Acknowledgements:

- Queensland Health
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- Positive Living British Columbia
- University of Queensland, School of Population Health
Presentation Overview:

- About QPP
- Historical role of peers in the HIV response
- Peer Navigation: The contemporary role of peers
- Peer Navigation model
- A Peer Navigator’s perspective
- Peer Navigation: Now and beyond
Queensland Positive People is a peer-based community organisation that has been committed to improving the quality of life of all PLHIV across Queensland since 1989.
**OUR VISION**

We seek to create a safe supportive environment where people living with HIV (PLHIV) are well informed, and empowered to lead healthy lives free from stigma and discrimination.

Queensland Positive People since 1989
OUR MISSION

We are here to provide access to a comprehensive range of services that promote the health and well-being of PLHIV in Queensland, delivered in accordance with internationally recognised best practice.
Role of Peers in the HIV/AIDS response:

- Emergence of HIV/AIDS early 80’s required a community-driven response.

- Fear, ignorance, and stigma necessitated care providers to work alongside infected and affected populations.

- People living with HIV (PLHIV) mobilised resources and provided care and support through volunteerism, peers were:
  - Advocates/activists
  - Carers
  - Educators
  - Providers of social, emotional, and practical support
GIPA/MIPA-Meaningful Involvement of PLHIV:

- 1994: GIPA (The Greater Involvement of People Living with HIV/AIDS) evolved over time to MIPA.

- Imbedded is the idea that personal experiences should shape the larger HIV response.

- Key principles:
  - Better local responses to HIV
  - Programs and policies are tailored and responsive
  - Increased self determination and personal development for PLHIV

- Recognises the important contribution PLHIV and peer based organisations make in the response to the HIV epidemic.
GIPA/MIPA - Meaningful Involvement of PLHIV:
The changing landscape of HIV management

Treatment as Prevention (TASP):

1983

The emergence of HIV/AIDS

1996

Effective HIV treatment → declining death rates, improved clinical outcomes

2008

The Swiss Statement: individuals with an undetectable viral load cannot transmit HIV during sex

2011

HPTN052 Study: 96% reduction of HIV transmission within the couples assigned to early treatment

2013

WHO/UNAIDS recommended that treatment be offered to all PLHIV who have uninfected partners to reduce HIV transmission

2015

START Study: compelling evidence of clinical benefits of early treatment at high CD4 counts (>500) v's later (<500).

2016

QPP’s Peer Navigation program funded

TASP:

- Prevents disease progression and transmission of HIV.

- Improves long term health outcomes.
Designing a model to meet global targets:

- 90% of all living with HIV will know their HIV status
- 90% of all living with HIV will receive antiretroviral therapy
- 90% of all receiving antiretroviral therapy will have viral suppression

The strategic importance of Peer Navigation:

Peer Navigation addresses:


Designing a model to meet global/national/state targets:

Rapid Clinic
90% of people living with HIV will know their status.

Life+ Program
90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.
90% of all people receiving antiretroviral therapy will have viral suppression.
Goals of Life+ Program – Peer Navigation:

- Reduce the time between diagnosis and uptake of treatment
- Prevent HIV disease progression in PLHIV
- Reduce the possibility of onward transmission
- Address barriers to treatment initiation/adherence and retention in care
- Improve HIV health literacy
- Support PLHIV to effectively self manage HIV
- Improve overall quality of life for PLHIV
- Provide quality health information
- Address individual presentations of stigma and discrimination
- Address systemic stigma/discrimination and barriers to treatments access and access to care
Life+ Program - Peer Navigation:

1. Stigma & Discrimination Program
2. Health Information and Resources
3. Peer Navigation/Support
4. Case management

- Working Along Side Professionals
- Speaking to the Public
- Peer to Peer Volunteers Within HIV Agencies
- Clients/Patients (Self Determination, Patient Centred Care)

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Peer Navigation – program development:

- Literature review
- Examination of comparable models for HIV (PLBC)
- Newly diagnosed needs analysis
- Employment of Peer Navigation Project Officers
- Development of education content
- Focus testing and piloting the program
- Recruitment
- Development and delivery of training program
- Promotion and deployment
Peer Navigation – Needs analysis:
Peer Navigation – Needs analysis findings

What:

More than 50% of respondents reported that they wanted the following information (in order of priority):

- Legal rights and responsibilities
- Information on latest HIV treatments
- Information on mental health, anxiety, and depression
- Tips for disclosure
- Understanding HIV (viral replication, transmission, CD4, viral load, etc)
- Information on drug, alcohol, and tobacco use
Peer Navigation – Needs analysis findings

What:

More than 50% respondents also reported that they need the following support (in order of priority):

- Help me to manage my thoughts and put my diagnosis into perspective
- Provide emotional support (for shock, sadness, grief, loss, etc)
- Help make decisions about treatments
- Help manage my fears and anxieties
- Help me to connect with and book into medical/HIV care
- Help link me to other social/support services
Peer Navigation – Needs analysis findings

Who:

Trained PLHIV Peer Worker was the 1st preference for the provision of both information and support.

Mode of delivery:

Face-to-Face was the 1st preference for the delivery of both information and support.

When:

There was a greater response of people wanting information on Day 1; whereas they wanted support within the first week. The majority of respondents wanted support and information in the first month.
The model - What do Peer Navigators do?

- **Peer Education**
- **Peer Support**
- **Client**
- **Navigating Health System**
The model - Peer Education:

Educational modules

The information component includes 3 core modules and 7 ‘elective modules’ aimed at increasing health literacy of PLHIV.

- **Core Modules:**
  - HIV 101
  - Navigating the HIV Health System
  - HIV Treatment

- **Elective modules:**
  - Disclosure tips
  - Medicare Ineligibility
  - Healthy lifestyle
  - Legal rights and responsibilities
  - Alcohol, Tobacco, Drugs and HIV
  - HIV and STI’s
  - Mental health and resilience
The model - How is Peer Navigation delivered?

The Intervention

- 15 hours structured engagement combining support and information provision completed between 4 to 8 weeks or depending on client's needs
- Flexible one to one delivery in a setting of clients' choice
- Modules are delivered by tablet and printed

Supported closure

- Discussion with PLHIV to assess readiness for planned exit from Peer Navigation program
- Identify need for ongoing Peer Navigation support
- Identify other appropriate referral destinations internally/externally

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The model - Who are Peer Navigators?

14 Peer Navigators are people who represent the diverse lived experience of HIV:

Location: 6 in Brisbane, 2 in Gold Coast, and 1 in each of the following region: Toowoomba/Ipswich, Sunshine Coast, Hervey Bay, Bundaberg, Rockhampton, and Cairns/Townsville

Gender: 11 males and 3 females

Ethnicity: 8 Caucasians, 3 Africans, 2 Aboriginal, and 1 Asian

Diverse lived experience: alcohol and other drugs, mental health, homelessness, etc.

Diagnosis: Long-term survivors, late diagnosis, newly diagnosed.

Intensively trained and supervised casual employees of QPP.
“Being a Peer Navigator helps me to empower myself and others.”
The journey of an HIV-positive gay Asian asylum-seeker

- Diagnosed with HIV and reached out to QPP for support: March 2016
- Achieved viral suppression: May 2016
- Initiated ART via compassionate scheme/drug sponsorship: April 2016
- Started working as Peer Navigator for Medicare ineligible people: June 2016
- Became asylum seeker: December 2016
- Presenting at HCQ Conference: May 2017
- Became Peer Navigation team leader: January 2017

February 2016: Moving from Indonesia to Australia to study Master of Health Management at QUT
Who are Medicare ineligible people?

- Temporary Visa holders (working, studying, holidaying in Australia)
- QPP’s Medicare ineligible clients are mostly 457 visa holders (workers) and students
- They cannot access the same treatment and health care as people with Medicare.
Barriers to HIV treatment and care for Medicare ineligible:

- Diagnosis
- Linkage to care
- Retention
- ART adherence
- Viral suppression

Navigating various access to treatment

- Financial barriers
- Low health literacy
- Navigating complex migration system
Peer Navigation Data (Medicare ineligible):

Medicare Status

- Eligible: 66
- Ineligible: 10
Medicare ineligible clients in the Peer Navigation program:

**GENDER:** 8 males and 2 females;

**ETHNICITY:** 7 Asians, 2 Africans, 1 Caucasian;

**AGE:** 21 to 49 years-old

**VISAS:** 5 student visas, 2 holiday visas, 1 working visa (457), 1 dependent visa, and 1 working holiday visa

100% started ART within 3 months

**FEEDBACK:**

“A real comfort in having access to people that are supportive, non-judgemental, and easy going. Confirmation on what information is true and not true was critical for me to handle my new situation.”

“More knowledgeable on disclosure. Confidence levels are better.”
The benefits of being a Peer Navigator:

- Gaining work experience
- Developing skills and applying new knowledge from my study in health management
- Contributing to Australian society in general and PLHIV community in specific
- Supporting my peers to build skills and knowledge to help them navigate a life living with HIV
- Being empowered as an HIV-positive gay Asian asylum seeker
Peer Navigation Data:

**Gender of PN clients**

**Age**

- Female: 10
- Male: 70
- Trans: 5

- 18-24: 5
- 25-34: 35
- 35-44: 15
- 45-54: 10
- 55-64: 5
- 65-74: 2
- 75+: 2

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Peer Navigation Data:

Indigenous Status

- Aboriginal
- Aboriginal and Torres Strait Islander
- Torres Strait Islander
- Not Aboriginal or Torres Strait Islander

66
8
11
Peer Navigation - Challenges:

- Scope of practice
- Alcohol and other drug relapse
- Supervision and support
- Costs associated with causal employees
- Technology use
Peer Navigation Expansion - Future plans:

- Extend to those at risk of falling out of care/re-engaging in care
- Resource to support case managers
- Strengthen capacity to work with Medicare Ineligible
- Model adaptation for Aboriginal and Torres Strait Islander PLHIV
- Develop on-line module delivery
Take home messages

- Peers have always been central to the HIV/AIDS response
- The Peer Navigation program addresses the global/national/state targets by delivering highly structured and safe services.
- The Peer Navigation empowers clients, the PLHIV community, and Peer Navigators themselves.
- The Peer Navigation model continues to adapt to the changing needs of clients, Peer Navigators, and other key stakeholders.
QUESTIONS
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