

Portrait of the Health and Well-Being of Gay, Bisexual and Other Men Who Have Sex with Men in Metro Vancouver

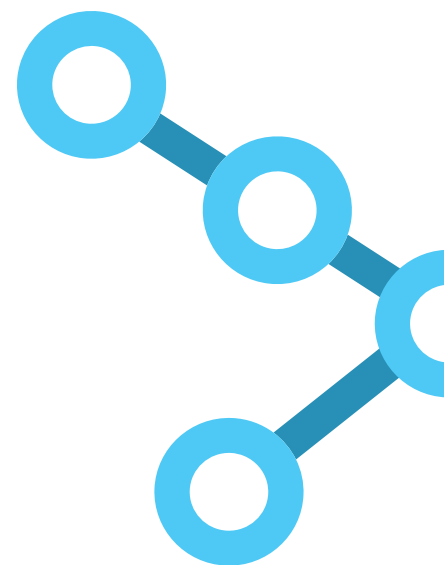
From the Momentum II Health Study (2017-2019),
Vancouver site of the national Engage study



Vancouver's Engage study (known as Momentum II) surveyed a total of 753 cisgender and transgender gay, bisexual and other men who have sex with men (GBM) about their sexual and mental health between February 2017-July 2019. The study recruited participants from diverse racial and ethnic backgrounds, ages, gender identities and HIV statuses.

Overall, we are seeing some positive health and well-being outcomes among GBM in Metro Vancouver. The city is on target to meet its UNAIDS goals for 2030 with a significant number of GBM living with HIV engaged in the cascade of care. GBM with multiple partners are also accessing PrEP at a higher rate and being tested more regularly for STIs, while the majority of participants reported good mental health.

More work is required, though, on a number of fronts. Further education around U=U and TasP is needed in order to reduce stigma and improve the health and well-being of Vancouver's GBM population. More also needs to be done to test, treat and prevent syphilis in the province, as well as informing GBM about the effects and availability of PrEP. GBM continue to use substances, sometimes requiring culturally competent harm reduction programs and treatment options. This community report presents some of the findings from our baseline data, however, for the full technical report, you can visit: engage-men.ca/wp-content/uploads/2021/03/Vancouver-Highlights-2017-2019.pdf.



momentum

 engage

About Engage



The Engage Study is a longitudinal cohort of GBM from the community that collects detailed sociodemographic, behavioural, attitudinal, and biological information related to sexual health, HIV, hepatitis C, other STIs, substance use, and psychosocial health. In Vancouver, the Engage Study is locally known as and branded as the Momentum II Health Study.

Recognizing the significant lack of understanding of the needs of GBM across Canada—and that GBM continue to be affected by HIV and STIs at alarming rates—the study was designed to address critical knowledge gaps in HIV and STI prevention. With intervention sites in Vancouver, Toronto and Montreal, it represents a national partnership of researchers, public health leaders, and community leaders whose shared goal is to conduct, support, and facilitate high-quality and policy-relevant HIV research on GBM.



Our Sample

The majority (57.3%) were born in Canada, with participants reporting their ethnoracial identity as: **Canadian** (40.0%); **Asian** (22.2%); **European** (14.5%); **Aboriginal or Indigenous** (4.0%); **African, Caribbean, or Black** (1.8%); **mixed race** (3.0%); or **another race/ethnicity** (14.5%).

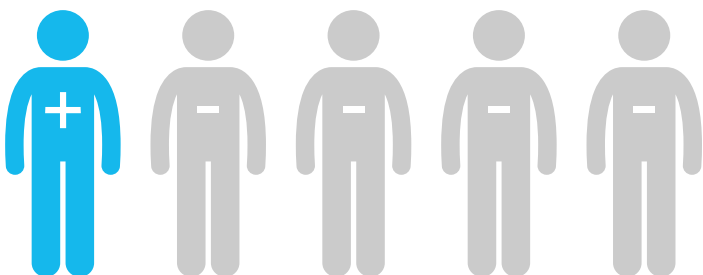
Almost a quarter of participants (24.6%) reported being the age of 45 or above, 30% were between 30 and 44, and 45.4% were less than 30 years old. The majority of participants (76.8%) also had a greater than high school education. 80.6% of participants self-reported HIV-negative/unknown serostatus and 19.4% identified as

GBM living with HIV. With respect to gender identity, 98.8% reported identifying as cisgender and 1.2% reported identifying as transgender. Participants reported their annual personal income (CAD) as: less than \$30,000 (61.3%); \$30,000 to \$59,999 (25.6%); or \$60,000 or higher (13.1%).



HIV Cascade of Care

The HIV cascade of care is a model that outlines the steps of care that people living with HIV go through from initial diagnosis to viral suppression (becoming undetectable). The cascade shows the proportion of individuals living with HIV who are engaged at each step. One goal of the model is to identify any gaps in services for people living with HIV. Our study measured key cascade of care indicators for GBM living with HIV in Vancouver.

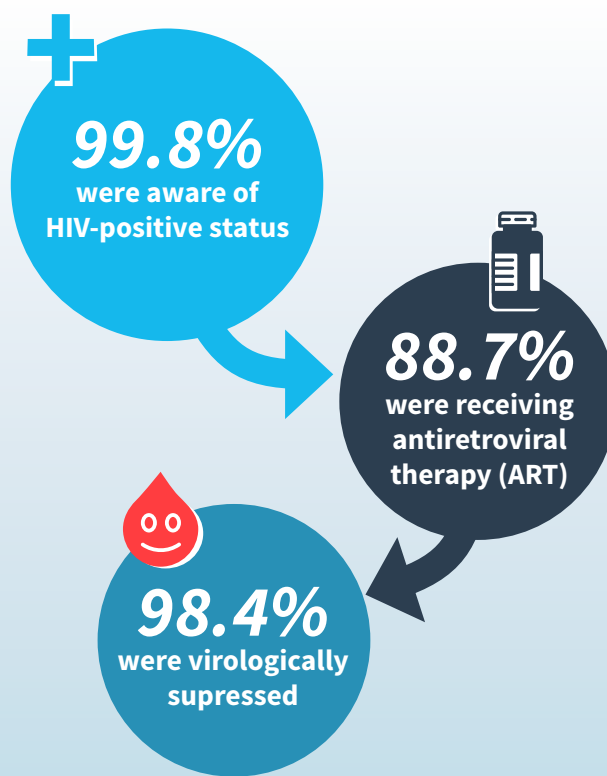


HIV prevalence among GBM in Vancouver was

1 in 5 (20.4%)

These results are encouraging, as it shows that GBM in Vancouver are very engaged in the cascade of care, likely due in part to the province's commitment to Treatment as Prevention (TasP) as a public health policy for HIV since 2010. As such, we are on track to meet the 95-95-95 UNAIDS goals for 2030 (whereby 95% of individuals living with HIV are aware of their HIV-positive status, of whom 95% are receiving ART and of whom 95% reach viral suppression).

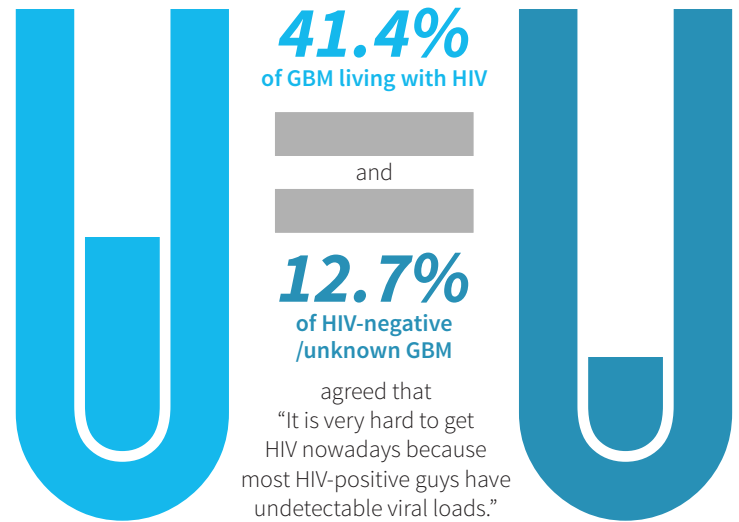
GBM in Vancouver are well engaged in the cascade of care, as those who tested:



U = U

U=U (undetectable = untransmittable) means that people with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking antiretroviral therapy (ART) cannot sexually transmit the virus to others. **Unfortunately uptake of these messages appears low, especially among HIV-negative/unknown GBM.**

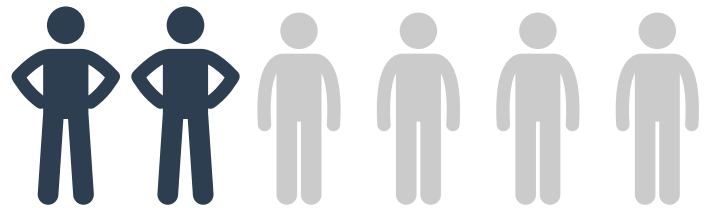
This finding suggests a clear need for further education around U=U and TasP in order to create more awareness of the life-changing realities of ART when it comes to the health and well-being of GBM.



PrEP



An average of **1 in 6 (15.7%) HIV-negative GBM had used PrEP within a six-month period (between 2017 and 2019)**



For participants who reported more than six sexual partners in the past six months, this figure was higher (28.7%)

PrEP (otherwise known as pre-exposure prophylaxis) is a pill that people can take regularly or on demand to prevent getting HIV. In 2018, the BC government made the drug free to all individuals considered to be at high risk of HIV infection.

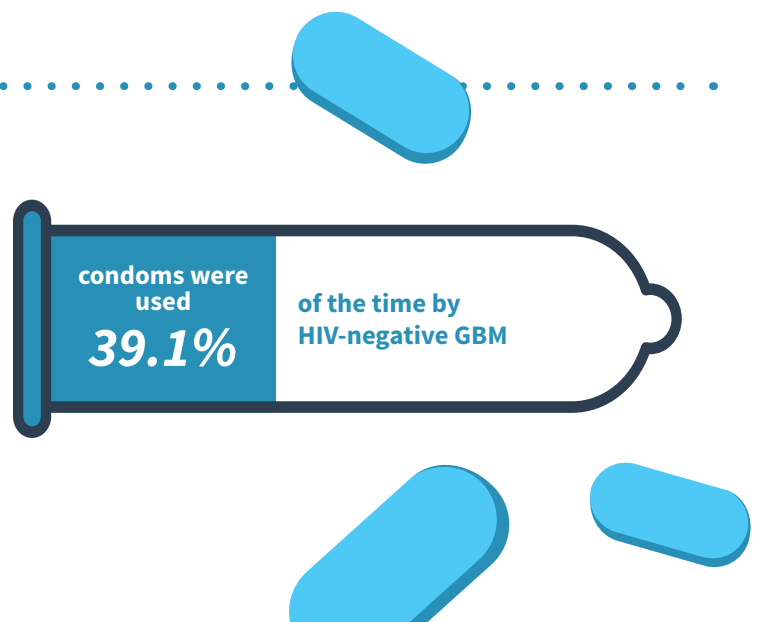
Despite being made free to GBM in BC, only a small number of those considered at risk of getting HIV are taking advantage of the policy. PrEP, however, does seem to be

reaching those who may benefit most, including GBM with multiple partners. Still, more needs to be done to educate GBM about the benefits of PrEP. More recent unpublished data from Momentum suggests that uptake has increased substantially since recruitment for the study ended.

For more information on PrEP in BC, visit checkhimout.ca/what-is-prep/how-do-i-get-prep.

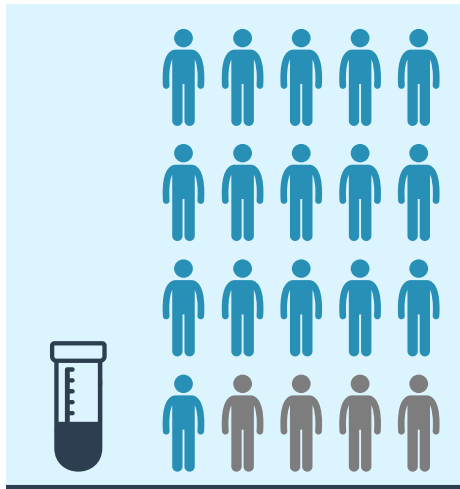
Condom Use

No longer the only HIV prevention tool available, condoms are still used by GBM. When it comes to condom use during anal sex, HIV-negative participants used condoms with almost 40% of their most recent sexual partners, and HIV+ participants used condoms with almost 20% (19.5%) of their most recent sexual partners.

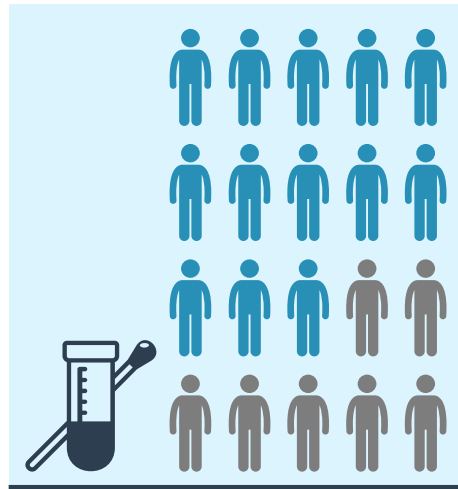


HIV/STI Testing

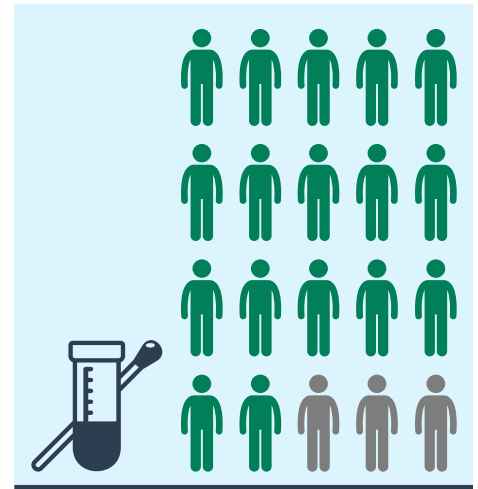
Provincial HIV testing guidelines aim for 100% annual HIV testing among sexually active GBM.



79.4% of HIV-negative GBM had been tested for HIV in the previous year before their study visit



65.3% of HIV-negative GBM had an STI test in the previous year



86.4% of GBM living with HIV had an STI test in the previous year

Data from our study shows that proportions of STI testing are higher for GBM living with HIV compared to their HIV-negative or unknown status counterparts, but disparities between HIV and STI testing still exist. With more testing done, we are able to get more GBM effectively engaged in appropriate HIV and STI-related care. This is consistent with findings from the Cascade of Care, further demonstrating that HIV-positive GBM in Vancouver are connected to care and on top of their sexual health.

Even though HIV and STI testing for GBM is lower than the provincial guidelines, one encouraging finding is that it appears HIV-negative/unknown GBM who reported six or more partners in the past six months also report higher HIV (85%) and STI (75%) testing compared with other GBM, suggesting that those who are more likely to benefit most from testing are more likely to seek it out.



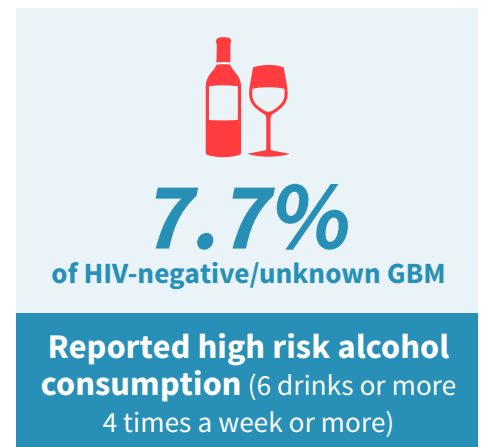
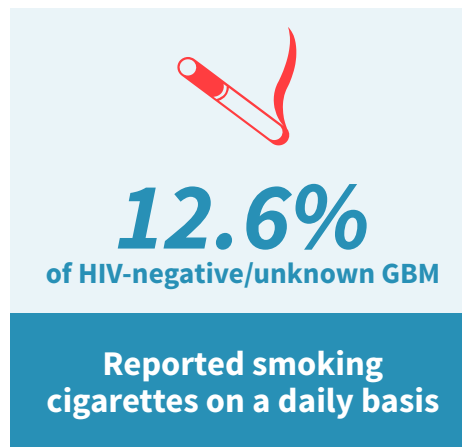
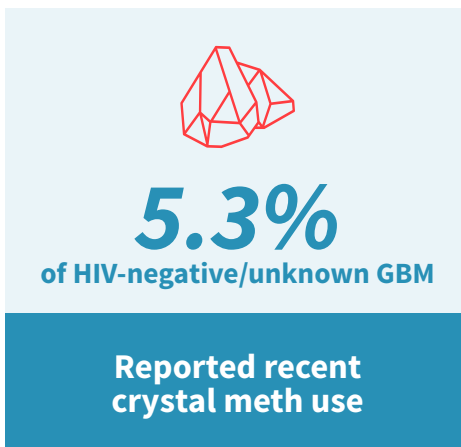
Syphilis

BC has been experiencing steadily increasing rates of syphilis infections over the past 10 years, primarily in GBM. From our testing biological samples in the study, we found very high proportions of GBM with evidence of past or current syphilis infection, including 41.0% of those living with HIV.

These high proportions of positive syphilis tests are aligned with surveillance data from the BC Centre for Disease Control, indicating rising trends of syphilis in BC especially among GBM living with HIV. In comparison, 8.9% of GBM who were HIV negative tested positive for a current or resolved syphilis infection. Much more needs to be done to test, treat and prevent syphilis among the province's GBM population.

Substance Use

We asked questions about substance use in our study, including the use of tobacco, alcohol, cannabis and substances like GHB and crystal meth. We also looked into the ways stigma, mental health, and social networks and norms impact what substances GBM use.



HIV-positive participants were more likely to report recent crystal meth use (38.5%), daily smoking of cigarettes (30.6%) and less likely to report six or more drinks, four times a week (2.1%).

In addition to rates of substance use (listed above), Engage also used the ASSIST scale to assess substance use dependence and related problems. We found at least a quarter of GBM had moderate risk for having problematic alcohol-use

(32.2% for GBM living with HIV and 27.2% for HIV-negative/unknown GBM) and problematic stimulant use (27.4% for GBM living with HIV and 22.1% for HIV-negative/unknown GBM). Substance use for GBM living with HIV is particularly concerning, as increased rates of smoking and drinking increase the risk of many chronic diseases.

These reported proportions are similar to what we found at enrollment for GBM living with HIV in Momentum I.

Discrimination & Mental Health

We asked participants to self-rate how they were feeling and if they had good mental health within the last six months.

These figures are despite the fact that about half to two thirds of GBM in our study experienced discrimination by strangers and/or family members within the past year.

The majority also had low anxiety and depression scores (69.5% and 93.4%, respectively), which shows a high amount of resiliency among BC's GBM. However, further research is needed to explore the resiliencies of GBM with experiences of discrimination.



90.3%
said they had good or excellent mental health



9.7%
said they had poor mental health



69.5%
had low anxiety scores



93.4%
had low depression scores

Moving Forward

Taken together, our findings highlight various health and well-being outcomes

among GBM in Metro Vancouver, including psychosocial health, substance use, STI and HIV testing and prevalence and HIV prevention, and community viral load. These baseline findings provide useful data specific to GBM who may often be overlooked in population health research.

Gay, bisexual, and other men who have sex with men (GBM) remain disproportionately affected by HIV in Canada (representing almost half of all new HIV infections in 2018, despite making up less than 5% of the population). This disparity is even greater in British Columbia (BC) where GBM accounted for 69.8% of all new HIV diagnoses in 2017. Similarly, diagnoses of bacterial sexually transmitted infections (STIs) remain also disproportionately high among GBM.

Overall, we are seeing some positive health and well-being outcomes among GBM in Metro Vancouver. The city is on target to meet its UNAIDS goals for 2030 with a significant number of GBM living with HIV engaged in the cascade of care. GBM with multiple partners are also accessing PrEP at a higher rate and being tested more regularly for STIs, while the majority of participants reported good mental health.

More work is required, though, on a number of fronts. Further education around U=U and TasP is needed in order to reduce stigma and improve the health and well-being of Vancouver's GBM population. More also needs to be done to test, treat and prevent syphilis in the province, as well as informing GBM about the effects and availability of PrEP. Substance use is also still a pervasive issue within the community.

We expect that more detailed analyses of Engage/Momentum II baseline and follow-up data will provide a better understanding of these and related issues for GBM in Vancouver. Future research from the study will provide additional insights on the impact of HIV, STIs, substance use, and other psychosocial health issues on the health outcomes and lived experiences of GBM. More work is required to evaluate how those community members who are affected by colonialism, racism, cissexism, and ableism are impacted. Much has also changed since the start of the COVID-19 pandemic. Pandemic era findings will be available soon.

More information regarding the study and related publications are available at the national Engage website (www.engage-men.ca).



Acknowledgments

The principal investigators of the Engage study are: J Jollimore, N J Lachowsky and D Moore (Vancouver), J Cox and G Lambert (Montréal), and D Grace and T A Hart (Toronto). The Momentum II Health Study team would like to thank the study participants, office staff, and community engagement committee members, as well as our community partner agencies who contributed to this work: Health Initiative for Men (HIM), QMunity, Community-Based Research Centre, YouthCO HIV and Hep C Society, Vancouver Coastal Health, and BC CDC.

“This study is funded by the Canadian Institutes for Health Research, the CIHR Canadian HIV/AIDS Trials Network, the Canadian Association for HIV/AIDS Research, the Ontario HIV Treatment Network, and the Public Health Agency of Canada.

