# The Depth of Water Requires Knowledge: Listening to the Voices of the HIV Patient Journey



#### Patient Journey Mapping Moving Mountains: Research in the North

2 May 2014 Patricia Howard



# **Blood Borne Pathogens Services Team**





# Acknowledgements

First and foremost, I have to acknowledge and thank our experts.

This PJM Report would not have been possible without the assistance of our participants: Allan Mousseau, Christina Tom, Gay-lene Collison, TW, MR, CA, CW, SD, RL, CF, KL, BK, ML, MR, FM, CT, LS, JS, MW.







Patricia Howard, MA Principle Researcher Bareilly Sweet, MEd Collaborating Research Support

# Background -STOP HIV Pilot Project Goals

The Depth of Water Requires Knowledge: Listening to the Voices of the HIV Patient Journey Se northern health

1. Timely access to high-quality and safe HIV/AIDS care and treatment

2. Reduce the number of new HIV/AIDS diagnosis

3. Reduce the impact of HIV/AIDS through effective screening and early detection

4. Improve the patient experience in every step of the HIV/AIDS journey

5. Demonstrate system and cost optimization



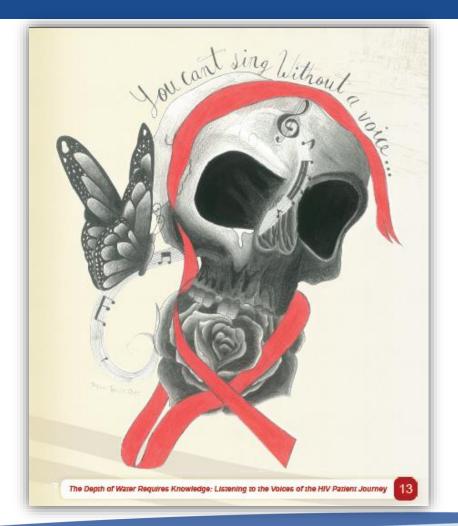
## **ARV Stats**

#### June 2013 FN only ARV Stats

BC - on ARVs 705/6403 (11% Aboriginal) 705/837 (84% on treatment)

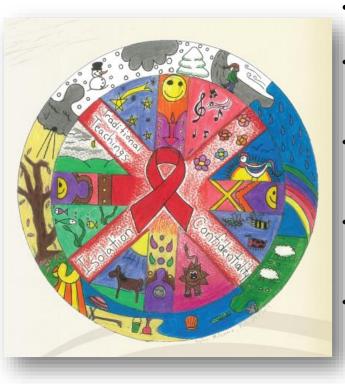
NH Region 85/248 are alive (35% Aboriginal) 73/180 on ARVs (41% Aboriginal) 73/85 (86% on treatment)

NI Region 45/49 (92% on treatment)





# **Process for Completion of Needs Assessment**

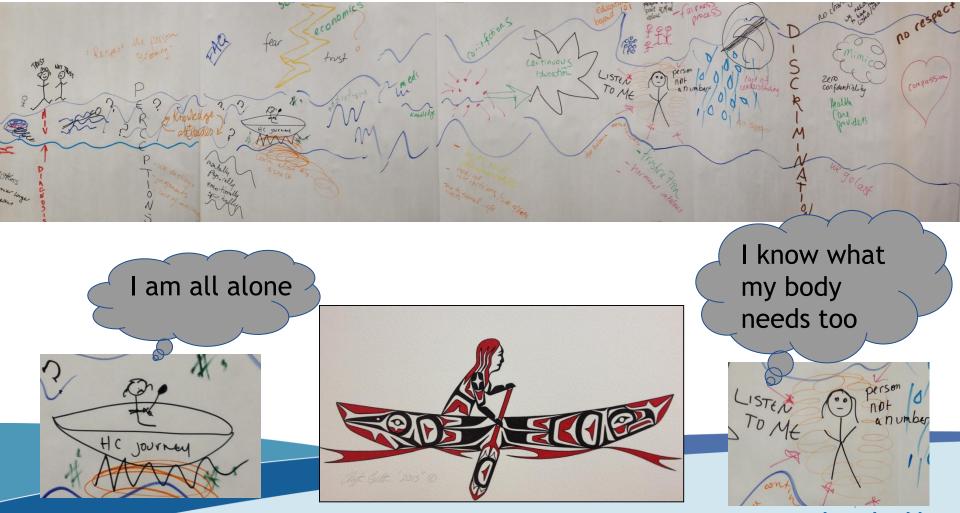


- Literature Review/Best Practices
- Engagement with ASO's to identify participants and share vision
- 2 focus groups with HIV + individuals (14 participants) one group women specific
- Key informant interviews with HIV+ individuals (5 participants)
- Broad representation (age, gender, newly dx, long term survivors)

19 people total living with and affected by HIV 84% Aboriginal representation



## The River



northern health

# **General Feedback From Engagement**

l am tired of hearing l am a junkie	<ul> <li>Lowered capacity in spiritual, cultural and mental health</li> <li>Patients/clients feel unimportant, lonely, uncared for, and angry.</li> </ul>	
	And I just feel like one of those people that is starting to fall between the cracks type of thing, you know?	
	(KI 26-11-12-01)	"

- Recognition that resource and advocacy needs impact an individual
  - housing
  - food security
  - income security
  - education
- Themes identified from consumer engagement align with literature and key informant feedback



# Themes from Engagement

		(KI 12-12-12-05
Tł	neme	Description of Gap
1.	Access to HIV knowledgeable and culturally competent providers and staff	<ul> <li>Finding HIV knowledgeable providers who are culturally appropriate</li> <li>Need more Aboriginal liaison workers/advocates</li> </ul>
2.	General awareness of Services	<ul> <li>Not all providers or clients are aware of Services or how to access</li> <li>Address Social Determinants of Health</li> </ul>

the northern way of caring

## **Themes from Engagement**

Ive been in my body [xx] years, okay? I know when something is wrong... don't put me in a box and say, 'Well, no, it can't be this because this is what the book says...'

I need to have a say in my care

the northern way of carir

(KI 26-11-2012-01)

Theme	Description of Gap
4. Mentorship opportunities for long term survivors	<ul> <li>Mentoring of newly dx individuals</li> <li>Access to individuals who are HIV + and have a positive outlook</li> <li>Mentorship as part of healing journey</li> </ul>
5. HIV education opportunities	<ul> <li>Education needs to reflect reality of today's epidemic and the challenges HIV + individuals are facing:         <ul> <li>HIV and aging</li> <li>Disclosure</li> <li>Criminalization</li> <li>Understanding blood results etc.</li> <li>Medication adherence and interactions</li> </ul> </li> </ul>

#### **Themes from Engagement**

l keep my head down - people talk At the hospital I kind of feel like their attitudes are different, yeah. I just face so much of it [rejection] in my life that I really don't need it from people that are supposed to be a professional and those supposed to be helping you.

	<ul> <li>Need for positive sexual messaging</li> <li>Need to look at cultural issues</li> <li>Desire to start to decrease stigma by dealing with it internally</li> <li>Identity formation</li> <li>Confidentiality</li> <li>Sensitivity training</li> </ul>
7. Access to Mental Health and Addictions Screening Tools and Support	<ul> <li>Long standing issue</li> <li>Need to recognize the link between HIV and depression</li> </ul>

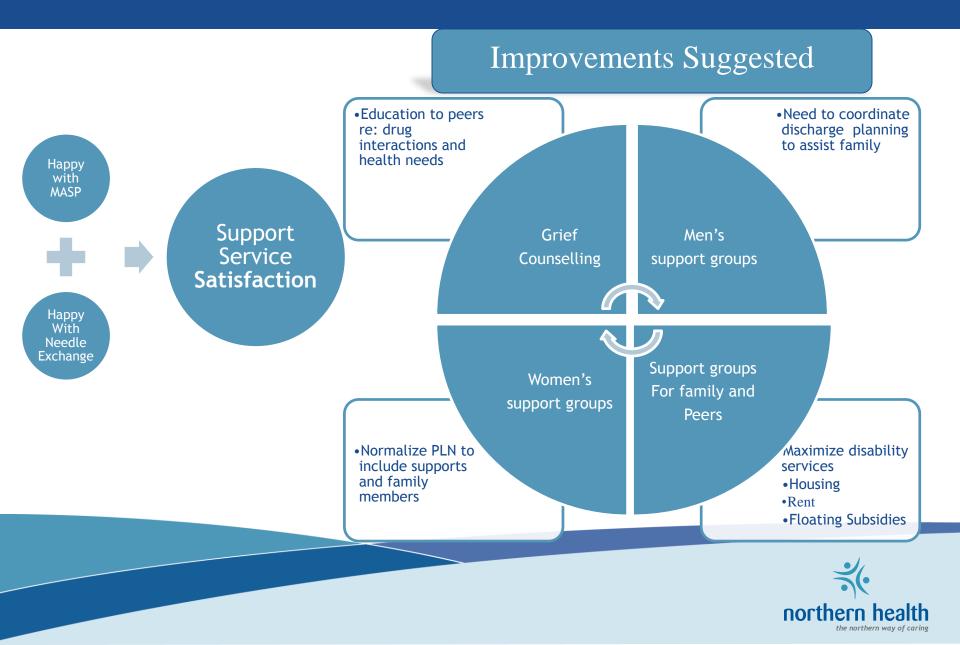


## Themes from 6 January 2014 follow up





#### Themes from 6 January 2014 follow up



# **Knowledge to Action - Top Three Priorities**

Improvements, there's always room for improvement. (KI 12-12-12-05)

- 1. Address stigma and discrimination within NH programs
- 2. Reduce community risk and build community capacity
- 3. Improve the experience for those living with and affected by HIV





## Key Message: Nothing about us - without us

And as soon as they found out I was HIV-positive it's just like, everybody didn't even want to come near me, not even the nurses. I was just like what the hell is up with this, like, you know. I'm trying to live a life, I work. I make my own money and all of sudden society just turns their back on me.

How can things improve if the health care providers are not listening to me

(KI 26-11-2012-04)

Avoid stereotypes and assumptions!

Full report available on our HIV101.ca website Any questions please contact: Patricia.Howard@northernhealth.ca



#### Thank you - Questions?

Is there one thing that you think service providers or anybody needs to know about your journey? Just that I'm hopeful that things do change, in the system.

(KI 26-11-2012-01)

