

THE PROJECT

SURVEY DEVELOPMENT

Outline based on priorities set forth by the AHS steering committee.

Specific wording of questions, whenever possible, was referenced from existing validated surveys.

Validity testing via consultation with local experts in epidemiology, infectious diseases, and community based research.

Demographics and Sexual History | Knowledge and Education

Condom Use | Substance Use | Partner Notification

HIV and STI Testing | Treatment | HIV Care

There are gaps in traditional partner notification methods

Many guys could not list phone numbers or emails for the majority of their partners - and are meeting many partners on hook-up apps.

AHS was interested in having health professionals use these apps to contact exposed sexual partners.

Our study revealed that most guys feel it would be inappropriate for a health professional to contact them about STI/HIV exposure through hook up apps; they want the opportunity to contact partners themselves.

We have worked with AHS to develop and deliver training to Partner Notification Nurses on features within commonly used hook-up apps/sites that can be used for the purposes of partner tracing and notification - so they can advise and support community members in making the contacts themselves.

Hours, location, and lack of appointments are barriers to STI/HIV testing

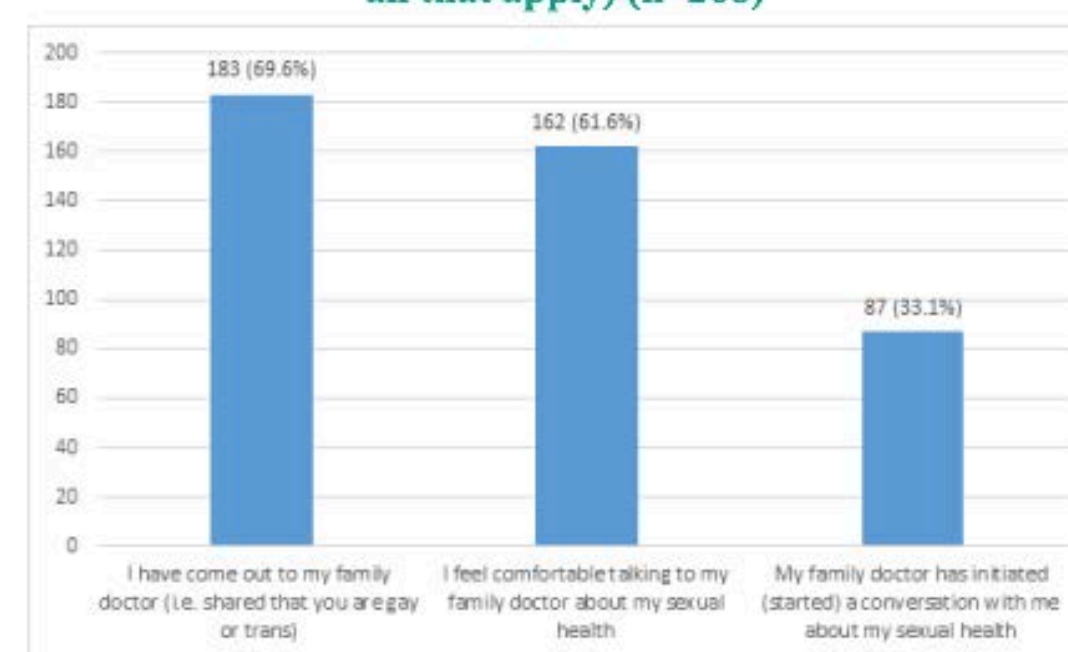
Guys need accessible times outside of weekday mornings/afternoons. Offering more evening and weekend availability could improve testing rates in this population.

Walk-in-only STI clinics represent a barrier to testing - likely due to long wait times; this can be addressed by promoting testing through family physicians' offices and improved funding for existing STI clinics.

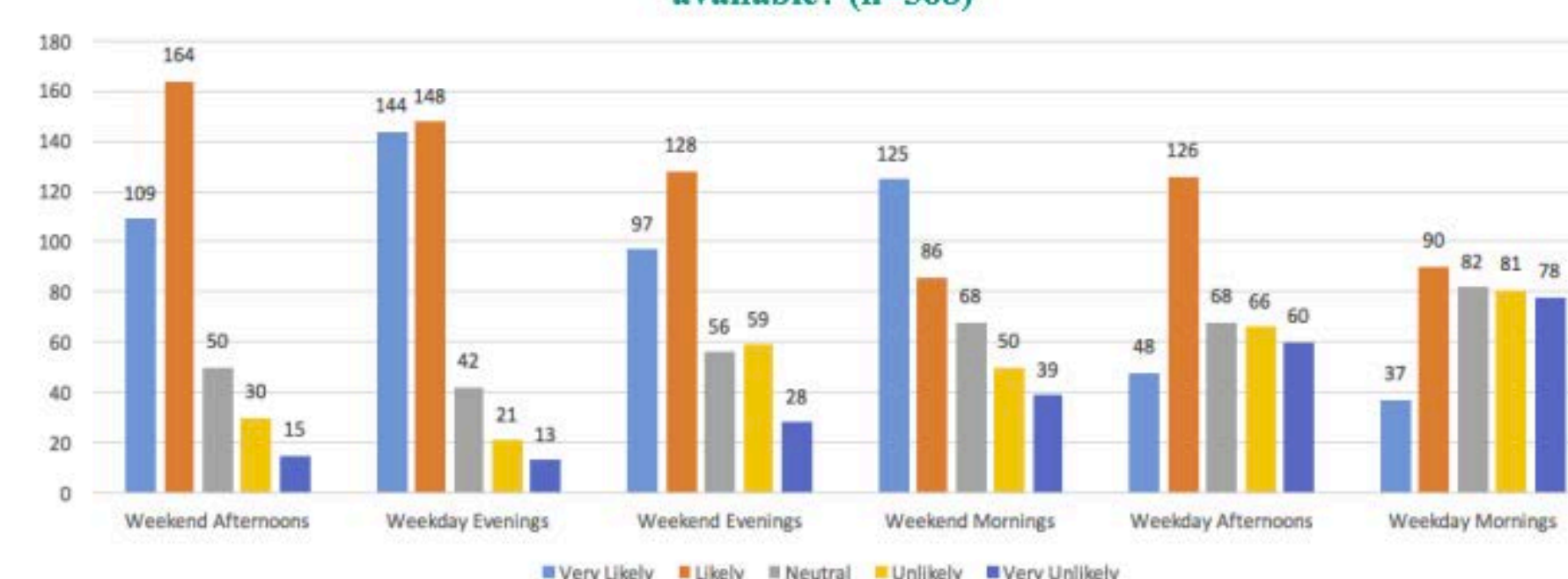
DEMOGRAPHICS

368 Participants - predominantly Caucasian (78.8%, n=290), cisgender males 89.4% (n=329), young adults. **Note:** 23 (6.25%) respondents identified as HIV positive.

If you do have a primary healthcare provider (family doctor) which of the family statements are true? (Check all that apply) (n=268)



How likely would you be to access HIV and/or STI testing at each of the following times if they were made available? (n=368)



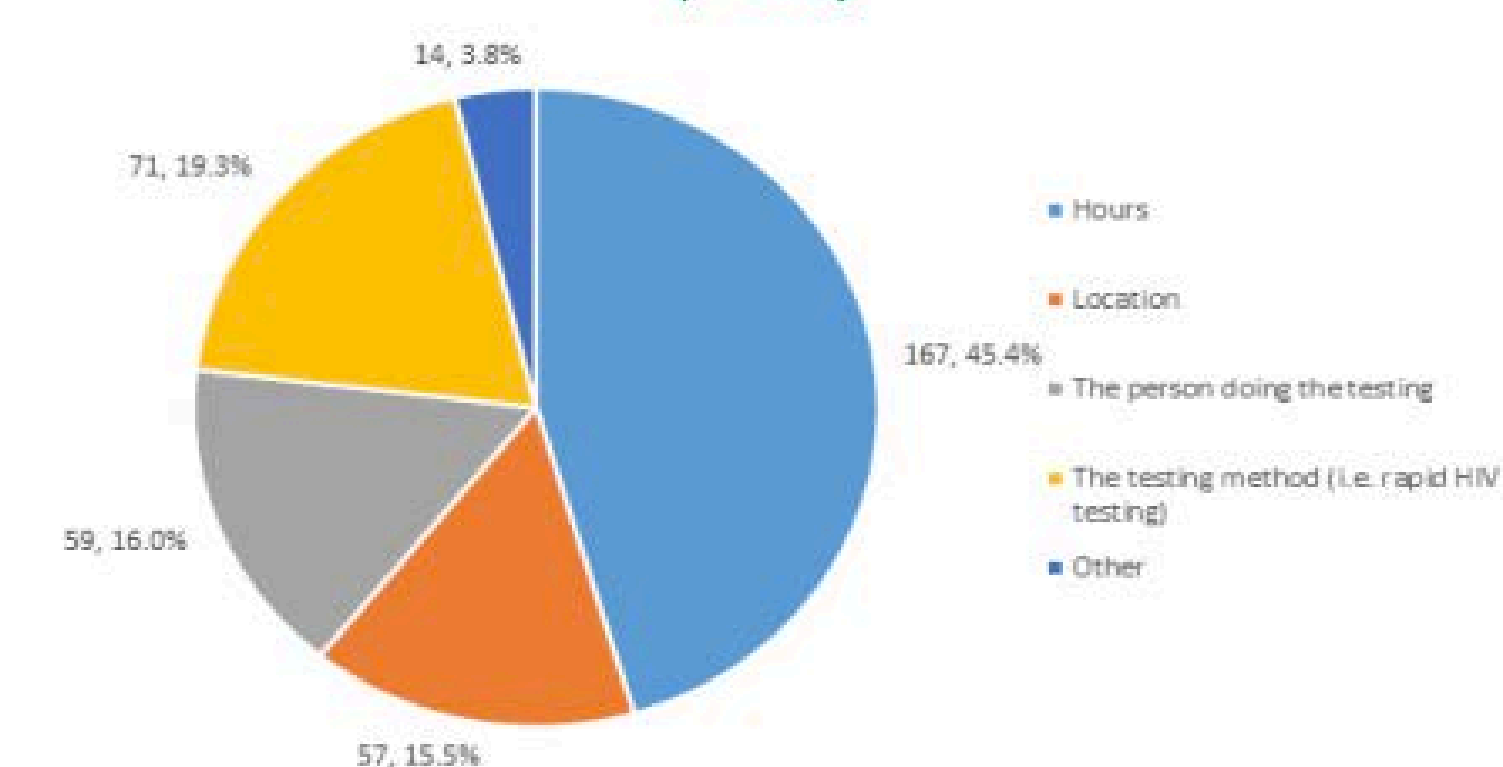
85% of guys reported being likely or very likely to access HIV and/or STI testing from an LGBTQ+ clinic if made available

Neither Edmonton or Calgary has a LGBTQ+ focused clinic. How can we work with AHS, Alberta Health, and our Universities to make this happen?

There is demand for new methods of testing

Online requisition forms, rapid HIV testing (this currently is only available through family clinics for a \$60 fee), at-home HIV testing; how may we advocate to Alberta Health and AHS to improve access to these testing options?

Which of the following factors is most important to you as it relates to you accessing HIV and STI testing? (n=368)



Family Physicians' offices are a huge opportunity to improve testing access

The majority of respondents have a family physician, and would like to get tested by them. But, only 18% get tested most often by their family physician; the majority go to an STI clinic. Why?

33% of guys report that their family physician has initiated conversations about sexual health. Alberta family doctors cannot bill for rectal or throat swabs for STI testing. Could advocating for this improve testing rates in family physicians' offices?

There is an evidence gap between data gathering and analytic systems available in Alberta. It is difficult to know exactly how much testing is happening in family physicians' offices.

Moving forward w/ STBBI Strategy to address barriers to HIV STI Testing Strategy recommendations include:

1. Developing primary care screening guidelines.
2. Enhancing STBBI screening support network for primary care providers.
3. Implementation of online screening & self-collection options EMHC survey has informed these recommendations (and others).

Our data will continue to have significant impact within the implementation phase. The current project demonstrates the value of low-barrier, easily implementable community based research initiatives to inform practice in areas where traditional research is lacking.

The EMHC has also been invited to develop learning modules for Albertan primary care providers re: sexual and gender minority care - with specific modules focusing on provision of sexual health care and services.