Thank you to CDCD for funding my attendance at the 2017 HIV AIDS Conference

DR DARREN RUSSELL & MORGAN DEMPSEY

ENGAGEMENT IN CARE OF INDIGENOUS PLHIV

Far North Qld (FNQ) ~ 450 PLHIV

- 13% ATSI
- 57% non-Indigenous Australian
- 30% overseas born (includes 20% from PNG)

The FNQ Outbreak 2014 (aka the Cairns Cluster)

- Now about 30 diagnoses
- Predominantly young (18-30) and male (2 females)
- MSM (though not gay) and only sporadic IDU
- Coinfection with STIs esp. infectious syphilis
- Poor housing and employment situations, drug and alcohol use, high mobility, low health literacy

Causes of leaks from the Treatment Cascade:

- Avoidance of Sexual Health Clinic (stigma and shame) and
- Avoidance of AMS (confidentiality concerns, worried about ostracism)
- Lack of Transport
- Homelessness / poor housing
- High mobility
- Lack of Finances
• AOD use
• Need to hide ART – can’t take bottle home as others go through their bags
• Lack of family awareness, no support
• Family and cultural responsibilities
• Work
• Low HIV literacy
• Newly diagnosed

Observations
• Estimate that over 20% ATSI are undiagnosed with HIV
• Many had never heard of HIV pre-diagnosis (some had heard of AIDS)
• Priority is not HIV, but welfare issues, particularly HOUSING
• Are the AMS equipped for HIV and the Public Health issues?
• Are GP’s equipped to manage HIV in culturally appropriate manner?

How to engage ATSI clients?
• Individualised response essential (within context of community setting and life experience)
• Try to assist them with their needs, rather than our needs
• Engage where they want to be engaged:
  ➢ AMS? SH clinic? GP clinic? Under a Tree? In the Car?

• Men’s and Women’s Business needs to be respected for those for whom it is important
• Use your Aboriginal Health Workers
• It takes a long time to build rapport and trust: need to be able to yarn under a tree

What do we need for the FNQ Outbreak in terms of resourcing

• Urgent need for multidisciplinary team able to travel the affected area:
• Urgent need for more contact tracing and linkage: Rapport and trust need to be built over months or even years

Overseas studies suggest
• In USA, Viral load suppression has been achieved via financial incentives (ie gift cards for pathology test or meeting with clinician to develop care plans)
• “While seemingly modest, an increase of 4% in viral suppression with financial incentives may potentially have considerable clinical and preventative implications on a population level, particularly in settings among patients with less robust viral suppression”
• Is this worth trying in the Indigenous Australian context??
SUMMARY

• The number of Indigenous Australians living with HIV is increasing, as is the proportion compared with non-indigenous
• Little data on the Indigenous HIV Treatment Cascade – James Ward is working on one
• Need for different care models to engage Indigenous PLHIV
• A need to spread the message about What Works

ICMP Case Management Officers

Bernadette Gillespie
Phone  9221 9324
Mobile  0417 926 570
Email bernadette.gillespie@health.wa.gov.au

Ines Bruss
Phone  9421 1072
Mobile  0427 013 993
Email  ines.bruss@health.wa.gov.au