

The background of the slide is a photograph of a sunset over the ocean. The sky is a deep blue with wispy white clouds. The sun is low on the horizon, creating a bright orange and yellow glow that transitions into a rainbow on the left side of the image. The water in the foreground is a dark blue with gentle ripples.

# The Challenges and Successes of Community- based DOT for HAART

Lessons learned from the  
Positive Outlook Program

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# Vancouver Native Health Society

- To improve and promote the physical, mental, emotional and spiritual health of individuals, focusing on the aboriginal community residing in Greater Vancouver.



# Positive Outlook Program

- The Positive Outlook program was established in 1993 to provide care treatment and support services to all people living with HIV/AIDS focusing on the need to improve access to care for First Nations People. The program received extra funding in 1997 to expand care treatment and support services.

# Providing Care to the Marginalized

- Aboriginal residents in the Downtown Eastside
- Educationally, economically and politically disadvantaged
- Living in conditions of abject poverty
- Housing conditions that are substandard, unsafe, and public health hazards

# DOT for HAART

- Directly observed therapy for the delivery of Highly active antiretroviral therapy
- Modeled after DOTS - International biomedical intervention for treating TB, advocated by the World Health Organization (WHO)
- Daily, observed medicine ingestion by health-care professionals, family members, or “peers”
- Considered to be effective strategy for increasing adherence

# Debates about the effectiveness of DOT-HAART

- Concerns that DOT programs deny autonomy and patient decision making in their own health care
- Some evidence to suggest the adoption of DOT for HAART is a poor fit due to the life-time commitment of HAART
- A lack of evidence documenting exactly what components of DOT programs increase adherence (i.e., supervised swallowing, therapeutic relationships, holistic care, food and nutritional support)

# Local models of DOT-HAART

- Downtown Community Health Centre's MAT program
- Pender Community Health Clinic and partner Gastown pharmacy (co-delivery of methadone and HAART)
- Dr. Peter Centre's Day Program
- Various supportive housing facilities offer daily observed therapy
- Private pharmacies offering "witnessed ingestion"
- Positive Outlook Program

# DOT at Positive Outlook

- Community-based approaches to health-care and DOT programs work from with patient-centered care model and emphasize community strengths as opposed to deficits
- Advocated by clinicians and researchers like Dr. Jim Yong Kim, Dr. Paul Farmer and the local BC Centre for Excellence in HIV/AIDS



# *Supportive* Interventions

- At POP we do not emphasize the ‘supervised swallowing’ component
- Instead, we focus on offering:
  - holistic care (primary care facility),
  - a hot lunch everyday (critical in a community where malnourishment and hunger are very real),
  - culturally-competent health care that combines biomedical approaches with traditional Aboriginal healing practices,
  - and therapeutic relationships between our staff and program participants

# Positive Clinical Outcomes

- Improved adherence
- When NO planned interruptions in treatment - 92.6%
- Including planned interruptions in treatment - 52.5%
- A least one viral load  $<500$  - 82.5%

# Psycho-Social Outcomes

- The holistic approach to health-care means participants not only receive HAART and treatment support but we work with a team of health-care professionals to address housing, nutrition, drug and alcohol counseling, mental health, and address primary health care issues
- As a result, participants achieve better health overall

# New innovative initiatives

- **Towards Aboriginal Health and Healing (Tahah)**
- A community-based DOT-HAART program developed to increase up-take and adherence for Downtown Eastside Aboriginal peoples who were most in need (characterized by CD4 cell counts under 100) and typically not connected with community health services
- Training and supporting local residents as community health counselors (CHCs)
- Program includes a nurse and social worker

# Tahah: Capacity building

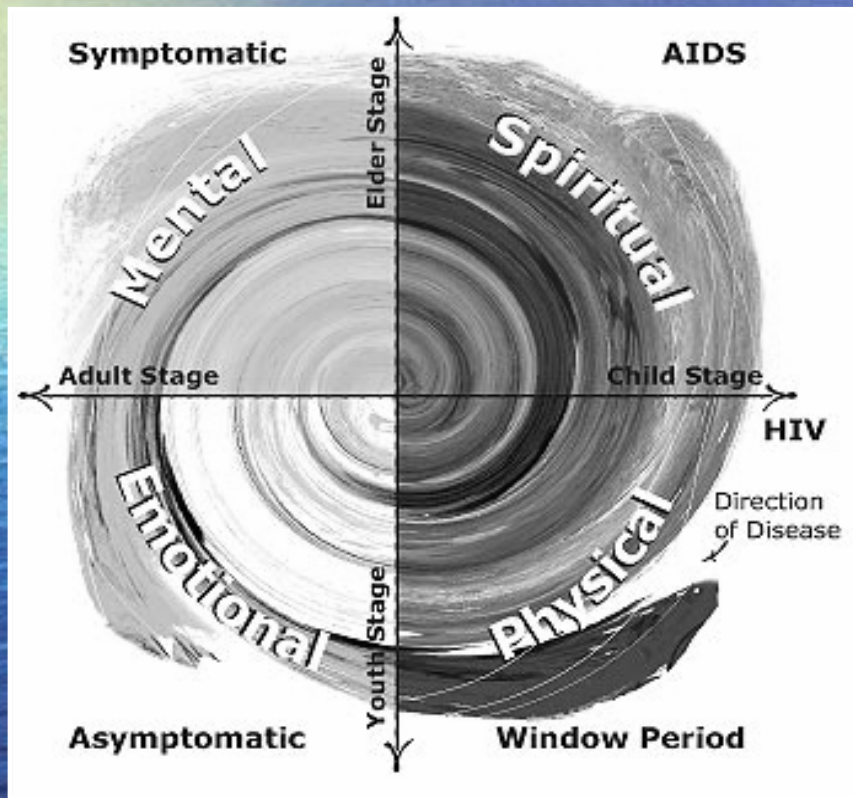
- As a peer-based initiative, the involvement of Aboriginal people living with HIV/AIDS is core to our project development and delivery.
- Two HIV positive Aboriginal people were hired (one male and one female) and trained to work as *community health counsellors*. These individuals participate in training that includes harm reduction prevention, basics in HIV treatment (types of medications, side effect management, the need for adherence in ARV therapy), confidentiality, emotional support, self-care/professional boundaries, and HIV and Hepatitis C prevention.
- The peer health counsellors are respected in their community for their shared histories and common understandings of issues not only pertaining to Aboriginal health, but also to the specifics of the Downtown Eastside community.

# TAHAH - Respecting Culture

- Respect for Aboriginal cultures and knowledge is a basic tenet of our organization.
- This means recognizing the diversity among Aboriginal peoples – in culture, language, history, and allocation of resources, but it also means recognizing the politics of Aboriginal identity. Although an Inner City neighbourhood, the Downtown Eastside is place of residence for a diverse range of Aboriginal peoples including:
  - off-reserve, on-reserve, status, non-status, Métis, rural, urban, from families of prestige/power, reserves with treaty negotiation, those without, etc.

# Aboriginal Healing

## Medicine Wheel



The medicine wheel is a philosophy common to First Nations people of Canada that describes many things including the four aspects of self, the four life stages, the four directions, the four elements (fire, water, air, earth).

We use an adapted medicine wheel (shown on the left) as the basis for our intake and case management program. In this model we look at the whole person from the moment of intake. We ask specific questions about each aspect of the participant and work with the him or her to address needs in all areas.

# Case Study from Tahah

- Joe Smith, 30-year-old aboriginal man who showed up in Positive Outlook on February 28, 2007. Attends POP about once per month since September 2006 but had not been in for two years previous to that.
- Completed initial intake in 1999 and Disability Assistance application near time of his initial HIV diagnosis. Very sporadic and irregular attendance.
- Joe has a history of heavy substance use, incarcerations, and behaviors that are often aggressive and inappropriate in the clinic setting
- A residential school survivor and was in foster-care as a child.
- From at least fall 2005 until June 2006 he was employed in the construction trade but then last summer, his drug use escalated again, he was arrested, lost his job, his apartment and ended up homeless.
- A hard time trusting professionals due to experience with foster-care and residential school system.

# Case study continued ...

- He was referred to TAHAH as he is in health crisis and essentially completely unconnected from services in his community. When he arrived on February 28<sup>th</sup>, he was highly motivated to start methadone and enter some form of treatment or recovery. He was also highly motivated to engage in the Residential School Compensation process.
- HIV +, HCV, depression, chronic and acute drug use (crack, cocaine, and heroin),
- CD4= 30 VL > 100,000
- 2004-2006 treatment with ARVs but VL never undetectable and no significant change in CD4
- Hgb 97 anemia at present, hx of thrombocytopenia

# Since engaging in Tahah ...

- He has completed or initiated actions on all of his identified priorities;
- He shows up daily and attends all appointments;
- Demonstrated increased self-advocacy and task management skills; more self-confident and proud;
- Initiates conversations with others, smiles and laughs, and makes consistent eye contact;
- Comfortable in our space;
- He has now entered a Recovery Home.

# Concluding remarks

- DOT-HAART programs can be effective adherence interventions when they emphasize:
  - therapeutic relationships (built on mutual respect, understanding and compassion);
  - Holistic care (contextualizing health in political, economic and historical processes);
  - Meet the participant where-ever they need to be met (through home-care, outreach, flexible schedules);
  - and offer health-care and treatment that incorporates Aboriginal healing practices.

# The End

