Momentum Health Study: HAART optimism, drug use and risky sexual behaviour among Men who have Sex with Men (MSM) in British Columbia

Ashleigh Rich, B.A.^{1,2}

School of Population and Public Health, University of British Columbia, Vancouver, BC. ² Division of Epidemiology and Population Health, BC Centre for Excellence in HIV/AIDS, Vancouver, BC.

Main Study

Background

The expanded, universal, free of cost access to highly active antiretroviral therapy (HAART) in British Columbia (BC) represents a province wide population level biomedical intervention. This study examines the effect of this intervention on the HIV risk behaviours among the population of gay, bisexual, and other men who have sex with men (MSM) in the Greater Vancouver area. Particularly, this study explores whether the efficacy of expanded HAART access as a HIV prevention measure may be mediated by socio-cultural and bio-behavioural factors, such as "HAART optimism" or "risk compensation" among MSM.

Purpose

The purpose of this study is to discover the effectiveness of expanded, universal free access to HAART as a HIV prevention measure, and whether this is mediated by socio-cultural or bio-behavioural factors, including "risk compensation" or "HAART optimism" in the gay, bi, and other MSM communities in the Greater Vancouver area.

Practicum Summary

Location

Momentum Health Study,

Epidemiology and Population Health Program, British Columbia Centre for Excellence in HIV/AIDS (BC CfE)

Supervisor

Dr. Robert Hogg, PhD (PI) Director, Epidemiology and Population Health Program

Practicum Description

My main practicum project was the study design and planning, data collection, and analysis of the qualitative

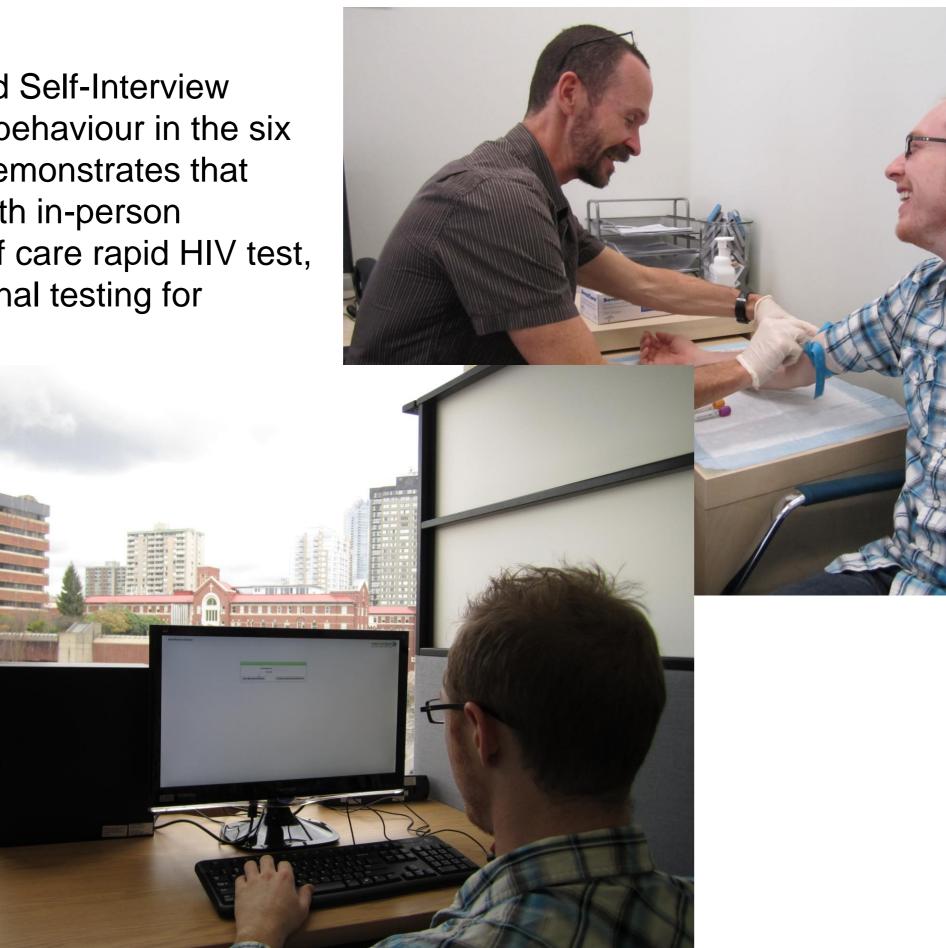
RDS

Respondent Driven Sampling (RDS) is a probabilistic chain-referral sampling method that is increasingly being used to identify and contact hidden populations, for whom there does not exist a sampling frame (1). Recently, RDS has emerged as a new sampling strategy for studying HIV risk among many hidden populations, including MSM (2).

Methods

All participants complete a Computer Assisted Self-Interview (CASI) that asks about sexual and other risk behaviour in the six months prior to the interview. The literature demonstrates that CASI decreases response bias associated with in-person interviews. Participants also receive a point of care rapid HIV test, syphilis test, Hepatitis C test, as well as optional testing for Chlamydia and Gonorrhea.

All new and known positives are linked to care and followed-up. Participants are offered an initial compensation of \$30 and a secondary incentive of \$10 for each additional participant they recruit.



sub-study, as well as the management of the research ethics amendment process. I also worked on the day-today office operations of the main study, had the opportunity to be involved in community partnerships and clinical collaborations, reviewed grant applications, created an initiative to make the study experience more appropriate for transgender participants, and contributed to a conference abstract and article for peer-review and publication on the formative stage of the Momentum Health Study research.

Learning Objectives

- Develop a better understanding of the operations and logistics of coordinating a longitudinal behavioural health research study
- Develop an understanding of the procedures related to ethical review associated with sub-studies of larger longitudinal research projects
- Practice skills in qualitative research design and data collection by designing a Key Informant Interview guide and facilitating in-depth interviews
- Practice skills in qualitative research analysis to draw key themes from data collection
- Further develop skills in scientific writing to communicate findings

Deliverables Achieved

- Research protocol
- Consent form
- Sub-study budget
- Key Informant Interview guide
- Ethics amendment applications- UBC, SFU, UVIC
- Contributed to scientific write-up and conference presentation of formative research from Momentum



Qualitative Study

Background

The qualitative sub-study of the Momentum Health Study explores community attachment, identification and participation among gay, bisexual and other MSM in the Greater Vancouver area. Community attachment and participation is shifting for MSM as the commercial and political dimensions of gay community decline in visibility and the threat once posed by HIV is transformed by advances in HAART. This sub-study provides an opportunity to examine how these community-related themes impact the transmission of HIV and HAART knowledge, attitudes, and behaviors among Vancouver area MSM. Within the context of the recently initiated population-level biomedical intervention represented by the expanded, universal and free of cost HAART access to the MSM population in British Columba, this sub-study aims to better understand the symbiotic relationship between HIV risk and shifting MSM social and sexual networks, as potentially mediated by advances in HIV knowledge and HAART treatment.

Purpose

The purpose of this qualitative study is to understand how Vancouver area gay, bi, and other MSM identify with, participate in, and define their communities, and discover how sexual health knowledge of HIV risk and HAART as an HIV prevention measure is accessed and shared within these different communities. This study also seeks to generate knowledge about the experiences with participation and recruitment in the main study, the first use of RDS among MSM in BC.

Figure 1.Community map drawn by a Focus Group participant during the formative research stage

well connected to

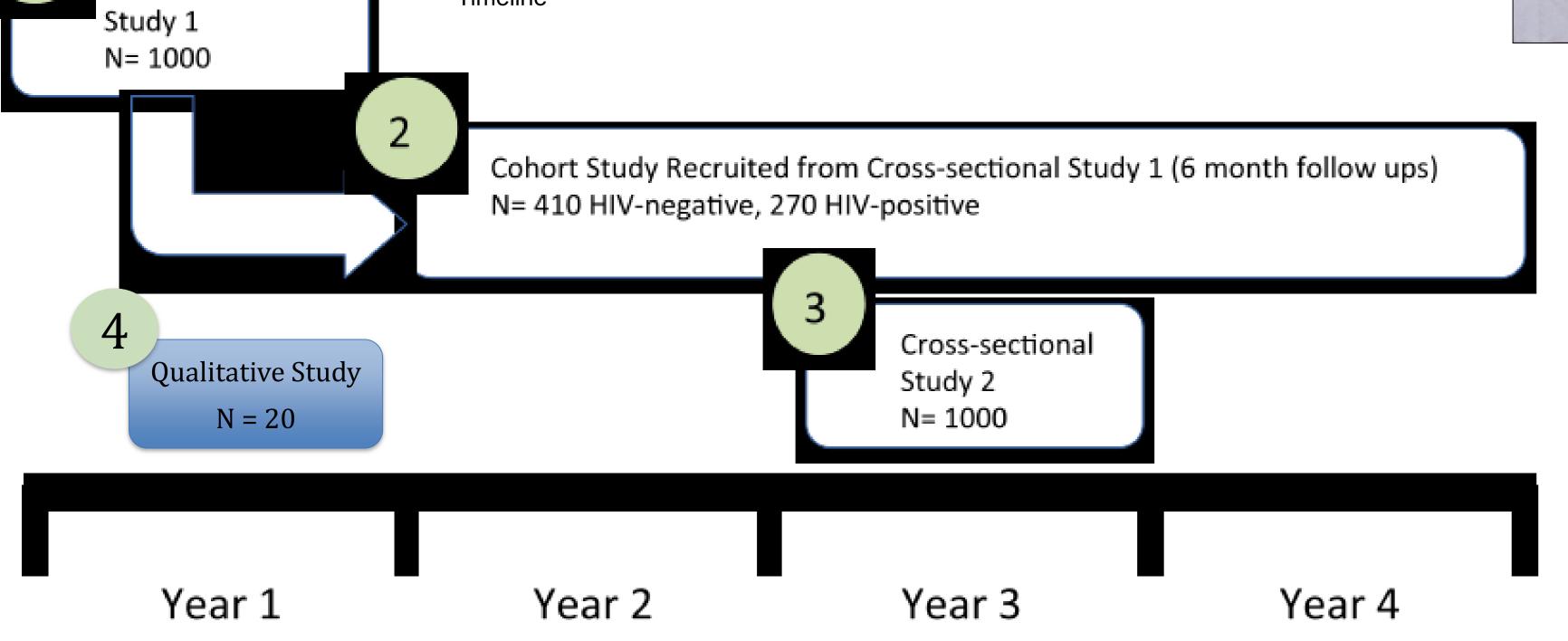
Methods

Cross-sectional

Participants in the qualitative study are purposefully sampled from among those who have been recruited through RDS and participated in the initial cross-sectional component of the Momentum Health Study. All qualitative study participants will take part in one-to-one face-to-face in depth interviews with a trained researcher. The interviews consist of open-ended questions designed to explore community related themes as well as information regarding the sharing of sexual health information, including HIV risk and HAART as a measure for HIV prevention in the context of MSM communities. Community maps produced during the formative stage of the Momentum Health Study are used as prompts for the interview questions in the qualitative study. An example of one of the community maps used is shown in Figure 1. All interviews are recorded and transcribed verbatim. Transcripts will be coded and thematically analyzed using an iterative and inductive approach based on elements of Grounded Theory. Respondents are offered \$30 honorarium for study participation, available in a variety of formats of equivalent value- such as cash, participation in a draw for a large prize, or a combination.

> Figure 2. Momentum Health Study Timeline





REFERENCES

New West

- 1. Heckathorn, D. (1997). Respondent driven sampling: A new approach to the study of hidden populations. Social Problems, 44(2), 174-199.
- 2. Johnston, L.G., Whitehead, S., Simic, M., & Kendall, C. (2010). Formative research to optimize respondent-driven sampling surveys among hard-to-reach populations in HIV behavioral and biological surveillance: lessons learned from four case studies. AIDS Care, 22(6), 784-792.

ACKNOWLEDGMENTS

The Momentum Health Study team, UVic, SFU, UBC, funders at CIHR and NIH, community partners Health Initiative for Men (HIM), Positive Living BC and YouthCO, and the participants of the study.



More information? Contact Ashleigh Rich (Research Assistant) at arich@cfenet.ubc.ca



BRITISH COLUMBIA CENTRE for **EXCELLENCE** *in* HIV/AIDS

