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Background

Ontario welcomes a substantial portion of newcomers to Canada each year. For people living with and at risk for HIV, migration requires adjustment not only to a new culture and country, but also a rapid transition into much needed healthcare.

HIV outcomes are related to economic stability and social support, which can be challenging post-migration. The aim of this study is to assess the impact of migration on healthcare access, social support or quality of life of PLWH in Ontario.

Methods

The OHTN Cohort Study (OCS) enrolls PLWH receiving care in 15 clinics in Ontario. Between 2020 and 2022, the annual OCS questionnaire was expanded to include retrospective questions aimed at capturing pre and post migration experiences of participants who moved to Canada in 2012 or later. They included Likert scale questions about meeting basic needs, discrimination, education and employment opportunities, access to HIV care and social connections.

Individual responses were tracked to determine changes pre and post-migration, and a sign test was used for significance testing. Positive and negative shifts post migration for each well-being aspect are reported.

Results

Between 2020 and 2022, 329 OCS participants completed the Experiences of Migration questions and the following describes this group of participants:

- Median age (in 2022): 40 years
- Median age at immigration to Canada: 35 years
- Median age at HIV diagnosis: 30 years
- 52% women, 37% gay, bisexual, and other men who have sex with men (GBMSM), 11% heterosexual men.
- 62% were diagnosed in another country, 36% diagnosed in Ontario, 2% diagnosed elsewhere in Canada
- 48% immigrated from Africa, 15% from The Caribbean, 14% from Asia, 9% from North America, 9% from Central and South America and 6% from Europe
- 39% immigrated 6-10 years ago, 49% immigrated 3-5 years ago, and 12% immigrated 2 years ago or sooner

Post-Migration Well-being Impact Analysis

Overall, participants experienced a positive change post-migration for access to basic needs (food, clothing etc.), feeling of safety, access to employment and access to HIV testing and care.

Figure 1: Post-migration changes in basic needs fulfillment, safety, employment access and HIV stigma experiences

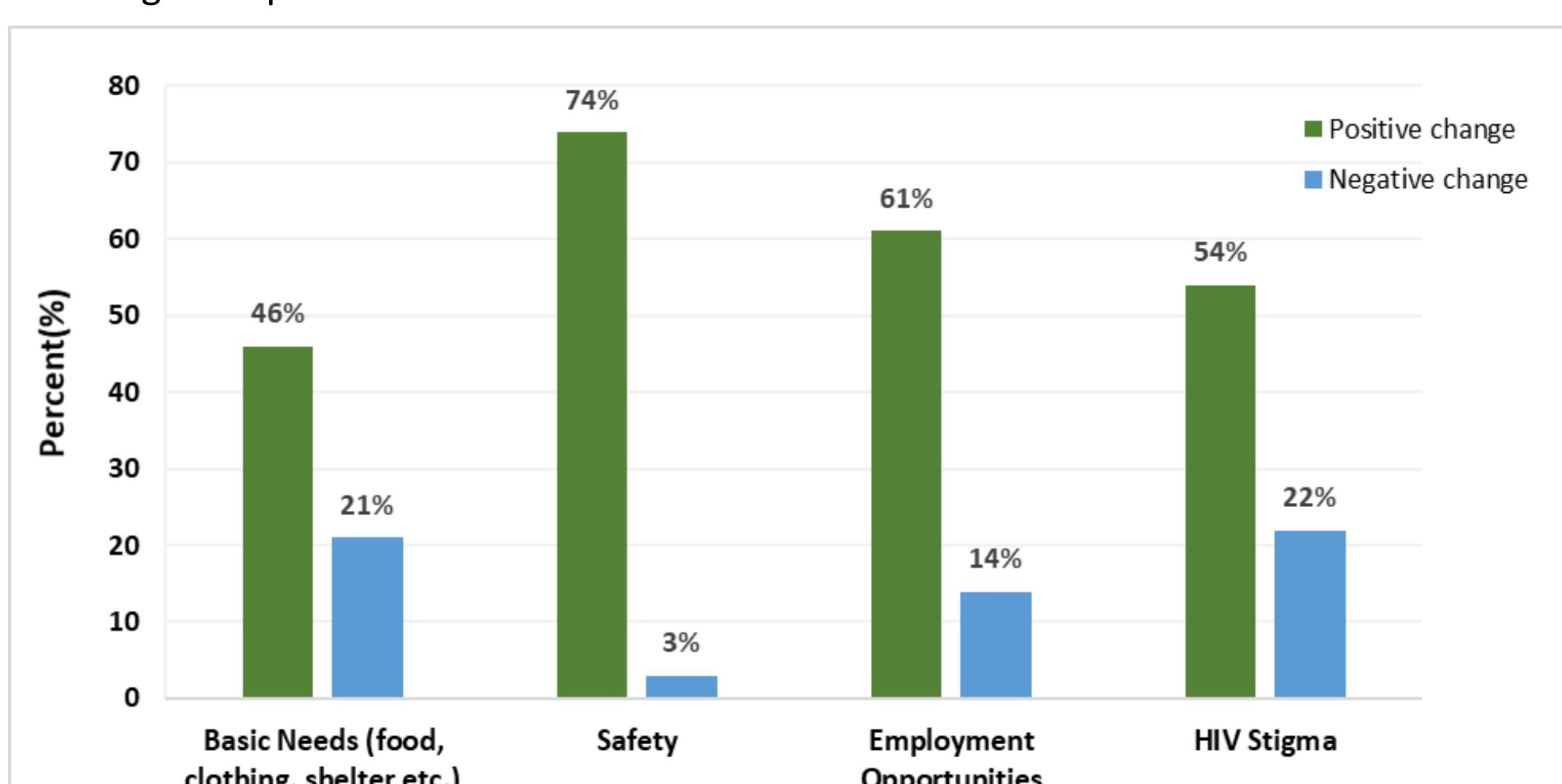
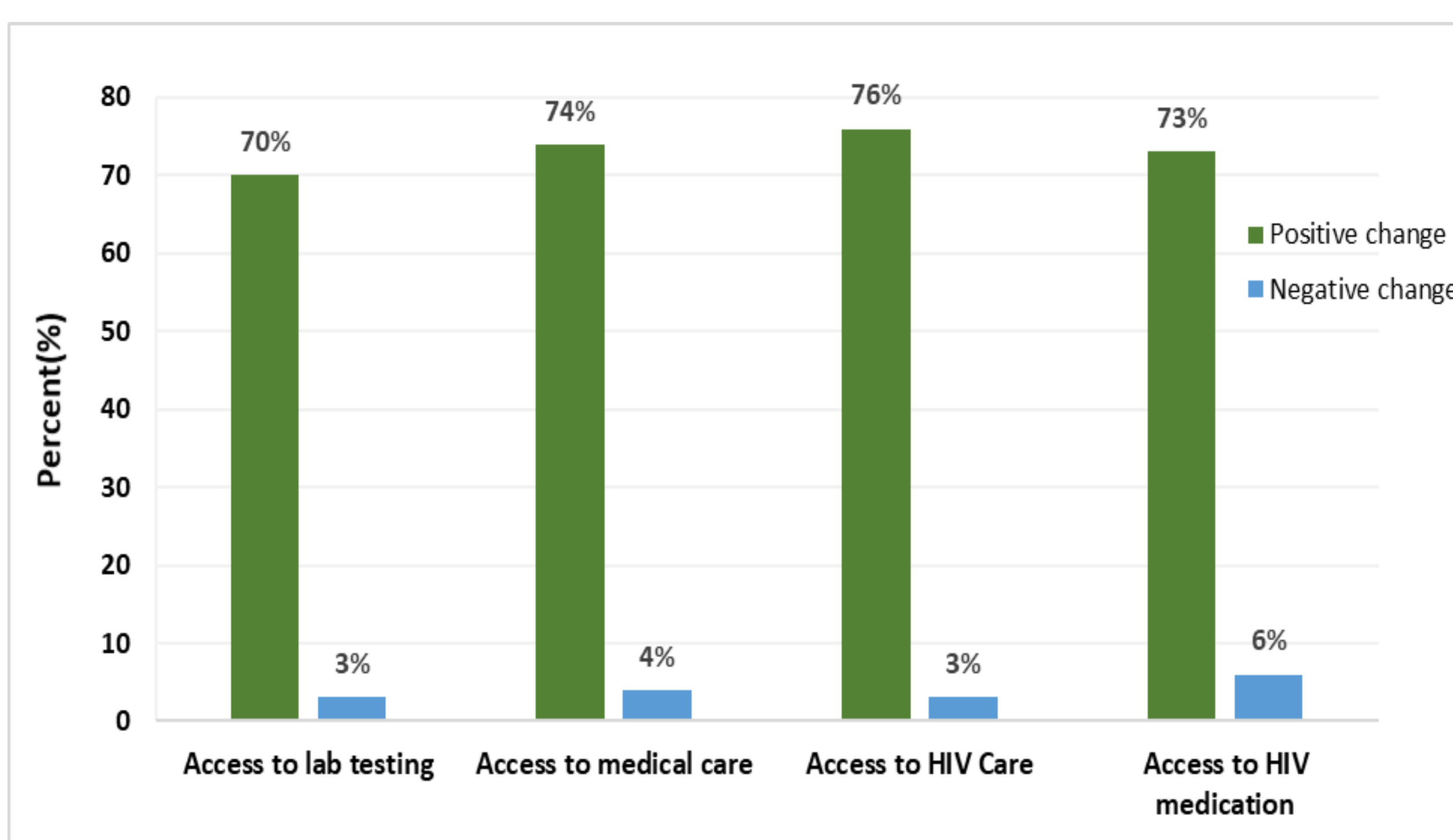
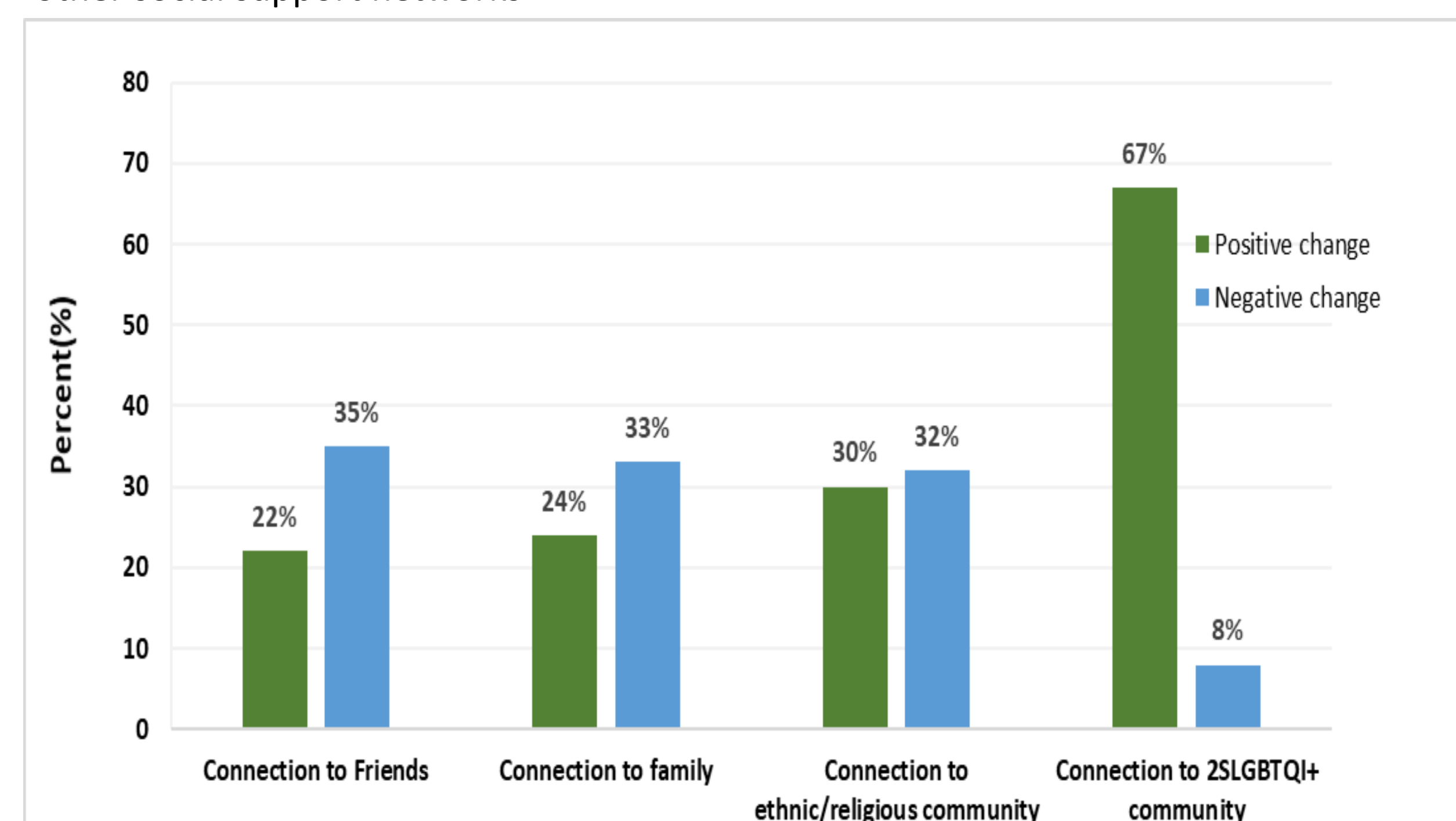


Figure 2: Post-migration changes in satisfaction with access to HIV testing and care



Although more negative changes post-migration were reported for connection to friends and family, 2SLGBTQI+ participants experienced improved connection to the 2SLGBTQI+ community in Canada.

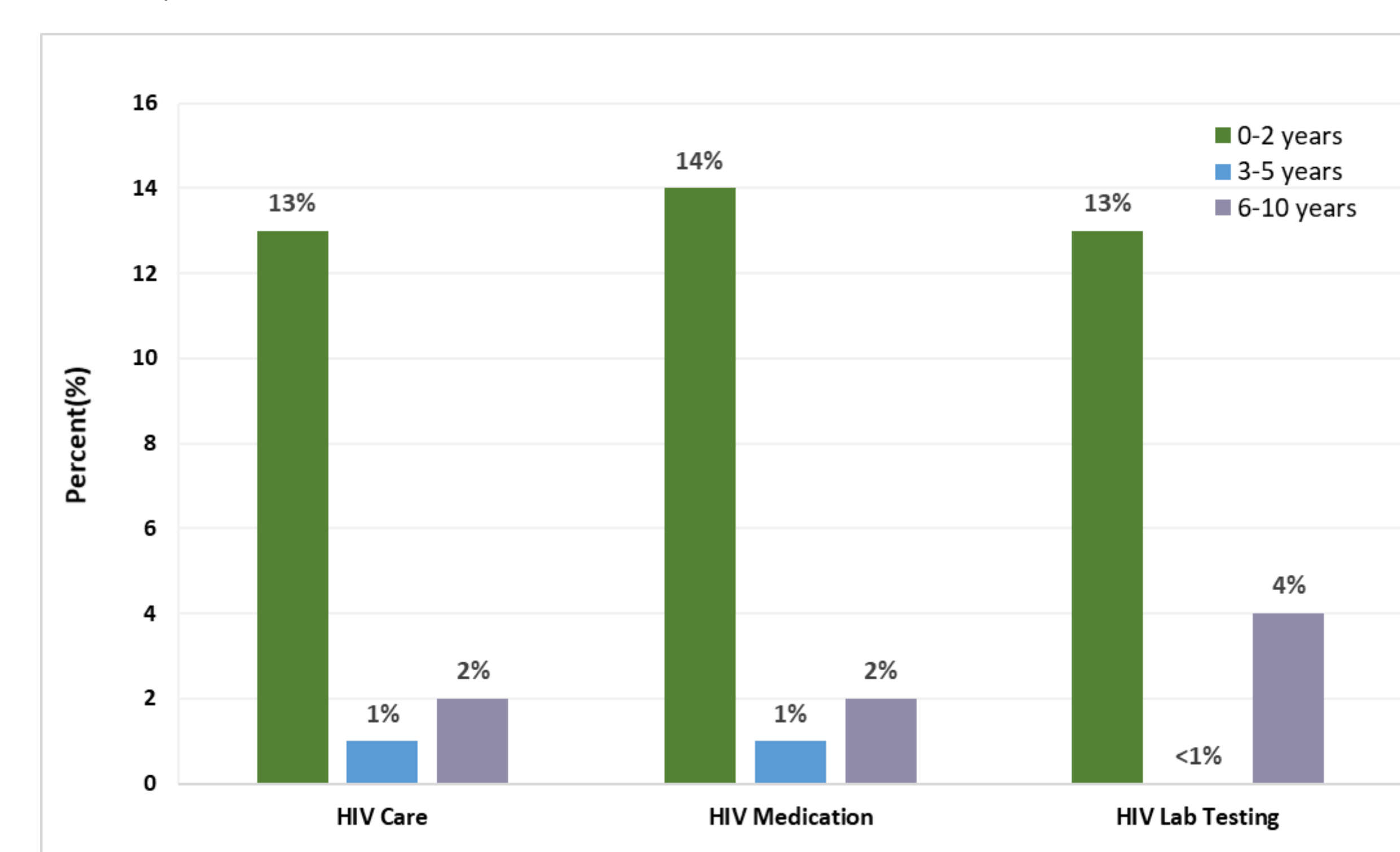
Figure 3: Post-migration changes in satisfaction with connection to friends, family and other social support networks



Time in Canada

Newcomers (0-2 years in Canada) reported more negative post-migration experiences with access to HIV care and medication. These experiences seem to improve within the 3-5 year period of living in Canada and slightly decline again after spending 6 or more years in Canada.

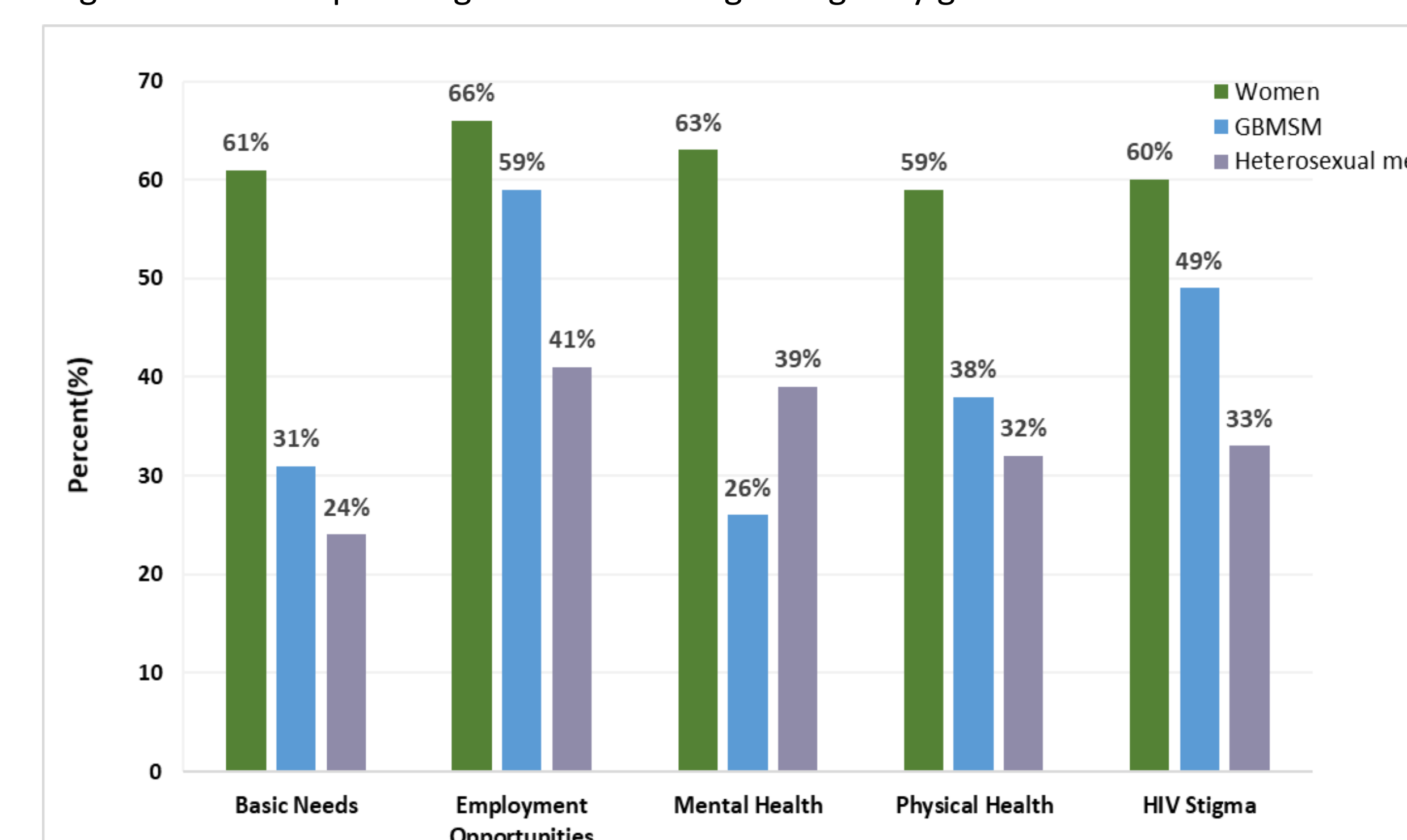
Figure 4: Negative post-migration changes in HIV care experience (by time spent in Canada)



Gender and Sexual Orientation

Women generally reported more positive changes than GBMSM and heterosexual men, while heterosexual men generally reported more negative experiences post-migration.

Figure 5: Positive post-migration well-being changes by gender and sexual orientation



Discussion

Overall, PLWH in Ontario reported positive experiences post-migration. However, enhancing the integration of new immigrants into HIV care remains a vital step. To further support their health outcomes, it is essential to ensure that PLWH are well connected to community resources and have ample social support systems in place.

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<http://ohtncohortstudy.ca/acknowledgements/>

Conflict of Interest Disclosure: "I have no conflicts of interest"