THE FOODNOW PROJECT: EXPLORING CURRENT NUTRITIONAL PROGRAMMING AND RESOURCES AVAILABLE TO PEOPLE LIVING WITH HIV/AIDS (PLWHA) IN CANADA

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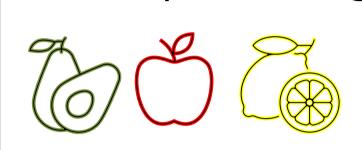
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BACKGROUND

- FoodNOW (Food to eNhance Our Wellness) was established in 2020.
- A comprehensive community-informed needs assessment.
- Nutritional status plays a key role in maintaining immune function and preventing progression to AIDS [1].



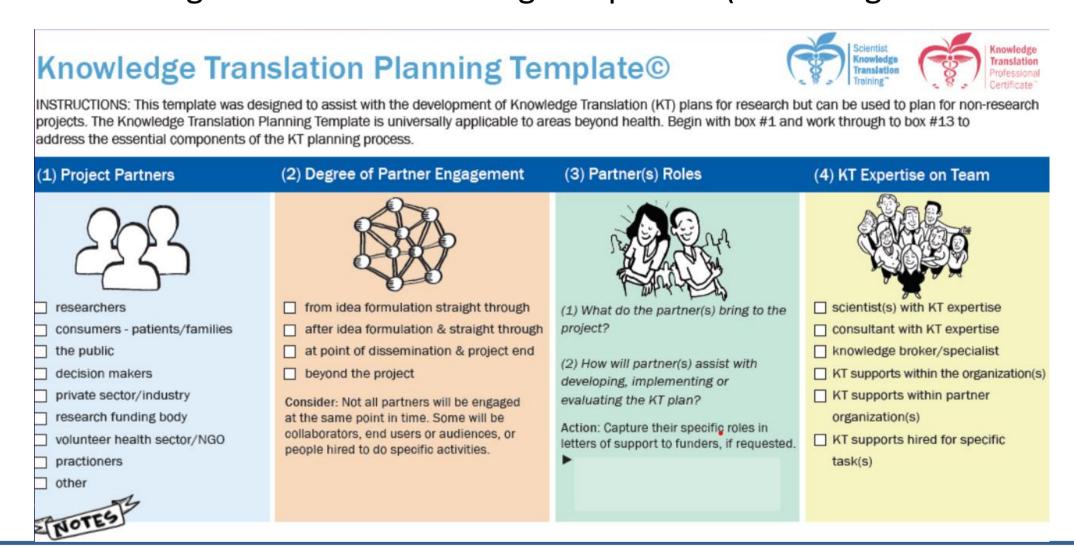


KNOWLEDGE TRANSLATION

Mission and values:

- KT theory and strategies integrated throughout FoodNOW, including:
 - Creating a community of practice
 - Facilitating stakeholder & end-user knowledge exchange

Figure 1: The Knowledge Translation Planning Template© (knowledge to action framework)



METHODS Figure 3: FoodNOW project phases (knowledge inquiry and synthesis) **Phase 2: Food Costing** Phase 3: Phase 1: Scoping Review A study of the Interviews affordability of the A scoping review mapped Semi-structured the current literature and National Nutritious qualitative resources available on Food Basket using an interviews nutrition and foods adapted, online conducted with programming for PLWHA in approach to PLWHA and service Participatory Food Canada. providers. Costing. Phase 4: Questionnaire Mixed-form questionnaire Phase 5: PhotoVoice developed to collect additional PhotoVoice project with Indigenous information from stakeholders people living with HIV/AIDS in such as PLWHA, service collaboration with Healing Our Nation, providers, recent immigrants, led by MSc student Chelsey Purdy and Indigenous people. Figure 4: Scoping Review - The Delphi method process (community consultation) [4] Step 2 Step 3 Facilitator collates Facilitators feedback into provide scoping Facilitator Experts provide summary review summary feedback produces final Alternate steps 2 to panelists report and 3 until consensus Step 1 Step 4

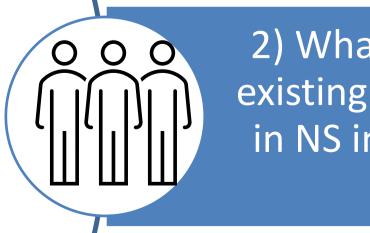
Table 1: Phase 2 Affordability Analysis of Households (including one PLWHA) in NS Family, uaranteed Incom Program, singl ingle mother witl wage earner two children) Monthly Income Monthly Income Monthly Income Monthly Income Monthly Income \$1,037.84 Monthly Income \$2,666.25 \$3,345.25 \$1,859.25 \$2,571.25 Monthly Costs **Monthly Costs** Monthly Costs **Monthly Costs Monthly Costs** \$1,715.24 Monthly Costs \$3,738.70 \$3,724.95 \$3,173.90 \$1,715.24 \$1,635.18 Income Leftover \$963.07 Figure 5: Phase 3 Qualitative Semi-Structured Interviews with Service Providers Themes from Interviews with Service Providers of Programming for PLWHA "The communal and socia "Well stigma, **Network of Care** Recognizing the social connection of food determinants of health it's an awful beast..." in Nova Scotia is hard to deny" Figure 6: Phase 3 Qualitative Semi-Structured Interviews with Community Members Themes from Interviews with Community Members (PLWHA) Role of social-connectedness Changing nature of HIV care Considerations of food within food-related programming and programming security

RESULTS

RESEARCH QUESTIONS

Figure 2: Research questions (identify problems and determine gaps)

1) What are the nutrition and food needs of PLWHA (and those supporting PLWHA) in NS?



2) What are the existing barriers and facilitators to existing food and nutrition programming for PLWHA in NS in relation to other social determinants such as race, religion, community?



RESULTS Figure 5: Scoping Review search results and study selection and inclusion process [3] (synthesis) Identification of studies via databases and registers Identification of studies via other methods Records identified from: Records removed before screening: Records identified from: Websites (total) (n= 44) Duplicate records removed (n= 217) Databases (n = 5) Organization (websites) (n= 28) Registers (n= 679) Reports retrieved (n = 143) Records excluded (n = 366) Records screened (n= 422) Reports unable to access (n=0) Reports unable to access (n = 2) Reports retrieved (n= 73) Reports assessed for eligibility (n = 128) Reports assessed for eligibility (n= 71) | Reports excluded (n= 54) | Reports excluded (n= 80) Studies included in review (n = 17) Reports of included studies (n = 48) Total studies included (n = 65)

CONCLUSIONS

- Phase 1: More opportunities for knowledge exchange between programs needed
- Phase 2: PLWHA cannot afford current medical nutrition therapy.
- Phase 3: Amplifying voices with lived experience, especially those who have traditionally been marginalized (intersectionality).
- Stakeholders would like findings to be presented at a community event.

References: [1] Giliauskas D, Gogolishvili D. Nutrition and HIV | The Ontario HIV Treatment Network [Internet]. 2018 [cited 2020 Jul 23]. Available from: https://www.ohtn.on.ca/rapid-response-nutrition-and-hiv [3] Green, R. A. The Delphi Technique in Educational Research. SAGE Open. 2014 4(2), 215824401452977. [4] Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71.

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