



# Queensland Positive People

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INCLUSIVE, INNOVATIVE HIV SERVICES

**LIFE+ PEER NAVIGATION FOR PEOPLE NEWLY DIAGNOSED WITH HIV**

**PRESENTED BY**

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**LIFE+ PROGRAM MANAGER & PEER NAVIGATOR TEAM LEADER**





## Acknowledgements:

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- Queensland Health
- ViiV Healthcare
- HIV Foundation Queensland
- Positive Living British Columbia
- University of Queensland, School of Population Health



## Presentation Overview:

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- 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

# ABOUT US

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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.



Queensland P  
People  
since 1989



# OUR VISION

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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.







# OUR MISSION

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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:

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- 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



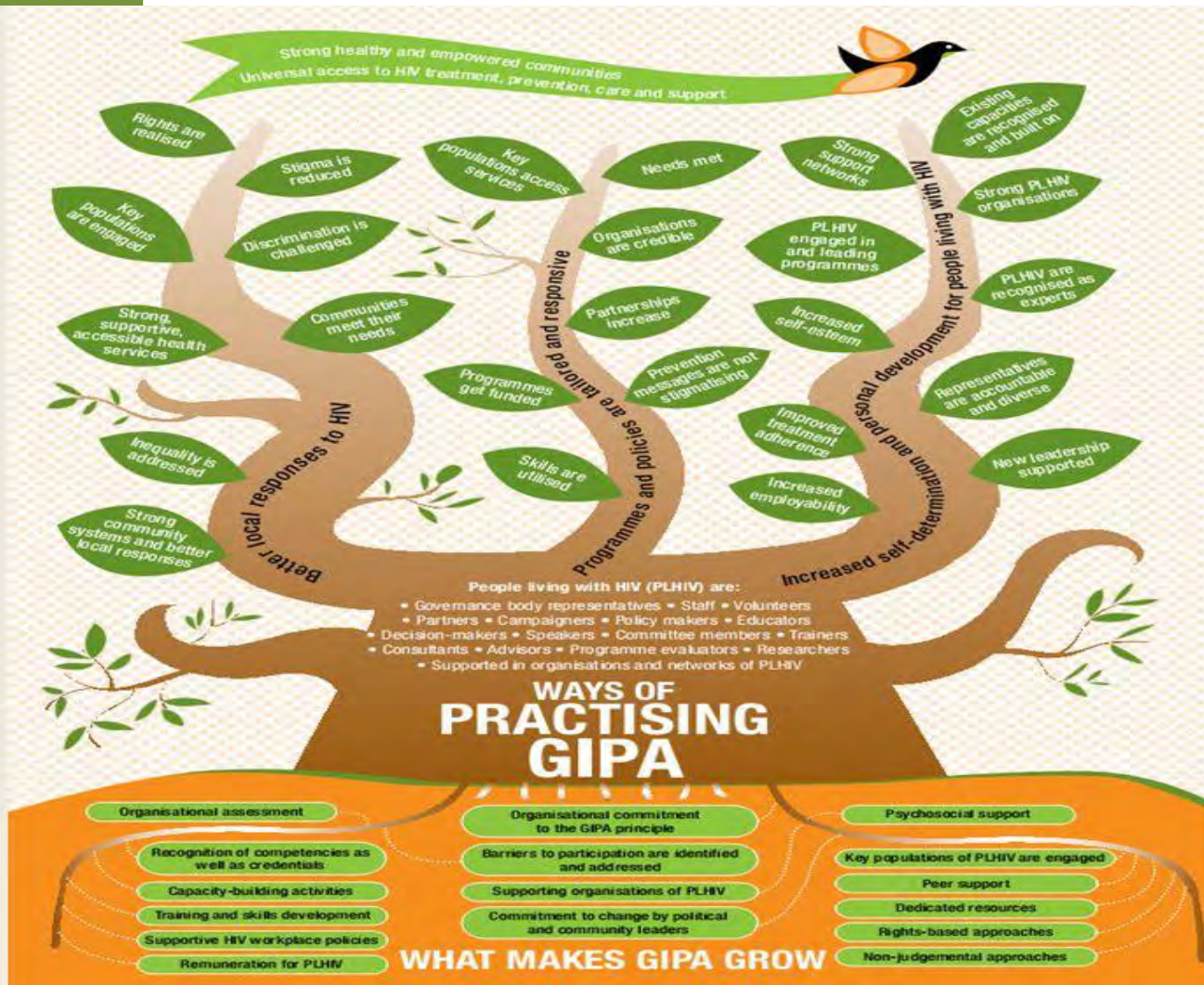


## GIPA/MIPA-Meaningful Involvement of PLHIV:

- 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):

Effective HIV treatment → declining death rates, **improved clinical outcomes**

1996

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

2011

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

2015

1983

The emergence of HIV/AIDS

2008

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

2013

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

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

2013: Joint United Nations Programme on HIV/AIDS (UNAIDS).



# The strategic importance of Peer Navigation:

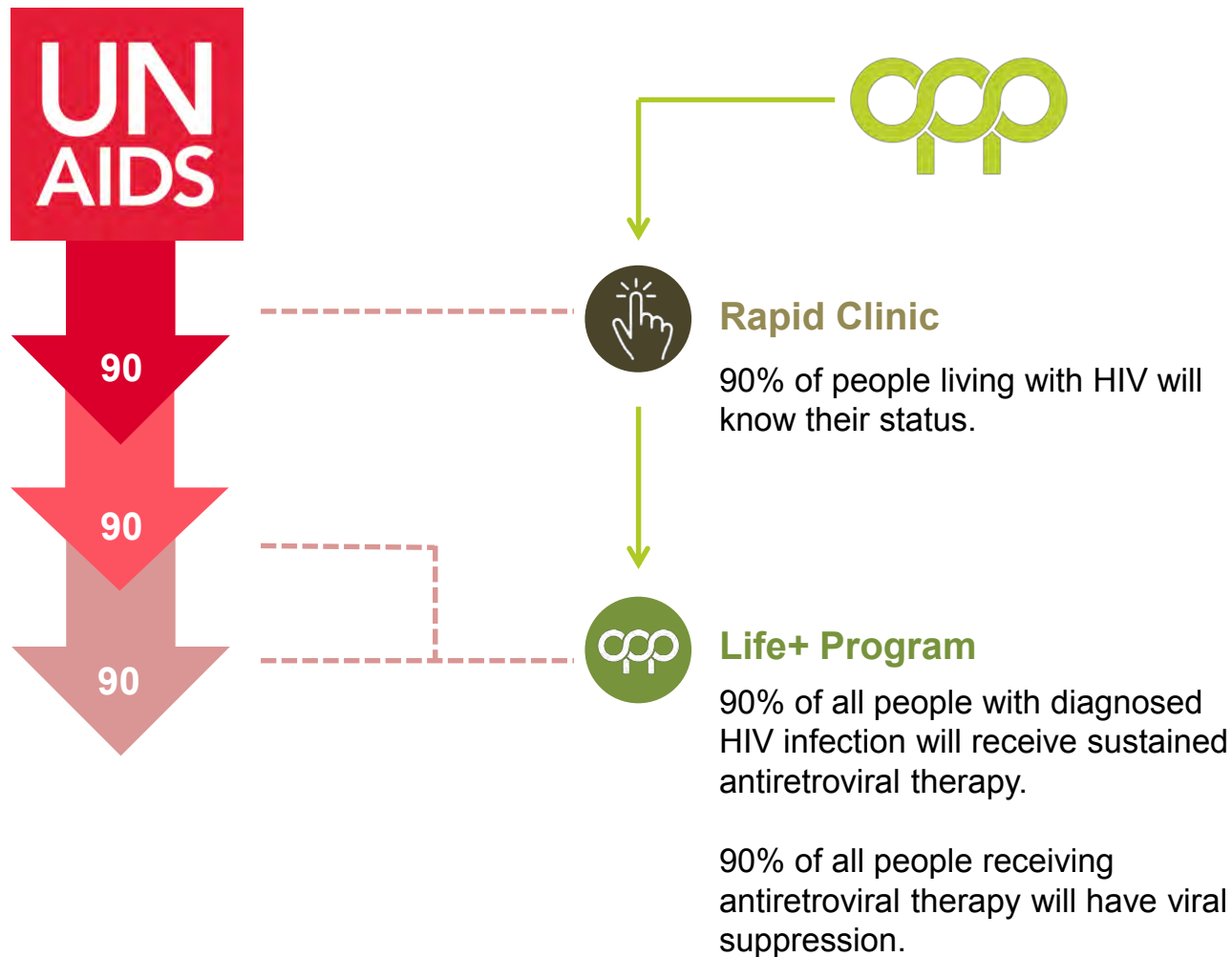
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Peer Navigation addresses:

- UNAIDS target 90-90-90 by 2020.
- Strategic objectives as outlined in the Seventh National HIV Strategy 2014 – 2017.
- Queensland HIV Action Plan 2016 – 2021.

2011: Joint United Nations Programme on HIV/AIDS (UNAIDS).

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





# Goals of Life+ Program – Peer Navigation:



**Case management**



**Peer Navigation**



**Health Information  
and Resources**



**Stigma & Discrimination  
Program**

- 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:



Case management



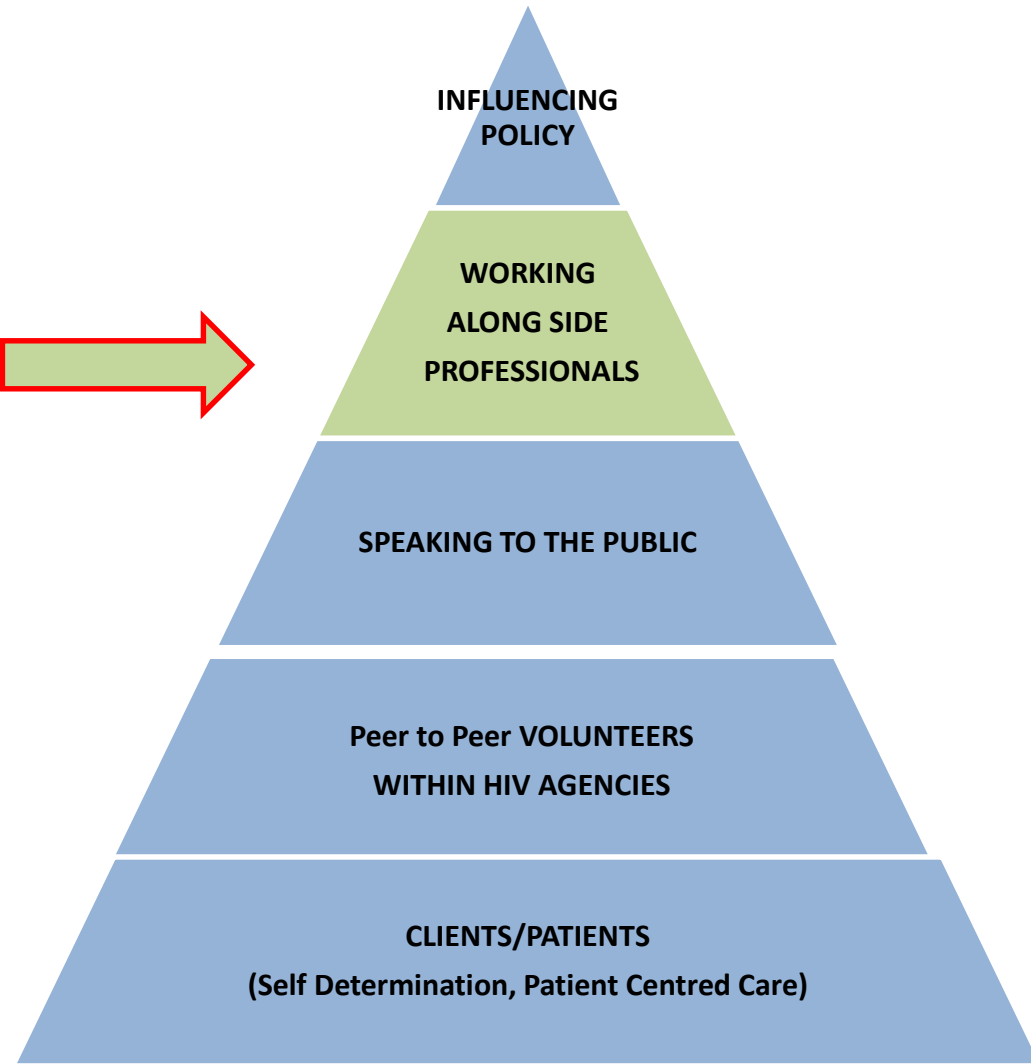
Peer Navigation/Support



Health Information  
and Resources



Stigma & Discrimination  
Program





## 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.

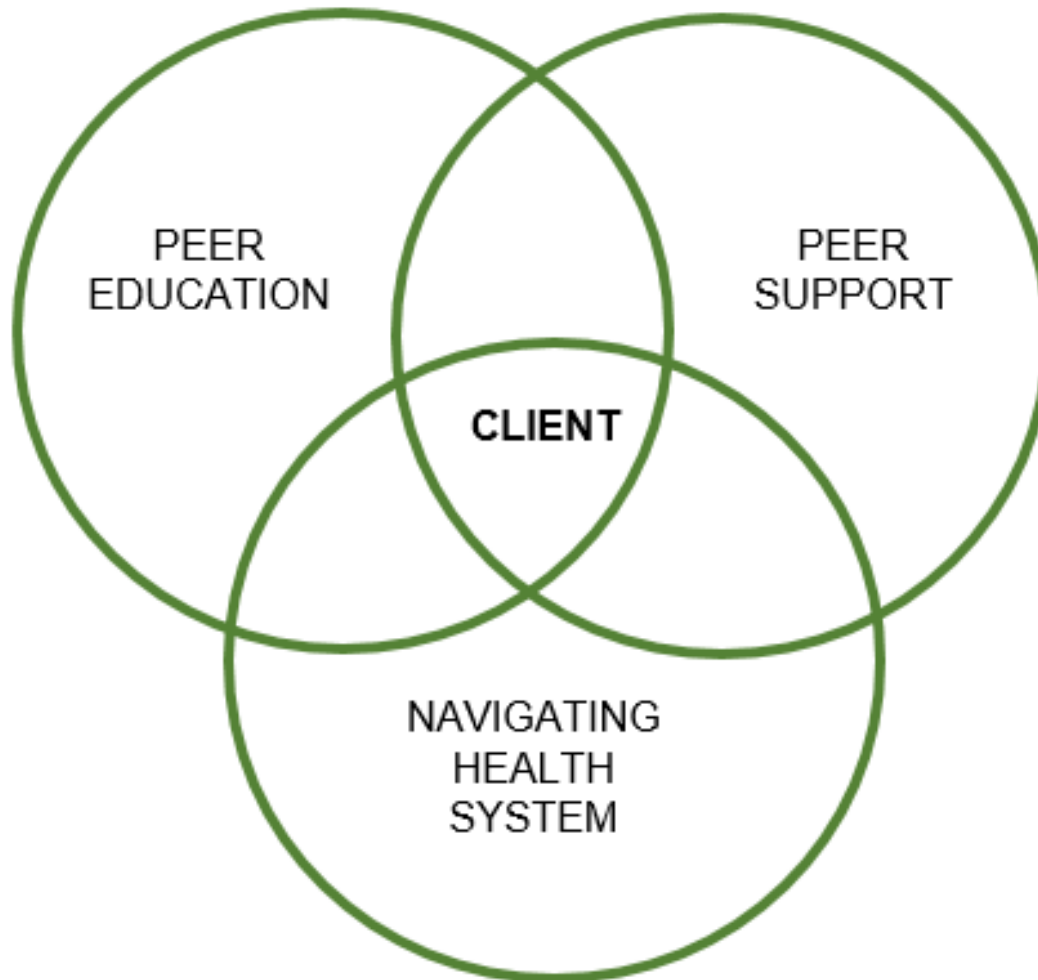
### Mode of delivery:

Face-to-Face was the 1<sup>st</sup> 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?



# The model - Peer Education:



## Educational modules

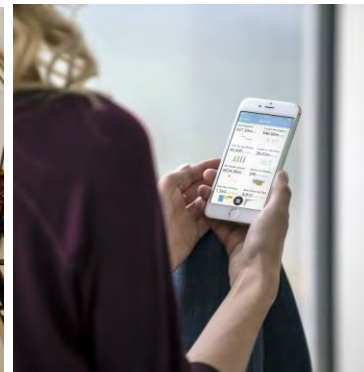
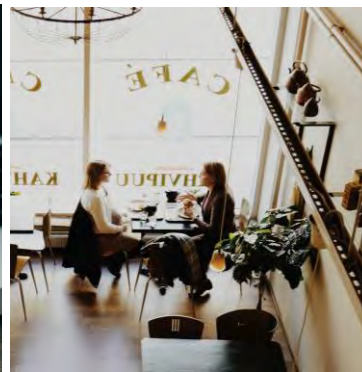
The information component includes 3 core modules and 7 'elective modules' aimed at increasing health literacy of PLHIV.

### ● 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?



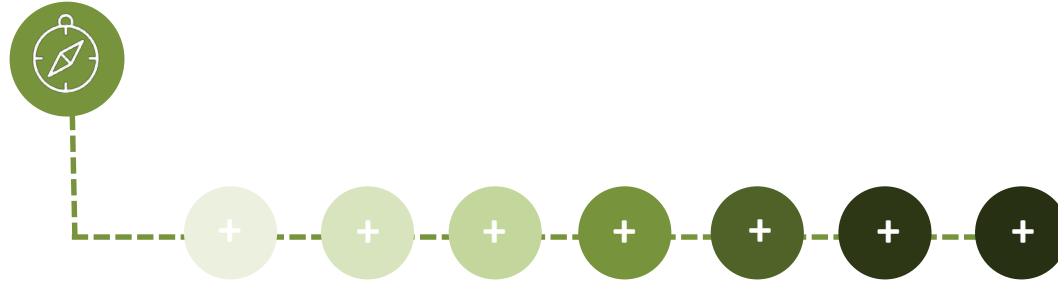
## The Intervention

- 15 hours structured engagement combining support and information provision completed between 4 to 8 weeks or depending to 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

# 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.

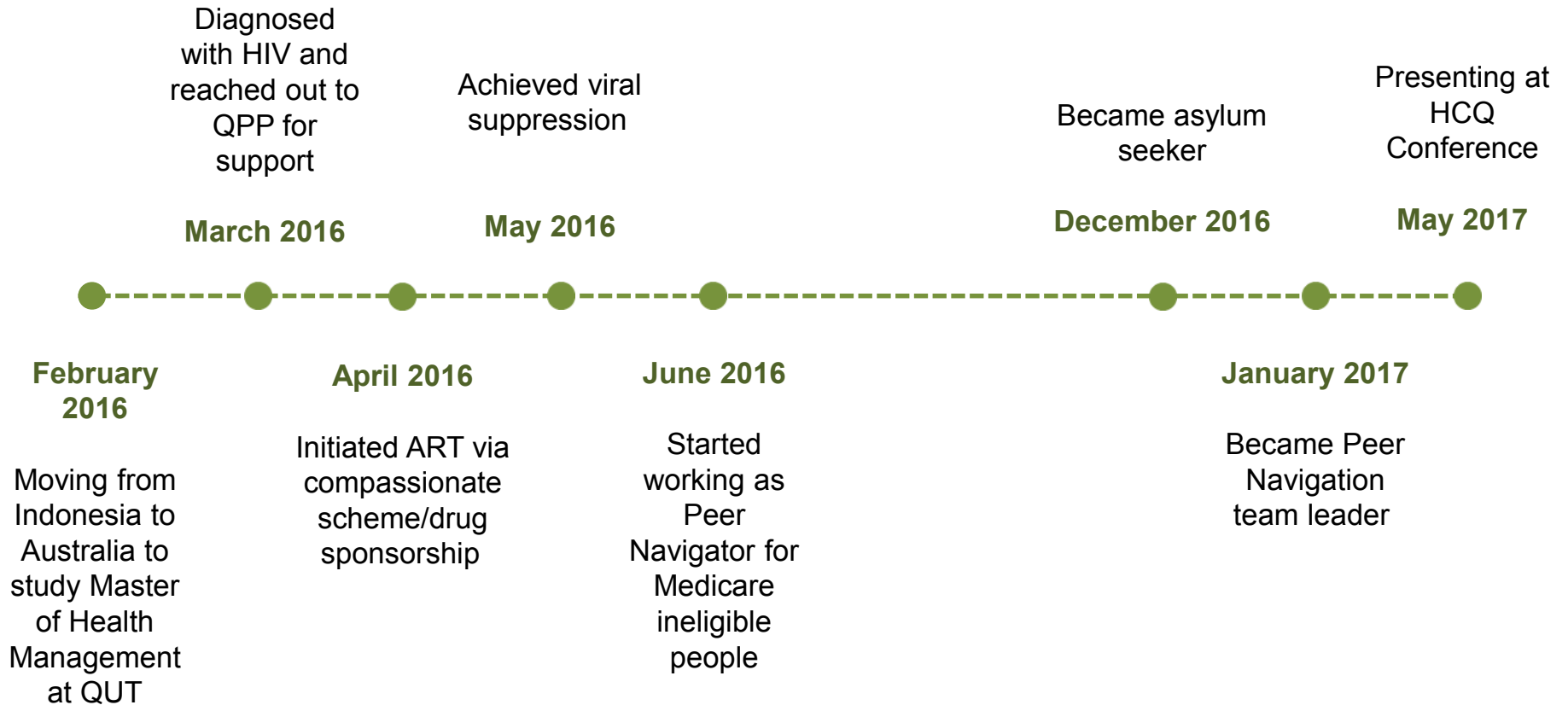




**“Being a Peer Navigator  
helps me to empower  
myself and others.”**



# The journey of an HIV-positive gay Asian asylum-seeker





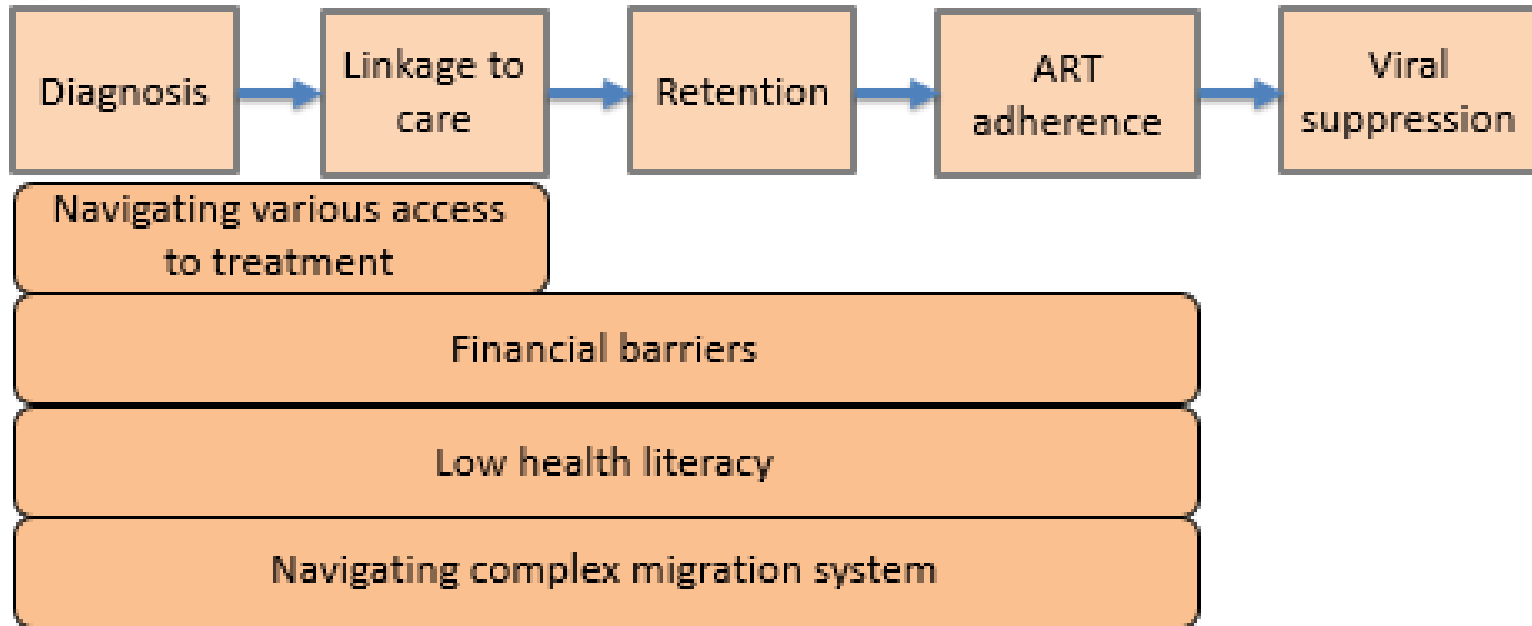
## Who are Medicare ineligible people?

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- 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.

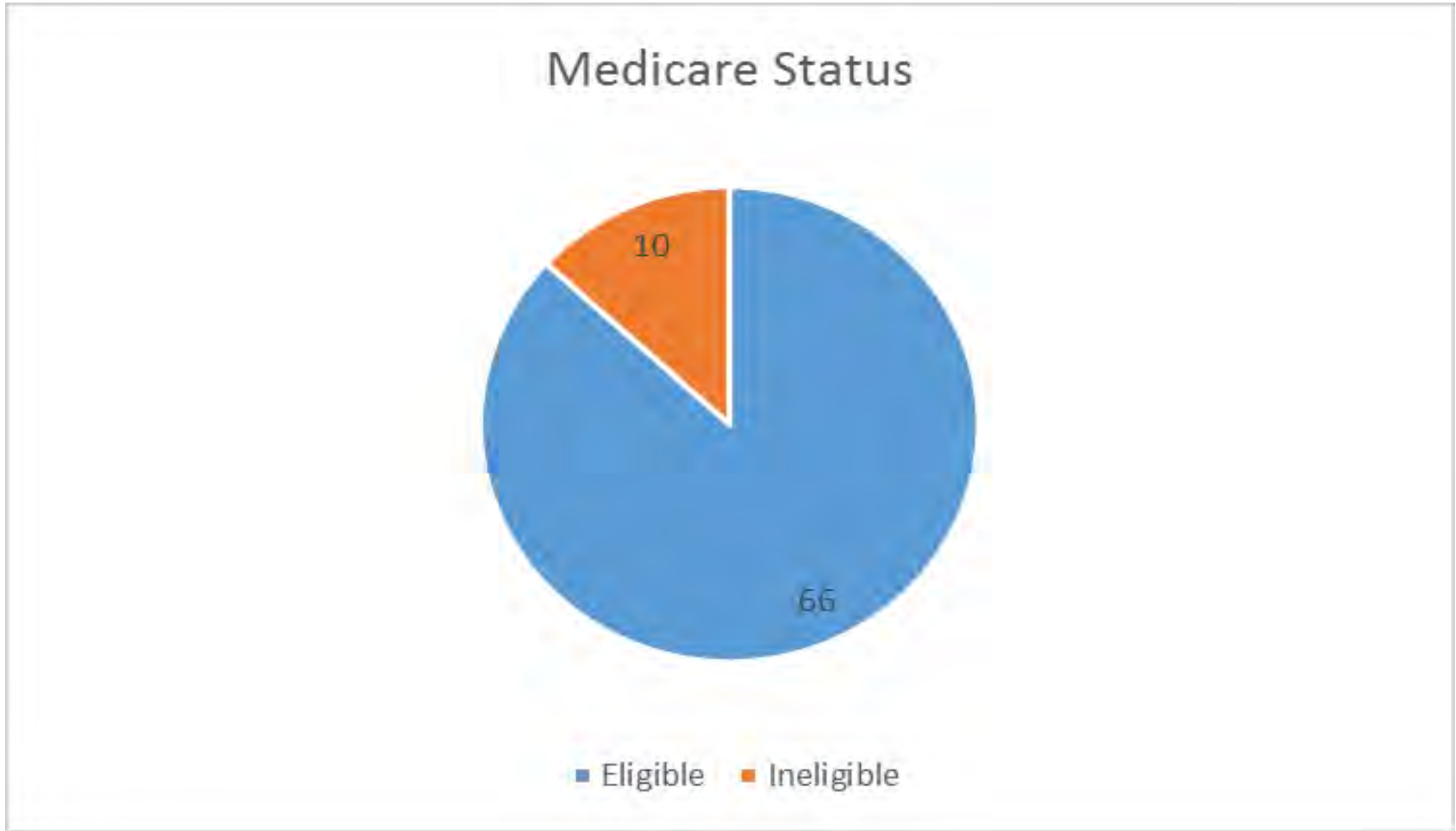


# Barriers to HIV treatment and care for Medicare ineligible:





## Peer Navigation Data (Medicare ineligible):







## 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

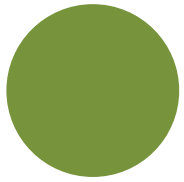
**VISAS:** 5 student visas, 2 holiday visas, 1 working visa (457), 1 dependent visa, and 1 working holiday visa

**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:

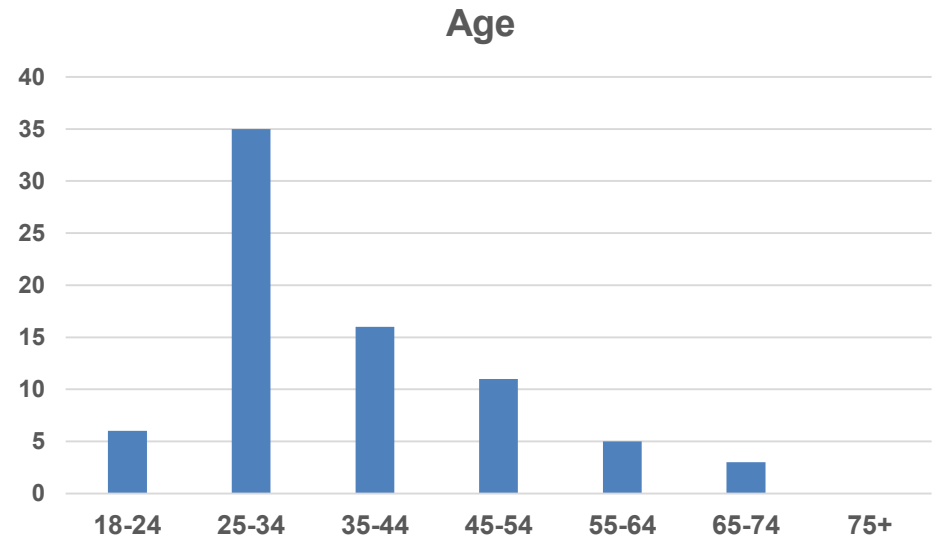
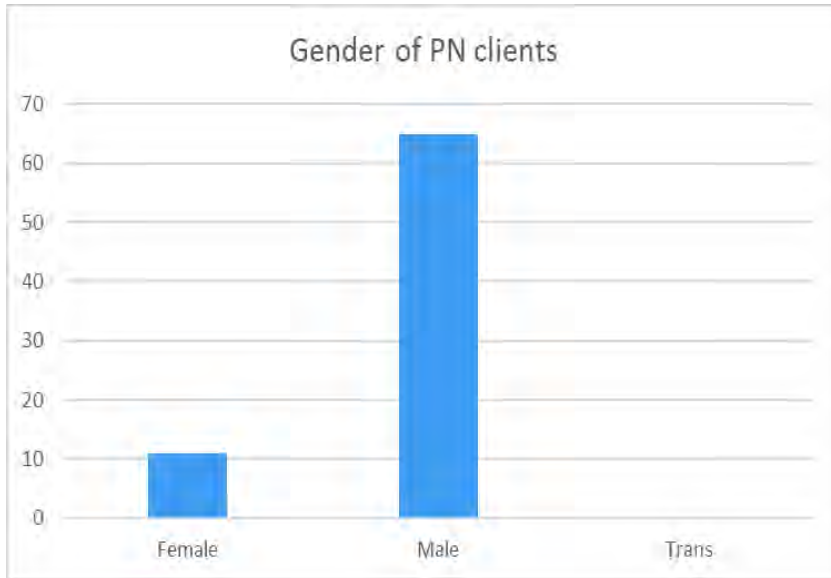
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- Gaining work experience
- Developing skills and applying new knowledge from my study in health management
- Contributing to Australian society in general and PLHIV community in specific
- Supporting my peers to build skills and knowledge to help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



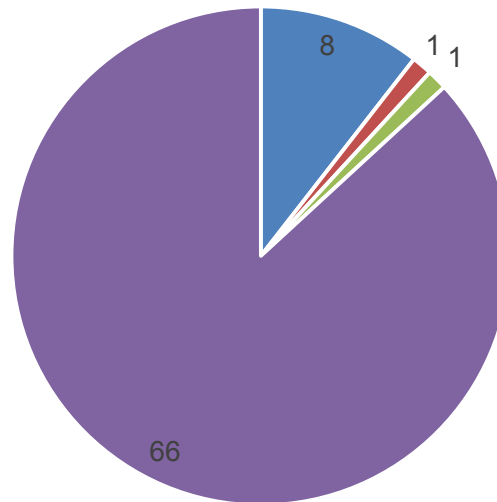
# Peer Navigation Data:





# Peer Navigation Data:

Indigenous Status



■ Aboriginal ■ Aboriginal and Torres Strait Islander ■ Torres Strait Islander ■ Not Aboriginal or Torres Strait Islander



## Peer Navigation- Challenges:

- Scope of practice
- Alcohol and other drug relapse
- Supervision and support
- Costs associated with casual employees
- Technology use





## Peer Navigation Expansion- Future plans:

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- 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

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- 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

# Connect with us



## Find us

21 Manilla Street, East Brisbane  
Level 1, 52-64 Currie Street Nambour  
Suite F1 12-14 Lake Street Cairns



## Call us

1800 636 241 (toll free outside Brisbane)  
or 07 3013 5555



## Know more about us

[qpp.org.au](http://qpp.org.au)



## Get in touch with us

[info@qpp.org.au](mailto:info@qpp.org.au)



## Refer someone to us

[referrals@qpp.org.au](mailto:referrals@qpp.org.au)



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