

Synergizing Health Interventions for Toronto Gay and Bisexual Men (SHIFT): Examining the Prospect of Task-Shifting HIV Prevention Services from Healthcare Providers to Community Workers

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Background

1 Two-spirit, gay, bisexual and other trans and cisgender men who have sex with men (GBM) in Canada continue to experience multiple barriers to achieving sexual, physical, and emotional well-being.

2 Several factors continue to place GBM, particularly those marginalized by racism and other identities and experiences, at disproportionate risk for HIV and STBBIs. These include limited access to HIV prevention services (HIV/STBBI testing, PrEP) and mental health services.

3 Community-based interventions, such as those provided by AIDS Service Organizations (ASOs), are vital to providing highly effective services for GBM, but often lack the requisite training or resources to provide clinical services (e.g., PrEP, HIV testing, or counselling) that are essential for responding to health inequities.

4 Task-shifting, or the delegation of clinical tasks to non-clinical personnel, has been used in settings where resources are limited or where specialized services are needed.

5 As such, SHIFT, a community-based, multi-year, implementation project, was conducted to explore the possibility of tasking HIV prevention services for GBM in Toronto.

Methods

Using community-based research approaches, a four-phase, multi-year implementation study was conducted, including interviews with 33 clinicians and community workers (CWs) serving GBM in Toronto.

A thematic analysis of the interview data was conducted to identify possible implementable solutions for increased access to care for GBM in Toronto, particularly HIV/STBBI testing, PrEP and mental health.

- The 19 clinicians included physicians, HIV specialists, nurses, psychologists, psychotherapists and a pharmacist.
- The 14 CWs came from a variety of ASOs serving GBM in Toronto, and organizations in other regions that exemplified task-shifting opportunities.
- Participants represented a wide variety of racial/ethnic backgrounds, educational backgrounds, sexual orientations, gender identities and years working in the field

Findings

There was substantial agreement between clinicians and CWs with regard to task-shifting possibilities. In particular, the following services provided opportunities for task-shifting:

HIV/STBBI Testing

- Many felt rapid HIV testing could be performed by CWs
- CWs could perform pre- and post-counselling for self-testing and home testing for HIV/STBBIs
- ASOs could provide self-testing kits

PrEP

- CWs could perform pre-counselling for PrEP and follow-up
- CWs can also help with case management and system navigation
- CWs could do most tasks other than testing and prescribing

Mental Health

- Conversations about mental health were more complex
- CWs could be trained to perform mental health screeners with clients
- CWs could co-lead mental health/psychoed groups with clinicians

Discussion

1 Task-shifting, the delegation of clinical tasks to non-clinical personnel to increase access to HIV prevention services for GBM, has wide-ranging support among clinicians and CWs who work with this population.

3 Given CWs' close ties to community, they are well-positioned to reach marginalized GBM who are not connected to mainstream health services. Further utilizing their existing skillsets could help increase access to these services for marginalized GBM.

2 The most feasible avenues for task-shifting include CWs performing pre- and post-test counselling for self-testing for HIV/STBBIs and several tasks around PrEP. With Ontario's recent approval of self-tests for HIV/STBBIs, ASOs and CWs could have a large role to play in providing access to this service.

4 Based on these findings and further community consultation in January 2021, the SHIFT project will be developing, implementing and evaluating a task-shifting strategy to increase access to PrEP for GBM in Toronto.