PEER NAVIGATION: EXPERIENCES THROUGH THE LENSES OF MULTIPLE STAKEHOLDERS

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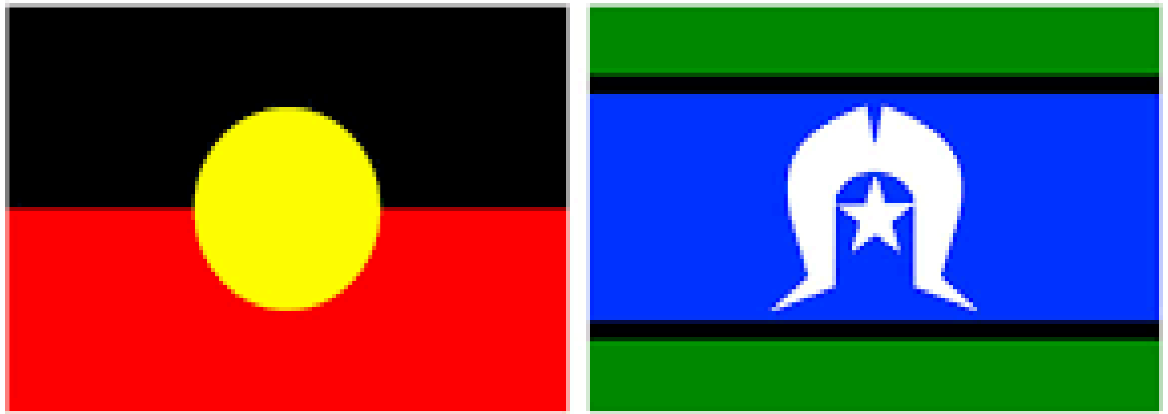

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PEER NAVIGATION EVALUATION

- A small but growing evidence base of the effectiveness of peer navigation programs. Demonstrated outcomes include:
  - Improved knowledge of HIV, Health care use, quality of life, social support and experiences of stigma, engagement in care, adherence and viral suppression
- Programs designed to support marginalised groups including people who have been incarcerated, culturally and linguistically diverse groups, and those experience disadvantage.
- Programs frequently run in clinical settings.
- Evaluations conducted in USA and African nations (Rwanda, Uganda, Ethiopia, South Africa)

PEER NAVIGATION EVALUATION

What are the mechanisms through which peer navigation can provide support and assist in co-constructing **linkages to care** for recently diagnosed PLHIV and those re-engaging with care?

QPPS - PNP

Evaluation of the QPP Life+ Peer Navigation Program

- Statewide early intervention program for people recently diagnosed or those re-engaging in care
- Aims to improve access to care, early treatment uptake, health literacy and self management
- Draws from the model developed in Canada in clinical settings – translated into the community
- 15 hours structured engagement combining support and information provision completed over 4-8 weeks
- 10+ education modules - including HIV101. disclosure, treatment, navigating the HIV health system, Mental health and resilience

METHODS: PEER NAVIGATION EVALUATION

1. Can the Life+ PNP enhance the **social support, experiences of stigma, engagement with health services and preparedness to initiate treatment** among people recently diagnosed with HIV and those re-engaging in care?

Phase I- Client Survey

Baseline

Health Education Impact Questionnaire – includes Health Services Navigation
Social support (Hawthorne Friendship Scale)
Stigma (Internalised AIDS related stigma scale)
Readiness to initiate treatment (AIDS map survey)
Resilience (Connor Davidson Resilience Scale)

8 Week follow up

Baseline survey +
Method of education
Level of peer involvement

6 Month follow up

Baseline survey +
8 week

Phase II – in-depth interviews

20 Participants

18 men and 2 women
Aged 21-54
Gay, Bisexual, Straight
Caucasian, African, Asian, Pacifica
Brisbane, Gold Coast, Sunshine Coast, Wide Bay, Rockhampton, Cairns/Townsville

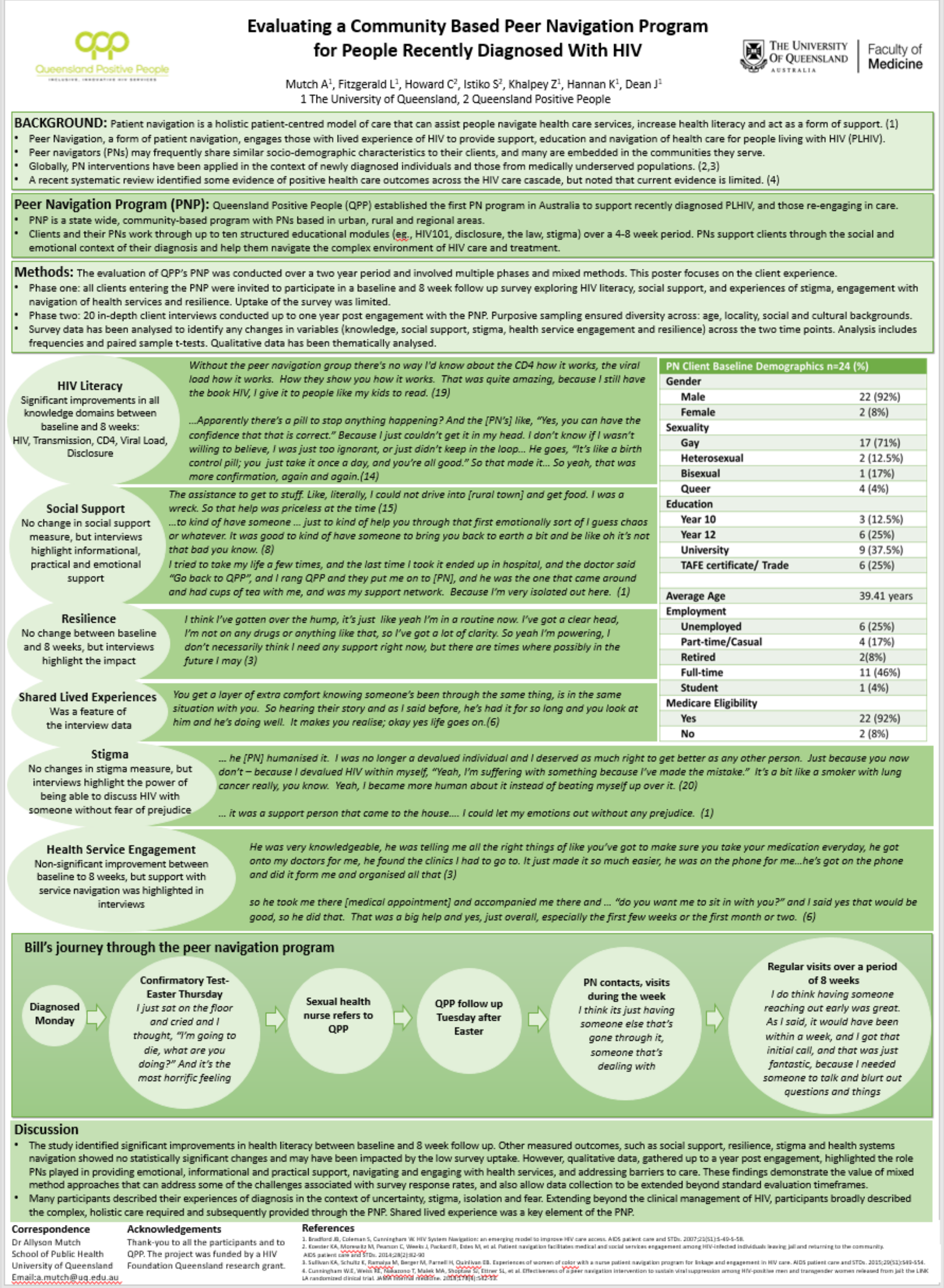
16 Peer Navigators

11 men and 3 women
Gay, Straight
Recent, mid and long term diagnosed
Caucasian, African, Aboriginal, Asian
Brisbane, Gold Coast, Toowoomba/Ipswich, Sunshine Coast, Wide Bay, Rockhampton, Cairns/Townsville

6 Health Practitioners

6 s100 prescribers
Brisbane, Toowoomba, Cairns

PNP - EVALUATION



Evaluating a Community Based Peer Navigation Program for People Recently Diagnosed With HIV

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BACKGROUND: Patient navigation is a holistic patient-centred model of care that can assist people navigate health care services, increase health literacy and act as a form of support. (1)

- Peer Navigation, a form of patient navigation, engages those with lived experience of HIV to provide support, education and navigation of health care for people living with HIV (PLHIV).
- Peer navigators (PNs) may frequently share similar socio-demographic characteristics to their clients, and many are embedded in the communities they serve.
- Globally, PN interventions have been applied in the context of newly diagnosed individuals and those from medically underserved populations. (2,3)
- A recent systematic review identified some evidence of positive health care outcomes across the HIV care cascade, but noted that current evidence is limited. (4)

Peer Navigation Program (PNP): Queensland Positive People (QPP) established the first PN program in Australia to support recently diagnosed PLHIV, and those re-engaging in care.

- PNP is a state wide, community-based program with PNs based in urban, rural and regional areas.
- Clients and their PNs work through up to ten structured educational modules (eg., HIV101, disclosure, the law, stigma) over a 4-8 week period. PNs support clients through the social and emotional context of their diagnosis and help them navigate the complex environment of HIV care and treatment.

Methods: The evaluation of QPP's PNP was conducted over a two year period and involved multiple phases and mixed methods. This poster focuses on the client experience.

- Phase one: all clients entering the PNP were invited to participate in a baseline and 8 week follow up survey exploring HIV literacy, social support, and experiences of stigma, engagement with navigation of health services and resilience. Uptake of the survey was limited.
- Phase two: 20 in-depth client interviews conducted up to one year post engagement with the PNP. Purposive sampling ensured diversity across: age, locality, social and cultural backgrounds.
- Survey data has been analysed to identify any changes in variables (knowledge, social support, stigma, health service engagement and resilience) across the two time points. Analysis includes frequencies and paired sample t-tests. Qualitative data has been thematically analysed.

HIV Literacy
Significant improvements in all knowledge domains between baseline and 8 weeks:
HIV, Transmission, CD4, Viral Load, Disclosure

Without the peer navigation group there's no way I'd know about the CD4 how it works, the viral load how it works. How they show you how it works. That was quite amazing, because I still have the book HIV, I give it to people like my kids to read. (19)

…Apparently there's a pill to stop anything happening? And the [PN's] like, "Yes, you can have the confidence that that is correct." Because I just couldn't get it in my head. I don't know if I wasn't willing to believe, I was just too ignorant, or just didn't keep in the loop… He goes, "It's like a birth control pill; you just take it once a day, and you're all good." So that made it… So yeah, that was more confirmation, again and again.(14)

Social Support
No change in social support measure, but interviews highlight informational, practical and emotional support

The assistance to get to stuff. Like, literally, I could not drive into [rural town] and get food. I was a wreck. So that help was priceless at the time (15)

…to kind of have someone … just to kind of help you through that first emotionally sort of I guess chaos or whatever. It was good to kind of have someone to bring you back to earth a bit and be like oh it's not that bad you know. (8)

I tried to take my life a few times, and the last time I took it ended up in hospital, and the doctor said "Go back to QPP", and I rang QPP and they put me on to [PN], and he was the one that came around and had cups of tea with me, and was my support network. Because I'm very isolated out here. (1)

Resilience
No change between baseline and 8 weeks, but interviews highlight the impact

I think I've gotten over the hump, it's just like yeah I'm in a routine now. I've got a clear head, I'm not on any drugs or anything like that, so I've got a lot of clarity. So yeah I'm powering, I don't necessarily think I need any support right now, but there are times where possibly in the future I may (3)

Shared Lived Experiences
Was a feature of the interview data

You get a layer of extra comfort knowing someone's been through the same thing, is in the same situation with you. So hearing their story and as I said before, he's had it for so long and you look at him and he's doing well. It makes you realise; okay yes life goes on.(6)

PN Client Baseline Demographics n=24 (%)	
Gender	
Male	22 (92%)
Female	2 (8%)
Sexuality	
Gay	17 (71%)
Heterosexual	2 (12.5%)
Bisexual	1 (17%)
Queer	4 (4%)
Education	
Year 10	3 (12.5%)
Year 12	6 (25%)
University	9 (37.5%)
TAFE certificate/ Trade	6 (25%)
Average Age	39.41 years
Employment	
Unemployed	6 (25%)
Part-time/Casual	4 (17%)
Retired	2(8%)
Full-time	11 (46%)
Student	1 (4%)
Medicare Eligibility	
Yes	22 (92%)
No	2 (8%)

Stigma
No changes in stigma measure, but interviews highlight the power of being able to discuss HIV with someone without fear of prejudice

… he [PN] humanised it. I was no longer a devalued individual and I deserved as much right to get better as any other person. Just because you now don't – because I devalued HIV within myself, "Yeah, I'm suffering with something because I've made the mistake." It's a bit like a smoker with lung cancer really, you know. Yeah, I became more human about it instead of beating myself up over it. (20)

… it was a support person that came to the house…. I could let my emotions out without any prejudice. (1)

Health Service Engagement
Non-significant improvement between baseline to 8 weeks, but support with service navigation was highlighted in interviews

He was very knowledgeable, he was telling me all the right things of like you've got to make sure you take your medication everyday, he got onto my doctors for me, he found the clinics I had to go to. It just made it so much easier, he was on the phone for me…he's got on the phone and did it form me and organised all that (3)

so he took me there [medical appointment] and accompanied me there and … "do you want me to sit in with you?" and I said yes that would be good, so he did that. That was a big help and yes, just overall, especially the first few weeks or the first month or two. (6)

Bill's journey through the peer navigation program

Diagnosed Monday

Confirmatory Test- Easter Thursday
I just sat on the floor and cried and I thought, "I'm going to die, what are you doing?" And it's the most horrific feeling

Sexual health nurse refers to QPP

QPP follow up Tuesday after Easter

PN contacts, visits during the week
I think its just having someone else that's gone through it, someone that's dealing with

Regular visits over a period of 8 weeks
I do think having someone reaching out early was great. As I said, it would have been within a week, and I got that initial call, and that was just fantastic, because I needed someone to talk and blurt out questions and things

Discussion

- The study identified significant improvements in health literacy between baseline and 8 week follow up. Other measured outcomes, such as social support, resilience, stigma and health systems navigation showed no statistically significant changes and may have been impacted by the low survey uptake. However, qualitative data, gathered up to a year post engagement, highlighted the role PNs played in providing emotional, informational and practical support, navigating and engaging with health services, and addressing barriers to care. These findings demonstrate the value of mixed method approaches that can address some of the challenges associated with survey response rates, and also allow data collection to be extended beyond standard evaluation timeframes.
- Many participants described their experiences of diagnosis in the context of uncertainty, stigma, isolation and fear. Extending beyond the clinical management of HIV, participants broadly described the complex, holistic care required and subsequently provided through the PNP. Shared lived experience was a key element of the PNP.

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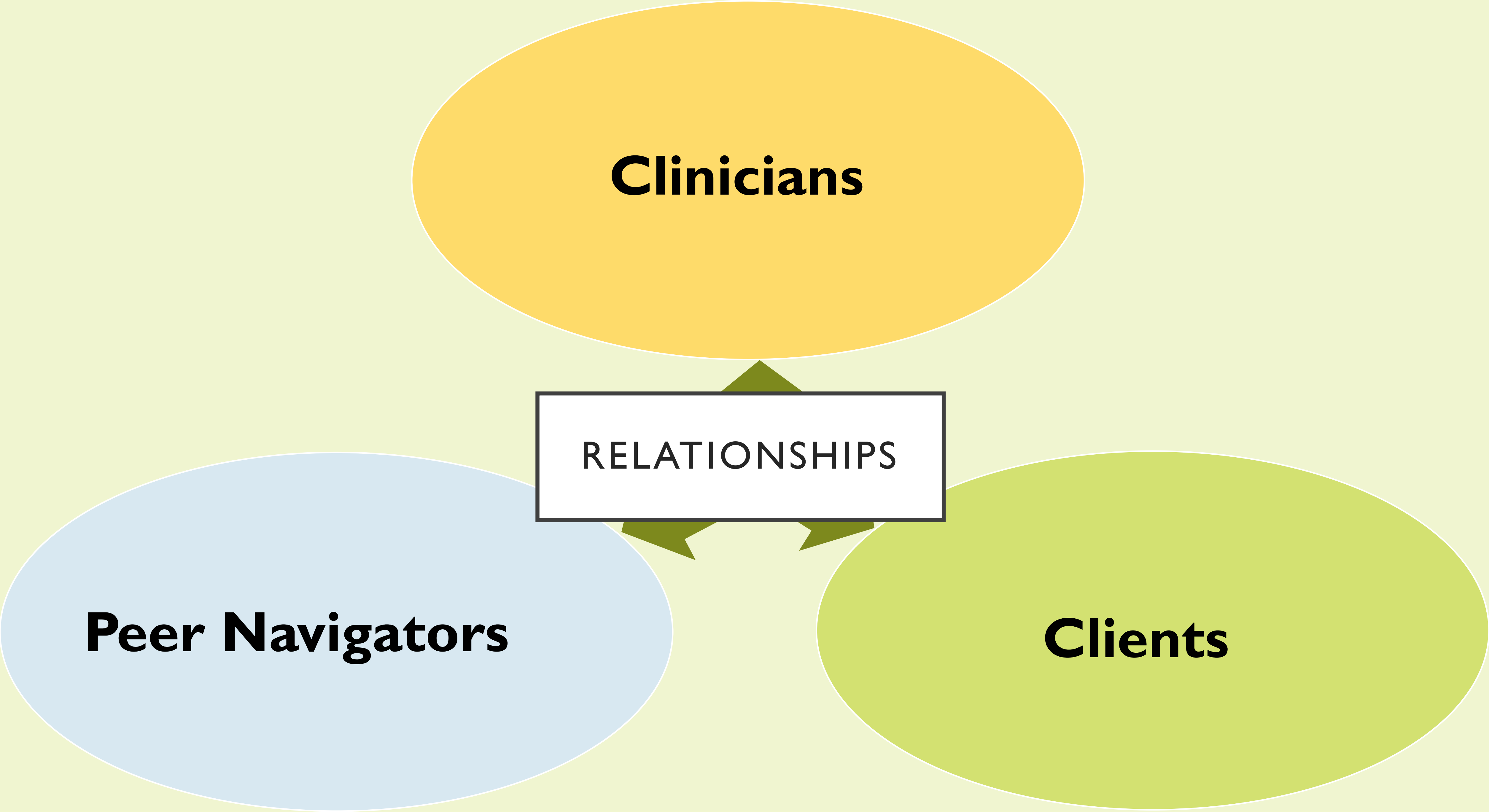
PEER NAVIGATION EVALUATION

- What are the experiences of all stakeholders (clients, PNs and s100 GPs) engaged in QPP's Peer Navigation Program and how do they negotiate their roles and relationships to support PLHIV?


Clinicians

RELATIONSHIPS

Peer Navigators

Clients

NORMALISING

Meeting someone else that is living with it, knowing that you're not alone, and hearing their stories about how they've dealt with it over the years and how they've dealt with employers or partners. I think that's the added thing that I can't give them because I don't have HIV (Clinician 2)

The simple contact of a text message or a phone call with someone that can't see the light at the end of the tunnel can be the hand in the darkness to remind them that they are not alone, I feel like this role has great power to help people that is beautiful (PN 1)

I was like what does someone else who's been infected with HIV look like after they've had the condition for a while. Am I going to go somewhere and talk to someone who looks really unwell and who's dying [following meeting] … you seem to be doing okay, so maybe I will be ok!

TRANSLATING

In the early stages after diagnosis patients hear very little, or health and process very little of what we say from a medical perspective, and its only with someone else that they're able to relax and listen more easily, and get that information in a more effective way (Clinican 2)

When you've first been diagnosed and you've had your first 2 or 3 appointments everthing is in a while, and your mind sometimes doesn't understand, or doesn't understand or doesn't sink in to what the doctors are saying. So in that instance I was able to … go through the issue in everyday language (PN 10)

It was pretty much me with the same thing again. "Apparently there's a pill to stop anything happening?" And the guy's like, "Yes, you can have the confidence that that is correct." Because I just couldn't get it in my head. I don't know if I wasn't willing to believe, I was just too ignorant, or just didn't keep in the loop. (Client 14)

COMPLEX

the PN was essential in engaging difficult to reach patients who often fell out of care and it's been really essential to have a PN to support that person … because they'll go months without visiting the clinic, but through the PN we can often get treatment to the person and find out where they are and how they're doing (Clinician 5)

I've tapped him into social networks, I go shopping with him, talking to his doctor, we've kind of worked out that he probably needs to live in supported accommodation, because his mum died around the same period he got his diagnosis (PN 2) .

My life was in a bit of shambles right then, because I was living with somebody that was on the other side of the tracks and doing all the wrong things. And I didn't want to mix with that crowd so he was like I really suggest that you move out of there and he found me another place to live (Client 3)

FLEXIBLE

[PNs have been] flexible and very creative in their support, both opportunities and design efforts and so it's been really, really helpful… we'd probably have more infection and we'd probably have less effective care if we were without that sort of flexibility and creativity and kindness in the support we get with a Peer Navigator. (4)

So, you know, there's the health literacy side of it, there's the peer support side of it, there's the social aspect to it (PN 12)

It was pretty much to help me get back on track, and get me to things, and help organise things, and just a point of contact if I needed anything. I was told that the PN was a certain short period of time, but its variable, depending on what the situation is.(Client 15)

DISCUSSION

- PNP provides an important extension of care into the community to ensure PLHIV do not fall through clinical gaps
- The experience of diagnosis are distinct, PN must have flexibility in their skills and roles to support people experiencing complex issues
- Relations between PLHIV, PNs, and Clinicians must be built and sustained to ensure referral pathways from clinic to community and to address **all** aspect of HIV care

THANK YOU

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- HIV Foundation Queensland

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