

# Promoting HIV Prevention and Care for Newcomer communities

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# Acknowledgement

- ▶ OHTN
- ▶ CAAT
- ▶ Toronto To Zero Newcomer Working Group
- ▶ Clinic for Non-insured PHA Working Group
- ▶ International Students living with HIV Research Study Team



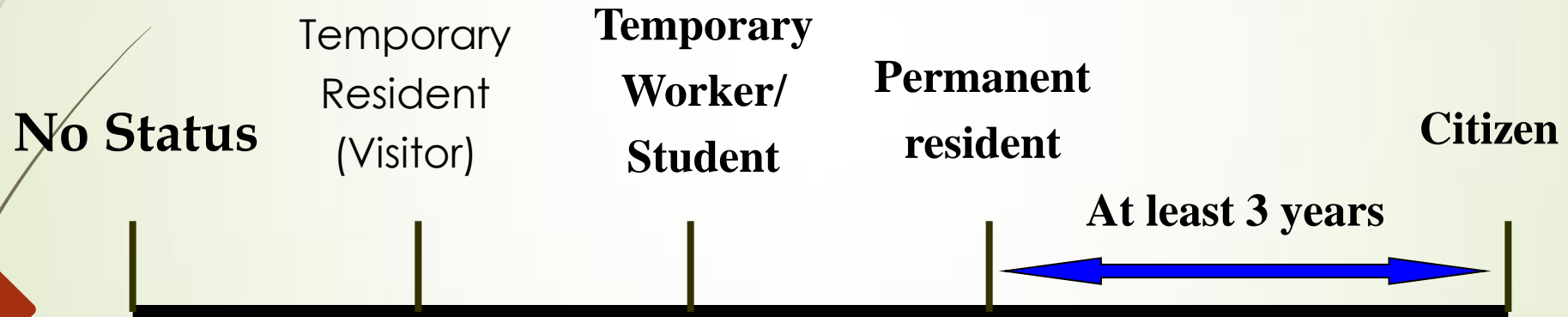
# Presentation Outline

- Background and Context on HIV and newcomers
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# Why is it important to talk about HIV & Immigration?

- ▶ Since 2002: CIC started mandatory HIV screening for all applicants who:
  - ▶ 15 years and over or
  - ▶ under 15 with a Known HIV parent
  
- ▶ Since 2002 Total HIV+ newcomers:
  - ▶ Made up close to 20% of new HIV cases in Canada each year
  - ▶ 2/3 tested in Canada (3500+)
    - ▶ 54.4% Ontario, 26.8% Quebec, 8.4% in BC (67% endemic)
  - ▶ 1/3 tested Outside Canada: (1200+)
    - ▶ 33.5% Ontario, 24.4% Quebec, 12.9 BC, 15% AB (69% endemic)
  - ▶ CIC estimate 80%+ acceptance rate of HIV+ newcomer applicants

# The Immigration Framework – Con't



# Immigration Status and Access to Benefits

## ❖ Temporary residents/visitors:

- Social assistance: NO
- Health care: NO

## ❖ Temporary workers:

- Social assistance: NO
- Health care: YES

## ❖ Students:

- Social assistance: NO
- Health care: NO

# Immigration Status and Access to Benefits – Con't

## ❖ Refugee claimants:

- Social assistance: YES
- Health care: YES

## ❖ Humanitarian and Compassionate Applicants:

- Social assistance: YES
- Health care: NO\* (Humanitarian applicants who have previously made a refugee claim do get some health care)

# Grounds for Refusal of Immigration Status

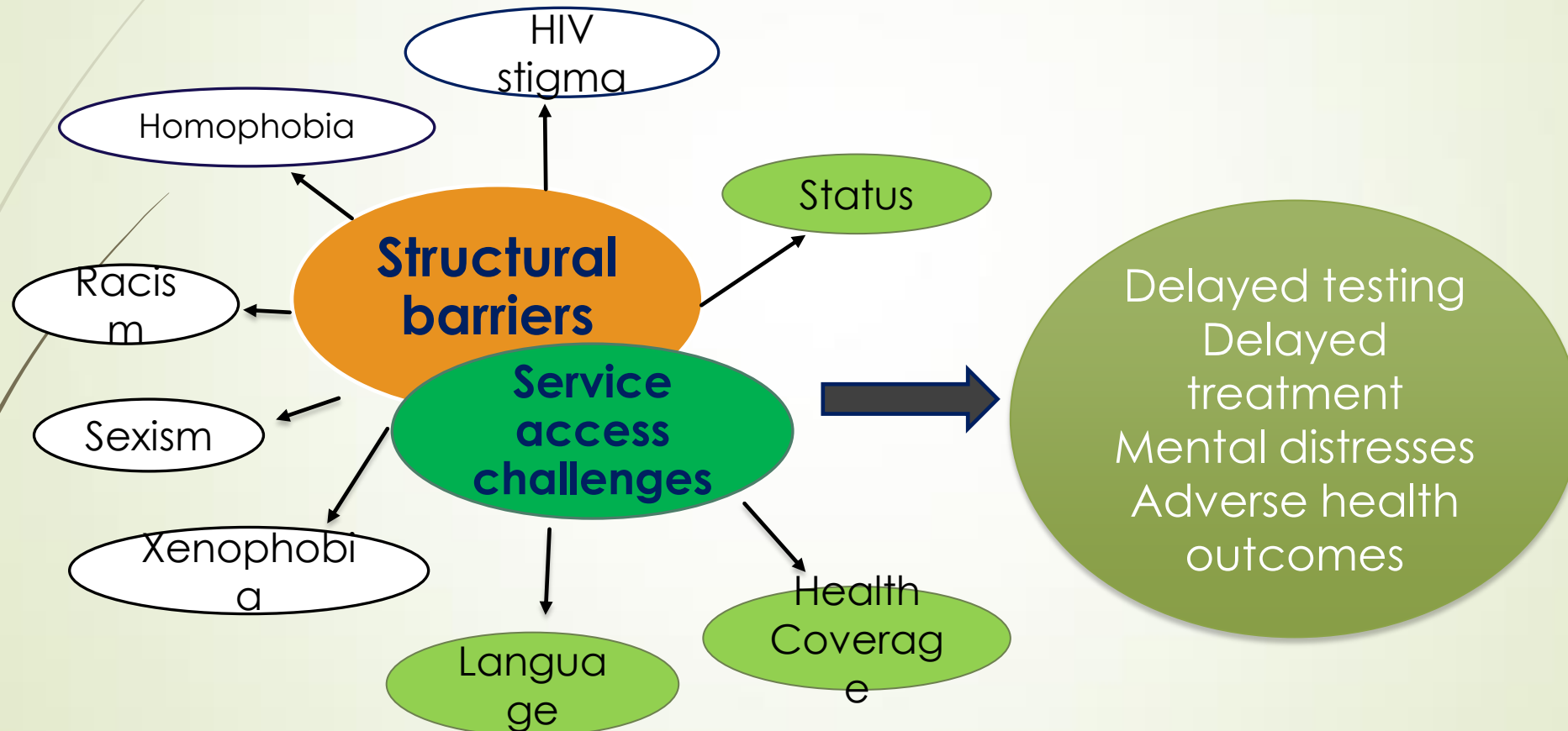
- ▶ Danger to public health/safety
  - ▶ Criminality/Security Risk
  - ▶ Highly contagious diseases
  - ▶ Not HIV unless evidence of irresponsible or criminal behaviour (refusal to practice safe sex or purposely infecting others)
  
- ▶ Excessive demand on Canadian health or social services
  - ▶ If a person's health costs are expected to exceed the average cost of the average Canadian over 5 years (10 years for HIV) (\$6655/yr in 2015, now revised to \$99,060 over 5 years or \$19,812 per year)
  - ▶ If a person is expected to increase waiting lists or add to the risk of ill health of Canadians



# Newcomer PHAs

- Due to medical inadmissibility criteria of Immigration Canada, most independent PHA immigrant applicant would be rejected.
- Majority of PHA newcomers accepted came as refugee claimants, a small % as sponsored spouses and <5% as Humanitarian & Compassionate applicants
- Many PHAs' status are in limbo as family class applicants awaiting sponsorship determination, visitors and workers overstayed their visas, rejected refugees awaiting for appeal or pre-removal risk assessments (PRRA), H&C applicants or visitors without status (not requiring visas). All face health and service access barriers.

# Intersecting barriers facing newcomers with HIV





# Key Emerging Population: International students with HIV

- ▶ Toronto Ethno-racial ASOs have been reporting significant increase in proportion of international students testing positive for HIV in the last 3-5 years.
- ▶ Approximately 15% of people newly-diagnosed by Hassle Free in H1 2018 were international students
- ▶ Approximately 40% of people newly diagnosed by Hassle Free in H1 2018 were in Canada on student, work, or visitor visas, or without status

# International students by major region, all levels

<b>Municipality</b>	<b>No. of students - 2017</b>
Toronto	168,730
Ottawa-Gatineau	22,235
Waterloo Region	18,365
London	17,760
Hamilton	14,145
St. Catharines/Niagara	11,160
Windsor	10,450
<b>Total</b>	<b>262,845</b>

# Toronto stats

- Nationally, Chinese and Indian citizens account for more than half of all international students
  - No other nationality accounts for more than 5% of the total
- Chinese students make up 65% of 20,000 international undergrads at U of T; 35% of international graduate students
- Clear trends re: institution type for Chinese and Indian (mostly Punjabi) students
- We lack data on ESL students (which likely explains the absence of data re: Central and South American students)

# Barriers for international students

- Lower sexual health literacy
- Lower service access literacy
- Delayed engagement in care
- **Reduced Access to lab services**
- **Access to HIV treatment**



# Specific psychosocial challenges to students with HIV

- Language barriers
- Health literacy and service access literacy barriers
- Isolation and lack of local community connection and social support
- Most are MSM and face compounded challenges of homophobia, HIV stigma and sexual racism related challenges
- Heightened sense of shame /guilt in “failing” family expectations
- Anxiety, depression and fear of returning to home country due to stigma and discrimination
- Uncertainty of future and immigration status heightened anxiety and affect future plan



# Loneliness



“I came to Toronto right after I tested positive, so I **had no friends here and no family here**. I was totally alone. So that experience made me feel really, really terrible. It even made me feel paranoid.”

-Student Participant-



# Family expectation

“What I've noticed is some of the students I've worked with is just the **shame and disappointing who is back home, and how do I go back home and face my family.** I

find that before we access medication or certain vaccinations or anything, is just dealing with the shame and the trauma for them for being diagnosed with HIV, and that could be like a really lengthy period.”

-Community Health Clinic Nurse-



# Stigma



“Students that I get to see **are facing a double burden** of not only just being LGBTQ but also – since we're speaking about psychosocial and mental health resources, there's a heavy stigma, and that stigma might already be because they're gay, and now it's **compounded by the fact that they need to speak to someone about mental health resources due to their HIV diagnosis.**”

-Pharmacist-

# Access to health care

“The blood work is really expensive. It’s like \$300 each time and it’s not covered by UHIP so for that one you have to pay by yourself and that pushed me to find a part time job to pay for that.”  
-Student Participant-

# Access to health care

“I was not taking any contract jobs cause I wanted to get work insurance...my options were limited and because I wasn't on the treatment and I desperately wanted to go on the treatment... “

-Student Participant, forced to delay treatment for 1 year until able to find a job with benefits-

# Multi-pronged strategies to improve prevention & care



# Strengthening the evidence base

- Literature review:
  - health care coverage for different types of international students
    - (government level, institution-specific)
- Statistics:
  - Profile of international student populations in Canada/Ontario/Toronto
- Survey:
  - HIV clinic & ASOs to get better epidemiologic profile of students living with HIV

# Improve access to health care

- **Clinic for non-insured PHAs:**
  - Work group formed at Pitching the tent think tank
  - Committee for Accessible AIDS Treatment
  - Regent Park Community Health Centre
  - Sherbourne Health Centre
  - Hassle Free Clinic
  - PWA Foundation
  - Queen West Community Health centre
  - Asian Community AIDS Services
  - Centre for Spanish Speaking Peoples
  - Casey House
  
- **Scheduled to start in spring 2019**

# Clinic objectives

- ▶ Provide no barrier access for PHAs without health coverage (or precarious coverage)
- ▶ Baseline post HIV diagnosis health screening assessment and investigations
- ▶ Preparation for/initiation of access to HIV treatments
- ▶ Linkage to long term stable primary care
- ▶ Linkage to community psychosocial and legal support



# Improve access to treatment/support

- Multi-agency coalition collaboration in clinic for non-insured PHA initiative to provide holistic care model
- Health service organizations to provide primary care clinical services
- Hassle Free/OHTN Linkage to care coordinators to facilitate warm referrals to long term stable primary care
- PWA Foundation to provide instrumental support & peer navigation support
- Ethnoracial ASOs (& ACT) to provide psychosocial case management and counselling support
- HALCO to provide immigration support
- OHTN to liase and advocate for Lab services support

# Strengthening Prevention Efforts

- Working group developed to identify key intervention points for prevention education
- Completed literature review on current information sources and key access channels
- Engagement of university/college student health services, clinicians, public health to explore strategies

# Key Information access points Identified

- ▶ Canadian government, government-sponsored and government-linked websites
- ▶ Canadian embassies and consulates
- ▶ In-country medical clinics / pre-visa testing clinics
- ▶ School websites, international student guides and orientation packages
- ▶ In-country post-secondary institution reps; Ontario-based liaison officers
- ▶ Social media resources (e.g. Facebook, WeChat, Kik, Grindr, **institution-specific apps**, etc.)
- ▶ Homestay families (esp. secondary students)
- ▶ Student groups
- ▶ Ethno-specific groups and service agencies

# Key issues to be addressed in prevention strategies

- ▶ Information on sexual health and HIV needs to be integrated into student/youth centered spaces in various learning institutions
- ▶ Strengthen education and follow up at STI clinics as most people do not pay much attention to issues until personal affected
- ▶ Prevention efforts need to address the party and play, drug use and group sex culture within the gay hook-up cultures
- ▶ Prevention strategy needs to support self-efficacy in managing mental health issues, navigating services, building non-sexual social spaces as well as negotiating sexual situations.
- ▶ Prevention priority needs to include enhancing access to PreP for student populations

# Opportunities for involvement

- ▶ **Toronto to Zero Newcomer working group:**
  - ▶ Contact Shawn Pegg, Alan Li or Precious Maseko
- ▶ **Newcomer/International Student Prevention working group:**
  - ▶ Contact Shawn Pegg
- ▶ **Clinic for non-insured PHA working group:**
  - ▶ Contact Alessandro Bisignano or Alan Li
- ▶ **CAAT HIV and Immigration Service Access Training:**
  - ▶ Contact Maureen Owino
- ▶ **Ethno-racial Treatment Support Network Training for PHAs**
  - ▶ Contact Dale Maitland



Thank you!

