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

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
2/10/2015

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

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<thead>
<tr>
<th>Where diagnosed</th>
<th>2014</th>
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<tbody>
<tr>
<td>AMS</td>
<td>2</td>
</tr>
<tr>
<td>GP</td>
<td>3</td>
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<tr>
<td>Sexual Health</td>
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<table>
<thead>
<tr>
<th>HIV testing history</th>
<th>2014</th>
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<tbody>
<tr>
<td>1 year</td>
<td>3</td>
</tr>
<tr>
<td>2 years</td>
<td>1</td>
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<tr>
<td>Unknown</td>
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Ideal HIV treatment cascade

HIV CARE CONTINUUM:
THE SERIES OF STAGES PERSONS WITH HIV TRAVEL FROM INITIAL ENGAGEMENT THROUGH TO THEIR SUCCESSFUL TREATMENT WITH HIV MEDICATION

Our treatment cascade over time

The real HIV treatment cascade

Sprague and Simon, 2014

Positive

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<tbody>
<tr>
<td>25</td>
<td>27</td>
<td>29</td>
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% on ARV

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<tbody>
<tr>
<td>84</td>
<td>96</td>
<td>93</td>
<td>89</td>
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% Undetectable VL

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<tr>
<td>72</td>
<td>69</td>
<td>51</td>
<td>69</td>
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% engaged in care

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<tbody>
<tr>
<td>80</td>
<td>85</td>
<td>100</td>
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7 of the 26 people on treatment are overdue picking up their prescription
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
References


