

# CHIWOOS: An example of integrated KT in action

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“Bringing Research Back” to  
Communities: A Webinar on HIV  
Knowledge Translation Using  
CHIWOOS as a Case Study



Étude sur la santé sexuelle et reproductive  
des femmes vivant avec le VIH au Canada

Canadian HIV Women's Sexual and  
Reproductive Health Cohort Study

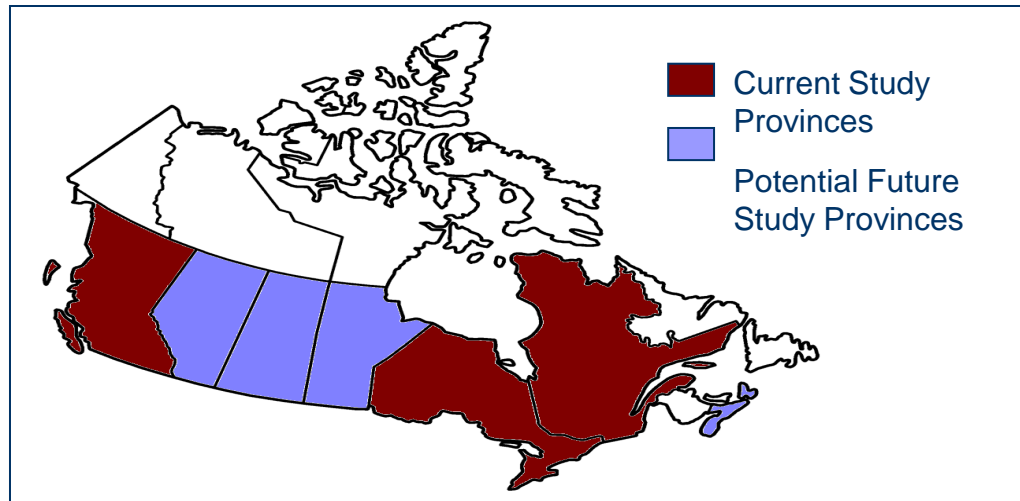
# Acknowledgements

- We would like to acknowledge that we have gathered together on the traditional territory of the Coast Salish people
- We would like to thank Valerie Nicholson for her extraordinary help with preparing this presentation
- CHIWOS Principal Investigators, Provincial Coordinators, and Peer Research Associates (PRAs)
- Steering Committee members, CAAB-PAW (Positive Aboriginal Women) members, CAB members, and all the community partners involved in this study
- CHIWOS is supported by the CIHR Institute of Gender, Sex, and Health and the Canadian HIV Trials Network (CTN 262)

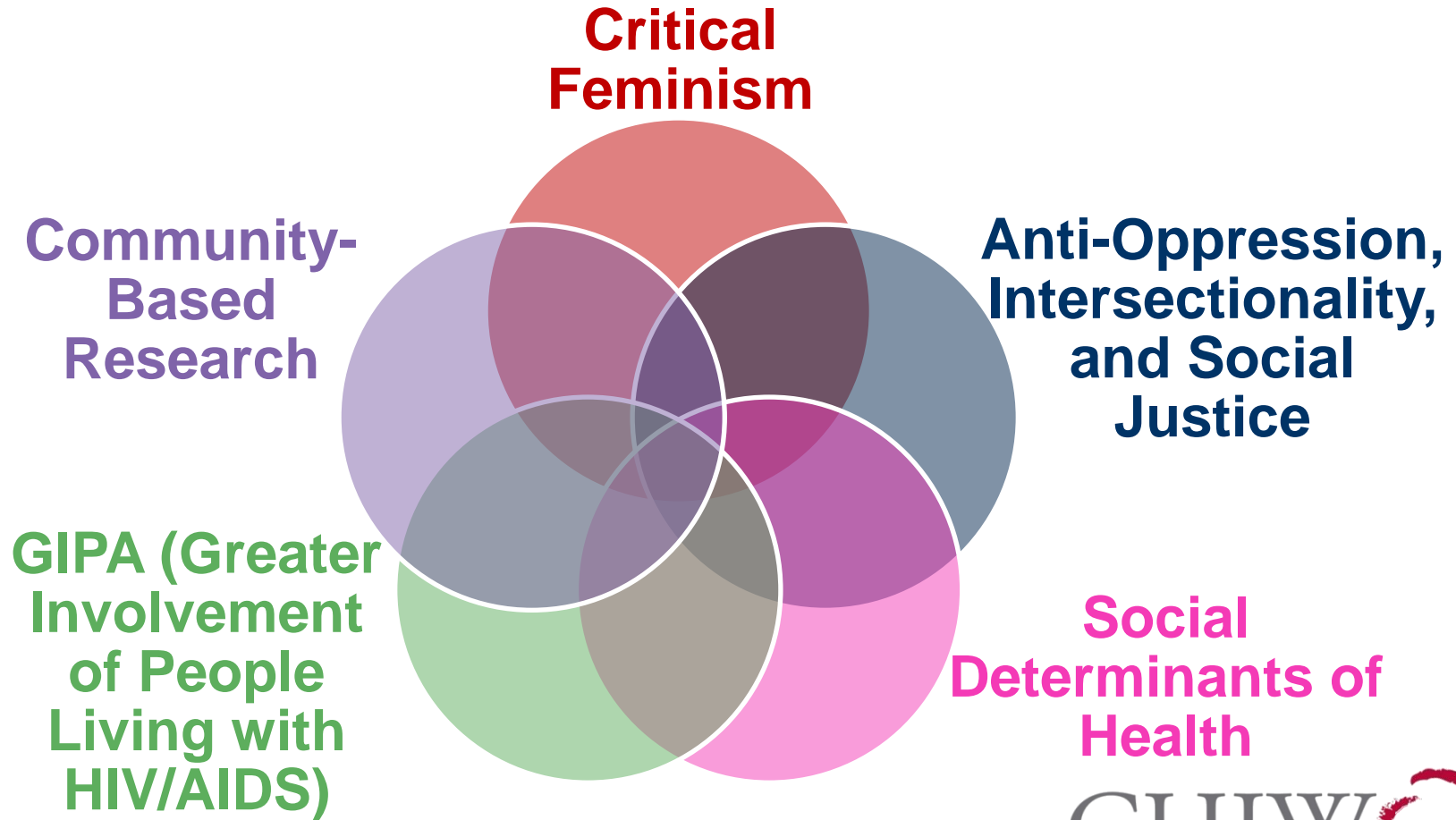


# What is CHIWOS?

- The Canadian HIV Women's Sexual and Reproductive Health Cohort Study
- A five-year prospective cohort study rolling out in BC, ON and QC



# CHIWOS Guiding Frameworks



# CHIWOS Study Goals

- Among HIV-positive women:
  - To assess barriers to and facilitators of ‘women-centred HIV/AIDS services’ use
  - To assess the impact of such patterns of use on sexual, reproductive, mental, and women’s health outcomes



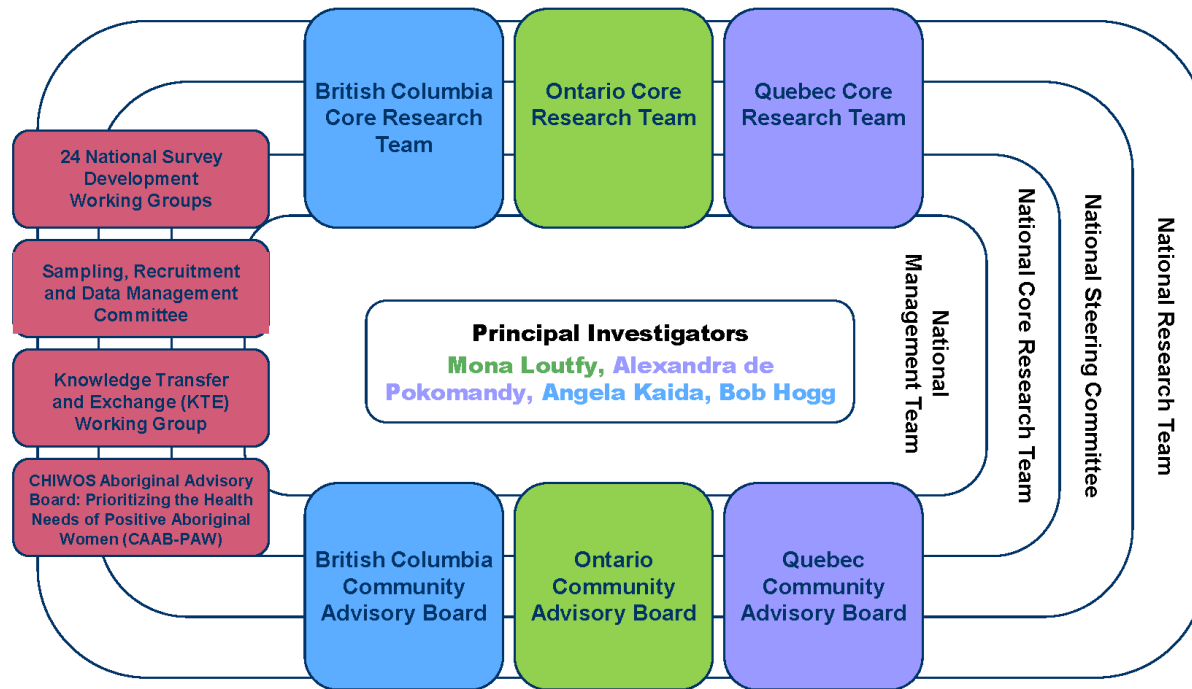
# CHIWOS Study Design

- Formative phase (wrapping up)
- National survey phase (launch in May 2013)
  - Target sample size = 1,250 women living with HIV (350 in BC & QC; 550 in ON)
  - Recruitment at clinics, ASOs, community centres, online, word-of-mouth, peer-driven
  - Participants will complete a PRA-administered online survey at baseline (Wave 1) and again 18 months later (Wave 2)



# CHIWOS integrated KT approach

- CHIWOS involves women living with HIV, clinicians, ASO & CBO service providers, researchers and policy makers in every layer of our team structure...



# CHIWOS integrated KT approach

- ...and in every stage of our research process

**Determining the research questions & submitting the grant**



**Deciding on the methodology & sampling and recruitment strategy**



**Being involved in survey development & data collection**



**Interpreting the findings**



**Disseminating the results**



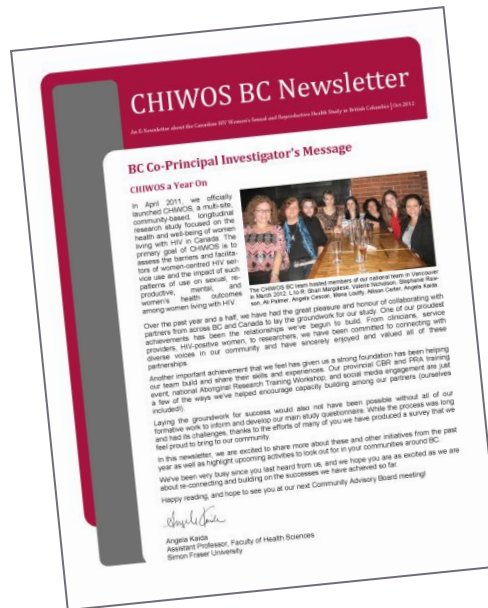
# CHIWOS integrated KT approach

## CONNECT!

[www.chiwos.ca](http://www.chiwos.ca) (coming soon!)

[facebook.com/CHIWOS](https://www.facebook.com/CHIWOS) (coming soon!)

[twitter.com/CHIWOSresearch](https://twitter.com/CHIWOSresearch)



*CHIWOS colleagues presenting at CAHR 2012 in Montreal.*

- Twitter
- Facebook
- Website
- CHIWOS Newsletter
- Webinars
- Presentations at local, national and international conferences / meetings
- Publications in academic journals
- Fact sheets, plain language summaries, press releases, etc
- Contributions to online and print HIV magazines, blogs, newsletters etc
- Prepared slides for use by stakeholders



# CHIWOS integrated KT approach

- Findings will contribute to academic body of knowledge, but also be made available to community members
- Recommendations for changes to policy or new best practices for care providers may also allow for improvements in care and support for women living with HIV



# KT in action!

## Preliminary reflections on the meaning of 'women-centred care' from our focus groups with women living with HIV in British Columbia



*Preparing for the focus group in Prince George*

*Focus group training*



# What was the study about?

- Calls for women-centred HIV services that are tailored to women's unique needs
- CHIWOS aims to determine if women-centred practices could lead to better health outcomes
- But what does “women-centred care” *actually* mean?



# How was the study conducted?

- 4 focus groups with 28 women in Vancouver, Victoria and Prince George
- Led by 3 trained PRAs
- Lasted approx. 2 hours
- Audio-recorded and transcribed verbatim
- Data analysis is ongoing, and led by Dr. Saara Greene



Focus groups were also done in ON & QC, but only BC findings presented here

# What did the study find? - A need for HIV services specific to women

*“There is a need for women-specific services because we’re different creatures... We’re far more affected by our hormones than men are. We reproduce... Women are increasingly the head-of-the-household. Women increasingly juggle more roles... their lives are a lot more complex...” (Vancouver Participant)*

# What did the study find? – Providers who care about a woman's whole life

*“Yeah, I mean he doesn't just check with your health. He wanted to know if your kids were okay, and how your relationship was going. And everything, sexual health, emotional health, all of it. He was interested in all those aspects that make you a whole person.” (Victoria Participant)*

# What did the study find? – Policies that recognize women as more than volunteers & recipients of services

*“That’s a clear indication that [Organization X] doesn’t follow GIPA principles... It’s very disturbing... I’m expected to put in volunteer hours. I see a couple of my neighbours, they drive them like slaves. They work like dogs and don’t get a penny for it. They don’t get recognition. They don’t even get a cake or something on volunteer day. It’s like there’s this glass ceiling.”*  
(Vancouver Participant)



# What did the study find? – A place where women can feel safe

*“...I would like to see a women’s-only clinic where I can go in there, I can be comfortable seeing a woman doctor, woman social worker, someone that has gone through menopause even. Somewhere where I can sit around like here and talk to a group of women that have so many wonderful ideas...Just a safe space where I can actually talk about my period’s really heavy, my boobs have got, just something that some other people can relate to... I want to do girl things. It’s kind of a weird thing to say, but I don’t have a place where I’m comfortable.” (Vancouver Participant)*



# What did the study find? – Care that is non-stigmatizing

*“...If you’re Aboriginal and you’re complaining. Say if you had been drinking that night or whatever... As soon as they find out that you’re on methadone or you’re currently using, it’s like you’re down to here and back in the line... They will help you eventually. But you are so tired at one point that you’re either trying to curl up on a chair or you’ve got to leave. And then you haven’t been helped and they’re saying well you know you were next in line. Well that’s bullshit. You know exactly where you stand in line and it’s right at the very bottom of the list...” (Prince George Participant)*

# Why the study is important? - Implications for policy and practice

- Women want care that better meets their needs, including services that:
  - Consider how women's lives (e.g., work, home, family issues, income, etc.) affects their health
  - Include the value of MIWA (the Meaningful Involvement of Women living with HIV)
  - Prioritize a safe (physically and emotionally) atmosphere for care for women
  - Are non-stigmatizing towards women's multiple, intersecting identities

# Now what?



*We've got to unlock that mystery door that says how does it actually change?"  
(Vancouver Participant)*