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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Acknowledgements
Thank-you to all the participants and to QPP. The project was funded by a HIV Foundation Queensland research grant.

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