

# Nutrition and Foods Programs Available to People Living with HIV/AIDS in Nova Scotia Need MORE from us NOW: FoodNOW End-of-Grant Needs Assessment Summary

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New Health Investigator Grant  
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## BACKGROUND

Nutrition is key to the health and wellness of people living with human immunodeficiency virus (HIV) and/or acquired immunodeficiency syndrome (AIDS). Adequate nutrition is required to preserve immune function, support medical therapy, and prevent disease progression<sup>1-4</sup>. Poverty, misinformation, marginalization, racism, violence, stigma, and inadequate food access have been associated with unfavorable outcomes and impacts for people living with HIV or AIDS<sup>5-9</sup>. **Food to Enhance Our Wellness or FoodNOW** is a community informed, 4-phased project, based in Kijipuktuk (Halifax), Mi'kma'ki (Nova Scotia/ NS). FoodNOW is a comprehensive community-informed needs assessment of nutrition and food programming in NS, engaging people with lived experience throughout all stages of the research process. Findings of this research have been and will be mobilized to motivate and support provision of equitable, inclusive, and ethical nutrition and food programming to people living with HIV or AIDS in NS.

## OBJECTIVES

The **over-arching goal** of this project is to gain understanding of the needs of people living with HIV or AIDS in NS through a comprehensive community-informed needs assessment. This project can be classified as implementation research<sup>10,11</sup>. This work is foundational to developing equitable and ethical programs and interventions for people living with HIV or AIDS. **To reach this goal, the following objectives were developed:**

1. **Identify and map** the current literature and resources available on nutrition and food programming for people living with HIV or AIDS in Canada.
2. **Explore** current barriers and facilitators to **adherence** to current evidence-informed medical nutrition therapy and nutrition and foods programming.
3. **Examine the cost and affordability** of a basic nutritious diet for people living with HIV or AIDS in NS using Nutritious Food Basket (NFB) Costing/ Methods<sup>7</sup>.
4. **Provide space** for stakeholder, rights and title holders and end-user knowledge exchange/ discussion, regarding the **impacts of the COVID-19 Pandemic** on service, accessing service, and nutrition and foods related practice(s).
5. **Actively and purposefully engage and recruit** diverse people from diverse communities – our research team, committee(s) and research participants.
6. **Identify ways** stakeholders, rights and title holders, and end-users can **co-develop or support** nutrition and food programming in NS.

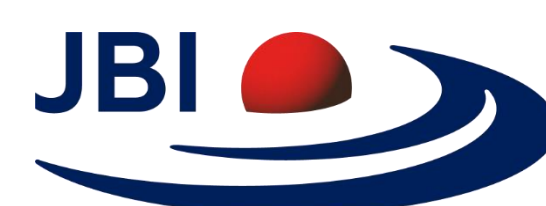
**Objectives were met** by this observational multi-method study, guided by *The Knowledge Translation Planning Template*<sup>12</sup>. An Advisory Committee, including people with lived experience, were consulted on all aspects of study.

## METHODS

### Phase 1: Scoping Review<sup>13,14</sup>

**Question:** *What nutrition and food(s) programming are available to people living with HIV or AIDS in Canada?*

- JBI Manual for Evidence Synthesis: Scoping Review Chapter<sup>15</sup>
- Databases: MEDLINE (EBSCO), CINAHL (EBSCO), Academic Search 20 Premier (EBSCO), Social Services Abstracts (ProQuest), and Scopus (Elsevier)
- Included: English Peer-reviewed and gray literature (July-November 2021), all research designs and methods, guidelines, reports, websites, news articles, and theses/dissertations.



## METHODS

### Phase 1: Scoping Review Continued...

Figure 1. PCC – population, context and concept



### Phase 2: Virtual Food Costing<sup>7</sup>

**Question:** *What is the cost of a nutritious diet for people with HIV or AIDS living in NS?*

- Virtual food costing (VFC), alternative to participatory food costing<sup>7</sup>
- Adapted methods from Food Action Research Centre (FoodARC)
  - The National Nutritious Food Basket (NNFB), but exclusively online/ remote
- Six scenarios (or case studies) were created, including one person with HIV/AIDS
  - Energy needs of those living with HIV/AIDS were considered in analysis
  - Other medical nutrition therapy needs (dynamic) not considered

### Phase 3: Semi-Structured Interviews<sup>8,9</sup>

**Aim:** *To explore and describe the beliefs, values, and experiences of people living with HIV or AIDS and service providers involved in programming for people living with HIV/AIDS in Nova Scotia.*

- Samples: 1) People living with HIV or AIDS and 2) Service Providers
- Recruitment: Purposeful and snowball sampling (ensure diverse voices represented)
- Semi-structured interviews, post-structuralist theoretical lens, thematic analysis

### Phase 4: Mixed-form, Web-based Questionnaire

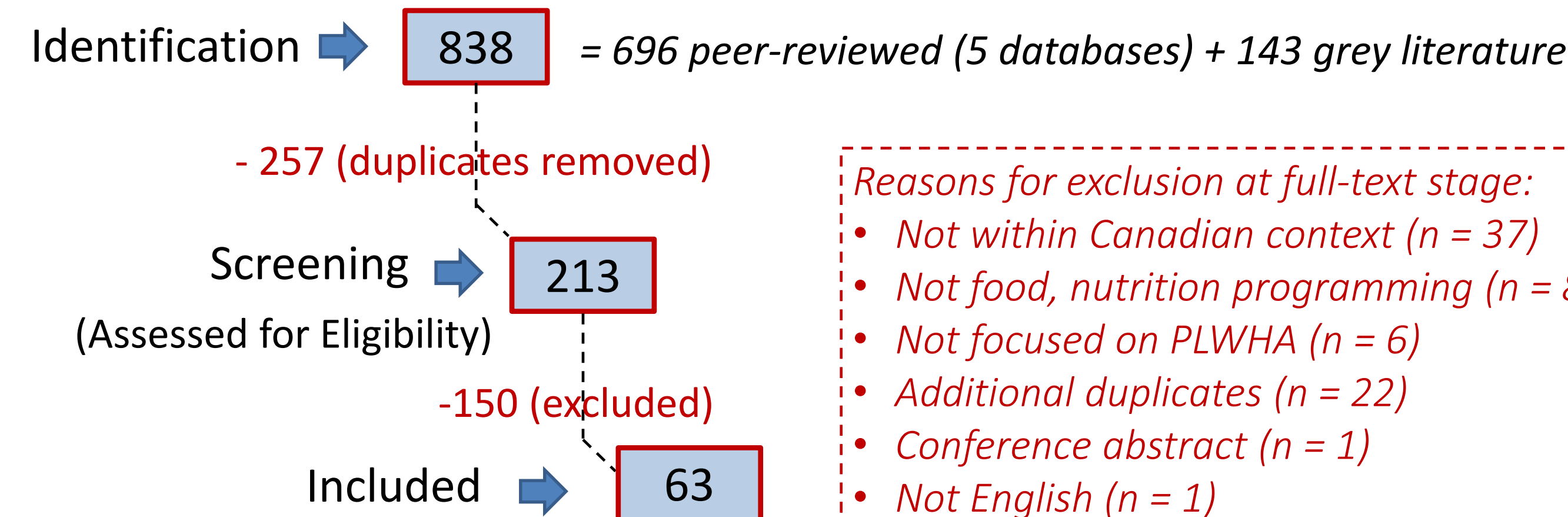
**Aim:** *To explore and describe the perspectives and experiences of people living with HIV or AIDS in NS with nutrition and food programming?*

- Questions and responses based on findings from phases 1-3
- Sample size: 15 participants
- 4 sections, 38 items, closed format questionnaire
  - Barriers and facilitators to programming and resources
  - Standardized food security/ access questions
  - Standardized chronic pain questions
  - Demographics and input on dissemination activities and future work

## RESULTS SUMMARY

### Phase 1: Scoping Review

Figure 2. Summary of Review Process



## RESULTS SUMMARY

### Phase 1: Scoping Review Continued<sup>13,14</sup>

124 sources of relevant nutrition and food information exist across Canada, although they often do not target the needs of specific target populations within the HIV or AIDS community. Although, there are excellent local (NS) resources targeting Indigenous people (e.g., Healing Our Nations). Most common:

- Charitable food provision (n= 20; 27%)
- Financial aid (n= 13; 17.6%)
- Medical Nutrition Therapy and (Community) Nutrition Education (n = 22, 12% ).

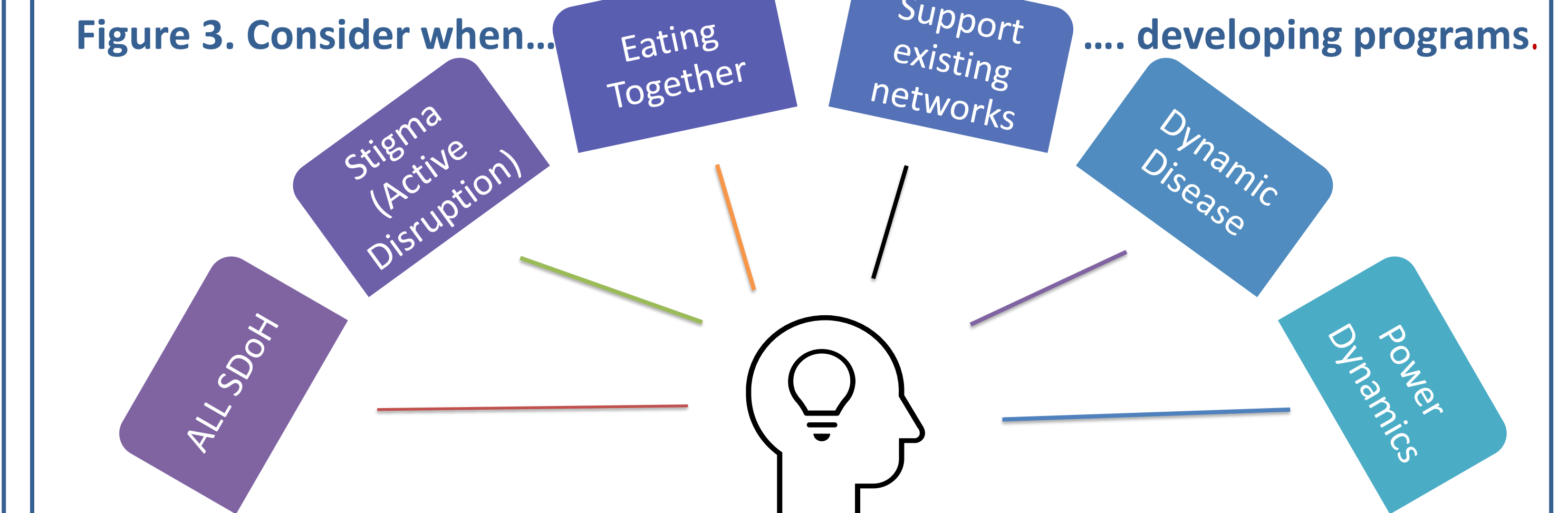
### Phase 2: Virtual Food Costing<sup>7</sup>

All six simulated households (including at least one person living with HIV or AIDS) had a deficit after basic monthly expenses. Three examples:

1. A household of 4 on Income Assistance (**-\$1,058.70**)
2. A lone mother with 2 children on Income Assistance (**-\$973.65**)
3. A household of 4 with one minimum-wage earner (**-\$383.45**)

### Phase 3: Semi-Structured Interviews<sup>8,9</sup>

**Samples:** 9 service providers (4 themes) and 12 people living with (3 themes)



### Phase 4: Questionnaire (to be relaunched in June 2023)

**Sample Characteristics:** 3 completed, diverse identities represented (already!)

Table 1. Summary of Participants "Take" on Programming (n = 3)

Response to Q: What resources do you use?	Additional Comments on Current Resources/ Programming
Most common resources used: AIDS Coalition of NS, Nova Scotia Health Authority and Food Banks (n=3).	<ul style="list-style-type: none"> <li>• Meets basic needs (n=2)</li> <li>• More support needed to meet full potential (n=3)</li> <li>• More support needed to feel safe and respected (n=2)</li> <li>• Desire to get info from health care (e.g., Dietitian) (n = 2)</li> <li>• Desire for more inclusive and accessible information (n=3)</li> <li>• Desire to include socializing in programming (n=2)</li> </ul>

*Pay each participant for their time as participants (at least minimum wage).*

## OVERARCHING CONCLUSION

Existing resources across Canada have been mapped, but effectiveness and adaptability have not been assessed. **In NS**, resources meet basic needs of some, but do not speak to the diverse and ever-changing needs of this population. Current evidence clearly outlines that emergency nutrition and food programming **IS NOT** the answer (e.g. food banks), but makes up the majority of programming offered. **PLWHA in NS need more nutrition and food programming now (FoodNOW) AND they have told us what they need. Join us in mobilizing this work using current methods offered by Knowledge Translation Science!**

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