

Adherence Coordination Services in Winnipeg: A Pilot Project

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PURPOSE:

To deliver and evaluate a pilot project utilizing peer, HIV positive outreach workers in order to improve adherence to care, support and anti-retroviral therapy.

OBJECTIVES:

- 1) Increase adherence to care and treatment services among hard to reach clients
- 2) Increase hard to reach client's comfort level and trust with the health care system
- 3) Increase disease related knowledge and awareness among the target population
- 4) Identify and provide support that will reduce barriers to accessing care and treatment services

DESCRIPTION:

The project provided support HIV positive individuals experiencing multiple barriers accessing HIV care and treatment. This included people with: unmet financial or subsistence needs, people who are isolated and lack adequate social supports, individuals with mental health concerns, and people struggling with addictions. This decision was based on evidence that shows an association between unmet needs for support services and medication use and adherence among HIV infected individuals (find 1 or 2 references)

The project employed a Peer Outreach Worker (POW) to work with PHAs through capacity building and outreach activities in order to foster improved adherence and access to care. The outreach worker's role was to connect with these clients on a regular basis and support them to identify and address issues that are deterring them from accessing referral services.

EVALUATION METHODOLOGY:

To determine the project's success a process and outcomes evaluation framework was developed. Within this framework, the number and type of contacts made by the POW were monitored. As well, a pre and post survey was conducted with clients to assess changes in connection to services or treatment adherence. However, because of the small sample and attrition rate due to deaths and clients withdrawing from the study, only four postsurveys were completed.

FINDINGS:

The project directly affected eleven persons living with HIV. This includes the POW and the ten clients on her caseload. This was about the total reach of the original proposal.

In a period of 9 months, the POW was able to establish frequent contact with the majority of clients on her caseload. Six of the eight (?) clients had more than five visits, indicating that the POW was able to successfully establish relationships with hard to reach clients.

Given the difficulty accessing clients, the length of the project and the complexities of their cases, the evaluation found difficult to measure indicators such as: health improvement (including changes to CD4 levels and viral loads), strength of relationships between clients and health care providers, and increased support accessing the full range of required services.

Yet, clients indicated being empowered to take control of their own health. The POW was able to provide valuable social support, which improved this client's ability to attend medical appointments.

Over the course of the project, she was able to connect with clients and develop meaningful relationships. As clients began to trust the POW, they would disclose details about their personal lives and the areas in which they needed assistance or support. This allowed the POW to connect clients with different services to help support their treatment.

This project supported access to a range of required services. The POW supported clients through homelessness, addiction and rehabilitation, criminal charges, deaths in the family, hospitalization, housing issues, and issues with other service providers. The project supported internal referrals to nursing, social support, advocacy and counselling professionals at Nine Circles as well as external referrals to treatment centres, social service agencies, housing services, cultural groups.

The success of this pilot project led to the retention of the Peer Outreach Worker.

Key learnings that have been identified as a result of this project:

- a. Peer outreach workers are an effective means of reaching marginalized populations.
- b. Because of the complexity of the clients' cases, successful outreach work is dependent on making successful internal and external referrals to relevant agencies and organizations
- c. Outreach workers require access to counselling supports to provide them with support while working with clients who are facing severe barriers

Acknowledgments

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