

## Improving the treatment cascade for HIV positive Aboriginal and Torres Strait Islander people at Cairns Sexual Health

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We would like to acknowledge the traditional owners of this country, the Toorbul and Jagera people and pay respects to the elders both past and present

## Disclosure of Interests

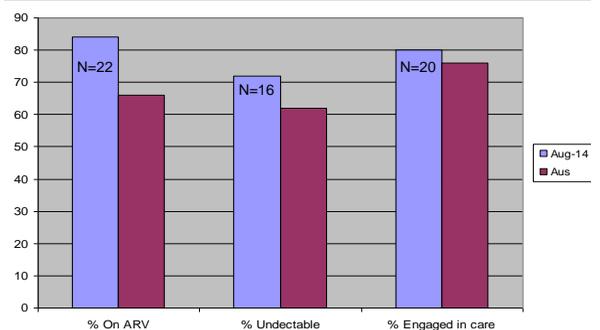
The authors have no potential conflicts of interest to declare.



## Background story

- July 2014 - seeing new cases of HIV in Aboriginal & Torres Strait Islander gay men
- Trent Yarwood – “know your epidemic”
- Carla Gorton - discussed with partner organisations, Indigenous Health Workers...then meetings
- Pharmacy Intern quality improvement audit

## Comparison of Cairns Aboriginal Torres Strait Islander group to Australia (N=25), August 2014



## 2014

- Usually 12-13 new cases per year
- 40% of new HIV cases were ATSI gay men – 6 of the total of 13
- Mean age at diagnosis of the 6 in 2014 – 30.8 years

### Where diagnosed

AMS	2
GP	3
Sexual Health	1

### HIV testing history

1 year	3
2 years	1
Unknown	2

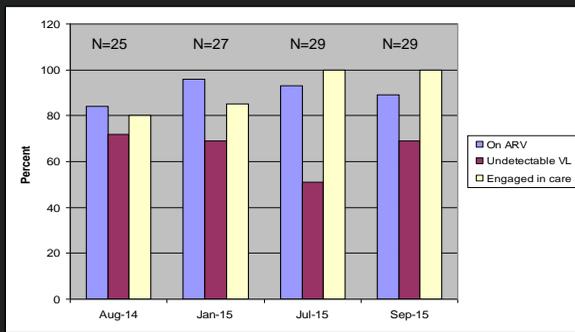
## Ideal HIV treatment cascade

### HIV CARE CONTINUUM:

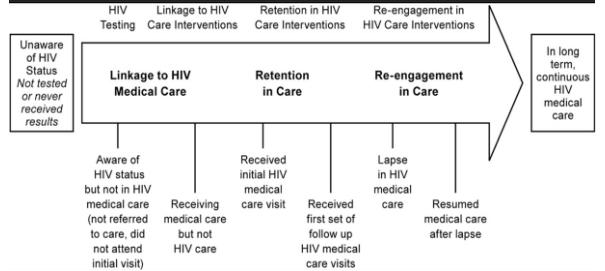
THE SERIES OF STEPS A PERSON WITH HIV TAKES FROM INITIAL DIAGNOSIS THROUGH THEIR SUCCESSFUL TREATMENT WITH HIV MEDICATION



## Our treatment cascade over time



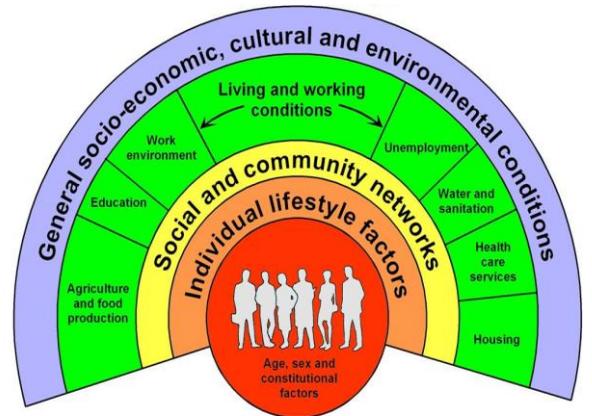
## The real HIV treatment cascade



Sprague and Simon, 2014

	Aug 2014	Jan 2015	July 2015	Sept 2015
Positive	25	27	29	29
% on ARV	84 (N=22)	96 (N=26)	93 (N=27)	89 (N=26)
% Undetectable VL	72 (N=16)	69 (N=18)	51 (N=14)	69 (N=18)
% engaged in care	80 (N=20)	85 (N=23)	100	100

7 of the 26 people on treatment are overdue picking up their prescription



Source: Dahlgren and Whitehead, 1991

## Causes of leaks from treatment cascade

- Clinic entrance
- Lack of transport
- Homelessness
- Lack of family awareness, no support
- HIV literacy
- Recreational drug use
- Family & cultural responsibilities
- Hidden nature of taking ARVs
- Stigma
- Lack of finance
- Work
- Education
- New diagnosis

## What was said to us...

- *I just wanted to run away*
- *Drugs were awful*
- *Am sleeping on couches*
- *I need to get some food now*
- *I live in 2 houses*
- *I need to feed the children*
- *I have a Pharmacy bill*
- *I live with other people*
- *I can't tell my family*
- *Family work at health service*

## Looking at our service

- *"But why won't he just take his pills?"*
- *"Disruption"* to clinic flow
- *"He is my client"*
- Flexibility of service model
- Follow up or stalking? (missed appointments)
- Lack of funding to culturally appropriate NGOs
- Lack of social infrastructure
- Need for social workers

## Plugging the leaks

- Rearrange waiting room
- Back door
- Link between hospital & clinic
- Pharmacy fee waiver
- Provide transport
- Expect the unexpected
- Multidisciplinary team
- Match client & staff
- SMS

Overseas studies have found that missed appointments are a strong predictor of virological failure

## Men's and Women's business

- Indigenous Health Workers implement cultural protocol within their delivery of service when engaging in health care to Aboriginal and Torres Strait Islander people
- The delivery of service's main focus for Aboriginal and Torres Strait Islander Health clients is 'Holistic Health'

## Conclusions

- Improved our knowledge of treatment cascade
- Improved our knowledge of factors that impact on clients engagement in care
- Know the whole person
- Not undetectable forever
- Multidisciplinary team
- Dismantle barriers as they arise
- Work with the enablers
- Flexible

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