Social and structural barriers and facilitators to HIV healthcare and harm reduction services for people experiencing syndemics in Manitoba: study protocol

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ABSTRACT

Introduction In Manitoba, Canada, there has been an increase in the number of people newly diagnosed with HIV and those not returning for regular HIV care. The COVID-19 pandemic resulted in increased sex and gender disparities in disease risk and mortalities, decreased harm reduction services and reduced access to healthcare. These health crises intersect with increased drug use and drug poisoning deaths, houselessness and other structural and social factors most acutely among historically underserved groups. We aim to explore the social and structural barriers and facilitators to HIV care and harm reduction services experienced by people living with HIV (PLHIV) in Manitoba.

Methods and analysis Our study draws on participatory action research design. Guiding the methodological design are the lived experiences of PLHIV. In-depth semi-structured face-to-face interviews and quantitative questionnaires will be conducted with two groups: (1) persons aged ≥18 years living or newly diagnosed with HIV and (2) service providers who work with PLHIV. Data collection will include sex, gender, sociodemographic information, income and housing, experiences with the criminal justice system, sexual practices, substance use practices and harm reduction access, experiences with violence and support, HIV care journey (since diagnosis until present), childhood trauma and a decision-making questionnaire. Data will be analysed intersectionally, employing grounded theory for thematic analysis, sex-based and gender-based analysis and social determinants of health and syndemic framework to understand the experiences of PLHIV in Manitoba.

Ethics and dissemination We received approval from the University of Manitoba Health Ethics Research Board (HS25572; H2022:218), First Nations Health and Social Secretariat of Manitoba, Nine Circles Community Health Centre, Shared Health Manitoba (SH2022:194) and 7th Street Health Access Centre. Findings will be disseminated using community-focused knowledge translation strategies identified by participants, peers, community members and organisations, and reported in conferences, peer-reviewed journals and a website (www.alltogether4ideas.org).

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ A diverse research advisory and peer research team, and comprehensive data collection tools ensure we accurately capture people’s insights into HIV care and harm reduction services.
⇒ The intersectional lens would provide a better understanding of the current social and structural health inequalities experienced by people living with HIV.
⇒ The sample may not represent all circumstances since data collection will occur in two metropolitan areas and with individuals who can dedicate time to the study.

INTRODUCTION

Approximately 36.9 million people live with the HIV. Despite global and local initiatives to address HIV, recent findings suggest a resurgence of diagnoses among North and South American and European countries. In Canada, HIV diagnoses have steadily increased among women and people who inject drugs (PWID). In Manitoba, Canada, there is an over-representation of females, PWID, Indigenous peoples and people experiencing houselessness among people newly diagnosed with HIV. Heterosexual sex and injection drug use have become the most common mode of HIV transmission since 2018, and methamphetamine is the main injected drug. In Manitoba, there is an emerging pattern of people living with HIV.
(PLHIV) not returning for regular care and treatment. Manitoba also has not reached any of the UNAIDS’ and Canada’s 95-95-95 goal (ie, 95% of all PLHIV know their status, 95% of those diagnosed receive antiretroviral treatment and 95% of those on treatment achieve viral suppression). 9, 10

The care continuum for PLHIV encompasses several interconnected components (eg, diagnosis, linkage and engagement to care). 11, 12 Linkage to care has been associated with positive health outcomes and reduced HIV mortality. 12, 13 In a systematic qualitative review, Tso et al 32 found that interventions focused on increasing community participation and literacy, creating community outreach mobile teams, integrating HIV-specific services in primary care and providing substance use services improved linkage to care. 12 On the other hand, lack of information, anxiety, fear and stigma after an HIV diagnosis were barriers to linkage to care. 12 Moreover, Hall et al 14 found that the leading reasons for people continuing HIV care were the use of community health workers and lay health workers, incorporating technology with health, support from friends and family, access to intensive case management and positive interpersonal relationships with service providers. 14 Personal and community stigma and discrimination, fear of HIV disclosure and service provider shortages were among the leading barriers to PLHIV staying in care. 14

Previous findings have also highlighted how HIV experiences are shaped by biological sex and gender identities. 15-18 Ostrach and Singer, 18 emphasise the importance of biological, social and political factors that place women at an increased risk of acquiring HIV. The authors suggest integrating sex-based and gender-based analyses in HIV research to accurately capture the impact of intersectional identities on PLHIV. 16 Argento et al 19 found that most women (ie, cis-women and trans-women) living with HIV, who participate in sex work and may or may not use methamphetamine, had experienced physical or sexual abuse during childhood and adolescence, and those who initiated methamphetamine use were more likely to have experienced childhood abuse. 15 Their study emphasises the need to consider childhood trauma in understanding health and social circumstances later in life. 15 The Canadian prairie provinces (Alberta, Saskatchewan and Manitoba) report higher violence against women than the rest of Canada. 19 Findings in these provinces highlight the harm violence has on women’s lives 20 and emphasise the importance of considering women’s contexts and intersecting identities (eg, cultural background, gender, disability) when developing person-centred interventions. 20-23

The COVID-19 pandemic has dramatically affected the health of many individuals, especially among people already burdened by social and structural health inequities. 24 The pandemic also exacerbated mental health symptoms in many groups. 25 Data from Manitoba show that older adolescents and young adults self-reported increased stress/anxiety and depression, alcohol consumption and substance use and conflict with family members and intimate partner, 26 with those self-identifying as women experiencing higher mental health burden, 27, 28 financial hardship and interpersonal conflicts. 26 For HIV care, the reduction or complete closure of HIV treatment centres and services in some jurisdictions placed the cascade of care for PLHIV at risk of breaking down. 24 Among PWID, COVID-19 restrictions limited safe spaces for substance use, disrupted drug supplies and restricted the availability of medical, community and traditional resources. 29

Harm reduction encompasses strategies to reduce the health, social and economic factors that harm PWID and their networks. 30 The Public Health Agency of Canada conducted an online survey among people self-identifying as PWID in the past 6 months to understand how sexually transmitted and bloodborne infections (STBBIs) and harm reduction services changed during COVID-19. 31 The survey reported 52% of respondents increased their personal use of methamphetamine, and more than half increased their use of alcohol and other drugs. 31 As well, 50% of PLHIV had challenges getting to a provider or clinic since the onset of COVID-19. 31 More than half of the respondents had difficulty getting STBBI-related services, needle and syringe distribution programmes and naloxone training. 31 While these results highlight concerning trends, data were not reported by sex and gender, hindering an intersectional analysis. Also, the study’s online modality may not have reached PWID who may also be coping with unstable housing, poverty and other structural factors, likely underestimating the disruption of services. Locally, the province of Manitoba reported record fatalities from toxic drug overdoses, 32 and PWID described harm reduction services limitations due to COVID-19. 29 However, more research is needed to understand specific service limitations and how these limitations interact with other health crises and social inequities.

Taken together, these trends suggest that an intersectional lens is needed to understand how social, structural and programmatic factors affect HIV care and harm reduction services among PLHIV, including in the context of COVID-19 disruptions. This paper reports a study protocol that aims to address the question: What are the social and structural factors that women, men and non-binary PLHIV in Manitoba are experiencing that prevent or enable HIV care and harm reduction services, before and during COVID-19 pandemic?

STUDY OBJECTIVES AND OUTCOMES
This study explores the social and structural factors that affect the access, linkage and retention in HIV healthcare and harm reduction services among women, men and non-binary persons living with HIV (linked and non-linked to care), before and during COVID-19.

It is important to note that this study is one component of a more extensive mixed-methods project aimed at understanding the epidemiology of HIV and syndemics experienced by PLHIV in Manitoba.
Outcomes

1. To gain an in-depth understanding of the social and structural barriers and facilitators faced by women, men and non-binary persons living with HIV, affecting access, linkage and retention in HIV healthcare and access harm reduction services, before and during COVID-19 pandemic.

2. To understand how the COVID-19 pandemic has affected access, linkage and retention in HIV healthcare and harm reduction services for women, men and non-binary persons living with HIV.

METHODS AND ANALYSIS

Conceptual framework

The syndemic framework proposed by Singer focused on understanding the interconnectedness of mutually reinforcing biomedical crises within their socioeconomic contexts. The syndemic theory involves the adverse interaction between diseases and health conditions of all types (e.g., infections (HIV and STBBI), chronic non-communicable diseases, mental health (issues), behavioural conditions, (substance use), toxic exposure and malnutrition) and are most likely to emerge under conditions of health inequality caused by poverty, stigmatisation, stress, (trauma) or structural violence.

Imperative to syndemic theory is the recognition that disparate social conditions enable health crises and maintain and reinforce them. Social and structural health inequities that disproportionately affect seldom-heard and marginalised populations in Manitoba require understanding of health as a social construct, rather than a biological process, as defined by the WHO Conceptual Framework for Action on the Social Determinants of Health. The framework describes how social, economic and political values and policies create a socioeconomic position, for people in societies, influencing opportunities for income, education, depending on race/ethnicity, gender and other factors. These structural determinants of health inequities interact with intermediary determinants of health such as material circumstances, and psychosocial, biological (including sex) and behavioural factors. Using health as a social construct helps to push understanding of inequities beyond a focus on individual health and behaviours, framing health as a social construct dependent on the interplay of numerous interacting systems and circumstances.

This syndemic theory is particularly valuable in the context of communicable diseases and seldom-heard and marginalised peoples' health, as it brings interacting diseases and inequalities together, and it emphasises the political, social, historical and economic factors that have negatively affected their health outcomes.

Patient and public involvement

This study is grounded in principles of social justice, equity and the understanding that PLHIV are experts...
whom voices should be central to the research design and process. Accurate findings are achievable, robust and meaningful only if driven by people with lived experiences. Therefore, this study uses community engagement grounded in participatory action research (figure 2).

This project is a collaborative multidisciplinary study connecting peers, community-based researchers, clinicians and academic researchers across Canada. To ensure this project remains grounded in the lived experience of PLHIV and PWID, we partnered with several community-based organisations, convened a diverse Research Advisory Committee (RAC) and created a Peer Research Team (PRT) of people with lived experience.

Before the project commencement, the principal investigators held >10 consultations with community members and peers, including PWID, PLHIV and Indigenous peers impacted by the Sixties Scoop (ie, children were systematically removed from their homes and placed into the child welfare system). During these consultations, the community members’ personal stories illustrated the complex intersections of sex, gender, stigma, substance use, colonial and structural violence and other factors affecting care. These consultations provided insights into the interconnectedness of ongoing health crises and helped focus our research questions.

Several study co-investigators are the lead facilitators of HIV care and prevention in Manitoba, including The Manitoba HIV Program, which provides information, specialised care and support to approximately 2000 PLHIV in Manitoba. Nine Circles Community Health Centre, The Manitoba Harm Reduction Network, Main Street Project and Meeting the Moment are all key organisations and initiatives supporting underserved groups and guiding this research process.

After initial consultations, we assembled a RAC (online supplemental material 1), which includes an Indigenous elder and Indigenous leaders; community members with lived experience in substance use, houselessness and intergenerational trauma; and academic and scientific researchers of HIV, STBBI and sex- and gender-based analyses. The RAC guides the research team in research design and community-based engagement methods, data collection tools, culturally safe approaches to recruitment and data collection, review of preliminary findings and knowledge translation strategies. The RAC’s continued involvement ensures that the project is culturally safe for the diverse communities involved, the community’s best interests are considered and the results and findings are shared appropriately with stakeholders.

Additionally, we convened a PRT of community members with lived experience (online supplemental material 2). The purpose of the PRT is to involve community members as co-researchers during the design of the recruitment strategy and data collection tools, data collection, data analysis, findings and knowledge translation. Our approach to peer engagement focuses on building reciprocal relationships and sharing skills with peer members for each step in the research process, respectfully and safely. PRT meetings are held 2–3 times per month for 2.5 hours. Peers are paid for their time and provided with transportation, childcare support and skill-building activities.

Indigenous peoples make up 18% of the population of Manitoba (compared with 4.9% of the total population in Manitoba).
Canada), yet are over-represented in new HIV diagnoses in Manitoba. While not all participants will self-identify as Indigenous, we have received guidance from peers, RAC members and experts in community-based research to ensure our project remains culturally safe for all. Thus, a critical part of our research process centres around reciprocity. Reciprocity is a critical component of Indigenous culture that should be applied as an overarching stance rather than a particular interaction. Meaningful collaboration with peers, sharing skills (eg, workshops, training sessions) and co-learning are components of our commitment to reciprocity. The RAC emphasised the need for reciprocity during data collection (with PLHIV) suggesting connecting participants with care (if they consent), offering participants other supports (eg, peer and cultural supports, trauma counselling), honorarium, transportation and childcare support. Beyond the data collection, members of the PRT, community members and leaders of community-based organisations are working with the research team to share the preliminary and final findings, mobilise and advocate for improvements and changes and to develop actionable strategies from the findings. These strategies may include training courses to build capacity on related subjects (eg, prevention and treatment of STBBIs and HIV), community-based dissemination strategies and advocacy strategies for increased resources. Likewise, an Indigenous Cultural Advisor joined the team to provide a culturally safe support to participants, peers and the research team. Even though the Cultural Advisor will not be able to advise on indigenous cultural safety for each distinct Indigenous group, she has extensive experience working in community organisations and can provide referrals to culturally safe resources. The Cultural Advisor also educates the research team about the history of Indigenous People in Canada, Indigenous values, traditions, ways of living and culturally safe research approaches.

Participants and settings
Inclusion criteria for PLHIV include (group 1):
1. Resident of Manitoba
2. 18 years or older
3. Diagnosed with HIV

Inclusion criteria for service providers (group 2):
1. Resident of Manitoba
2. Provide medical, social or other services to PLHIV

The target sample size for this prospective study will be 15–25 PLHIV and 20–30 service providers who work with PLHIV.

Recruitment process
Purposive sampling will be used due to the distinct eligibility requirements of the participant groups.

Group 1 recruitment process
Service providers from the Manitoba HIV Program locations (Health Sciences Centre HIV, Nine Circles Community Health Centre and 7th Street Health Access) will be asked to support the recruitment of PLHIV. Service providers in these locations provide HIV-related support services and have established and trusted relationships with PLHIV. Recruitment materials will be shared with clinicians and service providers to discuss the study with potential participants. If participants are interested, they can contact the research team to discuss the study in more detail and confirm participation.

To support recruiting participants not linked to care, the research team will engage with community organisations supporting PLHIV who may use substances and may be experiencing unstable housing and mental health challenges. There has been a history of poor research relationships with PLHIV that have created experiences of mistreatment, exploitation and disconnect between researchers and communities. Therefore, spending time in community locations potential participants frequent is critical to enable meetings, gain trust and build rapport. Site observations at community organisations will create opportunities for connections and facilitate informal conversations with potential participants about the research. In line with the latest Manitoba HIV Program Report, the purposive sample in group 1 will ensure that at least half of the participants self-identify as women, followed by men and non-binary persons. Similarly, we will aim to include the experiences of Indigenous, PWID and those with unstable housing experiences to accurately represent the people newly diagnosed in Manitoba.

Group 2 recruitment process
A list of organisations that support and provide services to PLHIV will be compiled to recruit service providers. The RAC and community partners will also be asked to suggest key informants. As with group 1, a purposive sample will be used to identify a representative sample of participants who provide various services and identify as women, men or non-binary. Likewise, the perspectives of black, Indigenous and people of colour service providers will be considered for sampling.

Data collection
We will collect quantitative and qualitative data focused on understanding HIV care and harm reduction services, social, structural and programmatic factors (table 1).

The research team will greet potential participants who contact the research team by email or phone. Research members will follow a phone or email script to discuss inclusion, scheduling, accessibility, psychological and emotional support for the data collection process. Psychological or emotional support available for this study will include mental health counselling, cultural counselling and peer support. Resource(s) will only be arranged and offered on request, to ensure participant confidentiality. Participants will be provided information and access to healthcare related to HIV, other STBBIs, counselling or primary health through referrals to community organisations. All the field research teams have training in...
trauma-informed care, harm reduction, mental health first aid and non-violent crisis intervention. This safety process ensures that participants can receive support, as some of the themes explored may elicit emotional responses.

For PLHIV, data will be collected by the research associate using a combination of face-to-face in-depth semi-structured qualitative interviews and three surveys. The qualitative component will use an interview guide with 26 open-ended questions (online supplemental material 3). The interview guide used for this study has been revised several times by the RAC, the PRT and key stakeholders (eg, service providers). Questions focus on experiences with acquiring and receiving an HIV diagnosis, connecting and receiving HIV care, discrimination and stigma, substance use, past trauma and violence, changes in life due to COVID-19 and knowledge and experiences with harm reduction services (table 1). In addition, PLHIV will be invited to suggest changes to HIV care and broader health and social care in Manitoba. During the screening process, participants will be offered a PRT member as a co-interviewer and a cultural advisor accompanying the research associate. PRT members will be trained to conduct interviews and facilitate surveys. Many PRT members already have experience in community-based research, so they will be familiar with the data collection tools. At the suggestion of the RAC, we will schedule a break after the interviews to offer various activities (eg, meditation and stretching exercises) and food (eg, granola bars and juice boxes) that create a welcoming and comfortable environment for participants.

Three surveys will be conducted after the break, including a Participant Demographic and Life Circumstances Survey (online supplemental material 4), Childhood Trauma Questionnaire (Short-Form) and the Empower-Making Decisions Survey. The research team developed the Participant Demographics and Life Circumstances survey in consultation with key stakeholders and people with lived/living experiences. It enquires about place of residence, race/ethnicity/culture/language, occupation, gender/sex, religion, education, socioeconomic status and social capital (PROGRESS) factors. Employing PROGRESS indicators provides an equity lens in highlighting health disparities. These questions will allow for describing the structural factors influencing participants’ health. This survey also includes questions about substance use, harm reduction knowledge and practices, experiences with the criminal justice system, mental health challenges and experiences of violence and trauma services (table 1). The RAC and PRT extensively reviewed this survey to ensure readability and accuracy to capture the various structural factors PLHIV experience in Manitoba. The second questionnaire, the Childhood

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<tr>
<th>Table 1</th>
<th>Data collection, sources, tools and variables collected in this study</th>
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<tr>
<td><strong>Source</strong></td>
<td><strong>Data type</strong></td>
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<tr>
<td>People living with HIV (PLHIV)</td>
<td>Qualitative data</td>
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<tr>
<td>Quantitative data</td>
<td>Sociodemographic and life circumstances survey (online supplemental material 4)</td>
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<tr>
<td>Childhood Trauma Questionnaire</td>
<td>Emotional abuse, physical abuse, sexual abuse, emotional neglect and physical neglect.</td>
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<td>Empower-Making Decisions Survey</td>
<td>Self-efficacy, perceived power, optimism about and control over the future and community optimism</td>
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<tr>
<td>Service providers</td>
<td>Qualitative data</td>
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<td>Q, question; STBBI, sexually transmitted and bloodborne infection.</td>
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Trauma Questionnaire-Short, is a self-reported inventory that employs Likert scale responses to assess different types of childhood mistreatment and understand the role of historical trauma on life circumstances (table 1). Finally, the Empower-Making Decisions Survey, (revised shortened version) employs a Likert scale to understand factors related to resilience and decision-making (table 1). These comprehensive measures will provide a holistic description of the inter-related experiences of HIV care, COVID-19, substance use, PROGRESS indicators, mental health factors, trauma, perceived personal resilience and decision-making of PLHIV in Manitoba. All interviews will take place in a private room to ensure participant confidentiality and researchers’ safety. Participants will receive $C50 cash for their time at the end of the interview. Any transportation costs and childcare services will be reimbursed. Interviews may be broken into several sessions based on participants’ circumstances and preference.

For service providers, semi-structured interviews will involve 19 open-ended questions (online supplemental material 5 and table 1). The interview guide used for service providers has been revised and edited several times by the RAC and key stakeholders. Questions focus on structural and social factors affecting HIV services and the lives of PLHIV. Service providers will also be asked to provide recommendations to improve HIV care. All interviews will be encrypted and stored in a password-protected computer. In addition to recordings, research team members may take notes directly on the interview computer. In saving meeting recordings in either a University of Manitoba OneDrive or locally to a University of Manitoba device with disk encryption enabled.

The research team will explain the study and obtain consent from all participants before the data collection. If written consent is not possible, research team members will collect verbal consent recorded at the beginning of the interview. Participants will take a copy of the consent form for their records. Sessions are expected to last between 1 to 2.5 hours. Recordings will be encrypted and stored in a password-protected computer. In addition to recordings, research team members may take notes directly on the interview guide or in notebooks. After each interview, research team members will participate in debriefing sessions to increase study rigour.

This study is part of a broader research that was describing the epidemiology of HIV in Manitoba (Manitoba HIV Program Report and manuscripts in preparation). We collected from clinical charts sociodemographic and clinical information from 517 people newly diagnosed with HIV between 2018 and 2021. Data included >90 variables about age, sex, gender, race/ethnicity, rural/urban, substance use (drugs and route), other infectious diseases and non-communicable diseases/conditions and treatments, primary care information, HIV-related and COVID-19-related information and follow-ups.

Data analysis
All qualitative and quantitative data will be disaggregated by sex and gender.

All qualitative data will be transcribed verbatim using Otter.ai and checked by the research team to ensure accuracy. Transcripts will be entered into NVivo (V.12) and analysed using grounded theory methods and sex-based and gender-based analysis. Grounded theory provides an iterative framework in which data are collected and analysed simultaneously by immersing the research members in the data through open coding, code analysis and further exploration of new themes.

Three independent research team members with experience in qualitative analysis will conduct exploratory coding on an initial subset of the transcripts to establish a codebook for each group. Two independent coders will then establish intercoder reliability to increase rigour. Emerging codes will be grouped into larger categories, and themes will be developed to describe the data within a larger framework. During data analysis, peer debriefing will be used with PRT members to share views (eg, processes, participant engagement) and ideas about codes and themes since this process reduces researcher bias. Negative case analysis will also reduce researcher bias throughout the data analysis process. Finally, an audit trail of decisions through the data collection and analysis will be kept, increasing reproducibility.

Quantitative data from the three questionnaires will be reported using descriptive statistics. These surveys will complement qualitative data by providing information regarding social and structural inequity factors and provide a broader perspective of the experiences of PLHIV in Manitoba.

Following the syndemic model, the data collected from clinical charts will provide information about concomitant conditions and how they interact. We will analyse: demographic characteristics: sex at birth, gender, sexual orientation, race/ethnicity and age. Living circumstances: houselessness, rural/urban area. Self-reported main HIV exposure factors: heterosexual sex, gay, bisexual and other men who have sex with men, injection drug/needle use, perinatal acquisition, recipient of blood/blood products, other (which one) and unknown/no identified risk. Clinical diseases and other conditions: STBBI, other comorbidity/condition reported at HIV entry into care, including other infectious diseases non-STBBI, other chronic condition, mental health issues. Disease-disease and social condition-disease interactions include: houselessness (yes/no), injection drug use (yes/no), STBBI at entry into HIV care (yes/no), sex (female/male, there was no intersex reported) and gender (women, men and non-binary), coexisting mental health condition (yes/no). Main outcomes: linkage to HIV care (linked/non-linked) defined as the person who attends an appointment with an HIV clinician within 3 months of HIV diagnosis, or the person started on antiretroviral treatment within 3 months of HIV diagnosis, retention in HIV care (yes/no) defined as the person interacting with...
the HIV care during the follow-up and undetectable viral load (yes/no) defined as the person has the viral load <200 copies/mL. With this analysis we want to: (1) uncover whether females and women report distinct combinations of syndemic conditions, (2) examine associations between demographic and living status and syndemic class, (3) assess between-group differences in linkage to HIV care, retention in HIV care and undetectable viral load and (4) test syndemic conditions as a predictor of non-linkage to HIV care, no retention in HIV care and detectable viral load. We will perform a latent class analysis, followed by a logistic regression if the outcomes are >10%, or Poisson regression if the outcomes are <10%.

The quantitative and qualitative data collected prospectively and reported in this study will provide information about how people experience their conditions (social, structural and cultural factors unique to each person), and how HIV care and harm reduction services connect to people.

ETHICS AND DISSEMINATION
This project received ethics approval from the University of Manitoba Health Ethics Research Board (HS25572; H2022:218), First Nations Health and Social Secretariat of Manitoba, Nine Circles Community Health Centre, Shared Health Manitoba (SH2022:194) and 7th Street Health Access Centre. As some participants will self-identify as First Nations, Métis or Indigenous, the project will follow Indigenous data sovereignty principles. Among these are the First Nation principles of OCAP, Manitoba Métis principles of OCAS, the Principles of Ethical Métis Research and CARE Principles for Indigenous Data Governance, under the leadership of the RAC.

Findings will be disseminated through community-led knowledge translation strategies identified by participants, peers, community members and community organisations; conference presentations, peer-reviewed journal articles, social media, workshops and a dedicated webpage (www.alltogether4ideas.org).

DISCUSSION
Staggering inequities affect the lives of many groups across Canada. To understand health inequities in Manitoba, it is crucial to contextualise the structural conditions that shape health outcomes. This contextualisation would benefit from using social determinants of health and a syndemic framework in which health crises such as HIV, COVID-19 and substance use interact with each other and with inequitable social conditions to exacerbate adverse health outcomes in underserved groups. In Manitoba, PWID, Indigenous peoples and people experiencing homelessness are over-represented in new HIV diagnoses. Similarly, the onset of the COVID-19 pandemic accentuated pre-existing socioeconomic and structural factors, mental health concerns, violence, stigma and discrimination, increased sex and gender disparities and reduced the resources for STBBI and harm reduction services. Complementing qualitative and quantitative data collection with PLHIV and service providers can provide an in-depth understanding of barriers and facilitators to HIV care in Manitoba. Using in-depth semi-structured interviews and questionnaires will enable a broader approach to understanding and addressing Manitoba’s various health crises and social inequities. This innovative study uses the WHO Conceptual Framework for Action on the Social Determinants of Health and syndemic frameworks to understand the inter-related experiences of HIV care, COVID-19, substance use and harm reduction, trauma, violence and other social and structural factors.

This project is driven by participatory engagement processes that centre on the knowledge and expertise of community members, organisations and people with lived and living experiences to improve the lives, health and well-being of PLHIV in Manitoba and beyond. Our sample is restricted to people living in metropolitan areas that account for approximately 80% of PLHIV (ie, Winnipeg and Brandon) in Manitoba and individuals who can dedicate the time necessary for the data collection. However, our purposive recruitment strategy to interview people with various backgrounds will ensure we have a representative sample and gain a more comprehensive understanding of the factors that affect the experiences of PLHIV.

Our project will shed light on the growing segment of people missing from the UNAIDS’ and Canada’s 95-95-95 goal. Thus, these results will help to advocate for policy and systemic changes to improve the health and well-being of PLHIV in Manitoba.

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Contributors The study concept and design were conceived by ZVR, MH-B and YK with input from CS, EV, LL, KM, KD, KS, KT, LLMJ, LI, KK, MP, JB, AK, NP, TM and AM. EV will schedule, collect consent, interview, and complete surveys with participants. CS will schedule, collect consent, interview and complete surveys with service providers. EV, CS and ZVR prepared the first draft of the protocol manuscript. LL, KM, KD, KS, KT, LLMJ, LI, KK, MP, JB, AK, NP, TM and AM. EV will schedule, collect consent, interview, and complete surveys with participants. CS will schedule, collect consent, interview and complete surveys with service providers. EV, CS and ZVR prepared the first draft of the protocol manuscript.

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Disclaimer The views expressed here do not necessarily represent the views of the Agency.

Competing interests None declared.

Patient and public involvement Patients and/or the public were involved in the design, or conduct, or reporting, or dissemination plans of this research. Refer to the ‘Methods’ section for further details.

Patient consent for publication Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement No data are available. Data for this study is not available yet since this is a protocol paper. The study interview guides and questionnaires are available in the supplementary materials section.

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Terms of Reference for the Research Advisory Committee

Background:
In Manitoba, injection drug use is the most common mode of HIV transmission since 2018. Those who inject drugs are more likely to test positive for HIV, syphilis and Hepatitis C, often at the same time. This is called a “syndemic” (many epidemics at the same time). For the last three years, syphilis infections have become rampant in Manitoba. If not found and treated, syphilis can cause devastating infection, including transmission to newborns. In addition to HIV and syphilis there are 11 other infections transmitted by sexual activity or blood products (called STBBI).

For some people, a convergence of socio-economic factors, mental health concerns, violence and exploitation, is driving a syndemic of new HIV and other STBBI cases, with disproportionate representation of women who inject drugs. Methamphetamine use is growing in Manitoba and is known to affect access to care and treatment. These determinants of health and disparities are exacerbated by COVID-19 related public health measures, as resources for testing and contact tracing for Covid-19 have resulted in decreased capacity for service providers to respond to STBBI and distribute harm reduction services. It is unknown how both biological sex differences and gender intersect with living conditions including experiences of violence and injection drug use.

This study seeks to know:
1. How many people in Manitoba (by sex, gender and other identifiers) living with HIV have other sexually transmitted and blood-borne infections (STBBI), before and during Covid-19?
2. Of those living with HIV, whom are most at risk of acquiring other STBBI, and why?
3. What are the barriers and gaps that put people at risk for infection and prevent them from getting appropriate care and treatment before and during Covid-19?
4. What are the resilience factors and promising practices that are associated with successful engagement of people living with HIV and who inject methamphetamine that endured during the Covid-19 pandemic?

Gaining an in-depth understanding of the experiences of women, men and non-binary persons living with HIV who use and don’t use drugs can help us identify unique gaps as well as resilience factors that can inform and improve the Manitoba HIV Program, and result in tailored testing and appropriate clinical and program responses.

Principal Investigators:
Dr. Zulma Rueda. University of Manitoba. Email: zulma.rueda@umanitoba.ca
Dr. Yoav Keynan University of Manitoba. Email: yoav.keynan@umanitoba.ca
Ms. Margaret Haworth-Brockman, University of Manitoba. Email: Margaret.Haworth-Brockman@umanitoba.ca

Advisory Committee’s Role and Purpose

The Advisory Committee will advise the research team on the following aspects of the project:

✓ Research approach and community-based methods
✓ Guidance the implementation of research.
✓ Promotion of the research study.
✓ Advice on community engagement plans.
✓ Interpretation of findings.
✓ Help to identify and strategize any potential solutions to community issues that may arise.
✓ At all times, strictly maintain confidentiality for all aspects of the research project as outlined in the University of Manitoba Access and Privacy policy and Access and Privacy Procedure.

✓ Input and advice from the Advisory Committee will help to ensure that:
  ✓ The project/study is culturally appropriate for the diverse communities involved.
  ✓ The research team conducts the project in the communities’ best interests.
  ✓ The research results and knowledge will be shared appropriately with communities and stakeholders.
  ✓ Action plans associated with the research receive community input and are appropriate to community needs and concerns.

All Advisory Committee members will be eligible for compensation for their time involved. We expect there to be about 5-7 meetings over 12 months, with one or two meetings being in the early stages of the project development.

Responsibilities from the research team:
1. Ensure the ethical conduct of the research study.
2. Provide accurate information related to the project.
3. Investigate and answer the suggestions of the research advisory committee.

Disclosures:
✓ All members will declare any real or perceived conflict of interest at the outset of any meeting for management in accordance with the University of Manitoba Conflicts of Interest Policy and Conflict of Interest Procedures.
✓ All research project conducted within the University of Manitoba is governed by the Responsible Conduct of Research Policy, Responsible Conduct of Research – Code of Research Ethics Policy, Responsible Conduct of Research – Investigation Procedure.
✓ This research is funded by the Canadian Institute of Health Research; therefore, we follow and adhere to the Tri-Agency Framework: Responsible Conduct of Research, including the framework and policies of Chapter 9: Research Involving the First Nations, Inuit and Métis Peoples of Canada.

Term
This research is initially funded for one year.

Memberships
The Committee will be composed by the following members, in addition to the 3 principal investigators. Our meetings will be opened in a Good Way with the help of an Elder.

The number and composition of members comprises of:
1. Five or six community members – we are actively recruiting advisors now. We are inviting members who include:
a. Person who lives with HIV
b. Person who has current or former experience with injection drug use
c. Women or female who have experienced sexual assault, sexual violence, experiencing violence or sexual exploitation
d. Person who is experiencing homelessness or who are unsheltered
e. Person who identify themselves as 2SLGBTQQIA+
f. Person who belong to Indigenous population or racialized communities

2. Elder Margaret Lavallee, Elder in Residence, Ongomiizwin
3. Julianne Sanguins. Adjunct Scientist at the Manitoba Centre for Health Policy, and Assistant Professor at the Department of Community Health Sciences, University of Manitoba.
4. Tara Faye Myran, Metis Community member.
5. Ann Favel, Person with lived experience. Member of Sisters of Fire
6. Jaqueline Flett. Person with lived experience. Member of Sisters of Fire
7. Marj Schenkels, Person with lived experience. Member of Sisters of Fire
8. Nikki Daniels. Community member with lived experience.
9. Jody Jollimore. Executive Director at CATIE
10. Margaret Bryan. Manitoba Harm Reduction Network
12. Adrienne FA Meyers, Associate Director of the JC Wilt Infectious Diseases Research Centre
13. Neora Pick, Clinical Professor in the Infectious Diseases division of the Department of Medicine at the University of British Columbia, and Medical Director at the Oak Tree Clinic.
14. Veda Koncan, Projects Manager, Manitoba Harm Reduction Network
15. Chantal Daniels, Elder Support, Indigenous Institute of Health & Healing, Ongomiizwin

Meeting frequency
Meetings will be called by the Project Manager. The committee will meet for five or seven 2-hour meetings either in person in Winnipeg or via teleconference/web-based technology for members residing outside Winnipeg.

Sitting fees
Research team will provide $20 CAD/per hour honorariums for people who are eligible for honorarium
Research team will cover costs for transportation for people residing in Winnipeg

Contact:
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Cheryl Sobie. Research project coordinator. University of Manitoba. Email: Cheryl.Sobie@umanitoba.ca
Peer Terms of Reference

Purpose:

We want to engage people with lived experience as peers in our project and work collaboratively to ensure all aspects of the research are shaped and guided by the perspectives of peers with lived experience. Peer engagement will inform the entire research process, from conducting research interviews, to skill sharing, workshops, and developing educational materials to share the results of our research. We recognize the unique knowledge and expertise of community members with lived experience, and we seek your guidance and input for our research study.

Background Information:

We are peers, clinicians and researchers who want to understand infections transmitted by sex or blood in people living with HIV, who may use drugs, as well as why people living with HIV are not getting the care they need. We are interested in knowing which factors, barriers and gaps prevent people from accessing care. We will also look for resilience factors that keep people linked to care.

We are interested in better understanding the impact of the COVID-19 pandemic and how it may have affected people newly diagnosed with HIV (between 2018-2021) in accessing health care and other resources. We want to know things such as:

- What was it like navigating the health care system during the pandemic?
- What are ways we can make things better for people to be linked to health care?
- What things are working well for people that keep them going to get health support and resources before and during the COVID-19 pandemic?

Project Time Period:

July 2022 – March 2023

Peer Roles available:

1. Peer Research Advisory Committee Member
2. Peer Support Worker
3. Peer Group Team Member

Role (1) Peer Research Advisory Committee Member (see Research Advisory Committee Terms of Reference Document). Key items to note:

How does this work?

You will join our committee which includes peers like you and some researchers. Together you will advise the research team about the best ways to:

- involve other people in the research study (using posters, or word of mouth, or in certain places);
• pay or compensate them for their time (for example, taxi coupons, bus passes, cash, or pre-paid VISAs);
• questions that are appropriate in interviews;
• how to understand what we find from the results;
• how to share the results of the study with the community;
• other education that the community or health care providers need to know. There may be other things you provide advice on.

Meeting frequency:

The Research Advisory Committee will meet for five or seven 2-hour meetings either in person in Winnipeg or via teleconference/web-based technology for members residing outside Winnipeg.

Compensation:

The research team will provide $20 CAD/per hour honorarium for peer research advisory committee members. Research team will cover costs for transportation (bus fare, taxi) for people residing in Winnipeg to attend the meeting.

Role (2) Peer Support Worker:

How does this work?
• Provide peer support for participants (people living with HIV) during research interview
• You will sit in the interview with participant and research team member to provide support as needed
• When we are scheduling interviews, we will ask participants if they would like a peer support worker at their interview
• Must sign confidentiality agreement and maintain confidentiality at all times
• We plan to interview 20-30 people; we are unsure at this point how many will require support
• The interview will take place in community settings such as Nine Circles, HSC HIV Clinic or another community location as determined by the participant and research team member

Time Required:
• 2-3 hours per interview session
• We anticipate interviews will take place between the end of August - October 2022

Role (3) Peer Research Team Member

How does this work?
The purpose of the peer research team is to bring together community members with lived experience to work together to conduct research (interviews, data analysis, review findings), develop ideas for how we will share the results of our research, review comments from the advisory committee, and provide guidance and direction on the research for recruitment, community engagement, etc.

The peer team is separate from the advisory board; however, a peer group member may also sit on the advisory board.

The work of the peer team will include items such as:

- Develop research skills and conduct research interviews, support data analysis and review findings of research
- Discuss issues raised by the advisory board
- Develop ideas and collaborate to prepare educational material for the community based on the results and findings of the research
- To learn from each other either by skill sharing (i.e., doing computer courses provided by university, learning new skills related to grant writing/proposal development, learning technologies such as Zoom, etc.); we want to hear from YOU what you want to learn about
- To advocate and share with the public what it is that is needed in Manitoba to break the stigma of HIV and drug use

The peer team will consist of ten community members with lived experience.

Members will be selected by members that want to participate. If too many people apply, we will narrow out the group by selecting someone from each of the criteria in line with the research.

Meetings:

Meeting Frequency & Location
The peer team will meet every two to three weeks for two hours. We will meet in person wherever possible at the University of Manitoba Bannatyne campus, or outside at a park. Should things change depending on the COVID-19 situation and safety guidelines we may have to meet online using Zoom or Teams.

Comfort & Safety
We will create a safe space for all group members to participate in, which includes psychological safety and cultural safety. Members can participate to the maximum comfortable amount.

We reject any form of discrimination or racism. We are committed for a safe and inclusive environment for everyone to participate. We do not judge each other and will respect each other at all times. We are committed to making your participation as accessible as possible. If there is anything you need from us to support you, please let us know.

Activities
Meetings will focus on relationship building, skill sharing, and project discussions. Once the data collection is completed, we will then turn our attention to creating educational materials to share the results of the research.

In addition to the research and skill sharing activities we want to incorporate fun activities or cultural activities such as beading, drum circles, bringing an Elder, playing games, sharing food together, music, etc.

**Supplies**

At each meeting:
- We will provide light lunches or snacks and drinks
- Cover any training and education costs
- Provide supplies for making educational materials
- Bring materials required for any activities as discussed

**Compensation:**

The peer group role will be compensated with an honorarium in the amount of $20/hour cash and bus tickets for transportation will be provided. Childcare will be compensated as needed $10 per hour. No money other than honorarium’s will be received by peer members.

- **Confidentiality**: all team members will respect the confidentiality of other team members and any items discussed within group meetings.
- All members will declare any real or perceived conflict of interest at the outset of any meeting for management in accordance with the University of Manitoba Conflicts of Interest Policy and Conflict of Interest Procedures.
- All research project conducted within the University of Manitoba is governed by the Responsible Conduct of Research Policy, Responsible Conduct of Research – Code of Research Ethics Policy, Responsible Conduct of Research – Investigation Procedure.
- This research is funded by the Canadian Institute of Health Research; therefore, we follow and adhere to the Tri-Agency Framework: Responsible Conduct of Research, including the framework and policies of Chapter 9: Research Involving the First Nations, Inuit, and Métis Peoples of Canada.
Thank you for agreeing to speak with me today. My name is [INSERT] and my pronouns are [INSERT] and this is my colleague [introduce themselves]. My role with this project is as a [Research Assistant, Research Associate, Research Coordinator]. Is there anything you need to do to prepare yourself before we get started? We anticipate the interview and short surveys will take between 1-2 hours to complete. We can take a break during the question portion of this interview if you need to, and we will take a short break after the interview before we begin the surveys. Please let me know at any time if you need to step away for a few minutes.

[NOTE: This next section only applies to people who will not have booked an interview appointment and are a walk-up participant]

Before I explain the purpose and what we will do today I want to check in with you about support we can offer you today and I have three questions I would like to ask you:

1. **Would you be interested in having a peer support to sit with you for your interview?** The purpose of a peer support is only to provide emotional support and they will maintain confidentiality of anything we discuss today.
2. **Would you be interested in having cultural support?** There is an Elder available who you can speak with at any time if you need a break during the interview, at the break between the interview and surveys or at the end of the interview.
3. Are you interested in speaking with a psychological support person at the break or after your interview today? They are available anytime if you need to stop the interview to debrief or check in with them.

Before we start the formal interview questions, I would like to remind you that we are here to speak about your experiences in finding and receiving HIV and STBBI-related health care and services. Our aim is to improve HIV and other services for everyone. We are interviewing people with many stories and, perhaps, some questions may not relate to your life experiences. We appreciate your responses since many of these questions are personal. There are some questions about substance use that may or may not apply to you. The reason we are asking these questions is because our research has shown that in Manitoba, the main way people get HIV is through injection drug use but that is by no means the only way people get HIV. We understand that some people may feel shame or stigma about having HIV or using drugs, which is why we have tried to create a safe and comfortable space to listen to your experiences. It is completely up to you if you want to answer the questions or not.

You have been asked to participate in this interview as you:

1) Are 18 years or older
2) Have received a diagnosis for HIV between 2018-2021
3) Are a resident of Manitoba

Do all of these statements apply to you? Y / N

[If no, relay that they are not eligible to participate in the study. Thank them for their time, and end interview].

For the purpose of our discussion, STBBI services may include testing, care and counselling for HIV, Hepatitis C, syphilis, other sexually transmitted infections like Chlamydia, or gonorrhoea.

We take your information seriously which is why we also want to remind you that everything you share today will be kept confidential. This means that we will not disclose any information you share with us about drug use, engaging in sex work or anything else that could be perceived as “criminal” with authorities. The only reason we would ever have to break confidentiality is if there is a direct risk/danger to your health and safety or that of someone who is under 18. We would like to record this interview to make sure the information is accurate. This recording will be kept in a secure location and destroyed after this study is over. This recording will not be shared.

For your participation today, we will give you a $50 honorarium in the form of cash and bus fare or money to cover a taxi ride to attend the interview. Additionally, we have several items that you can choose from as a gift and a form of appreciation for the valuable insight you have shared with us today.
Covid-19 Pandemic Concealing a Syndemic of Concern: Sex, Gender, Methamphetamine and Sexually Transmitted and Blood Borne Infections in People Living with HIV in Manitoba

I would like to start with some questions about how things generally are for you, but before we start are there any questions you want to ask?

1. Could you please tell me about yourself?
   a. PROBES
      i. How are things going for you right now?
      ii. How are you feeling coming in today?

2. What does a typical week (day) look like for you?
   a. PROBES
      i. Daily routine
      ii. Work/volunteer
      iii. Medical programs/services
      iv. Time with friends/family
      v. Time with caring for friends/family

3. How are things going with your health right now?
   a. PROBES- ask about:
      i. Physical health
      ii. Mental health
      iii. Emotional health
      iv. Spiritual health
      v. Financial health

Now I would like for us to talk about the HIV care and other health services that you receive.

4. What was your experience when you were first diagnosed with HIV?
   a. PROBES
      i. Any available support or counselling?
      ii. Were you given enough information about your options? (i.e. explained about your rights, how to access to care, follow up, linkage to doctor, treatment options?)
      iii. Did you learn about how HIV is transmitted? And how to prevent transmission?
      iv. Did you receive information about importance of treatment?
Covid-19 Pandemic Concealing a Syndemic of Concern: Sex, Gender, Methamphetamine and Sexually Transmitted and Blood Borne Infections in People Living with HIV in Manitoba

5. What health services do you currently receive for HIV health care?
   a. PROBES,
      i. Attend clinic appointments, see a NP, take medication, regular
         blood testing, etc. (Linked to Care)
      ii. Alternative medicine such as traditional or cultural medicine
      iii. Anything else?
   b. If not linked to care move to question 7

6. What do you like about the HIV health care services you receive?
   a. PROBES
      i. Relationship with doctor/nurse/social worker
      ii. Accessibility of location to receive services
      iii. Welcoming environment at service provider location
      iv. Any other reason?

7. What problems have you encountered when accessing HIV care?
   a. PROBES
      I. Stigma, discrimination from service providers
         i. Drug use, unhoused, gender identity
         ii. If yes, please tell me more about that. Where does this
discrimination occur?
      II. Transportation, accessibility challenges
      III. Lack of childcare to get to attend appointments or children are not
           able to accompany to appointment
      IV. Income, lack of money to pay for medication
      V. Other challenges are more important to deal with
      VI. Lack of access to appointments, lengthy wait times to receive care,
           etc.
      VII. Mental health challenges
      VIII. Any other things you don’t like?

8. Could you please walk me through a time when you needed HIV care but you could not get it?
   a. PROBES
      i. Ask participant to share a specific experience related to a barrier
      ii. If you were diagnosed before the pandemic (2018-2019), did you
          experience similar or different challenges before or during the
          COVID-19 pandemic (2020-current)?
9. Has the COVID-19 pandemic impacted the HIV health services you use? If yes, in what ways?
   a. PROBES
      i. Availability of appointments, shortage of staff at clinics, services not accessible, staff changes, etc.
      ii. Increased fear/risk due to COVID-19 in health care settings
      iii. Transportation issues
      iv. Money, financial challenges
      v. Use of substances
      vi. Mental health challenges/and or lack of support for mental health

10. How safe do you feel in or around health care settings?
    a. PROBES
       i. In the neighborhood around the clinic/hospital
       ii. Around security personnel such as police, hospital security guards
       iii. Fear of Child & Family Services, removal of children, or fear of other government agencies/actors
       iv. Lack of privacy to discuss health status (i.e., ER visit)
       v. Not safe due to perceived gender identity, race/ethnicity
       vi. Getting to your appointment- location of clinic, transportation

11. What are things that help you to get the health care you need?
    a. PROBES
       i. Positive relationship with doctor/health professionals
       ii. Welcoming and supportive environment at health centres, health centres specific to my needs (i.e. gender specific, LGBTQ+)
       iii. Availability/hours
       iv. Location within the city
       v. Support (personal or peer) to attend health appointments

12. What changes do you think would make it easier for you (and other people living with HIV) to access care?
    a. PROBES
       i. Transportation support, financial support
       ii. Peer support (i.e., someone to accompany you to appointments)
       iii. Better accessibility (e.g., different sites for treatments, availability of appointments, options for care)
       iv. Access to counselling and/or mental health support
       v. Addressing stigma
       vi. Different medication with less side effects
       vii. Access to material support (housing, food, etc.)
       viii. Bundling more services in one appointment- seeing multiple professional, etc. primary care physician, gynaecologist, mental health professional,
13. Do you have any experience with using substances? 
IF YES, ask the following questions. If no, move to QUESTION 18

14. How old were you when you started using substances?
   a. PROBE:
      i. What substance(s) did you start with?

15. How would you describe your substance use when you started?
   a. PROBES:
      i. Heavy use (one or more times per day)
      ii. Moderate use (few times per week)
      iii. Light use (once a week or a few times a month)
      iv. Very light (less than once a month)

16. What type of substances do you currently use?
   a. PROBES
      i. If crystal meth- do you inject or smoke or both?
      ii. If opioids- inject or smoke, or pill?
   b. If YES to injection ask question 18, if NO skip question 18

17. How would you describe your current substance use?
   a. PROBES
      i. Several times per day (one or more)
      ii. Few times a week
      iii. Once a week or a few times a month
      i. Less than once a month

18. How do you access the substances you use?
   a. PROBE
      i. Do you get it yourself or does someone else get them for you?)

This next series of questions we are interested in better understanding the practices you use to inject drugs.
Covid-19 Pandemic Concealing a Syndemic of Concern: Sex, Gender, Methamphetamine and Sexually Transmitted and Blood Borne Infections in People Living with HIV in Manitoba

19. If you use substances that you inject, how often do you:
   a. Use a new needle, spoon, sterile water or filter?
      i. All of the time, some of the time, rarely or never?
      ii. If only some of the time or never—what are the barriers to accessing safe injection supplies?
   b. Inject with a needle or syringe used by somebody else?
      i. All of the time, some of the time, rarely, or never?
   c. Clean and disinfect the injection site?
      i. All of the time, some of the time, rarely, or never?
   d. Prepare using a spoon, water, or filter used by somebody else?
      i. All of the time, some of the time, rarely, or never?
   e. Have a safe place to use?
      i. All of the time, some of the time, rarely, or never?
      ii. If yes, what makes this place safe?
      iii. If no, what makes this place unsafe?

20. Do you know where to find harm reductions supplies?
   a. PROBE
      i. If yes, where do you get them from?
         1. What supplies do you get?
         2. How often do you get harm reduction supplies?

21. Have you experienced any violence related to your substance use?
   a. PROBE
      i. If yes, and you feel comfortable, can you please tell me what happened?

22. What would make using substances safer for you?
   a. PROBE
      i. Better access to harm reduction supplies
      ii. Safe injection site
      iii. Decriminalization of drug use
      iv. Safe person to use drugs with

23. Does using substances affect your ability to access HIV care & services?
   a. PROBES
      i. If yes, in what ways?
Covid-19 Pandemic Concealing a Syndemic of Concern: Sex, Gender, Methamphetamine and Sexually Transmitted and Blood Borne Infections in People Living with HIV in Manitoba

24. How did the COVID-19 pandemic impact your substance use?
   a. PROBE
      i. What changes in your pattern of use- availability, safety of substance, harm reduction supplies?
      ii. Changes to type of substance used or ways of using- did you use more of one substance or start injecting instead of smoking?

25. What do you think is the best way [how do you want] to learn about prevention and treatment of STBBI’s and harm reduction practices?

26. Is there anything else you want to tell us today?

That is the end of the interview portion of our time together today.

Thank you very much for speaking with me. I really appreciate you taking the time today to do this. I know some of these questions were very personal and might have brought up some emotions for you. If you need support after our chat, I can provide you a list of resources [give participant mental health support resource document]. [Insert name of counsellor or Elder] is available to speak with you now if you would like that support. You can also speak to [Participating Organization] and they can direct you to any other supports you can access.

Now that we have completed the interview portion of the interview, we will take a short break [discuss with the participant what they need to do- offer Elder support, food, break to walk around, smudge ceremony, stretch/move their body, etc.]. When we come back together, I will ask you to please fill out three short surveys. This should take another 30-45 minutes to complete. After that if there are things, you want to add to this discussion, we will make sure you have enough time to do that.
Participant Survey: Demographics & Life Circumstances

The following short questionnaire asks questions about you, such as your age, identity, where you live, your experiences with substance use, your sexual practices, and other life circumstances you may have encountered. This information is very helpful as it provides a better understanding of your experiences as a person living with HIV. We understand that these questions are very personal and intimate, and we appreciate your responses. There is no judgement about anything you share with us. Every person has different life experiences and situations that affect their health and well-being. Some of these questions may not apply to you, please only answer what is relevant to your life.

Please circle the answer(s) that applies to you, or write your answer in the space provided. If there are questions you do not feel comfortable answering, please select “Prefer not to say”. Please ask your interviewer if you would like them to better explain any of the questions.

Thank you for taking part in our survey!

PART A: Demographics

1. What is your date of birth? Day: ______/Month: ______/Year: ______

2. How old are you?

____________________________________________________________

3. What gender identity best describes you?
   a. Woman
   b. Man
   c. Transgender woman
   d. Transgender man
   e. Non-binary (agender, genderfluid, pangender, genderqueer, gender nonconforming, etc.)
   f. Two-Spirit
   g. Other
      Which? __________________________
   h. Prefer not to say
4. What sex were you assigned at birth? (as shown on your original birth certificate)
   a. Female
   b. Male
   c. Intersex
   d. Prefer not to say

5. What sexual orientation best describes you?
   (Please select all that apply to you)
   a. Lesbian
   b. Gay
   c. Bisexual
   d. Asexual
   e. Heterosexual/Straight
   f. Pansexual
   g. Other
      Which? ____________________
      Prefer not to say

6. What cultural background best describes you?
   (Please select all that apply to you)
   a. Indigenous
      i. First Nations
      ii. Métis
      iii. Inuk
      iv. Other ____________________
      v. Unspecified ____________________
   b. African
   c. White/European
   d. East/Southeast Asian
   e. South Asian
   f. South East Asian
   g. Hispanic or Latinx
   h. Middle Eastern
      i. Other (please specify) ____________________
      j. Prefer not to say
7. What is your marital status?
   a. Single
   b. Married
   c. Divorced
   d. Common-law
   e. Widowed
   f. Other
      Which ________________________________
   g. Prefer not to say

8. What languages do you speak? *(Please select all that apply to you)*

| Languages      | Yes | No | Which (please specify) *
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<td></td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>German</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ukrainian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punjabi</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prefer not to say</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*It applies just for “Other” option answers*
9. What religion best describes you? (Please select all that apply to you)
   a. Traditional Indigenous
   b. Christianity
      i. Catholicism
      ii. Witness of Jehovah
      iii. Evangelical
      iv. Protestant
      v. Orthodox
   c. Buddhism
   d. Hindu
   e. Jewish
   f. Muslim
   g. Sikh
   h. Other Religion__________________________
   i. No religious affiliation
   j. Prefer not to say

10. What is the highest level of education you have completed?
    a. K-12
       Which was the last grade? ______________
    b. Certificate, diploma, vocational course from an educational institution
    c. Bachelor’s degree
    d. Master’s degree
    e. Doctorate
    f. Other, which __________________________
    g. Prefer not to say

11. Where do you reside? (City/Town/Rural Community/Reserve)
    a. ______________________________________
12. The following question are about **difficulties you may have doing certain activities**. Please tell us only about problems that **have lasted or are expected to last for six months or more**. Mark your response with an X for each difficulty.

<table>
<thead>
<tr>
<th>Difficulties</th>
<th>No</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
<th>Prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking, using stairs, using hands or finger or doing other physical activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning, remembering, or concentrating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any emotional, psychological, or mental health conditions? (Anxiety, bipolar disorder, substance use, anorexia, etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART B. Income and Housing**

Now we will ask you some questions related to your income and housing. These answers will allow us to better understand the resources that people living with HIV may need to support their health and well-being.

13. Are you currently employed?
   a. Yes
   b. No
   c. Prefer not to say

14. What is your main source or source(s) of income?

   ________________________________________________________________

15. Which of the following is your approximate yearly income?
   a. less than 10,000 CAD/year
   b. 10,000 – 19,999 CAD/year
   c. 20,000 – 29,999 CAD/year
   d. 30,000 – 39,999 CAD/year
   e. 40,000 – 49,999 CAD/year
   f. More than 50,000/year
   g. Prefer not to say
16. **Please** mark with an X any items that you currently **have or do not** have enough income to cover. **(Please select all that apply to you)**

<table>
<thead>
<tr>
<th>Items</th>
<th>Have Enough</th>
<th>Do not have Enough</th>
<th>Prefer not to say</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing (rent, hydro, water)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childcare</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pet Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. What is your **current living situation**? **(Please select all that apply to you)**

<table>
<thead>
<tr>
<th>Living situation</th>
<th>Yes</th>
<th>No</th>
<th>Which (please specify) *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living alone (house/apartment)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with partner (married, common-law or relationship)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with roommates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with extended family members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experiencing housing instability (insecure housing, shelter, transitional housing, houseless)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prefer not to say</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*It applies just for “Other” option answers

**Questions 17, 18, and 19 only apply to people who are experiencing housing instability.**

18. How long have you experienced housing instability?

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Days</td>
<td>Months</td>
<td>Years</td>
<td></td>
</tr>
</tbody>
</table>

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Rueda, Keynan, Haworth-Brockman
19. **If you are experiencing housing instability**, which of the following are you experiencing? *(Please select all that apply to you)*

<table>
<thead>
<tr>
<th>Living situation</th>
<th>Yes</th>
<th>No</th>
<th>Which (please specify) *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insecure housing (month to month, threats by landlord to leave, unsure how you will pay rent next month)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Couch surfing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeping rough (sleeping in the streets)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staying at a shelter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short-term housing program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24/7 space</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prefer not to say</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*It applies just for “Other” option answers

20. **If you are experiencing housing instability**, did you experience housing instability before or after being diagnosed with HIV?
   a. Before I was diagnosed
   b. After I was diagnosed
   c. Before and after I was diagnosed
   d. Other
      Which?_____________________
   e. Prefer not to say

**PART C: Criminal Justice System**

The next few questions we want to ask you are related to your experiences with the criminal justice system. We are asking these questions as recent HIV infections have shown a number of infections in people who were incarcerated. These questions will help us to also understand how policing and surveillance may be affecting your life and health. We do not judge any of your answers and we are not affiliated in any way with police or the justice system.
21. Have you ever been incarcerated? (prison, jail, correctional facility)

<table>
<thead>
<tr>
<th></th>
<th>Initial date (from)</th>
<th>Final date (to)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Month: __________/Year: ________</td>
<td>Month: __________/Year: ________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Month: __________/Year: ________</td>
<td>Month: __________/Year: ________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Month: __________/Year: ________</td>
<td>Month: __________/Year: ________</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>(Skip to Part D)</td>
<td></td>
</tr>
</tbody>
</table>

22. Did you receive an HIV positive diagnosis while incarcerated?
   a. Yes
   b. No (Skip to question 23)
   c. Prefer not to say

23. If you did receive a positive diagnosis while incarcerated, who told you about your diagnosis? (Please select all that apply to you)
   a. Physician
   b. Nurse
   c. Administration staff
   d. Prison Guard
   e. Other _______________________
   f. Prefer not to say

24. Did you experience discrimination while incarcerated because of your HIV diagnosis?
   a. Yes
   b. No (Skip to question 25)
   c. Prefer not to say
25. If you did experience discrimination because of your HIV diagnosis, who did you experience discrimination from? (Please select all that apply to you)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Who (please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other incarcerated people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prison guards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child and Family Services (CFS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prefer not to say</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*It applies just for “Other” option answers

26. Have your experiences with the criminal justice system affected your ability to access HIV care and other health care services after you were released?
   a. Yes
   b. No
   c. Prefer not to say

27. Please select with an X the services you had access to while incarcerated

<table>
<thead>
<tr>
<th>Services</th>
<th>Had Access</th>
<th>Did not have access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health care services (regular physicals, doctor appointments)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV related care (medication, regular blood testing, specialist appointments)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STBBI testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harm Reduction Supplies (condoms, syringes, pipes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child and Family Services (CFS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health services and counselling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremony</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Sexually Transmitted and Blood Borne Infections
28. Are you currently under **correctional supervision** (e.g., bail conditions, probation, or parole)?  

<table>
<thead>
<tr>
<th></th>
<th>Start date (from)</th>
<th>Final date (to)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Month: __________</td>
<td>Year: _________</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prefer not to say</td>
<td></td>
<td>(Skip to Part D)</td>
</tr>
</tbody>
</table>

**PART D: Sexual Practices**

Now we would like to ask you some questions about your sexual practices. Please answer what you are comfortable with. We are asking these questions as people can acquire HIV through sexual activity but that is not the only way. The reason we are asking these questions is to help us better understand the sexual practices of people living with HIV which can be useful when informing safe sex education.

29. Are you currently sexually active?  
   a. Yes  
   b. No  
   c. Prefer not to say

30. In the **12 months** have you had sex with **(Please select all that apply to you)**

|                      | Yes | No | Which (please specify) *
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men and women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-binary person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two-spirit person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prefer not to say</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*It applies just for “Other” option answers

31. In the **past 12 months** how many sexual partners have you had?  
   a. _________________  
   b. Prefer not to say
32. When engaging in sexual activity, do you use any of the following safe sex protections?

<table>
<thead>
<tr>
<th>Protections</th>
<th>All of the time</th>
<th>Some of the time</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condoms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental dams</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-exposure prophylaxis (Prep)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post exposure prophylaxis (Pep)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular STBBI testing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)_____________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

33. How easy was it to get safe-sex protections before and during the COVID-19 pandemic?
   a. Easier before COVID-19 pandemic
   b. No difference before and during COVID-19 pandemic
   c. Easier during COVID-19 pandemic
   d. Prefer not to say

34. Do you use a form of contraception? (Birth control, condoms)
   a. Yes
   b. No (Skip to questions 36)
   c. Prefer not to say

35. Mark with an X your use of the following forms of contraception:

<table>
<thead>
<tr>
<th>Contraception</th>
<th>Yes</th>
<th>No</th>
<th>Which (please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-acting hormonal methods (oral birth control)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-acting reversible contraceptive (IUD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barrier Methods (condom, sponge, cervical cap)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural rhythm methods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterilization (tubal ligation or vasectomy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)______________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prefer not to say</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
36. How often do you get blood tests for sexually transmitted infections and blood born infections (Hep C, Syphilis, Gonorrhea)?
   a. Before engaging in sexual activity with a new partner
   b. Once a month
   c. Every few months
   d. Once a year
   e. When my doctor/nurse practitioner recommends
   f. Never
   g. Other
   When (please specify)? ________________________________
   h. Prefer not to say

PART E: Substance Use

We would now like to ask you about your substance use. These questions may or may not apply to you, and we want to assure you that there is no judgment based on your use of substances. We are asking these questions to understand how to better support people who are living with HIV who also may use substances

37. Do you currently use substances? (alcohol, marijuana, crystal meth, crack, cocaine)
   a. Yes
   b. No
   c. Prefer not to say

38. Please fill in this chart. For every substance please select with an (x) the quantity and length of consumption

<table>
<thead>
<tr>
<th>Substance</th>
<th>Consumption</th>
<th>Quantity Consumed</th>
<th>Time of consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
<td>Past</td>
<td>Present</td>
</tr>
<tr>
<td>Tobacco</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhaled Substances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoked Substances</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Rueda, Keynan, Haworth-Brockman

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39. How old were you when you started using substances?

________________
Age

40. What substance did you start with?

____________________________________
Name(s) of substance

41. Please describe your current and past substance use by using an X in every line

<table>
<thead>
<tr>
<th></th>
<th>Heavy use (one or more times per day)</th>
<th>Moderate use (few times per week)</th>
<th>Light use</th>
<th>Very light use (once a week or a few times a month)</th>
<th>Not using</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current substance use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance use when you started</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

42. Does substance use impact your sexual practices in any of the following ways, select with an X if yes or no:

<table>
<thead>
<tr>
<th>Impacts</th>
<th>Yes</th>
<th>No</th>
<th>Prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am more likely to engage in sex with multiple partners when using substances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am less likely to engage in sex with multiple partners when using substances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am less likely to use protection when engaging in sexual activity when using substances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am more likely to use protection when engaging in sexual activity when using substances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, which</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
43. If you use substances that you inject, **how often do you:**

<table>
<thead>
<tr>
<th>Practices</th>
<th>All of the time</th>
<th>Some of the time</th>
<th>Not very often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use a new needle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>inject with a needle or syringe used by somebody else</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bleach or clean needles used by somebody else</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare using a spoon, water, or filter used by somebody else</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have someone else inject your substances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have a safe place to inject</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know where to find harm reduction supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART F: Experiences with Violence**

For the last portion of this survey, we want to better understand your experiences with violence. This section may or may not apply to you. The reason we are asking these questions is because during the COVID-19 pandemic there was a reported increase in experiences of violence, in particular intimate partner violence and domestic violence. There is also a higher rate of women who have been diagnosed with HIV in Manitoba over the past few years – and women, transgender, non-binary people, as well as those who identify as Indigenous and 2SLGBTQQIA+ are more likely to experience all forms of violence.
44. Throughout your life, have you ever experienced any of the following types of violence? (Please select all that apply to you)

<table>
<thead>
<tr>
<th>Types of Violence</th>
<th>Any point in your life</th>
<th>Past 3 years</th>
<th>Currently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical violence</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sexual violence</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Stalking, harassment</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Emotional abuse</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Intimate Partner Violence (violence perpetrated by a partner in a romantic or dating relationship)</td>
<td></td>
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<tr>
<td>Domestic Violence (violence among people in a domestic situation- can include any type of family, or roommate)</td>
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<tr>
<td>Cyberstalking/cyberbullying</td>
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<tr>
<td>Child abuse</td>
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<td></td>
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<tr>
<td>Psychological / mental violence</td>
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<td></td>
<td></td>
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<tr>
<td>Other, which</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prefer not to say</td>
<td></td>
<td></td>
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</tbody>
</table>

45. If you are currently experiencing Intimate Partner Violence, mark with an X the ways it impacts you:

<table>
<thead>
<tr>
<th>Impacts</th>
<th>Yes</th>
<th>No</th>
<th>Prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am not able to attend HIV clinic appointments or HIV related care because of my partner (Partner controls my time and schedule, money for health care costs, etc.)</td>
<td></td>
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<tr>
<td>I am afraid of my partner finding out about when I am going to doctor appointments or taking medication</td>
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<tr>
<td>My health care is not impacted, and I am able to attend all my appointments</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other, which</td>
<td></td>
<td></td>
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</tbody>
</table>

46. Have you received any support or health care services to support you with healing from experiences of violence (trauma counselling, psychological support, traditional healing)?
   a. Yes
   b. No (Skip to question 48)
   c. Prefer not to say
47. **If you have received support following your experiences with violence, which of the following have you received? (Please select all that apply to you)**

| Supports                                         | Yes | No | Which (please specify) *
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Counselling (Trauma counselling, Domestic Violence counselling)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Psychological Support</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Support groups</td>
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<td></td>
<td></td>
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<tr>
<td>Traditional healing</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Domestic Violence shelter</td>
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<td></td>
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<tr>
<td>Women’s centre</td>
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<td></td>
<td></td>
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<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prefer not to say</td>
<td></td>
<td></td>
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</tbody>
</table>

*It applies just for “Other” option answers

48. **Has anyone shared your HIV status without your consent?**

   a. Yes
   b. No
   c. Prefer not to say

That brings us to the end of the survey. Thank you again for taking the time to fill out this survey. We really appreciate your time and willingness to share your experiences with us. If you have any questions or would like to talk more with the interviewer, or support person, that can happen now. We have also created a resource sheet to access support or counselling if you would like a copy.
Service Provider Interview Question Guide

<table>
<thead>
<tr>
<th>To be completed by facilitator</th>
<th>Facilitator Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant ID:</td>
<td></td>
</tr>
<tr>
<td>Participating Organization:</td>
<td></td>
</tr>
<tr>
<td>Location:</td>
<td></td>
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<tr>
<td>Interview date:</td>
<td></td>
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<tr>
<td>Interview time:</td>
<td>Start End</td>
</tr>
<tr>
<td>Duration</td>
<td></td>
</tr>
<tr>
<td>Confirmation of consent signed</td>
<td></td>
</tr>
</tbody>
</table>

Thank you for agreeing to speak with me today. My name is [INSERT] and my pronouns are INSERT. My role with this project is as a [Research Assistant, Research Associate].

Before we start the formal interview questions, I would like to remind you that we are here to speak about your experiences as a service provider [clinic program providers and/or social service employee] to provide additional perspectives on institutions, structures and policies related to HIV Care in Manitoba. The interview should take approximately 45 to 60 minutes.

Everything you share with me will be kept confidential. I also want to remind you that our conversation will be recorded so your words are captured as accurately as possible, but the recording will be kept securely and destroyed once the study is over.

You have been asked to participate in this interview as you:

1) Are a clinic service provider or social service employee who works with and/or provides services to people living with HIV or other STBBI’s in Manitoba [and/or people who inject drugs]

Does this statement apply to you?

Yes

No
[If no, relay that they are not eligible to participate in the study. Thank them for their time, and end interview].

For the purpose of our discussion, STBBI Services may include:
- HIV testing / care
- Hepatitis C testing / care
- Syphilis testing / care
- Other sexually transmitted infection (STI) testing / care
- Obtaining safe sex products (condoms, dental dams, pre/post exposure prophylaxis)
- Information about STBBI testing/care
- Counselling related to STBBIs
- Community services or supports related to STBBIs

Do you have any questions for me before we begin?

1. **Could you please describe your role?**
   a. PROBES
      i. Type of organization (Clinic, CHC, Community Organization)
      ii. Position Title
      iii. Main job duties
      iv. Schedule

2. **What services does your organization provide?**
   a. PROBES
      i. Women’s health, mental health, addictions?

3. **Please tell me about what services are working well for your clients/patients living with HIV?**
   a. PROBES
      i. Specific supports or programs
      ii. Accessibility
      iii. Campaigns
      iv. New services to deal with COVID-19

4. **What barriers to accessing or remaining in care have you identified for people living with HIV?**
   a. PROBES
      i. Attitudes to some clients
      ii. Limited hours or sites
      iii. Shortages of supplies or staff
      iv. Person’s gender identity
      v. Stigma towards infectious diseases, substance use, race, etc.
5. What barriers have you identified for PLHIV who are actively using substances that may prevent them from accessing care?
   a. PROBES
      i. Attitudes of staff
      ii. Administrative regulations
      iii. Stigma associated with substance use, race, gender
      iv. Behaviour challenges related to substance use

6. What major changes have you noticed in your clients/patients due to the COVID-19 pandemic?
   a. PROBES
      i. Increased drug use
      ii. Increased experiences of violence
      iii. Mental health challenges
      iv. Housing instability
      v. Income instability
      vi. Incarceration
      vii. Increase in sex work
      viii. Suicidal ideation
      ix. Anything else?

7. What are some examples of success factors that you have seen clients employ during the COVID-19 pandemic to ensure they continue to get the care they need?

8. How has the COVID-19 pandemic affected the services in your organization?
   a. PROBES
      i. Changes of hours
      ii. Not enough staff to meet client needs
      iii. Virtual platform challenges
      iv. Increased needs of clients related to drug use
      v. Strain on health care system & referral services
      vi. Impact on staff to deliver services
         1. Burnout
         2. Getting sick themselves
         3. Not enough training for new staff

9. How has the COVID-19 pandemic affected you personally as a service provider?
   a. PROBES
      I. Mental health challenges
      II. Burnout
      III. Secondary trauma
      IV. Increased work load
      V. Covid-19 reinfections
10. How do you support people whose needs fall outside of the services you offer?
   a. PROBE
      i. Collaborate with other health providers or community agencies to connect people to these services
      ii. Relationships with other providers in the community

11. What strategies do you currently use to support people living with HIV who use substances?
   a. PROBES
      i. What additional training, resources, education do you need?

12. What is your understanding of harm reduction and how do you apply this in your work?
   a. PROBES
      i. Harm reduction- knowledge, attitudes
      ii. What else do you want to learn about harm reduction?

13. What strategies do you use to support your clients with prevention of STBBI's?
    a. PROBES:
       i. PrEP, STBBI testing, counselling/mental health support
       ii. Education/sharing knowledge about STBBI's- how they are transmitted, how are the treated?

14. What do you personally do or what does your organization do to create a safe space/environment for clients?
    a. PROBES
       i. Environment- accessibility, meeting clients where they are at, safety
       ii. Training- anti-racism, anti-oppression
       iii. Policies- sexual harassment, violence, covid safety, harm reduction
       iv. Practices- cultural safety, trauma informed care

15. Can you tell me what you think about the policies in Manitoba related to HIV?
    a. PROBES
       i. Specific policies working against ability to get, receive or remain engaged in care
       ii. Policies currently working well to support PLHIV
       iii. Policies you would create to support you in your work as a service provider

16. What are your suggestions for policy change or program enhancements that would both support PLHIV and service providers delivering care?
    a. PROBES
       i. Additional options for care, additional services
       ii. Referrals to other services
iii. Bundling services in one appointment or location (wrap around care)

17. What additional resources are needed to better support people living with HIV in Manitoba?
   a. PROBES
      i. Prevention- i.e. PREP
      ii. Additional options for care
      iii. Knowledge about STBBI’s- how they are transmitted, how are the treated?

18. What do you think is the best way [how do you want] to learn about prevention and treatment of STBBI’s and harm reduction practices?

19. We are asking everyone involved in this study to share their gender. If you are comfortable, can you please tell us how you identify?

That is the end of our interview today. Before we go, I wanted to know if you wanted to share anything else with me? Or if you think we should have asked you about something else?

Thank you very much for speaking with me. We really appreciate your time and efforts and the valuable information you have shared with us today.