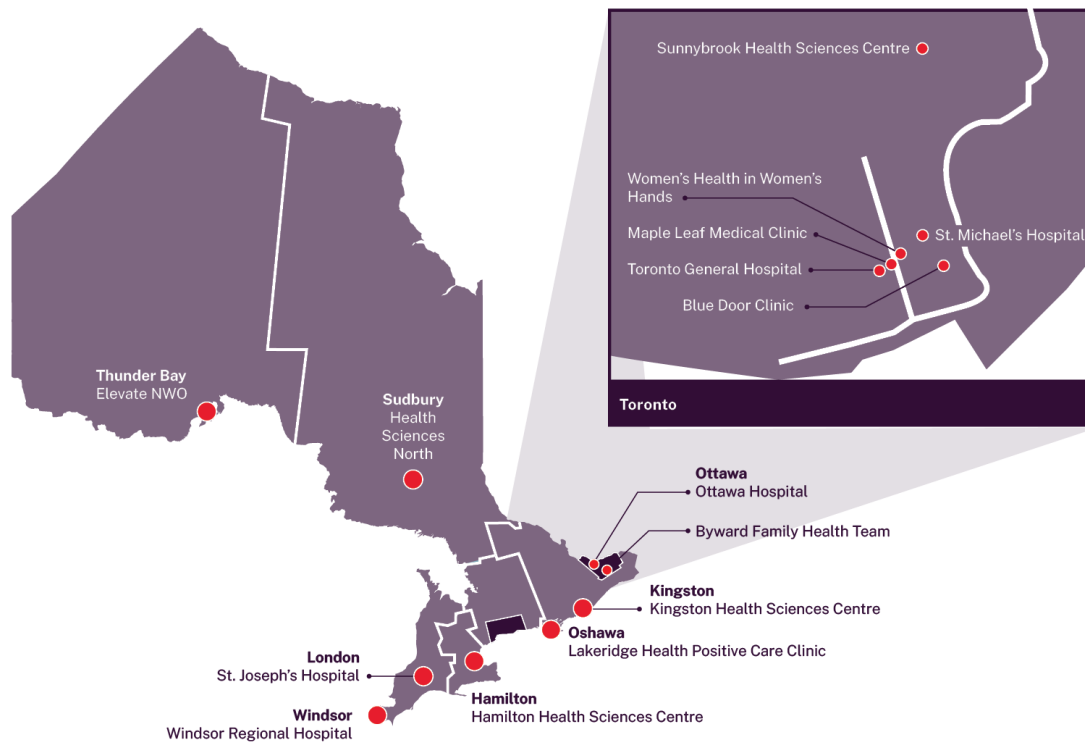




OCS
OHTN COHORT STUDY

REGIONAL REPORT



The data below show key demographic, socioeconomic, and health characteristics of OCS participants who completed a questionnaire in 2022.

Table 1. Cohort Information

| | Eastern Ontario^a | Northern Ontario^b | Southwestern Ontario^c | Toronto^d | OCS Total |
|---|------------------------------------|-------------------------------------|---|----------------------------|------------------|
| Total participants ever enrolled^e | 963 | 330 | 1266 | 5,918 | 8,477 |
| Active participants (as of March 2023) | 431 | 142 | 646 | 3,229 | 4,448 |
| Completed a questionnaire in 2022 | 200 | 59 | 363 | 1,607 | 2,229 |

^aIncludes Lakeridge Health Centre (Whitby), Kingston Health Sciences Centre (Kingston), Byward Family Health Team (Ottawa), and the Ottawa Hospital (Ottawa).

^bIncludes Elevate Northwestern Ontario (Thunder Bay) and Health Sciences North (Sudbury)

^cIncludes St. Joseph Hospital (London), Windsor Regional Hospital (Windsor), and Hamilton Health Sciences Centre (Hamilton)

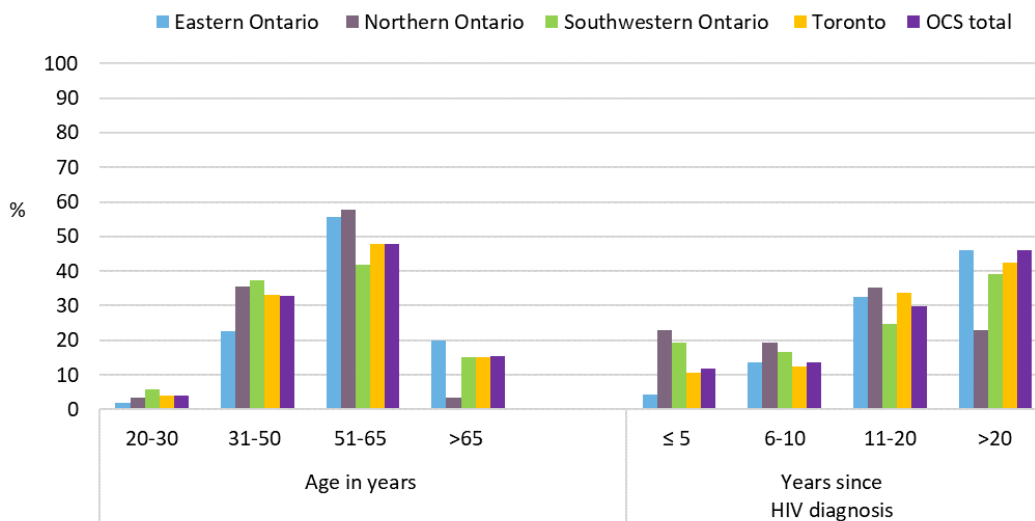
^dIncludes Women's Health in Women's Hands (WHIWH), Blue Door Clinic, Toronto General Hospital, Sunnybrook Health Sciences Centre, St. Michael's Hospital, and Maple Leaf Medical Clinic.

^eParticipants enrolled since 1995 and includes people who are deceased, lost to follow-up, or moved to another OCS site.

DEMOGRAPHIC CHARACTERISTICS

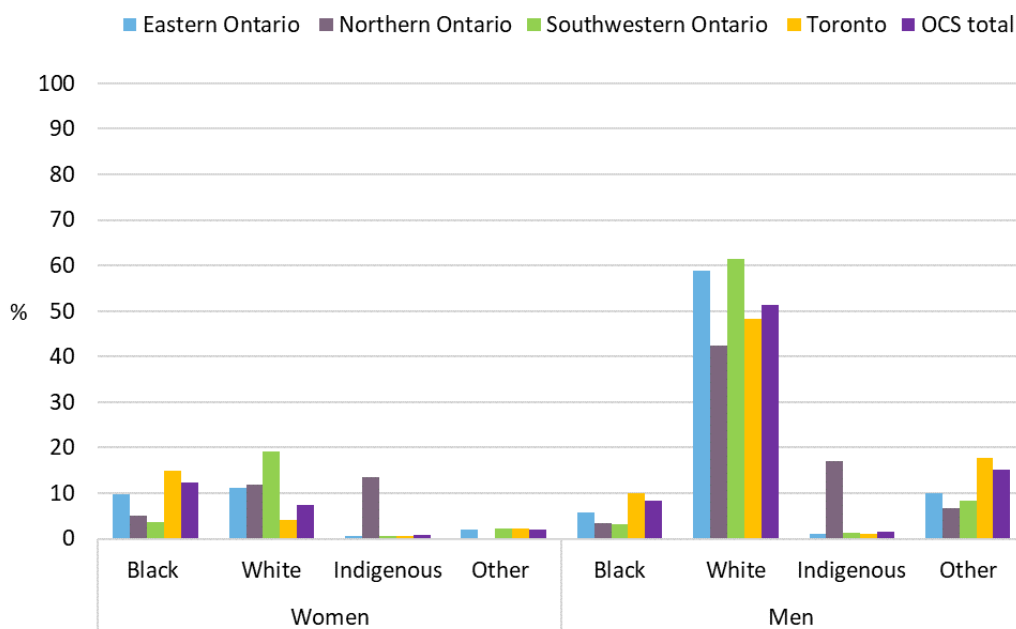
- Higher percentage of participants in Eastern Ontario and Northern Ontario were older than 50 years and have lived longer with HIV than all OCS participants; whereas the age breakdown of participants from Toronto was similar to overall OCS participants (Figure 1).

Figure 1. Age and years since HIV diagnosis



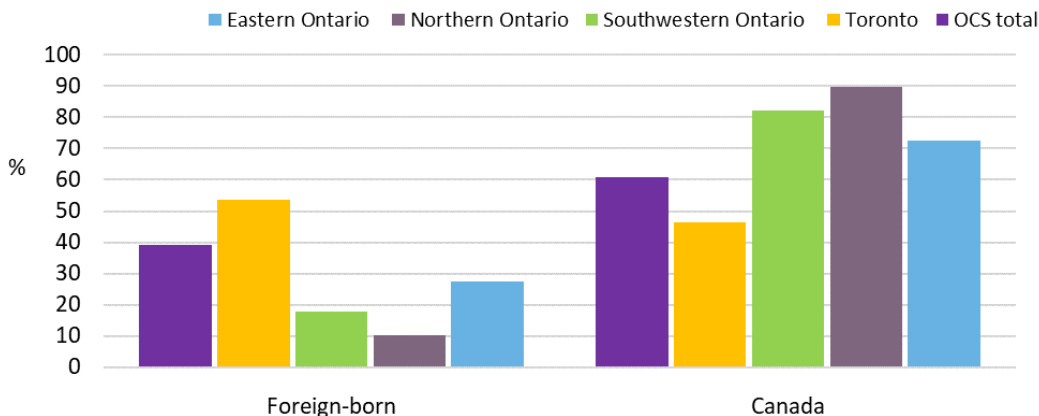
- Compared to other regions, higher percent of women from Toronto identified as Black; higher percent of women from Northern Toronto identified as Indigenous; and higher percent of women from Southwestern Ontario identified as White (Figure 2).
- Highest percent of men from Toronto identified as Black or 'Other' than other regions; higher percent of men from Northern Toronto identified as Indigenous than other regions; and higher percent of men from Southwestern and Eastern Ontario identified as White than other regions (Figure 2).

Figure 2. Gender and race/ethnicity



- Higher percent of participants from Toronto were born outside of Canada compared to participants from other regions of Ontario or overall OCS participants (Figure 3).

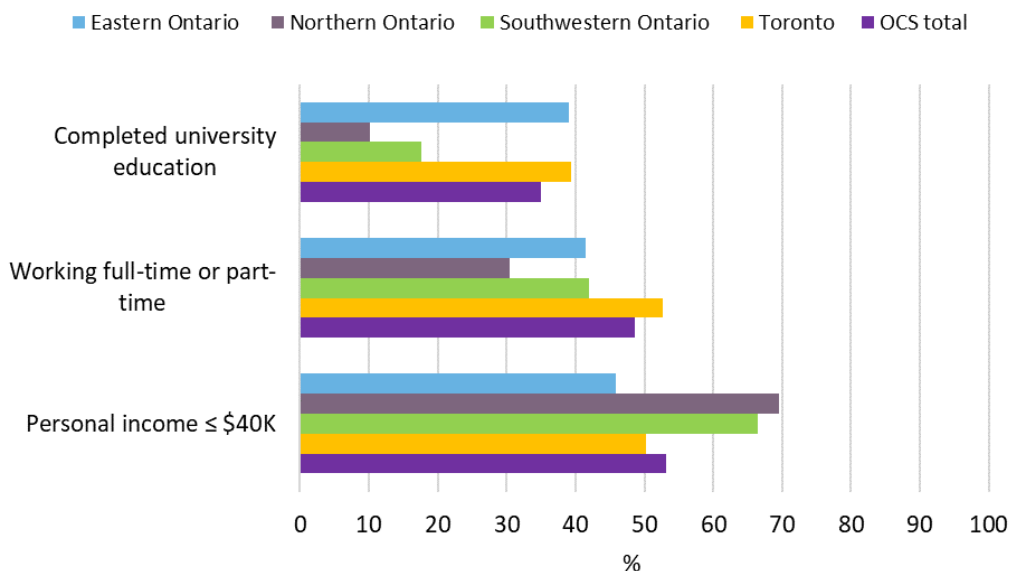
Figure 3. Country of birth



SOCIOECONOMIC CHARACTERISTICS

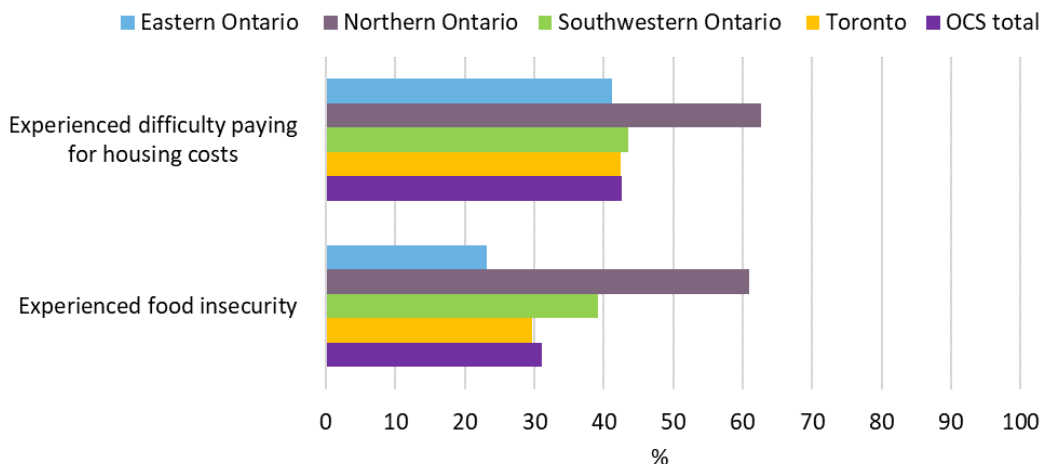
- Lower percent of participants from Northern Ontario and Southwestern Ontario have completed university level of education than participants from Eastern Ontario or Toronto (Figure 4).
- Unemployment level was higher among participants from Northern Ontario, Eastern Ontario, and Southwestern Ontario than participants from Toronto (Figure 4).
- Higher percent of participants from Northern Ontario and Southwestern Ontario reported low personal income than participants from Eastern Ontario or Toronto (Figure 4)

Figure 4. Education, employment, and personal income



- Higher percent of participants from Northern Ontario experienced difficulty paying for housing than participants from other regions of Ontario (Figure 5).
- Food insecurity was higher among participants from Northern and Southwestern Ontario than participants from Toronto or Eastern Ontario (Figure 5).

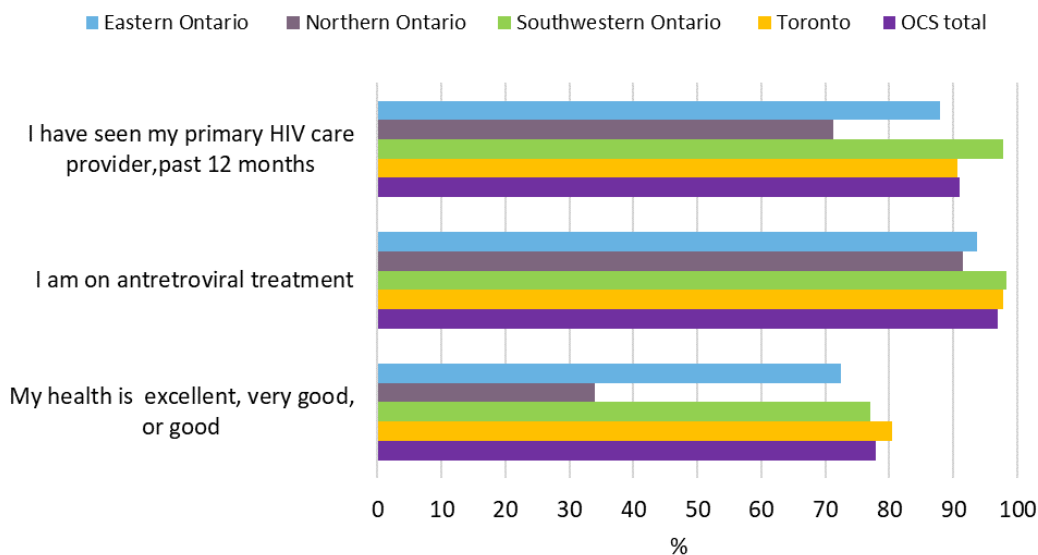
Figure 5. Housing cost and food insecurity



HEALTH CARE AND OUTCOMES

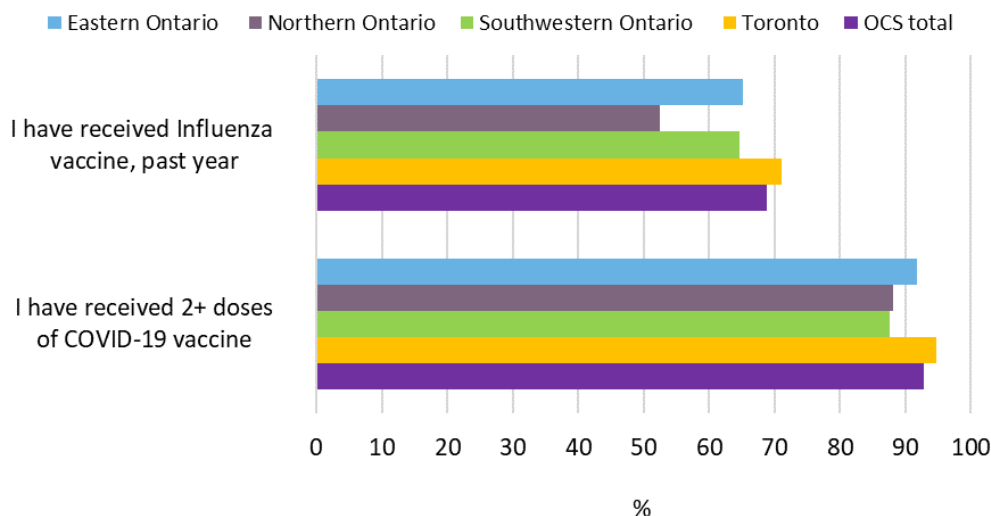
- Lower percent of participants from Northern Ontario reported seeing their primary HIV care provider in the past 12 months than participants from other regions of Ontario (Figure 6).
- Overall, 97% of all OCS participants were on antiretroviral treatment. However, lower percent of participants from Eastern and Northern Ontario were on antiretroviral treatment (Figure 6).
- Lower percent of Northern Ontario participants rated their general health as excellent, very good, or good, compared to OCS participants in other regions of Ontario (Figure 6).

Figure 6. Access to care, ART treatment, and self-rated health



- Higher percent of participants from Toronto reported receiving influenza vaccine in the past year than participants from Eastern, Northern, and Southwestern Ontario (Figure 7).
- While 93% of all OCS participants have received 2 or more doses of COVID-19 vaccine, the uptake was lower in Northern Ontario and Southwestern Ontario than other regions of Ontario (Figure 7).

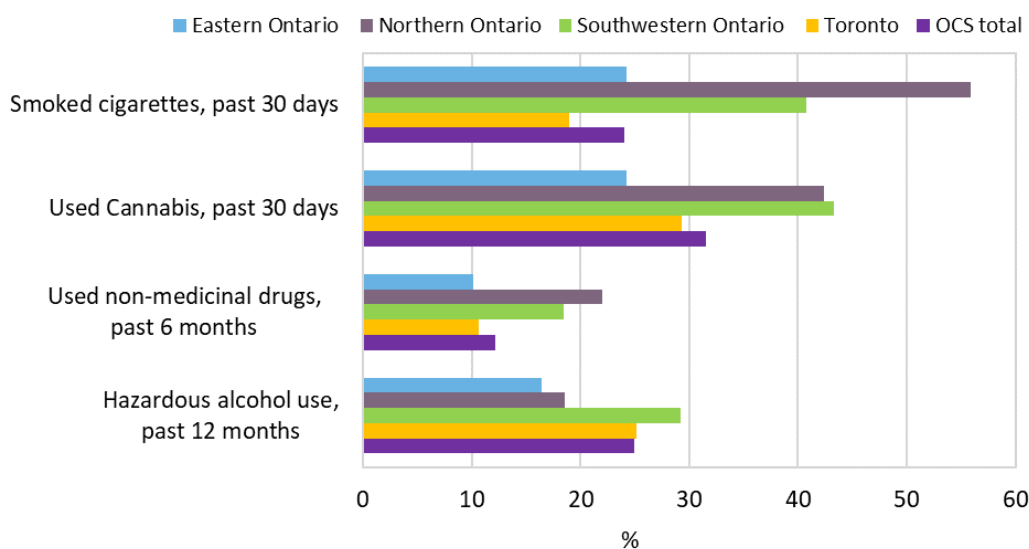
Figure 7. Influenza and COVID-19 vaccination coverage



HEALTH BEHAVIOURS

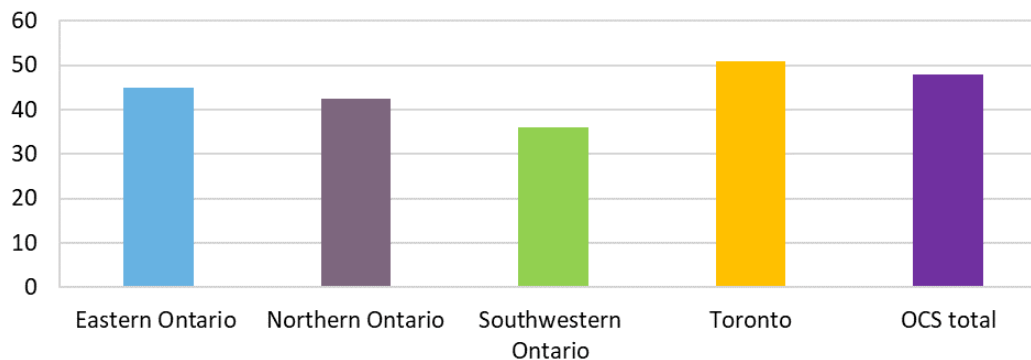
- Higher percent of participants from Northern Ontario and Southwestern Ontario reported smoking cigarettes in the past 30 days, cannabis use in the past last 30 days, and non-medicinal drug use in the past 6 months, compared to participants from Toronto and Eastern Ontario (Figure 8).
- Higher percent of Southwestern Ontario participants reported hazardous alcohol use in the past 12 months than participants from other regions (Figure 8).

Figure 8. Cigarette smoking, non-medicinal drug use, and alcohol use



- Higher participants from Toronto reported doing moderate/vigorous exercise 3 or more times in the past week, compared to participants from other regions of Ontario (Figure 9).

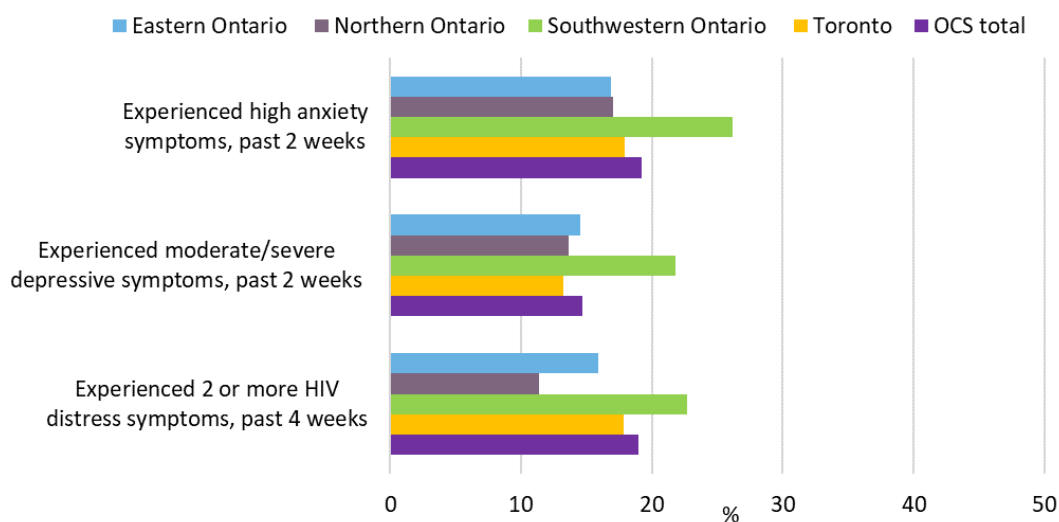
Figure 9.Physical exercise in the past week



MENTAL HEALTH /HIV SYMPTOM DISTRESS

- Higher percent of Southwestern Ontario participants reported experiencing anxiety symptoms, moderate to severe depressive symptoms, and 2 or more HIV distress symptoms, compared to participants from other regions of Ontario. (Figure 10).
- Lower percent of participants from Northern Ontario reported experiencing 2 or more HIV distress symptoms than other regions (Figure 10).

Figure 10. General anxiety, depressive symptoms, and HIV distress symptoms



COMORBIDITIES, HEALTH-RELATED QUALITY OF LIFE (HRQOL), AND SOCIAL SUPPORT

- Participants from Northern Ontario reported lower/poor physical and mental HRQOL than participants from other regions of Ontario (Table 2).
- Northern Ontario participants also reported lower social support than participants from other regions of Ontario
- Asthma and Chronic Obstructive Pulmonary Disease (COPD) were in the top-5 reported comorbidities among participants from Northern Ontario.
- OPD Mental health conditions and hyperlipidemia were the two most common self-reported comorbidities in all regions.

a

Table 2. Comorbidities, health-related quality of life, and social support

| | Eastern Ontario | Northern Ontario | Southwestern Ontario | Toronto | OCS Total |
|---|---|--|--|--|--|
| Top five self-reported comorbidities | <ul style="list-style-type: none"> • Mental health conditions • Hyperlipidemia • Hypertension • Diabetes • Cardiovascular diseases | <ul style="list-style-type: none"> • Mental health conditions • Hyperlipidemia • COPD • Asthma • Arrhythmia | <ul style="list-style-type: none"> • Mental health conditions • Hyperlipidemia • Hypertension • Bone & Joint disorders • Chronic pain | <ul style="list-style-type: none"> • Mental health conditions • Hyperlipidemia • Hypertension • Diabetes • Bone & Joint disorders | <ul style="list-style-type: none"> • Mental health conditions^a • Hyperlipidemia • Hypertension • Bone & Joint disorders • Diabetes |
| Health-related quality of life (SF-12 scale) * | | | | | |
| Physical health summary score (Median) ^b | 50.4 | 47.3 | 51.3 | 53.3 | 52.9 |
| Mental health summary score (Median) ^b | 49.5 | 41.3 | 47.9 | 50.9 | 50.0 |
| Social Support | | | | | |
| Overall social support score (Median) ^c | 4.0 | 3.1 | 4.0 | 4.0 | 4.0 |

^a Top five mental health conditions among all OCS participants were Post Traumatic Stress Disorder, Social Anxiety Disorders, Bipolar Mood Disorders, Panic Disorder, and Depression.

^b Possible range is 0 to 100. Higher score indicates higher quality of life.

^c Possible range is 0 to 5. Higher score indicates higher social support.

*A difference of 2-3 points for physical health summary score and 2 points for mental health summary score are considered clinically significant.

More information about the questionnaire and topics included are available at ohtncohortstudy.ca.

