

# Edmonton Progress Card

**Advance** is a pan-Canadian collaboration to improve the accessibility and uptake of health services among gay, bisexual, queer, and other men who have sex with men (cis and trans), and Two-Spirit people (GBT2Q) in Canada. This Progress Card presents statistics compiled from the Edmonton Pride sample of CBRC's 2018 Sex Now Survey, a nation-wide survey of GBT2Q guys. It provides a snapshot of key indicators related to access and uptake of HIV & STBBI combination prevention services for service providers, policy makers, and community members.

## Participant Demographics<sup>1</sup>

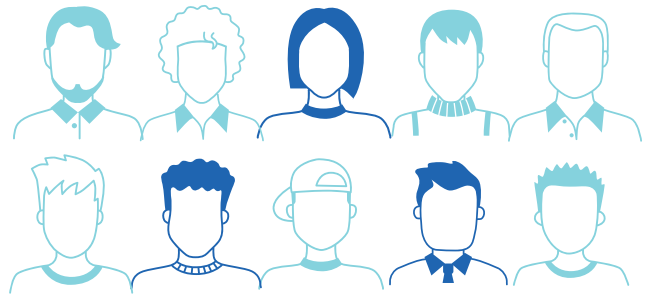
**297**

Total number of survey participants in the Edmonton Sample

**7** HIV+ participants  
**15%** were born outside of Canada  
**32%** were not white  
**7%** were trans

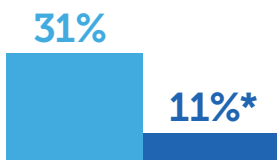
### Age breakdown

16-25	26-35	36-45	46-55	56-65	66-75	76-85
30.58%	48.45%	12.37%	6.53%	1.72%	0%	0.34%



**3 in 10** are either not out or unsure if their doctor knows about their sexual orientation

## Primary Health Care



**31%** of HIV- participants do not have a regular family doctor or nurse practitioner compared to **11%\*** of HIV+ participants

## Sexually Transmitted and Blood Borne Infection (STBBI) Testing

**6%** of participants had never been tested for STBBIs. We asked the 94% of participants who had been tested when their most recent STBBI testing was:

<p><b>56%</b> Within the last 6 months</p> <p>96% had a blood test 89% had a urine test</p>	<p><b>15%</b> 6 months to 1 year ago</p> <p>38% had <b>no</b> throat swab compared to 44% Nationally 51% had <b>no</b> rectal swab compared to 57% Nationally</p> <p><i>A recent Canadian study found that 88% of Chlamydia and 94% of Gonorrhoea infections are missed when only urine is tested, and no swabs are done<sup>2</sup></i></p>	<p><b>29%</b> More than 1 year ago</p> <p>Most common reasons for delaying or avoiding testing:</p> <ol style="list-style-type: none"> <li>1. Too busy to get tested.</li> <li>2. There are limited testing hours.</li> <li>3. Too stressed about test results.</li> <li>4. Long wait times at sexual health centres.</li> <li>5. Live too far from testing services.</li> </ol>
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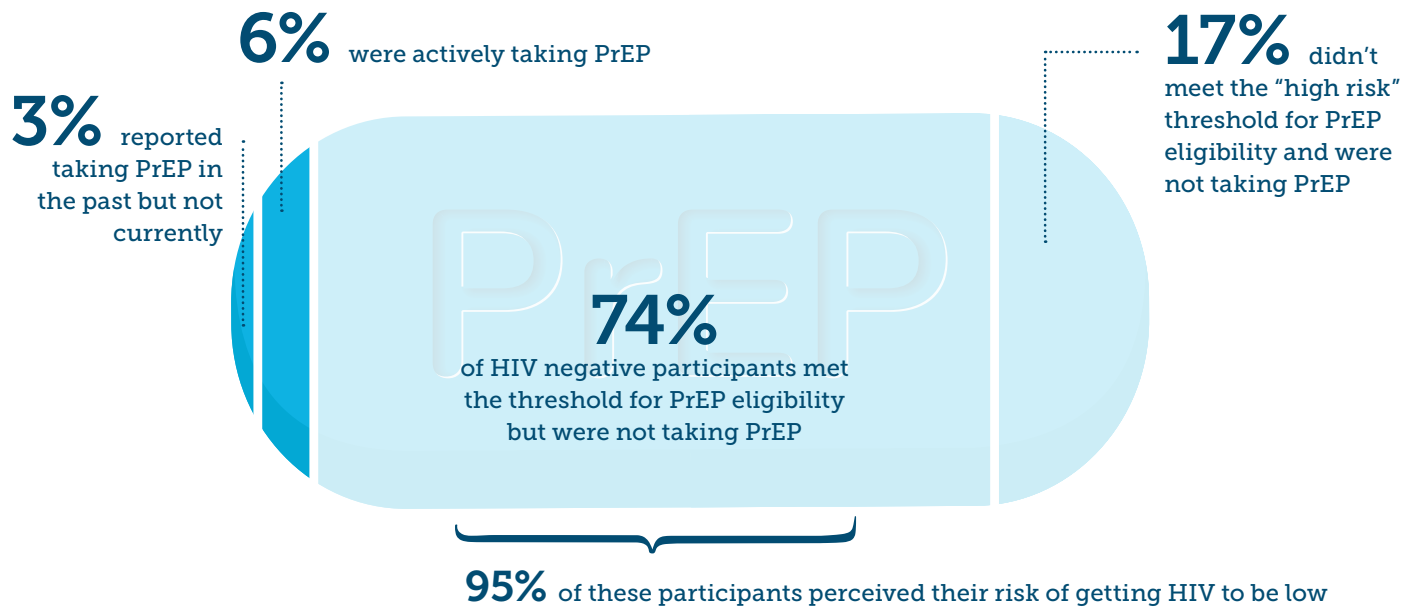
\* Prairies frequency has been provided due to small sample size.

<sup>1</sup> The figures in this Progress Card depict information collected at the 2018 Edmonton Pride Festival for Edmonton-specific data and for Prairies data, Calgary, Winnipeg, and Edmonton.

<sup>2</sup> Harvey-Lavoie, S., Labbé, A., Apelian, H., Cox, J., Messier-Peet, M., Moodie, E., & Lambert, G. (2019, April 4). Chlamydia trachomatis and Neisseria gonorrhoeae Infections Among Gay, Bisexual, and Other Men Who Have Sex With Men: Extragenital Infections are More Prevalent than Urogenital Infections. Association of Medical Microbiology and Infectious Disease Canada. AMMI Canada Annual Conference, Ottawa, Canada.

# The 'PrEP Gap'

Pre-Exposure Prophylaxis (PrEP) is medication taken daily to prevent HIV. PrEP has been shown to be up to 99% effective as an HIV prevention method<sup>3</sup>.



*The Canadian PrEP guidelines<sup>4</sup> suggest that HIV negative guys with a HIV Incidence Risk Index (HIRI) score of 11 or more are eligible for PrEP.*

Nationally, commonly cited reasons for not taking PrEP:

1. High Cost: PrEP can cost as much as \$500 to \$1000 per month without coverage.
2. Other barriers to taking PrEP (side effects, taking pills, frequent testing and clinic visits).

Note: This data was collected just before Alberta made PrEP available at no cost to individuals at high risk of HIV acquisition who have an Alberta Health Care Insurance Plan card.

*Nationally, Indigenous participants were half as likely to be on PrEP than their white counterparts, even though pre-exposure prophylaxis (PrEP) is available to status First Nations people who are deemed to be at high risk of HIV infection at no cost via the federal Non-Insured Health Benefits (NIHB) program<sup>5</sup>.*

## HIV Prevention Knowledge

**4 in 10** HIV- participants were unaware of PEP (post-exposure prophylaxis) as an HIV prevention method

**1 in 10** HIV- participants were unaware of PrEP (pre-exposure prophylaxis) as an HIV prevention method

**U=U** is the concept that a person with an undetectable viral load cannot transmit HIV through sex

**25%** of HIV- participants were unaware of this concept  
**0%** of HIV+ participants were unaware of this concept

<sup>3</sup> Centers for Disease Control and Prevention. (2019, December 3). PrEP. <https://www.cdc.gov/hiv/basics/prep.html>.

<sup>4</sup> Tan, D. H. S., Hull, M. W., Yoong, D., Tremblay, C., O'Byrne, P., Thomas, R., Kille, J., Baril, J.-G., Cox, J., Giguere, P., Harris, M., Hughes, C., MacPherson, P., O'Donnell, S., Reimer, J., Singh, A., Barrett, L., Bogoch, I., Jollimore, J., ... Shafraan, S. (2017). Canadian guideline on HIV pre-exposure prophylaxis and nonoccupational postexposure prophylaxis. *CMAJ*, 189(47), E1448–E1458. <https://doi.org/10.1503/cmaj.170494>.

<sup>5</sup> Evan Adams. (n.d.). Get the Facts on PrEP. First Nations Health Authority. Retrieved 27 July 2020, from <https://www.fnha.ca/about/news-and-events/news/get-the-facts-on-prep>.

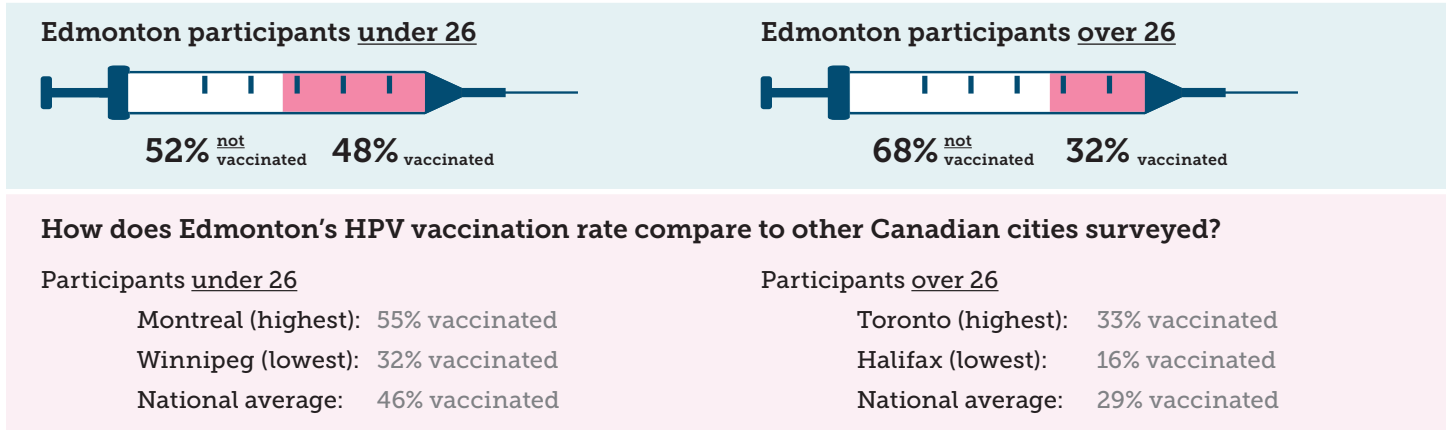
# Publicly Funded Vaccines

## HPV

The Human Papilloma Virus (HPV) vaccine can protect against as many as 6 strains of HPV that cause:

- Anal, penile, genital, cervical, mouth, and throat cancers
- Genital warts
- Transmission of HPV to partners

The vaccine is offered for free to GBT2Q guys 26 years old and under in all provinces.



## HBV

The Hepatitis B Virus (HBV) vaccine is free to all GBT2Q guys, regardless of age, in all provinces.

Nationally, 70.4% of participants indicated having been vaccinated for HBV.

HBV Vaccination rate in Edmonton

69.5%

Compared to other cities surveyed

Highest

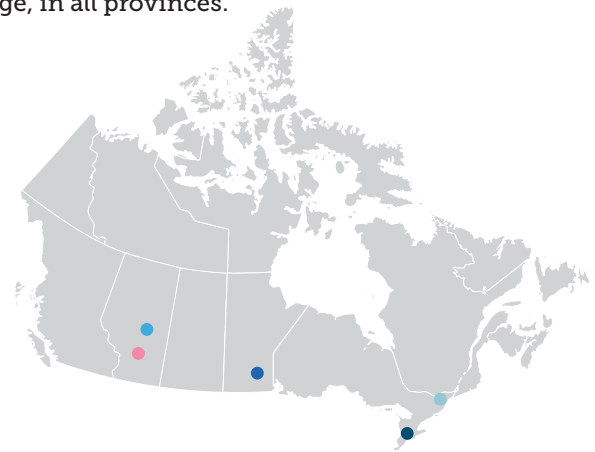
Ottawa 79.6%

Lowest

London 59.6%

Calgary 59.4%

Winnipeg: 59.1%



## HIV Primary Care

HIV positive participants reported strong connections to the healthcare system.

89%\*

have a regular family doctor or nurse practitioner

92%\*

reported having received HIV care in the past 6 months

92%\*

reported having an undetectable viral load, and therefore can't pass on HIV

HIV positive participants reported getting tested for STBBIs more frequently than their negative counterparts. In the past 6 months:

86% of HIV+ participants had gotten tested for STBBIs

58% of HIV- participants had gotten tested for STBBIs

\* Prairies frequency has been provided due to small sample size.

# Mental Health

GBT2Q guys are

## 2-3 times more likely

to experience mental health concerns compared to their straight-identifying counterparts<sup>6</sup>. This makes access to mental health services an important part of a comprehensive GBT2Q health strategy.

## 42%

of participants experienced depressive symptoms (PHQ-2<sup>7</sup>) in the past 2 weeks.

OF THESE

## 5 in 10

indicated wanting help with these feelings.

## 22%

of participants experienced symptoms indicating generalized anxiety disorder (GAD-2<sup>8</sup>) in the past 2 weeks.

OF THESE

## 6 in 10

indicated wanting help with these feelings.

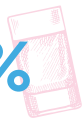
In all, **45%** of participants nationally indicated they wanted help with their mental health relating to topics such as: Depression, Eating disorders, Anxiety, Body image, Coming out, Relationship problems, Gender dysphoria/transition, and Suicidal thoughts.

# Substance use and Harm Reduction Services

Top reported substances used in the past 6 months:

Alcohol

## 70.0%



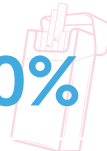
Cannabis

## 44.9%



Tobacco

## 30.0%



Poppers

## 20.6%



Cocaine

## 17.4%



Also commonly used were:

## 17.4% Ecstasy

## 11.5% Erection Drugs (e.g. Viagra, Cialis)

## 5.2% Crystal Meth

**3%** of all participants reported accessing any kind of harm reduction or addictions treatment services.

6 Brennan, D. J., Ross, L. E., Dobinson, C., Veldhuizen, S., & Steele, L. S. (2010). Men's Sexual Orientation and Health in Canada. Canadian Journal of Public Health / Revue Canadienne de Santé Publique, 101(3), 255-258. JSTOR.

7 Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. Medical Care. 2003;41:1284-92.

8 Kroenke K, Spitzer RL, Williams JB, Monahan PO, Löwe B. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. Ann Intern Med. 2007;146:317-25.

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Thanks to our data collection partners:

Advance is a partnership between leading community-based organizations from across Canada dedicated to the health and wellness of GBT2Q men.



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