prevent and manage co-morbidities
- Pediatric Infectious Disease (ID) Practitioners – to monitor and treat newborns and children born to WLWH
- HIV and Midwifery Specialists and OB/GYN Practitioners – to provide prenatal care, birth, post-partum care, specialist gynecological care; pre-conception counselling, endometrial biopsy and colposcopy
- Mental Health Practitioners, including Psychiatrists and Trauma Counsellors – to address chronic and acute mental health issues using a trauma informed and women centred approach
- Health Promotion Workers, including Social Workers and Outreach Workers to link WHWH to information, education, resources and services (e.g., AIDS Service Organizations and midwifery)
- Researchers – to monitor and report on program outcomes; research, develop and disseminate new knowledge and existing best practices
- Educators/professionals with specialised expertise regarding women and HIV – to build capacity and mentor others interested in working with WLWH
- Child-centred medication access/arrangement with Sick Kids laboratories for phlebotomy processing as well as prescription access and some pediatric medical procedures

In order to ensure these services are optimally received, this space must incorporate the following values and practices:

- Peer-to-peer services; representation in staffing
  - Coordinated care that will reduce the number of visits to the clinic a woman/mom will need to make
  - Ethos of women empowerment, non-judgemental, LGBTQ+ competent, and stigma-free
  - Services offered in different languages
  - Services from trauma-informed lens
  - Culturally competent and factors specific to women across the life course, including menopause and breastfeeding.
  - Childcare services and/or play area within space
  - On-site health libraries
  - Access to on-site computer that is accessible/safe
  - Family friendly artwork on walls
  - Safe space for boys in family with facilitated transition out of women-centred care when family is ready
2. **Outside of establishing a dedicated space for women-centred care, ensure the provision of comprehensive, holistic, Status Neutral HIV services that empower all women and families and promote their physical, sexual, mental, emotional, community and spiritual/social well-being along with HIV prevention and care in all existing care settings.**

## **Women's and Children's Health Task Group Recommendation Report**

The concept of a Status Neutral Continuum of care, first implemented by the New York City Public Health Department, uses HIV testing as an opportunity to engage both people living with HIV and those who are not in ongoing care and support. By more closely aligning how people are engaged into HIV treatment and prevention services like PrEP, a Status Neutral approach creates more streamlined services and improves retention in care.

We feel this model could also be further expanded to meet the holistic wellness needs of women entering the space. Providing comprehensive care starts with the need for trauma- and violence-aware care training as a starting point for engaging people living with HIV in ongoing care and support. Understanding and addressing the impact of trauma and violence is vital to increasing HIV testing and treatment in communities rather than simply streamlining services.

Incorporating connections to social services and community programs can help to address the social determinants of health that make women more vulnerable to HIV and less likely to engage in ongoing HIV care. In models such as the Blue Door Clinic, a Linkage to Care Coordinator position was created to ensure that culturally competent, up to date referrals are provided with a warm hand off. These should include:

- Standardized and direct referral (TPH, immigration doctors, shelters ASOs, PWA to ASO youth group)
- Connections to women positive spiritual community organizations
- Connections to women and family-centred social groups
- Peer supports
- Community events
- Educational/virtual programs targeting stigma-reduction interventions, risk-perception and sero-discordant partnerships
- PrEP availability
- OHTN grant to specifically encourage care for women and children living with and affected by HIV

### **3. Develop service provider networks and additional supports to address the needs of youth transitioning into adult HIV care.**

Sick Kids is Ontario's leader in providing care for children living with HIV, providing children and their families a broad range of supports to keep them engaged in HIV care. When youth reach the age of 18 and have to transition from Sick Kids to adult care, adapting to new care arrangements, particularly those with less holistic supports, can be a struggle and negatively impact care engagement.

Bringing together a network of care providers to coordinate services for youth transitioning into adult care would lead to better outcomes for youth. In particular, a close partnership between Sick Kids and family health teams that can provide HIV primary care would allow youth to transition into care that is more focused on their overall health and well-being rather than just HIV treatment. Improved care planning could also be supported by developing a navigator position/Linkage to Care Coordinator that works with the families and their care teams to ensure appropriate referral and follow up with the clients. A dedicated navigator could also provide practical supports like :



## Women's and Children's Health Task Group Recommendation Report

- Appointment accompaniment without parent until youth is managing treatment independently
- Discuss issues challenging youth including disclosure, mental health, sexual health and reproductive health
- Connect with providers in the broader GTA to ensure they understand the issues facing youth transitioning into adult care
- Provide capacity building to better serve populations who commute to Toronto for care but live outside of the GTA

### **4. Increase testing in culturally competent places and ensure testing data is captured to accurately reflect the impact of HIV on women in Toronto.**

In the province of Ontario, epidemiological modelling has projected that 14% of people living with HIV have not been diagnosed. Engaging this population of people living with HIV in testing and linking them to effective treatment can dramatically improve their long-term health and eliminate a major source of onward transmission of HIV.

Bringing testing into community-based settings is a primary vehicle for engaging this population, as it draws people who have never been tested and typically has high positivity rates compared to other testing environments. ACCHO's "The Care Salon" testing program is one example of a discreet, community-based intervention that allowed HIV testing at two hair salons in the GTA.

HIV testing is also a critical point to collect data that allows us to adapt our response to shifts in the HIV epidemic. In 2018, Public Health Ontario introduced a new lab requisition form that allowed for more detailed demographic information that could drastically improve our understanding of populations of women living with and affected by HIV in Ontario. However, uptake of these forms has been limited. These requisition forms must be implemented in a more coordinated way and data from their implementation should be reported in a timely fashion to help us better coordinate our response.

Increasing testing relies on:

- Discreet, innovative and culturally-competent testing in locations where communities most impacted live
- Universal uptake of 2018 Public Health Ontario lab requisition forms to collect stringent HIV data to inform future interventions

### **5. Empower women to be knowledgeable, informed and in charge of their health through educational resources and social programming that include the most up-to-date information on U=U and transmission and reduces stigma related to breastfeeding.**

Canadian guidelines for breastfeeding recommend exclusive formula feeding as the only way to eliminate the risk of HIV transmission. The World Health Organization infant feeding guidelines, however, recommend exclusive breastfeeding in countries where HIV is endemic. This has caused confusion for newcomers to Canada from endemic countries engaged in prenatal HIV care, as well as confusion for any new HIV+ parents who wish to breastfeed.



## **Women's and Children's Health Task Group Recommendation Report**

We recommend revising available breastfeeding guidelines to include the newest research on U=U and to include options for breastfeeding for new parents that does not stigmatize informed choices.